

First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 23-0554.04 Kristen Forrestal x4217

SENATE BILL 23-252

SENATE SPONSORSHIP

Van Winkle and Gonzales,

HOUSE SPONSORSHIP

Daugherty and Hartsook,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING HOSPITAL MEDICAL PRICE TRANSPARENCY.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires hospitals to make public a list of all standard charges for all hospital items and services provided to patients. The standard charges include the gross billed charge, the payer-specific negotiated charge, the minimum and maximum negotiated charges, and the discounted cash price. The bill also requires each hospital to maintain and make public a list of at least 300 shoppable services provided by the hospital or, if the hospital does not provide 300 shoppable services, all of the hospital's shoppable services. Each hospital is required to report its

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

1 "Health Care and Education Reconciliation Act of 2010", Pub.L.
2 111-152, amended Title XXVII of the "Public Health Service Act",
3 Pub.L. 78-410, in part, by adding a new section 2718 (e), requiring, in
4 part, that each hospital operating within the United States establish,
5 update, and make public a list of the hospital's standard charges for the
6 items and services that the hospital provides;

7 (b) Effective January 1, 2021, the federal centers for medicare and
8 medicaid services published the final rule to implement the law, codified
9 at 45 CFR 180;

10 (c) In its summary of the final rule, CMS states that information
11 on hospital standard charges is necessary for the public to "make more
12 informed decisions about their care" and that the "impact of these final
13 policies will help to increase market competition, and ultimately drive
14 down the cost of health care services, making them more affordable for
15 all patients";

16 (d) On July 9, 2021, President Biden, building upon efforts of past
17 presidents, issued the "Executive Order on Promoting Competition in the
18 American Economy", directing the secretary of the United States
19 department of health and human services to support new and existing
20 price transparency initiatives for hospitals;

21 (e) Health-care price transparency is in the best interest of all
22 Coloradans, including:

23 (I) The state government, which purchases health-care services for
24 almost a ~~quarter~~ ONE-FOURTH of all Coloradans;

25 (II) Colorado businesses, which fund employee medical expenses;
26 and

27 (III) Colorado residents, who ultimately bear the brunt of high

1 health-care costs in the form of higher taxes, lower wages, and residents'
2 own out-of-pocket spending;

3 (f) Moreover, health-care prices in Colorado are among the
4 highest in the nation;

5 (g) However, not all Colorado hospitals are in compliance with all
6 of the disclosure requirements under federal law and other state laws
7 governing health-care price transparency; and

8 (h) This lack of compliance with health-care price transparency
9 laws by Colorado hospitals decreases the likelihood that Colorado
10 consumers will be fully aware of affordable health-care options before
11 purchasing items and services from hospitals, placing health-care
12 consumers at greater risk of collection actions and other adverse actions
13 relating to unpaid medical bills.

14 (2) Therefore, the general assembly finds and declares that it is
15 imperative to protect Colorado health-care consumers from collection
16 actions and other adverse actions taken by Colorado hospitals during the
17 time when the hospital was not in material compliance with hospital price
18 transparency laws intended to protect health-care consumers.

19 **25.5-1-902. [Formerly 25-3-802] Definitions.** As used in this
20 ~~section~~ PART 9, unless the context otherwise requires:

21 (1) "ANCILLARY SERVICE" MEANS A HOSPITAL ITEM OR SERVICE
22 THAT A HOSPITAL CUSTOMARILY PROVIDES AS PART OF A SHOPPABLE
23 SERVICE.

24 (2) "CHARGEMASTER" MEANS A UNIFORM SCHEDULE OF CHARGES
25 REPRESENTED BY A HOSPITAL AS THE HOSPITAL'S GROSS BILLED CHARGE
26 FOR A GIVEN HEALTH-CARE SERVICE, REGARDLESS OF PAYER AND BEFORE
27 ANY DISCOUNTS OR NEGOTIATIONS ARE APPLIED.

1 (3) "CODE" MEANS THE BILLING OR ACCOUNTING CODE THAT A
2 HOSPITAL USES FOR A PARTICULAR HOSPITAL ITEM OR SERVICE. "CODE"
3 INCLUDES THE CPT CODE, THE HCPCS CODE, THE DRG CODE, THE
4 NATIONAL DRUG CODE, OR OTHER COMMON IDENTIFIER.

