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(Original Signature of Member)

118<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

**H. R.** \_\_\_\_\_

To amend the Internal Revenue Code of 1986, the Public Health Service Act, and the Employee Retirement Income Security Act of 1974 to promote group health plan price transparency.

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IN THE HOUSE OF REPRESENTATIVES

Mr. Fitzpatrick introduced the following bill; which was referred to the Committee on

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**A BILL**

To amend the Internal Revenue Code of 1986, the Public Health Service Act, and the Employee Retirement Income Security Act of 1974 to promote group health plan price transparency.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Insurance Price  
5 Transparency Act of 2023”.

1 **SEC. 2. PROMOTING GROUP HEALTH PLAN PRICE TRANS-**  
2 **PARENCY.**

3 (a) **PRICE TRANSPARENCY REQUIREMENTS.—**

4 (1) **IRC.—**

5 (A) **IN GENERAL.—**Section 9819 of the In-  
6 ternal Revenue Code of 1986 (26. U.S.C. 9816)  
7 is amended to read as follows:

8 **“SEC. 9819. PRICE TRANSPARENCY REQUIREMENTS.**

9 **“(a) COST SHARING TRANSPARENCY.—**

10 **“(1) IN GENERAL.—**For plan years beginning  
11 on or after the date that is 2 years after the date  
12 of the enactment of this section, a group health plan  
13 shall permit individuals to learn the amount of cost-  
14 sharing (including deductibles, copayments, and co-  
15 insurance) under the individual’s plan or coverage  
16 that the individual would be responsible for paying  
17 with respect to the furnishing of a specific item or  
18 service by a provider in a timely manner upon the  
19 request of the individual. At a minimum, such infor-  
20 mation shall include the information specified in  
21 paragraph (2) and shall be made available to such  
22 individual through a self-service tool that meets the  
23 requirements of paragraph (3) or, at the option of  
24 such individual, through a paper disclosure or phone  
25 or other electronic disclosure (as selected by such in-  
26 dividual and provided at no cost to such individual)

1 that meets such requirements as the Secretary may  
2 specify.

3 “(2) SPECIFIED INFORMATION.—For purposes  
4 of paragraph (1), the information specified in this  
5 paragraph is, with respect to an item or service for  
6 which benefits are available under a group health  
7 plan furnished by a health care provider to a partici-  
8 pant or beneficiary of such plan, the following:

9 “(A) If such provider is a participating  
10 provider with respect to such item or service,  
11 the in-network rate (as defined in subsection  
12 (c)) for such item or service.

13 “(B) If such provider is not described in  
14 subparagraph (A), the maximum allowed  
15 amount for such item or service.

16 “(C) The estimated amount of cost sharing  
17 (including deductibles, copayments, and coin-  
18 surance) that the participant or beneficiary will  
19 incur for such item or service (which, in the  
20 case such item or service is to be furnished by  
21 a provider described in subparagraph (B), shall  
22 be calculated using the maximum amount de-  
23 scribed in such subparagraph).

24 “(D) The amount the participant or bene-  
25 ficiary has already accumulated with respect to

1 any deductible or out of pocket maximum,  
2 whether for items and services furnished by a  
3 participating provider or for items and services  
4 furnished by a provider that is not a partici-  
5 pating provider, under the plan (broken down,  
6 in the case separate deductibles or maximums  
7 apply to separate participants and beneficiaries  
8 enrolled in the plan, by such separate  
9 deductibles or maximums, in addition to any  
10 cumulative deductible or maximum).

11 “(E) In the case such plan imposes any  
12 frequency or volume limitations with respect to  
13 such item or service (excluding medical neces-  
14 sity determinations), the amount that such par-  
15 ticipant or beneficiary has accrued towards such  
16 limitation with respect to such item or service.

17 “(F) Any prior authorization, concurrent  
18 review, step therapy, fail first, or similar re-  
19 quirements applicable to coverage of such item  
20 or service under such plan.

