

Bill Number: e.g., H.B. No. \_\_\_\_, S.B. No. \_\_\_\_

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Session: 120th Congress, 2026–2027

An act relating to the strengthening of existing healthcare pricing transparency measures and providing for the increased accessibility of available price information to the general public while increasing reporting standards for healthcare providers covered by such measures.

BE IT ENACTED BY THE LEGISLATURE OF THE UNITED STATES

#### Section 1. Short Title

This Act may be cited as the “Healthcare Transparency & Accountability in Pricing Act.”

#### Section 2. Purpose and Findings

Whereas existing healthcare pricing transparency requirements, such as the Hospital Pricing Transparency rules, Transparency in Coverage rules, and the No Surprises Act, have not been as successful as hoped in making healthcare pricing more open and equitable to everyday consumers, with average rate information available primarily through MRFs that are not accessible to the general public and true compliance rates with such regulations standing at unacceptable levels, the American public faces great uncertainty surrounding the costs that will be incurred when accessing healthcare.

### Section 3. Definitions

#### (a) Machine-readable files (MRF)

Healthcare providers are currently required to publish and make available in-network negotiated rates for all covered services, out-of-network allowed amounts and billed charges for all covered items and services, and negotiated rates and historical net prices for covered prescription drugs.

#### (b) Healthcare provider(s)

Accredited establishments where an individual receives healthcare services, primarily, but not exclusively, hospitals and emergency care facilities.

#### (c) Procedure(s)

Any medical intervention undertaken to secure relief or improve health outcomes.

### Section 4. Substantive Provisions

Requires hospitals and other care providers to provide the public, in an easily understandable format, a list of pricing guidelines for all procedures offered by the provider. All relevant information logged in MRFs should be transcribed into plain language that enables price comparisons and analysis without undue burden on healthcare consumers.

Establishes an online database where private consumers can search the data provided by

healthcare providers to compare pricing on likely procedures, enabling private individuals to search for the cheapest healthcare options closest to their home.

Using the same funding mechanisms as proposed in the bipartisan *Lower Costs, More Transparency Act*, regulations shall be drafted to ensure equity in healthcare pricing within hospitals and other providers. Procedures must have standardized costs publicly disclosed and known to regulatory agencies, and a process for confirming compliance should be established. Responsibilities for regulation drafting and enforcement fall under the purview of the Secretary of Health and Human Services.

Requires all hospitals and healthcare providers to whom this regulation applies to submit a report cataloging their compliance with these standards no later than one year after they come into force. Extensions to this deadline may be provided to smaller and rural hospitals on a case-by-case basis.

#### Section 5. Enforcement/Administration

The Department of Health and Human Services will be responsible for enforcing regulations, establishing the pricing database, and processing reports compiled by healthcare providers.

#### Section 6. Penalties

Healthcare providers not in compliance with the new standards by the end of one year from the date of passage risk losing some federal funding.

## Analysis of Research

Existing legislation (primarily the Hospital Pricing Transparency Rules and *No Surprises Act*) requires hospitals and healthcare providers to provide limited pricing transparency, with the bulk of that “transparency” in MRF format, which is very difficult for individual consumers to understand and use. However, compliance among healthcare providers with this insufficient measure is limited. As of December 2025, an estimated 46% of hospitals required to comply with Hospital Pricing Transparency (HPT) rules did not comply with the requirement to publicly disclose standard charges. The benefits of increased pricing transparency are significant, with an estimated yield of between \$17.6 to \$80.7 billion in savings if significant reforms are implemented. Previous efforts to reform healthcare pricing, such as the Lower Costs, More Transparency Act and the Health Care PRICE Transparency Act 2.0, have stalled before being approved by both chambers of Congress, despite bipartisan support. Given that 95% of Americans support making healthcare pricing more transparent and that the United States spends significantly more per capita on healthcare than comparable countries (\$13,432 to \$7,393 per person per year), there is a strong imperative to improve existing legislation to make pricing more transparent and, hopefully, less expensive.

