



NHCSL

THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS

RESOLUTION No. 2025-11

Hospital Price Transparency

Reported to the Caucus by the NHCSL Healthcare Task Force
Rep. Alma Hernández (AZ), Chair

Sponsored by

**Sen. Cristina Castro (IL), Rep. Danilo Burgos (PA), Rep. Jose Giral (PA),
Del. Joseline Peña Melnyk (MD), Rep. Louis Ruiz (KS), Rep. Hilda Santiago (CT)
and Sen. Adam Gomez (MA)**

Unanimously ratified by the Caucus on November 22, 2025

1 **WHEREAS**, in Resolutions [2023-14](#) and [2024-03](#), this Caucus raised, among others,
2 the concern that lack of competition through hospital consolidation is raising the cost
3 of healthcare for patients; and,

4 **WHEREAS**, transparency in hospital pricing could help promote competition in
5 certain markets but, as of November 2024,¹ only 21.1% of hospitals are fully
6 compliant with the federal Price Transparency Rule² which requires hospitals to post
7 all prices online:

¹ Patient Rights Advocate, [7th Semi-Annual Hospital Price Transparency Compliance Report](#) (November 2024).

² Department of Health and Human Services. Medicare and Medicaid Programs: CY 2020 hospital outpatient PPS policy changes and payment rates and ambulatory surgical center payment system policy changes and payment rates. (Nov 27, 2019).

- 8 1. standard charges for all items, services, and drugs by all payers and all plans,
9 the de-identified minimum and maximum negotiated rates, and all discounted
10 cash prices, in the form of a single machine-readable file; and,
11 2. prices for the 300 most common shoppable services either as a consumer-
12 friendly standard charges display or as a price estimator tool; and,

13 **WHEREAS**, using that data from July 2023, a study found “significant price variations
14 for the same care at the same hospitals and across hospitals in the same states. Within
15 the same hospitals, prices vary by an average range of 10.7 times for the same
16 procedures when comparing insurance plan negotiated rates. Expanding the analysis
17 across hospitals in the same states, prices vary by an average range of 31.3 times
18 when comparing hospitals and insurance plan negotiated rates;”³ and,

19 **WHEREAS**, compliance with the rule peaked at 36% in mid-2023 and remained
20 essentially at that level through early 2024, but collapsed in November 2024, mostly
21 “due to files not having prices clearly associated with payer and plan names and not
22 following required formats;”⁴ and,

23 **WHEREAS**, changed guidance from the Centers for Medicare and Medicaid Services
24 (CMS) starting in 2024 weakened the rule by allowing hospitals to obfuscate their
25 pricing by posting percentages and algorithms, and, starting this year, estimates and
26 averages, instead of actual prices;⁵ and,

27 **WHEREAS**, allowing hospitals to post only averages and estimates may not increase
28 transparency at all in some situations because some states have regulatory agencies
29 that set average rates for hospital services and make the data public;⁶ and,

30 **WHEREAS**, a study found that “only 16.8% of hospitals reviewed (335/2,000) posted
31 a sufficient number of negotiated charges to enable easy comparison of prices by
32 consumers, employers, and technology developers [and only] 133 hospitals (6.7%)
33 met both the compliance criteria and the pricing data sufficiency criteria;”⁷ and,

34 **WHEREAS**, experts recommend,⁸ among other things, that CMS:

³ Patient Rights Advocate, [Price Variation Report](#), p. 1 (Dec 2023).

⁴ Patient Rights Advocate, [7th Semi-Annual Hospital Price Transparency Compliance Report](#), p. 1 (Nov 2024).

⁵ Ibid.

⁶ See for example, Maryland Health Services and Cost Review Commission. [Annual Update to Unit Rates and Global Budget Revenue](#). (“HSCRC updates hospital Global Budget Revenue (GBR) and unit rates for all payers. The annual update includes adjustments for inflation, population changes, quality, potentially avoidable utilization, and other considerations such as assessments, funding for high-cost drugs, and other Commission approved grants/programs.”). And see the interstate differences at, for example, Johns Hopkins, [Billing and Insurance: Charges and Fees](#).

⁷ Patient Rights Advocate, [7th Semi-Annual Hospital Price Transparency Compliance Report](#), p. 4 (Nov 2024).

⁸ Ibid., at pp. 6-9.

- 35 1. “implement a requirement for a single uniform, standard template (e.g. CSV
36 ‘wide’) that would contain complete, accurate, precise dollar figures
37 associated with each contracted payer and exact plan. Strict adherence to the
38 uniformity of template and data will help deliver meaningful hospital price
39 transparency, and enable third parties to develop comparison shopping tools,
40 help hospitals fully comply with the regulations, and aid CMS enforcement;”
- 41 2. return to the original rule which required showing all five standard charges,
42 all negotiated rates, minimum and maximum, and the discounted cash price in
43 dollars and cents, not percentages, formulas or algorithms;
- 44 3. disallow the use of an “expected allowed amount” or “price estimator tools”
45 which are clearly estimates and not an enforceable, binding amounts that
46 patients can rely on;
- 47 4. expand price transparency requirements to all providers – including
48 ambulatory surgical centers, accountable care organizations, and all providers
49 at all points of care – because outpatient care can typically be provided at a
50 substantially lower cost at an outside facility.

51 **WHEREAS**, on February 25, 2025, President Trump issued [Executive Order 14221](#)
52 ordering HHS and CMS to change its guidance to require actual prices, disallowing
53 estimates; requesting better standardization and comparability; and requesting
54 better enforcement policies; and,

55 **WHEREAS**, other advocates⁹ recommend that states help enforce the rules by:

- 56 1. Codifying the federal price transparency rules in state law and providing
57 explicit authority for state regulators to enforce the requirements;
- 58 2. Providing meaningful penalties for noncompliant hospitals. For instance, if a
59 hospital is noncompliant, prohibit it from conducting debt collection on
60 patients until it’s compliant; and,
- 61 3. Explicitly allowing for a private right of action by patients when they’re
62 overcharged or charged a price that wasn’t previously published publicly in
63 the hospital’s price disclosures.

64 **THEREFORE, BE IT RESOLVED**, that the National Hispanic Caucus of State
65 Legislators (NHCSL) calls on states to enact legislation¹⁰ codifying the federal price
66 transparency rules in state law and providing explicit authority for state regulators
67 to enforce the requirements; providing meaningful penalties for noncompliant
68 hospitals; and, explicitly allowing for a private right of action by patients when they’re
69 overcharged or charged a price that wasn’t previously published publicly in the
70 hospital’s price disclosures; and,

⁹ Power to the Patients.

¹⁰ For example, Pennsylvania’s [H.B. 1469](#)

71 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators
72 (NHCSL) calls on HHS and CMS to update its rules and guidance as recommended
73 above.

74 IN ITS MEETING OF JULY 29, 2025, THE NHCSL HEALTHCARE TASK FORCE
75 UNANIMOUSLY RECOMMENDED THIS RESOLUTION TO THE EXECUTIVE
76 COMMITTEE FOR APPROVAL.

77 THE NHCSL EXECUTIVE COMMITTEE UNANIMOUSLY APPROVED THIS RESOLUTION
78 ON AUGUST 5, 2025, AT ITS MEETING IN BOSTON, MA.

79 THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS UNANIMOUSLY
80 RATIFIED THIS RESOLUTION AT ITS ANNUAL MEETING OF NOVEMBER 22, 2025 IN
81 OKLAHOMA CITY, OKLAHOMA.