21 The Secretary may provide that information de-  
22 scribed in any of subparagraphs (A) through (F) not  
23 be treated as information specified in this para-  
24 graph, and specify additional information that shall

1 be treated as information specified in this para-  
2 graph, if determined appropriate by the Secretary.

3 “(3) SELF-SERVICE TOOL.—For purposes of  
4 paragraph (1), a self-service tool established by a  
5 group health plan meets the requirements of this  
6 paragraph if such tool—

7 “(A) is based on an Internet website;

8 “(B) provides for real-time responses to re-  
9 quests described in paragraph (1);

10 “(C) is updated in a manner such that in-  
11 formation provided through such tool is timely  
12 and accurate at the time such request is made;

13 “(D) allows such a request to be made  
14 with respect to an item or service furnished  
15 by—

16 “(i) a specific provider that is a par-  
17 ticipating provider with respect to such  
18 item or service;

19 “(ii) all providers that are partici-  
20 pating providers with respect to such item  
21 or service; or

22 “(iii) a provider that is not described  
23 in clause (ii);

24 “(E) provides that such a request may be  
25 made with respect to an item or service through

1 use of the billing code for such item or service  
2 or through use of a descriptive term for such  
3 item or service; and

4 “(F) meets any other requirement deter-  
5 mined appropriate by the Secretary.

6 The Secretary may require such tool, as a condition  
7 of complying with subparagraph (E), to link multiple  
8 billing codes to a single descriptive term if the Sec-  
9 retary determines that the billing codes to be so  
10 linked correspond to similar items and services.

11 “(b) RATE AND PAYMENT INFORMATION.—

12 “(1) IN GENERAL.—For plan years beginning  
13 on or after the date that is 2 years after the date  
14 of the enactment of this section, each group health  
15 plan (other than a grandfathered health plan (as de-  
16 fined in section 1251(e) of the Patient Protection  
17 and Affordable Care Act (42 U.S.C. 18011(e)))  
18 shall, not less frequently than once every 3 months  
19 (or, in the case of information described in para-  
20 graph (2)(B), not less frequently than monthly),  
21 make available to the public the rate and payment  
22 information described in paragraph (2) in accord-  
23 ance with paragraph (3).

24 “(2) RATE AND PAYMENT INFORMATION DE-  
25 SCRIBED.—For purposes of paragraph (1), the rate

1 and payment information described in this para-  
2 graph is, with respect to a group health plan, the  
3 following:

4 “(A) With respect to each item or service  
5 (other than a drug) for which benefits are avail-  
6 able under such plan, the in-network rate in ef-  
7 fect with each provider that is a participating  
8 provider with respect to such item or service,  
9 other than such a rate in effect with a provider  
10 that, during the 1-year period ending 10 busi-  
11 ness days before the date of the publication of  
12 such information, did not submit any claim for  
13 such item or service to such plan.

14 “(B) With respect to each drug (identified  
15 by national drug code) for which benefits are  
16 available under such plan, the average amount  
17 paid by such plan (net of rebates, discounts,  
18 and price concessions) for such drug dispensed  
19 or administered during the 90-day period begin-  
20 ning 180 days before such date of publication  
21 to each provider that was a participating pro-  
22 vider with respect to such drug, broken down by  
23 each such provider, other than such an amount  
24 paid to a provider that, during such period,

1 submitted fewer than 20 claims for such drug  
2 to such plan.

3 “(C) With respect to each item or service  
4 for which benefits are available under such  
5 plan, the amount billed, and the amount al-  
6 lowed by the plan, for each such item or service  
7 furnished during the 90-day period specified in  
8 subparagraph (B) by a provider that was not a  
9 participating provider with respect to such item  
10 or service, broken down by each such provider,  
11 other than items and services with respect to  
12 which fewer than 20 claims for such item or  
13 service were submitted to such plan during such  
14 period.