5 ~~(4)~~ (4) "Collection action" means any of the following actions
6 taken with respect to a debt for items and services that were purchased
7 from or provided to a patient by a hospital on a date during which the
8 hospital was not in material compliance with hospital price transparency
9 laws:

10 (a) Attempting to collect a debt from a patient or patient guarantor
11 by referring the debt, directly or indirectly, to a debt collector, a collection
12 agency, or other third party retained by or on behalf of the hospital;

13 (b) Suing the patient or patient guarantor or enforcing an
14 arbitration or mediation clause in any hospital documents, including
15 contracts, agreements, statements, or bills; or

16 (c) Directly or indirectly causing a report to be made to a
17 consumer reporting agency.

18 ~~(5)~~ (5) (a) "Collection agency" means any:

19 (I) Person who engages in a business, the principal purpose of
20 which is the collection of debts; or

21 (II) Person who:

22 (A) Regularly collects or attempts to collect, directly or indirectly,
23 debts owed or due or asserted to be owed or due to another;

24 (B) Takes assignment of debts for collection purposes;

25 (C) Directly or indirectly solicits for collection debts owed or due
26 or asserted to be owed or due to another; or

27 (D) Collects debt for the department of personnel.

1 (b) "Collection agency" does not include:

2 (I) Any officer or employee of a creditor while, in the name of the
3 creditor, collecting debts for such creditor;

4 (II) Any person while acting as a collection agency for another
5 person, both of whom are related by common ownership or affiliated by
6 corporate control, if the person acting as a collection agency does so only
7 for creditors to whom it is so related or affiliated and if the principal
8 business of the person is not the collection of debts;

9 (III) Any officer or employee of the United States or any state to
10 the extent that collecting or attempting to collect any debt is in the
11 performance of the officer's or employee's official duties;

12 (IV) Any person while serving or attempting to serve legal process
13 on any other person in connection with the judicial enforcement of any
14 debt;

15 (V) Any debt-management services provider operating in
16 compliance with or exempt from the "Uniform Debt-Management
17 Services Act", part 2 of article 19 of title 5;

18 (VI) Any person collecting or attempting to collect any debt owed
19 or due or asserted to be owed or due another to the extent that:

20 (A) The activity is incidental to a bona fide fiduciary obligation
21 or a bona fide escrow arrangement;

22 (B) The activity concerns a debt that was extended by the person;

23 (C) The activity concerns a debt that was not in default at the time
24 it was obtained by the person; or

25 (D) The activity concerns a debt obtained by the person as a
26 secured party in a commercial credit transaction involving the creditor;

27 (VII) Any person whose principal business is the making of loans

1 or the servicing of debt not in default and who acts as a loan
2 correspondent, seller and servicer for the owner, or holder of a debt that
3 is secured by a deed of trust on real property, whether or not the debt is
4 also secured by an interest in personal property;

5 (VIII) A limited gaming or racing licensee acting pursuant to
6 article 33 of title 44.

7 (c) Notwithstanding the provisions of subsection ~~(2)(b)~~ (5)(b) of
8 this section, "collection agency" includes any person who, in the process
9 of collecting the person's own debts, uses another name that would
10 indicate that a third person is collecting or attempting to collect such
11 debts.

12 ~~(3)~~ (6) (a) "Consumer reporting agency" means any person that,
13 for monetary fees or dues or on a cooperative nonprofit basis, regularly
14 engages, in whole or in part, in the practice of assembling or evaluating
15 consumer credit information or other information on consumers for the
16 purpose of furnishing consumer reports to third parties. "Consumer
17 reporting agency" includes any person defined in 15 U.S.C. sec. 1681a (f)
18 or section 5-18-103 (4).

19 (b) "Consumer reporting agency" does not include any business
20 entity that provides check verification or check guarantee services only.

21 (7) "CPT CODE" MEANS A MEDICAL CODE THAT IS USED TO REPORT
22 MEDICAL, SURGICAL, AND DIAGNOSTIC PROCEDURES AND SERVICES FOR
23 THE PURPOSE OF HEALTH-CARE BILLING.

24 ~~(4)~~ (8) (a) "Debt" means any obligation or alleged obligation of
25 a consumer to pay money arising out of a transaction, whether or not the
26 obligation has been reduced to judgment.

27 (b) "Debt" does not include a debt for business, investment,

1 commercial, or agricultural purposes or a debt incurred by a business.

2 ~~(5)~~ (9) "Debt collector" means any person employed or engaged
3 by a collection agency to perform the collection of debts owed or due or
4 asserted to be owed or due to another.

