



Improving Transparency in the Health Care Market

Patients often do not know how much a particular test or procedure will cost. Giving patients, providers, payers, and researchers more tools to understand the cost and quality of care will help foster innovation that improves outcomes and lowers costs. You can't lower health care costs until you know what your health care actually costs.

The Lower Health Care Costs Act of 2019 will:

- Designate a nongovernmental, nonprofit entity to use de-identified patient health care data and support state efforts that take similar steps, so **patients, states, and employers are able to better understand their health care costs and take steps to reduce those costs.**
- **Ban gag clauses that prevent employers and patients from knowing the price and quality of health care services,** while maintaining all privacy and security protections on patient data.
- **Ban anti-competitive terms in health insurance contracts that prevent patients from seeing other, lower-cost, higher-quality providers.** The [Wall Street Journal](#) identified dozens of cases where anti-competitive terms in contracts between health insurers and hospital systems led to higher costs.
- Require health care facilities to provide a summary of services when a patient is discharged from a hospital to **make it easier to track bills,** and require hospitals to send all bills within 45 days, to **prevent unexpected bills many months after care.**
- Require providers and insurers to give patients estimated price quotes on expected patient out-of-pocket costs for care, so patients are able to shop around.
- Require insurance companies to keep up-to-date provider directories so patients can easily know if a provider is in-network.
- Ban Pharmacy Benefit Managers (PBMs) from charging employers, health insurance plans and patients more for a drug than the PBM paid to acquire the drug, what is known as “spread pricing.”