15 “(3) MANNER OF PUBLICATION.—Rate and  
16 payment information required to be made available  
17 under this subsection shall be so made available in  
18 dollar amounts through 3 separate machine-readable  
19 files (or any successor technology, such as applica-  
20 tion program interface technology, determined ap-  
21 propriate by the Secretary) corresponding to the in-  
22 formation described in each of subparagraphs (A)  
23 through (C) of paragraph (2) that meet such re-  
24 quirements as specified by the Secretary. Such re-  
25 quirements shall ensure that such files are limited to



1 an appropriate size, do not include disclosure of un-  
2 necessary duplicative information contained in other  
3 files made available under this subsection, are made  
4 available in a widely-available format through a pub-  
5 licly-available website that allows for information  
6 contained in such files to be compared across group  
7 health plans, and are accessible to individuals at no  
8 cost and without the need to establish a user ac-  
9 count or provide other credentials.

10 “(4) USER INSTRUCTIONS.—Each group health  
11 plan shall make available to the public instructions  
12 written in plain language explaining how individuals  
13 may search for information described in paragraph  
14 (2) in files submitted in accordance with paragraph  
15 (3). The Secretary shall develop and publish a tem-  
16 plate that such a plan may use in developing in-  
17 structions for purposes of the preceding sentence.

18 “(5) ATTESTATION.—Each group health plan  
19 shall post, along with rate and payment information  
20 made public by such plan, an attestation that such  
21 information is complete and accurate.

22 “(c) DEFINITIONS.—In this paragraph:

23 “(1) PARTICIPATING PROVIDER.—The term  
24 ‘participating provider’ has the meaning given such  
25 term in section 9816.

1           “(2) IN-NETWORK RATE.—The term ‘in-net-  
2           work rate’ means, with respect to a health plan and  
3           an item or service furnished by a provider that is a  
4           participating provider with respect to such plan and  
5           item or service, the contracted rate in effect between  
6           such plan and such provider for such item or serv-  
7           ice.”.

8                       (B) CLERICAL AMENDMENT.—The item re-  
9                       lating to section 9819 of the table of sections  
10                      for subchapter B of chapter 100 of the Internal  
11                      Revenue Code of 1986 is amended to read as  
12                      follows:

“Sec. 9819. Price transparency requirements.”.

13                     (2) PHSA.—Section 2799A-4 of the Public  
14                     Health Service Act (42 U.S.C. 300gg-114) is  
15                     amended to read as follows:

16   **“SEC. 2799A-4. PRICE TRANSPARENCY REQUIREMENTS.**

17   **“(a) COST SHARING TRANSPARENCY.—**

18                     “(1) IN GENERAL.—For plan years beginning  
19                     on or after the date that is 2 years after the date  
20                     of the enactment of this section, a group health plan  
21                     or a health insurance issuer offering group or indi-  
22                     vidual health insurance coverage shall permit indi-  
23                     viduals to learn the amount of cost-sharing (includ-  
24                     ing deductibles, copayments, and coinsurance) under  
25                     the individual’s plan or coverage that the individual

1 would be responsible for paying with respect to the  
2 furnishing of a specific item or service by a provider  
3 in a timely manner upon the request of the indi-  
4 vidual. At a minimum, such information shall in-  
5 clude the information specified in paragraph (2) and  
6 shall be made available to such individual through a  
7 self-service tool that meets the requirements of para-  
8 graph (3) or, at the option of such individual,  
9 through a paper disclosure or phone or other elec-  
10 tronic disclosure (as selected by such individual and  
11 provided at no cost to such individual) that meets  
12 such requirements as the Secretary may specify.