5 (10) "DISCOUNTED CASH PRICE" MEANS THE CHARGE THAT APPLIES
6 TO AN INDIVIDUAL WHO PAYS CASH, OR A CASH EQUIVALENT, FOR A
7 HOSPITAL ITEM OR SERVICE.

8 (11) "DRG CODE" MEANS THE DIAGNOSIS-RELATED GROUP CODE,
9 WHICH IS A PATIENT CLASSIFICATION SCHEME THAT PROVIDES A MEANS OF
10 RELATING THE TYPE OF PATIENTS A HOSPITAL TREATS TO THE COSTS
11 INCURRED BY THE HOSPITAL.

12 ~~(6)~~ (12) "Federal centers for medicare and medicaid services" or
13 "CMS" means the centers for medicare and medicaid services in the
14 United States department of health and human services.

15 (13) "GROSS BILLED CHARGE" MEANS THE MAXIMUM CHARGE
16 THAT ANY PATIENT WILL BE BILLED FOR A HOSPITAL ITEM OR SERVICE
17 THAT IS REFLECTED ON A HOSPITAL'S CHARGEMASTER, ABSENT ANY
18 DISCOUNTS.

19 (14) "HCPCS CODE" MEANS THE HEALTHCARE COMMON
20 PROCEDURE CODING SYSTEM DEVELOPED BY THE CMS FOR IDENTIFYING
21 HEALTH-CARE SERVICES IN A CONSISTENT AND STANDARDIZED MANNER.

22 (15) "HEALTH INSURANCE PLAN" MEANS THE HEALTH COVERAGE
23 BENEFITS INCLUDED IN A HEALTH INSURANCE PRODUCT WITH A
24 PARTICULAR COST-SHARING STRUCTURE, PROVIDER NETWORK, AND
25 SERVICE AREA.

26 (16) "HEALTH INSURANCE PRODUCT" MEANS A PACKAGE OF
27 HEALTH INSURANCE BENEFITS THAT ARE OFFERED USING A SPECIFIC

1 NETWORK TYPE WITHIN A PARTICULAR HEALTH SERVICE AREA.

2 ~~(7)~~ (17) "Hospital" means, consistent with 45 CFR 180.20, a
3 hospital:

4 (a) Licensed or certified by the department OF PUBLIC HEALTH AND
5 ENVIRONMENT pursuant to section 25-1.5-103 (1)(a); or

6 (b) Approved by the department OF PUBLIC HEALTH AND
7 ENVIRONMENT as meeting the standards established for licensing a
8 hospital.

9 (18) "HOSPITAL ITEM OR SERVICE" MEANS AN ITEM OR SERVICE,
10 INCLUDING AN INDIVIDUAL ITEM OR SERVICE OR A SERVICE PACKAGE,
11 THAT MAY BE PROVIDED BY A HOSPITAL TO A PATIENT IN CONNECTION
12 WITH AN INPATIENT ADMISSION OR AN OUTPATIENT VISIT, AS APPLICABLE,
13 FOR WHICH THE HOSPITAL HAS ESTABLISHED A STANDARD CHARGE,
14 INCLUDING:

15 (a) SUPPLIES AND PROCEDURES;

16 (b) ROOM AND BOARD;

17 (c) USE OF THE HOSPITAL AND OTHER AREAS, THE CHARGES FOR
18 WHICH ARE GENERALLY REFERRED TO AS "HOSPITAL FACILITY FEES";

19 (d) SERVICES OF PHYSICIANS AND NONPHYSICIAN PRACTITIONERS
20 EMPLOYED BY THE HOSPITAL, THE CHARGES FOR WHICH ARE GENERALLY
21 REFERRED TO AS "PROFESSIONAL CHARGES"; AND

22 (e) ANY OTHER ITEM OR SERVICE FOR WHICH A HOSPITAL HAS
23 ESTABLISHED A STANDARD CHARGE.

24 ~~(8)~~(19) "Hospital price transparency laws" means section 2718 (e)
25 of the "Public Health Service ~~(PHS)~~ Act", Pub.L. 78-410, as amended,
26 and rules adopted by the United States department of health and human
27 services implementing section 2718 (e).

1 ~~(9)~~ (20) "Items and services" or "items or services" means "items
2 and services" as defined in 45 CFR 180.20.

3 (21) "MACHINE-READABLE FORMAT" MEANS A DIGITAL
4 REPRESENTATION OF INFORMATION IN A FILE THAT CAN BE IMPORTED OR
5 READ INTO A COMPUTER SYSTEM FOR FURTHER PROCESSING. THE TERM
6 INCLUDES .XML, .JSON, AND .CSV FORMATS.