## Bipartisan Appeal

This bill should easily attract bipartisan support. Previous similar legislation, though stalling out in committee hearings, has had co-sponsors such as Sen. Braun (R-IN), Sen. Sanders (I-VT), Rep. McMorris Rodgers (R-WA-5), and Rep. Pallone (D-NJ-6), representing broad support across the political divide. Healthcare pricing transparency should be supported by Republicans, as it helps make the healthcare system more functional within their preferred

free-market model: with pricing transparency, consumers can shop around for lower prices and make informed choices when weighing their healthcare decisions and cost tolerance. For Democrats, the benefits are similarly evident: corporate healthcare providers will no longer be able to hide the costs individual consumers will face, likely reducing profiteering from life-saving care. Additionally, both sides of the aisle should be content with estimated cost savings of \$17.6 to \$80.7 billion for American consumers, a benefit to Republicans concerned with the performance of the economy, because such savings allow for more consumer spending elsewhere, and a benefit to Democrats because such savings would save families from slipping deeper into poverty. This bill furthers both the liberal priorities of equal pricing and protection against potential exploitation by large businesses and the conservative priorities of improving market-based solutions to healthcare and providing cost savings to American taxpayers.

#### Procedural/Administrative Provisions

Severability Clause: If one part of the Act is found unconstitutional, the rest of the law remains in effect.

Effective Date: This Act takes effect on December 31, 2027.

#### Summary

To increase compliance with existing standards and improve the utility of price disclosure to the public, this bill establishes a publicly accessible database that catalogs the costs of all healthcare services reported by healthcare providers, enabling cost comparisons and more accurate financial planning. To make this possible, this bill requires healthcare providers to translate

information from MRFs into plain-language text understandable to the average consumer, removing a layer of unnecessary complexity from the pricing system. To reduce opportunities for unequal pricing, in which different consumers face vastly different pre-insurance costs, this bill also mandates that providers establish standardized costs for procedures. Furthermore, to ensure that its measures achieve greater compliance among healthcare providers, this bill requires healthcare providers to submit reports describing how their organizations have responded to and applied these standards.

### Potential Arguments/Debate Points

#### Conservative Critique & Responses

(1) Argument: Regulation oversimplifies the complexities of healthcare and creates difficulties for health insurance companies, as their competitive advantage is reduced.

Rebuttal: The requirement for standardized costs before insurance company payments would not reduce the appeal of an insurance company's services, as the cost to the consumer after insurance company payments would be significantly lower than for a consumer without insurance (or with a potentially less comprehensive insurance plan).

(2) Argument: Smaller hospitals in rural areas could face unsustainable increases in operating costs as they comply with the standards establishing both the healthcare price database and the reports detailing their adjustments in response to the new rules.

Rebuttal: Operating costs will decrease due to these regulations, as hospitals will likely need fewer administrative staff to set and adjust prices. Furthermore, the report is a one-time cost and should not take providers long to produce.

(3) Argument: A single database with access to all healthcare providers' standardized procedure costs could lead to price-fixing, in which every provider in a region sets similar prices for procedures, reducing the cost-savings and consumer-choice elements of this bill.

Rebuttal: This is already possible with the existing requirements to produce MRFs that are accessible to researchers and health industry professionals. The ability of private individuals to access this information does not change the existing relationship between healthcare providers and standardized costs.

#### Progressives Critique & Responses

(4) Argument: This bill does not do enough to meaningfully reduce healthcare costs for the average individual, codifying the existing market-based system that keeps prices high rather than shifting the relationship between payments and healthcare.

Rebuttal: There is simply no pragmatic path to systemic reforms in American healthcare, as any such reforms would need to be approved by a likely Republican Senate and Donald Trump.

Passing this bill would likely be possible with bipartisan support and could deliver meaningful change to private individuals, even if it does not solve all problems in American healthcare.

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