13 “(2) SPECIFIED INFORMATION.—For purposes  
14 of paragraph (1), the information specified in this  
15 paragraph is, with respect to an item or service for  
16 which benefits are available under a group health  
17 plan or group or individual health insurance cov-  
18 erage furnished by a health care provider to a par-  
19 ticipant or beneficiary of such plan, or enrollee in  
20 such coverage, the following:

21 “(A) If such provider is a participating  
22 provider with respect to such item or service,  
23 the in-network rate (as defined in subsection  
24 (c)) for such item or service.

1           “(B) If such provider is not described in  
2           subparagraph (A), the maximum allowed  
3           amount for such item or service.

4           “(C) The estimated amount of cost sharing  
5           (including deductibles, copayments, and coin-  
6           surance) that the participant or beneficiary will  
7           incur for such item or service (which, in the  
8           case such item or service is to be furnished by  
9           a provider described in subparagraph (B), shall  
10          be calculated using the maximum amount de-  
11          scribed in such subparagraph).

12          “(D) The amount the participant, bene-  
13          ficiary, or enrollee has already accumulated  
14          with respect to any deductible or out of pocket  
15          maximum, whether for items and services fur-  
16          nished by a participating provider or for items  
17          and services furnished by a provider that is not  
18          a participating provider, under the plan or cov-  
19          erage (broken down, in the case separate  
20          deductibles or maximums apply to separate par-  
21          ticipants, beneficiaries or enrollees enrolled in  
22          the plan or coverage, by such separate  
23          deductibles or maximums, in addition to any  
24          cumulative deductible or maximum).

1           “(E) In the case such plan or coverage im-  
2           poses any frequency or volume limitations with  
3           respect to such item or service (excluding med-  
4           ical necessity determinations), the amount that  
5           such participant, beneficiary, or enrollee has ac-  
6           crued towards such limitation with respect to  
7           such item or service.

8           “(F) Any prior authorization, concurrent  
9           review, step therapy, fail first, or similar re-  
10          quirements applicable to coverage of such item  
11          or service under such plan or coverage.

12          The Secretary may provide that information de-  
13          scribed in any of subparagraphs (A) through (F) not  
14          be treated as information specified in this para-  
15          graph, and specify additional information that shall  
16          be treated as information specified in this para-  
17          graph, if determined appropriate by the Secretary.

18          “(3) SELF-SERVICE TOOL.—For purposes of  
19          paragraph (1), a self-service tool established by a  
20          group health plan or group or individual health in-  
21          surance coverage meets the requirements of this  
22          paragraph if such tool—

23                  “(A) is based on an Internet website;

24                  “(B) provides for real-time responses to re-  
25          quests described in paragraph (1);

1           “(C) is updated in a manner such that in-  
2           formation provided through such tool is timely  
3           and accurate at the time such request is made;

4           “(D) allows such a request to be made  
5           with respect to an item or service furnished  
6           by—

7                   “(i) a specific provider that is a par-  
8                   ticipating provider with respect to such  
9                   item or service;

10                   “(ii) all providers that are partici-  
11                   pating providers with respect to such item  
12                   or service; or

13                   “(iii) a provider that is not described  
14                   in clause (ii);

15           “(E) provides that such a request may be  
16           made with respect to an item or service through  
17           use of the billing code for such item or service  
18           or through use of a descriptive term for such  
19           item or service; and

20           “(F) meets any other requirement deter-  
21           mined appropriate by the Secretary.

22           The Secretary may require such tool, as a condition  
23           of complying with subparagraph (E), to link multiple  
24           billing codes to a single descriptive term if the Sec-

1       retary determines that the billing codes to be so  
2       linked correspond to similar items and services.

3       “(b) RATE AND PAYMENT INFORMATION.—

4             “(1) IN GENERAL.—For plan years beginning  
5       on or after the date that is 2 years after the date  
6       of the enactment of this section, each group health  
7       plan (other than a grandfathered health plan (as de-  
8       fined in section 1251(e) of the Patient Protection  
9       and Affordable Care Act (42 U.S.C. 18011(e))) or  
10      group or individual health insurance coverage, shall,  
11      not less frequently than once every 3 months (or, in  
12      the case of information described in paragraph  
13      (2)(B), not less frequently than monthly), make  
14      available to the public the rate and payment infor-  
15      mation described in paragraph (2) in accordance  
16      with paragraph (3).