7 (22) "MAXIMUM NEGOTIATED CHARGE" MEANS THE HIGHEST
8 CHARGE THAT A HOSPITAL HAS NEGOTIATED WITH ALL THIRD-PARTY
9 PAYERS FOR A HOSPITAL ITEM OR SERVICE.

10 (23) "MINIMUM NEGOTIATED CHARGE" MEANS THE LOWEST
11 CHARGE THAT A HOSPITAL HAS NEGOTIATED WITH ALL THIRD-PARTY
12 PAYERS FOR A HOSPITAL ITEM OR SERVICE.

13 (24) "NATIONAL DRUG CODE" MEANS THE UNIQUE,
14 THREE-SEGMENT IDENTIFIER NUMBER USED BY THE FEDERAL FOOD AND
15 DRUG ADMINISTRATION TO IDENTIFY DRUGS THAT ARE MANUFACTURED,
16 PREPARED, PROPAGATED, COMPOUNDED, OR PROCESSED FOR SALE IN THE
17 UNITED STATES.

18 (25) "PAYER-SPECIFIC NEGOTIATED CHARGE" MEANS THE CHARGE
19 THAT A HOSPITAL HAS NEGOTIATED WITH A SPECIFIC THIRD-PARTY PAYER
20 UNDER EACH SPECIFIC HEALTH INSURANCE PLAN FOR A HOSPITAL ITEM OR
21 SERVICE.

22 (26) "SERVICE PACKAGE" MEANS AN AGGREGATION OF INDIVIDUAL
23 HOSPITAL ITEMS OR SERVICES INTO A SINGLE SERVICE WITH A SINGLE
24 CHARGE FOR EACH SPECIFIC HEALTH INSURANCE PLAN.

25 (27) "SHOPPABLE SERVICE" MEANS A SERVICE THAT MAY BE
26 SCHEDULED BY A HEALTH-CARE CONSUMER IN ADVANCE.

27 (28) "STANDARD CHARGE" MEANS THE REGULAR CHARGE

1 ESTABLISHED BY THE HOSPITAL FOR A HOSPITAL ITEM OR SERVICE
2 PROVIDED TO A SPECIFIC GROUP OF PAYING PATIENTS. THE TERM
3 INCLUDES:

- 4 (a) THE GROSS BILLED CHARGE;
- 5 (b) THE PAYER-SPECIFIC NEGOTIATED CHARGE;
- 6 (c) THE MINIMUM NEGOTIATED CHARGE;
- 7 (d) THE MAXIMUM NEGOTIATED CHARGE; AND
- 8 (e) THE DISCOUNTED CASH PRICE.

9 (29) "THIRD-PARTY PAYER" MEANS AN ENTITY THAT IS, BY
10 STATUTE, CONTRACT, OR AGREEMENT, LEGALLY RESPONSIBLE FOR
11 PAYMENT OF A CLAIM FOR A HOSPITAL ITEM OR SERVICE.

12 **25.5-1-903. [Formerly 25-3-803] Failure to comply with**
13 **hospital price transparency laws - prohibiting collection of debt -**
14 **penalty.** (1) ~~(a) Except as provided in subsection (1)(b) of this section,~~
15 ~~on and after August 10, 2022,~~ A hospital that is not in material
16 compliance with hospital price transparency laws on the date that items
17 or services are purchased from or provided to a patient by the hospital
18 shall not initiate or pursue a collection action against the patient or patient
19 guarantor for a debt owed for the items or services.

20 ~~(b) This part 8 applies, on and after February 15, 2023, to critical~~
21 ~~access hospitals licensed and certified by the department pursuant to 42~~
22 ~~CFR 485-subpart F.~~

23 (2) If a patient believes that a hospital was not in material
24 compliance with hospital price transparency laws on ~~a~~ THE date ~~on or~~
25 ~~after August 10, 2022,~~ that items or services were purchased by or
26 provided to the patient, and the hospital takes a collection action against
27 the patient or patient guarantor, the patient or patient guarantor may file

1 suit to determine if:

2 (a) The hospital was materially out of compliance with ~~the~~
3 hospital price transparency laws, ~~and~~ rules, ~~and~~ OR regulations on the date
4 ~~of service~~ THE ITEMS OR SERVICES WERE PROVIDED; and if

5 (b) The noncompliance is related to the items or services. The
6 hospital shall not take a collection action against the patient or patient
7 guarantor while the lawsuit is pending.