17             “(2) RATE AND PAYMENT INFORMATION DE-  
18      SCRIBED.—For purposes of paragraph (1), the rate  
19      and payment information described in this para-  
20      graph is, with respect to a group health plan or  
21      group or individual health insurance coverage, the  
22      following:

23                     “(A) With respect to each item or service  
24                     (other than a drug) for which benefits are avail-  
25                     able under such plan or coverage, the in-net-

1 work rate in effect with each provider that is a  
2 participating provider with respect to such item  
3 or service, other than such a rate in effect with  
4 a provider that, during the 1-year period ending  
5 10 business days before the date of the publica-  
6 tion of such information, did not submit any  
7 claim for such item or service to such plan or  
8 coverage.

9 “(B) With respect to each drug (identified  
10 by national drug code) for which benefits are  
11 available under such plan, the average amount  
12 paid by such plan or coverage (net of rebates,  
13 discounts, and price concessions) for such drug  
14 dispensed or administered during the 90-day  
15 period beginning 180 days before such date of  
16 publication to each provider that was a partici-  
17 pating provider with respect to such drug, bro-  
18 ken down by each such provider, other than  
19 such an amount paid to a provider that, during  
20 such period, submitted fewer than 20 claims for  
21 such drug to such plan or coverage.

22 “(C) With respect to each item or service  
23 for which benefits are available under such plan  
24 or coverage, the amount billed, and the amount  
25 allowed by the plan or coverage, for each such



1 item or service furnished during the 90-day pe-  
2 riod specified in subparagraph (B) by a pro-  
3 vider that was not a participating provider with  
4 respect to such item or service, broken down by  
5 each such provider, other than items and serv-  
6 ices with respect to which fewer than 20 claims  
7 for such item or service were submitted to such  
8 plan or coverage during such period.

9 “(3) MANNER OF PUBLICATION.—Rate and  
10 payment information required to be made available  
11 under this subsection shall be so made available in  
12 dollar amounts through 3 separate machine-readable  
13 files (or any successor technology, such as applica-  
14 tion program interface technology, determined ap-  
15 propriate by the Secretary) corresponding to the in-  
16 formation described in each of subparagraphs (A)  
17 through (C) of paragraph (2) that meet such re-  
18 quirements as specified by the Secretary. Such re-  
19 quirements shall ensure that such files are limited to  
20 an appropriate size, do not include disclosure of un-  
21 necessary duplicative information contained in other  
22 files made available under this subsection, are made  
23 available in a widely-available format through a pub-  
24 licly-available website that allows for information  
25 contained in such files to be compared across group

1 health plans and group and individual health insur-  
2 ance coverage, and are accessible to individuals at no  
3 cost and without the need to establish a user ac-  
4 count or provide other credentials.

5 “(4) USER INSTRUCTIONS.—Each group health  
6 plan and group or individual health insurance cov-  
7 erage shall make available to the public instructions  
8 written in plain language explaining how individuals  
9 may search for information described in paragraph  
10 (2) in files submitted in accordance with paragraph  
11 (3). The Secretary shall develop and publish a tem-  
12 plate that such a plan or coverage may use in devel-  
13 oping instructions for purposes of the preceding sen-  
14 tence.

15 “(5) ATTESTATION.—Each group health plan  
16 and group or individual health insurance coverage  
17 shall post, along with rate and payment information  
18 made public by such plan or coverage, an attestation  
19 that such information is complete and accurate.

20 “(c) DEFINITIONS.—In this paragraph:

21 “(1) PARTICIPATING PROVIDER.—The term  
22 ‘participating provider’ has the meaning given such  
23 term in section 2791A–1(a)(3)(G)(ii).