8 (3) ~~A hospital that has been found by~~ IF a judge or jury,
9 considering compliance standards issued by the federal centers for
10 medicare and medicaid services, FINDS A HOSPITAL to be materially out of
11 compliance with hospital price transparency laws, ~~and~~ rules, ~~and~~ OR
12 regulations, THE HOSPITAL SHALL:

13 (a) ~~Shall~~ Refund the payer any amount of the debt the payer has
14 paid and shall pay a penalty to the patient or patient guarantor in an
15 amount equal to the total amount of the debt;

16 (b) ~~Shall~~ Dismiss or cause to be dismissed any court action with
17 prejudice and pay any attorney fees and costs incurred by the patient or
18 patient guarantor relating to the action; ~~and~~

19 (c) Remove or cause to be removed from the patient's or patient
20 guarantor's credit report any report made to a consumer reporting agency
21 relating to the debt; AND

22 (d) NOTIFY THE STATE DEPARTMENT OF THE MATERIAL
23 NONCOMPLIANCE WITH HOSPITAL PRICE TRANSPARENCY LAWS, RULES, OR
24 REGULATIONS.

25 (4) Nothing in this ~~part 8~~ PART 9:

26 (a) Prohibits a hospital from billing a patient, patient guarantor,
27 or third-party payer, including a health insurer, for items or services

1 provided to the patient; or

2 (b) Requires a hospital to refund any payment made to the hospital
3 for items or services provided to the patient, so long as no collection
4 action is taken in violation of this ~~part 8~~ PART 9.

5 **25.5-1-904. Transparency - hospitals - standard charges -**
6 **shoppable services - enforcement.** (1) ON OR BEFORE OCTOBER 1, 2023,
7 EACH HOSPITAL SHALL MAKE PUBLIC:

8 (a) A DIGITAL FILE IN A MACHINE-READABLE FORMAT THAT
9 CONTAINS A LIST OF ALL STANDARD CHARGES FOR ALL HOSPITAL ITEMS OR
10 SERVICES AS DESCRIBED IN SUBSECTION (2) OF THIS SECTION; AND

11 (b) A CONSUMER-FRIENDLY LIST OF STANDARD CHARGES FOR A
12 LIMITED SET OF SHOPPABLE SERVICES AS PROVIDED IN SUBSECTION (5) OF
13 THIS SECTION.

14 (2) (a) A HOSPITAL SHALL:

15 (I) MAINTAIN A LIST OF ALL STANDARD CHARGES FOR ALL
16 HOSPITAL ITEMS OR SERVICES IN ACCORDANCE WITH THIS SECTION; AND

17 (II) ENSURE THE LIST REQUIRED UNDER SUBSECTION (1)(b) OF THIS
18 SECTION IS AVAILABLE AT ALL TIMES TO THE PUBLIC, INCLUDING BY
19 POSTING THE LIST ELECTRONICALLY IN THE MANNER PROVIDED BY THIS
20 SECTION.

21 (b) THE STANDARD CHARGES IN THE LIST REQUIRED BY
22 SUBSECTION (1)(a) OF THIS SECTION MUST REFLECT THE STANDARD
23 CHARGES APPLICABLE TO THAT LOCATION OF THE HOSPITAL, REGARDLESS
24 OF WHETHER THE HOSPITAL OPERATES IN MORE THAN ONE LOCATION OR
25 OPERATES UNDER THE SAME LICENSE AS ANOTHER HOSPITAL.

26 (c) THE LIST REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION
27 MUST INCLUDE, AS APPLICABLE:

1 (I) A DESCRIPTION OF EACH HOSPITAL ITEM OR SERVICE PROVIDED
2 BY THE HOSPITAL; AND

3 (II) THE STANDARD CHARGES FOR EACH INDIVIDUAL HOSPITAL
4 ITEM OR SERVICE WHEN PROVIDED IN EITHER AN INPATIENT SETTING OR AN
5 OUTPATIENT SETTING, AS APPLICABLE, WITH:

6 (A) THE HOSPITAL'S MEDICARE REIMBURSEMENT RATE;

7 (B) THE PAYER-SPECIFIC NEGOTIATED CHARGE LISTED BY THE
8 NAME OF THE THIRD-PARTY PAYER AND THE HEALTH INSURANCE PLAN
9 ASSOCIATED WITH THE CHARGE, DISPLAYED IN A MANNER THAT CLEARLY
10 ASSOCIATES THE CHARGE WITH EACH THIRD-PARTY PAYER AND EACH
11 HEALTH INSURANCE PLAN; AND

12 (C) A CODE USED BY THE HOSPITAL FOR THE HOSPITAL ITEM OR
13 SERVICE.

14 (d) THE LIST REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION
15 MUST BE DISPLAYED IN A PROMINENT LOCATION ON THE HOME PAGE OF
16 THE HOSPITAL'S PUBLICLY ACCESSIBLE WEBSITE OR ACCESSIBLE BY
17 SELECTING A DEDICATED LINK THAT IS PROMINENTLY DISPLAYED ON THE
18 HOME PAGE OF THE HOSPITAL'S PUBLICLY ACCESSIBLE WEBSITE. IF THE
19 HOSPITAL OPERATES MULTIPLE LOCATIONS AND MAINTAINS A SINGLE
20 WEBSITE, THE LIST REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION MUST
21 BE POSTED FOR EACH LOCATION THE HOSPITAL OPERATES IN A MANNER
22 THAT CLEARLY ASSOCIATES THE PARTICULAR LIST WITH THE APPLICABLE
23 LOCATION OF THE HOSPITAL.

24 (e) THE LIST REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION
25 MUST BE:

26 (I) AVAILABLE FREE OF CHARGE;

27 (II) AVAILABLE WITHOUT HAVING TO ESTABLISH A USER ACCOUNT

1 OR PASSWORD;

2 (III) AVAILABLE WITHOUT HAVING TO SUBMIT PERSONAL
3 IDENTIFYING INFORMATION;

4 (IV) AVAILABLE WITHOUT HAVING TO OVERCOME ANY OTHER
5 IMPEDIMENT, INCLUDING ENTERING A CODE TO ACCESS THE LIST;

6 (V) ACCESSIBLE TO A COMMON COMMERCIAL OPERATOR OF AN
7 INTERNET SEARCH ENGINE TO THE EXTENT NECESSARY FOR THE SEARCH
8 ENGINE TO INDEX THE LIST AND DISPLAY THE LIST AS A RESULT IN
9 RESPONSE TO A SEARCH QUERY OF A USER OF THE SEARCH ENGINE;

10 (VI) FORMATTED IN A MANNER PRESCRIBED BY THE STATE
11 DEPARTMENT; AND

12 (VII) DIGITALLY SEARCHABLE.

13 (f) THE LIST REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION
14 MUST USE THE NAMING CONVENTION SPECIFIED BY THE FEDERAL CENTERS
15 FOR MEDICARE AND MEDICAID SERVICES, SPECIFICALLY THE TERMS AS
16 STATED IN 45 CFR 180.

17 (3) IN DETERMINING THE FORMAT OF THE LISTS REQUIRED BY
18 SUBSECTION (1)(a) OF THIS SECTION PURSUANT TO SUBSECTION (2)(e)(VI)
19 OF THIS SECTION, THE STATE DEPARTMENT SHALL DEVELOP A TEMPLATE
20 THAT EACH HOSPITAL MUST USE IN FORMATTING THE LISTS. THE STATE
21 DEPARTMENT SHALL:

22 (a) CONSIDER ANY APPLICABLE FEDERAL GUIDELINES FOR
23 FORMATTING SIMILAR LISTS REQUIRED BY FEDERAL LAW OR REGULATION
24 AND ENSURE THAT THE DESIGN OF THE TEMPLATE ENABLES HEALTH-CARE
25 RESEARCHERS TO COMPARE THE CHARGES CONTAINED IN THE LISTS
26 MAINTAINED BY EACH HOSPITAL; AND

27 (b) DESIGN THE TEMPLATE TO BE SUBSTANTIALLY SIMILAR TO THE

1 TEMPLATE USED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID
2 SERVICES FOR PURPOSES SIMILAR TO THE PURPOSES OF THIS SECTION, IF
3 THE STATE DEPARTMENT DETERMINES THAT DESIGNING THE TEMPLATE IN
4 THAT MANNER SERVES A RELEVANT PURPOSE AND THERE IS A BENEFIT TO
5 DEVELOPING AND REQUIRING A SUBSTANTIALLY SIMILAR DESIGN.

6 (4) EACH HOSPITAL SHALL UPDATE THE LISTS REQUIRED BY
7 SUBSECTION (1) OF THIS SECTION AT LEAST MONTHLY. THE HOSPITAL
8 SHALL CLEARLY INDICATE THE DATE ON WHICH EACH LIST WAS MOST
9 RECENTLY UPDATED, EITHER ON THE UPDATED LIST OR IN A MANNER THAT
10 IS CLEARLY ASSOCIATED WITH THE UPDATED LIST.