24 “(2) IN-NETWORK RATE.—The term ‘in-net-  
25 work rate’ means, with respect to a health plan or

1 coverage and an item or service furnished by a pro-  
2 vider that is a participating provider with respect to  
3 such plan and item or service, the contracted rate in  
4 effect between such plan or coverage and such pro-  
5 vider for such item or service.”.

6 (3) ERISA.—

7 (A) IN GENERAL.—Section 719 of the Em-  
8 ployee Retirement Income Security Act of 1974  
9 (29 U.S.C. 1185h) is amended to read as fol-  
10 lows:

11 **“SEC. 719. PRICE TRANSPARENCY REQUIREMENTS.**

12 **“(a) COST SHARING TRANSPARENCY.—**

13 **“(1) IN GENERAL.—**For plan years beginning  
14 on or after the date that is 2 years after the date  
15 of the enactment of this section, a group health plan  
16 or a health insurance issuer offering group health  
17 insurance coverage shall permit individuals to learn  
18 the amount of cost-sharing (including deductibles,  
19 copayments, and coinsurance) under the individual’s  
20 plan or coverage that the individual would be re-  
21 sponsible for paying with respect to the furnishing  
22 of a specific item or service by a provider in a timely  
23 manner upon the request of the individual. At a  
24 minimum, such information shall include the infor-  
25 mation specified in paragraph (2) and shall be made

1 available to such individual through a self-service  
2 tool that meets the requirements of paragraph (3)  
3 or, at the option of such individual, through a paper  
4 disclosure or phone or other electronic disclosure (as  
5 selected by such individual and provided at no cost  
6 to such individual) that meets such requirements as  
7 the Secretary may specify.

8 “(2) SPECIFIED INFORMATION.—For purposes  
9 of paragraph (1), the information specified in this  
10 paragraph is, with respect to an item or service for  
11 which benefits are available under a group health  
12 plan or group health insurance coverage furnished  
13 by a health care provider to a participant or bene-  
14 ficiary of such plan, or enrollee in such coverage, the  
15 following:

16 “(A) If such provider is a participating  
17 provider with respect to such item or service,  
18 the in-network rate (as defined in subsection  
19 (c)) for such item or service.

20 “(B) If such provider is not described in  
21 subparagraph (A), the maximum allowed  
22 amount for such item or service.

23 “(C) The estimated amount of cost sharing  
24 (including deductibles, copayments, and coin-  
25 surance) that the participant or beneficiary will

1 incur for such item or service (which, in the  
2 case such item or service is to be furnished by  
3 a provider described in subparagraph (B), shall  
4 be calculated using the maximum amount de-  
5 scribed in such subparagraph).

6 “(D) The amount the participant, bene-  
7 ficiary, or enrollee has already accumulated  
8 with respect to any deductible or out of pocket  
9 maximum, whether for items and services fur-  
10 nished by a participating provider or for items  
11 and services furnished by a provider that is not  
12 a participating provider, under the plan or cov-  
13 erage (broken down, in the case separate  
14 deductibles or maximums apply to separate par-  
15 ticipants, beneficiaries or enrollees enrolled in  
16 the plan or coverage, by such separate  
17 deductibles or maximums, in addition to any  
18 cumulative deductible or maximum).

19 “(E) In the case such plan or coverage im-  
20 poses any frequency or volume limitations with  
21 respect to such item or service (excluding med-  
22 ical necessity determinations), the amount that  
23 such participant, beneficiary, or enrollee has ac-  
24 crued towards such limitation with respect to  
25 such item or service.

1           “(F) Any prior authorization, concurrent  
2           review, step therapy, fail first, or similar re-  
3           quirements applicable to coverage of such item  
4           or service under such plan or coverage.

5           The Secretary may provide that information de-  
6           scribed in any of subparagraphs (A) through (F) not  
7           be treated as information specified in this para-  
8           graph, and specify additional information that shall  
9           be treated as information specified in this para-  
10          graph, if determined appropriate by the Secretary.

11          “(3) SELF-SERVICE TOOL.—For purposes of  
12          paragraph (1), a self-service tool established by a  
13          group health plan or group health insurance cov-  
14          erage meets the requirements of this paragraph if  
15          such tool—

16                 “(A) is based on an Internet website;

17                 “(B) provides for real-time responses to re-  
18                 quests described in paragraph (1);

19                 “(C) is updated in a manner such that in-  
20                 formation provided through such tool is timely  
21                 and accurate at the time such request is made;

22                 “(D) allows such a request to be made  
23                 with respect to an item or service furnished  
24                 by—

1                   “(i) a specific provider that is a par-  
2                   ticipating provider with respect to such  
3                   item or service;

4                   “(ii) all providers that are partici-  
5                   pating providers with respect to such item  
6                   or service; or

7                   “(iii) a provider that is not described  
8                   in clause (ii);

9                   “(E) provides that such a request may be  
10                  made with respect to an item or service through  
11                  use of the billing code for such item or service  
12                  or through use of a descriptive term for such  
13                  item or service; and

14                  “(F) meets any other requirement deter-  
15                  mined appropriate by the Secretary.

16                  The Secretary may require such tool, as a condition  
17                  of complying with subparagraph (E), to link multiple  
18                  billing codes to a single descriptive term if the Sec-  
19                  retary determines that the billing codes to be so  
20                  linked correspond to similar items and services.

21                  “(b) RATE AND PAYMENT INFORMATION.—

22                  “(1) IN GENERAL.—For plan years beginning  
23                  on or after the date that is 2 years after the date  
24                  of the enactment of this section, each group health  
25                  plan (other than a grandfathered health plan (as de-

1        fined in section 1251(e) of the Patient Protection  
2        and Affordable Care Act (42 U.S.C. 18011(e)) or  
3        group health insurance coverage, shall, not less fre-  
4        quently than once every 3 months (or, in the case  
5        of information described in paragraph (2)(B), not  
6        less frequently than monthly), make available to the  
7        public the rate and payment information described  
8        in paragraph (2) in accordance with paragraph (3).

9            “(2) RATE AND PAYMENT INFORMATION DE-  
10        SCRIBED.—For purposes of paragraph (1), the rate  
11        and payment information described in this para-  
12        graph is, with respect to a group health plan or  
13        group health insurance coverage, the following:

14            “(A) With respect to each item or service  
15        (other than a drug) for which benefits are avail-  
16        able under such plan or coverage, the in-net-  
17        work rate in effect with each provider that is a  
18        participating provider with respect to such item  
19        or service, other than such a rate in effect with  
20        a provider that, during the 1-year period ending  
21        10 business days before the date of the publica-  
22        tion of such information, did not submit any  
23        claim for such item or service to such plan or  
24        coverage.



1           “(B) With respect to each drug (identified  
2           by national drug code) for which benefits are  
3           available under such plan, the average amount  
4           paid by such plan or coverage (net of rebates,  
5           discounts, and price concessions) for such drug  
6           dispensed or administered during the 90-day  
7           period beginning 180 days before such date of  
8           publication to each provider that was a partici-  
9           pating provider with respect to such drug, bro-  
10          ken down by each such provider, other than  
11          such an amount paid to a provider that, during  
12          such period, submitted fewer than 20 claims for  
13          such drug to such plan or coverage.

14          “(C) With respect to each item or service  
15          for which benefits are available under such plan  
16          or coverage, the amount billed, and the amount  
17          allowed by the plan or coverage, for each such  
18          item or service furnished during the 90-day pe-  
19          riod specified in subparagraph (B) by a pro-  
20          vider that was not a participating provider with  
21          respect to such item or service, broken down by  
22          each such provider, other than items and serv-  
23          ices with respect to which fewer than 20 claims  
24          for such item or service were submitted to such  
25          plan or coverage during such period.