11 (5) (a) EXCEPT AS PROVIDED IN SUBSECTION (5)(c) OF THIS
12 SECTION, A HOSPITAL SHALL MAINTAIN AND MAKE PUBLICLY AVAILABLE
13 A LIST OF STANDARD CHARGES FOR EACH OF AT LEAST THREE HUNDRED
14 SHOPPABLE SERVICES PROVIDED BY THE HOSPITAL. THE HOSPITAL MAY
15 SELECT THE SHOPPABLE SERVICES TO BE INCLUDED IN THE LIST; EXCEPT
16 THAT THE LIST MUST INCLUDE ALL OF THE SEVENTY SHOPPABLE SERVICES
17 SPECIFIED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID
18 SERVICES THAT THE HOSPITAL PROVIDES AND ANY OTHER SERVICES
19 SPECIFIED BY THE STATE DEPARTMENT.

20 (b) IN SELECTING THE SHOPPABLE SERVICES FOR INCLUSION IN THE
21 LIST REQUIRED BY THIS SUBSECTION (5), A HOSPITAL SHALL:

22 (I) CONSIDER HOW FREQUENTLY THE HOSPITAL PROVIDES THE
23 SERVICE; AND

24 (II) PRIORITIZE THE SELECTION OF SERVICES THAT ARE AMONG THE
25 SERVICES MOST FREQUENTLY PROVIDED BY THE HOSPITAL.

26 (c) IF A HOSPITAL DOES NOT PROVIDE THREE HUNDRED SHOPPABLE
27 SERVICES, THE HOSPITAL SHALL MAINTAIN A LIST OF ALL SHOPPABLE

1 SERVICES THAT THE HOSPITAL PROVIDES.

2 (d) THE LIST DESCRIBED IN THIS SUBSECTION (5) MUST INCLUDE:

3 (I) A PLAIN-LANGUAGE DESCRIPTION OF EACH SHOPPABLE SERVICE
4 INCLUDED ON THE LIST;

5 (II) THE PAYER-SPECIFIC NEGOTIATED CHARGE THAT APPLIES TO
6 EACH SHOPPABLE SERVICE INCLUDED ON THE LIST AND TO ANY ANCILLARY
7 SERVICE, LISTED BY THE NAME OF THE THIRD-PARTY PAYER AND EACH
8 HEALTH INSURANCE PLAN ASSOCIATED WITH THE CHARGE AND DISPLAYED
9 IN A MANNER THAT CLEARLY ASSOCIATES THE CHARGE WITH EACH
10 THIRD-PARTY PAYER AND EACH HEALTH INSURANCE PLAN;

11 (III) THE DISCOUNTED CASH PRICE THAT APPLIES TO EACH
12 SHOPPABLE SERVICE INCLUDED ON THE LIST AND TO ANY ANCILLARY
13 SERVICE OR, IF THE HOSPITAL DOES NOT OFFER A DISCOUNTED CASH PRICE
14 FOR ONE OR MORE OF THE SHOPPABLE SERVICES OR ANCILLARY SERVICES
15 ON THE LIST, THE GROSS BILLED CHARGE FOR THE SHOPPABLE SERVICE OR
16 ANCILLARY SERVICE;

17 (IV) THE MINIMUM NEGOTIATED CHARGE THAT APPLIES TO EACH
18 SHOPPABLE SERVICE INCLUDED ON THE LIST AND TO ANY ANCILLARY
19 SERVICE;

20 (V) THE MAXIMUM NEGOTIATED CHARGE THAT APPLIES TO EACH
21 SHOPPABLE SERVICE INCLUDED ON THE LIST AND TO ANY ANCILLARY
22 SERVICE;

23 (VI) ANY CODE USED BY THE HOSPITAL FOR EACH SHOPPABLE
24 SERVICE INCLUDED ON THE LIST AND FOR ANY ANCILLARY SERVICE;

25 (VII) IF THE HOSPITAL HAS MORE THAN ONE LOCATION, EACH
26 LOCATION AT WHICH THE HOSPITAL PROVIDES THE SHOPPABLE SERVICE
27 AND WHETHER THE STANDARD CHARGES INCLUDED IN THE LIST APPLY AT

1 THAT LOCATION TO THE PROVISION OF THAT SHOPPABLE SERVICE IN AN
2 INPATIENT SETTING, AN OUTPATIENT SETTING, OR IN BOTH OF THOSE
3 SETTINGS, AS APPLICABLE; AND

4 (VIII) IF APPLICABLE, AN INDICATION OF THE SHOPPABLE SERVICES
5 SPECIFIED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID
6 SERVICES THAT ARE PROVIDED BY THE HOSPITAL.

7 (e) THE LISTS OF SHOPPABLE SERVICES REQUIRED BY THIS
8 SUBSECTION (5) MUST BE:

9 (I) AVAILABLE, ACCESSIBLE, AND FORMATTED AS DESCRIBED IN
10 SUBSECTION (2)(e) OF THIS SECTION;

11 (II) DIGITALLY SEARCHABLE BY SERVICE DESCRIPTION, BILLING
12 CODE, AND PAYER; AND

13 (III) UPDATED WITHIN NINETY DAYS AFTER THE RENEWAL DATE OF
14 AN EXISTING CONTRACT OR AFTER A NEW CONTRACT TAKES EFFECT THAT
15 CONCERNS A THIRD-PARTY PAYER OR HEALTH INSURANCE PLAN OR A PRICE
16 CHANGE FOR A PRODUCT.

17 (6) EACH HOSPITAL SHALL SUBMIT THE INITIAL LISTS AND ANY
18 UPDATED LISTS AS REQUIRED BY THIS SECTION TO THE STATE DEPARTMENT
19 IN A FORM AND MANNER DETERMINED BY THE STATE DEPARTMENT.

20 (7)(a) THE STATE DEPARTMENT SHALL MONITOR EACH HOSPITAL'S
21 COMPLIANCE WITH THIS SECTION BY:

22 (I) REVIEWING RELEVANT INFORMATION PROVIDED TO THE STATE
23 DEPARTMENT CONCERNING A HOSPITAL'S NONCOMPLIANCE WITH THIS
24 SECTION;

25 (II) AUDITING HOSPITAL WEBSITES FOR COMPLIANCE WITH THIS
26 SECTION; AND

27 (III) CONFIRMING THAT EACH HOSPITAL SUBMITTED THE LISTS

1 REQUIRED BY THIS SECTION.

2 (b) IF THE STATE DEPARTMENT DETERMINES THAT A HOSPITAL IS
3 NOT IN COMPLIANCE WITH THIS SECTION, THE STATE DEPARTMENT MAY:

4 (I) ISSUE A WRITTEN NOTICE TO THE HOSPITAL THAT CLEARLY
5 EXPLAINS THE MANNER IN WHICH THE HOSPITAL IS NOT IN COMPLIANCE
6 WITH THIS SECTION; AND

7 (II) REQUEST A CORRECTIVE ACTION PLAN FROM THE HOSPITAL.

8 (8) ON OR BEFORE FEBRUARY 1, 2024, THE STATE DEPARTMENT
9 SHALL CREATE AND MAINTAIN A PUBLICLY AVAILABLE LIST ON ITS
10 WEBSITE OF HOSPITALS THAT HAVE BEEN FOUND TO HAVE VIOLATED THIS
11 SECTION OR THAT HAVE BEEN ISSUED A WARNING NOTICE, A REQUEST FOR
12 A CORRECTIVE ACTION PLAN, OR ANY OTHER WRITTEN COMMUNICATION
13 FROM THE STATE DEPARTMENT. SUCH NOTICES AND COMMUNICATIONS
14 ARE SUBJECT TO PUBLIC DISCLOSURE UNDER 5 U.S.C. SEC. 552, AS
15 AMENDED, NOTWITHSTANDING ANY EXEMPTIONS OR EXCLUSIONS TO THE
16 CONTRARY, IN FULL WITHOUT REDACTION. THE STATE DEPARTMENT SHALL
17 UPDATE THE LIST AT LEAST ANNUALLY.

18 (9) A PERSON THAT VIOLATES SUBSECTION (1) OR (5) OF THIS
19 SECTION COMMITS A DECEPTIVE TRADE PRACTICE UNDER SECTION 6-1-105.

20 **SECTION 4. Act subject to petition - effective date.** This act
21 takes effect at 12:01 a.m. on the day following the expiration of the
22 ninety-day period after final adjournment of the general assembly; except
23 that, if a referendum petition is filed pursuant to section 1 (3) of article V
24 of the state constitution against this act or an item, section, or part of this
25 act within such period, then the act, item, section, or part will not take
26 effect unless approved by the people at the general election to be held in

- 1 November 2024 and, in such case, will take effect on the date of the
- 2 official declaration of the vote thereon by the governor.