1           “(3) MANNER OF PUBLICATION.—Rate and  
2           payment information required to be made available  
3           under this subsection shall be so made available in  
4           dollar amounts through 3 separate machine-readable  
5           files (or any successor technology, such as applica-  
6           tion program interface technology, determined ap-  
7           propriate by the Secretary) corresponding to the in-  
8           formation described in each of subparagraphs (A)  
9           through (C) of paragraph (2) that meet such re-  
10          quirements as specified by the Secretary. Such re-  
11          quirements shall ensure that such files are limited to  
12          an appropriate size, do not include disclosure of un-  
13          necessary duplicative information contained in other  
14          files made available under this subsection, are made  
15          available in a widely-available format through a pub-  
16          licly-available website that allows for information  
17          contained in such files to be compared across group  
18          health plans and group and individual health insur-  
19          ance coverage, and are accessible to individuals at no  
20          cost and without the need to establish a user ac-  
21          count or provide other credentials.

22          “(4) USER INSTRUCTIONS.—Each group health  
23          plan and group health insurance coverage shall make  
24          available to the public instructions written in plain  
25          language explaining how individuals may search for

1 information described in paragraph (2) in files sub-  
2 mitted in accordance with paragraph (3). The Sec-  
3 retary shall develop and publish a template that  
4 such a plan or coverage may use in developing in-  
5 structions for purposes of the preceding sentence.

6 “(5) ATTESTATION.—Each group health plan  
7 and group health insurance coverage shall post,  
8 along with rate and payment information made pub-  
9 lic by such plan or coverage, an attestation that such  
10 information is complete and accurate.

11 “(c) DEFINITIONS.—In this paragraph:

12 “(1) PARTICIPATING PROVIDER.—The term  
13 ‘participating provider’ has the meaning given such  
14 term in section 2791A-1(a)(3)(G)(ii).

15 “(2) IN-NETWORK RATE.—The term ‘in-net-  
16 work rate’ means, with respect to a health plan or  
17 coverage and an item or service furnished by a pro-  
18 vider that is a participating provider with respect to  
19 such plan and item or service, the contracted rate in  
20 effect between such plan or coverage and such pro-  
21 vider for such item or service.”.

22 (B) CLERICAL AMENDMENT.—The table of  
23 contents in section 1 of the Employee Retirement  
24 Income Security Act of 1974 is amended

1 by striking the item relating to section 719 and  
2 inserting the following new item:

“Sec. 719. Price transparency requirements.”.

3 (b) ACCESSIBILITY THROUGH IMPLEMENTATION.—  
4 In implementing the amendments made by subsection (a),  
5 the Secretary of the Treasury, the Secretary of Health and  
6 Human Services, and the Secretary of Labor shall take  
7 reasonable steps to ensure the accessibility of information  
8 made available pursuant to such amendments, including  
9 reasonable steps to ensure that such information is pro-  
10 vided in plain, easily understandable language and that  
11 interpretation, translations, and assistive services are pro-  
12 vided by group health plans and health insurance issuers  
13 offering group or individual health insurance coverage to  
14 make such information accessible to those with limited  
15 English proficiency and those with disabilities.

16 (c) CONTINUED APPLICABILITY OF RULES FOR PRE-  
17 VIOUS YEARS.—Nothing in the amendments made by sub-  
18 section (a) may be construed as affecting the applicability  
19 of the rule entitled “Transparency in Coverage” published  
20 by the Department of the Treasury, the Department of  
21 Labor, and the Department of Health and Human Serv-  
22 ices on November 12, 2020 (85 Fed. Reg. 72158) for any  
23 plan year beginning before the date that is 2 years after  
24 the date of the enactment of this Act.