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IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 497

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO HOSPITALS; AMENDING CHAPTER 13, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-1396, IDAHO CODE, TO PROVIDE A SHORT TI-TLE, TO PROVIDE THAT PATIENTS ADMITTED TO A HOSPITAL SHALL RECEIVE AN ITEMIZED REPORT OF AVERAGE CHARGES, TO PROVIDE THAT HOSPITALS SHALL PROVIDE AN ESTIMATE OF ACTUAL CHARGES TO CONSUMERS WHEN REQUESTED, TO PROVIDE THAT THE DEPARTMENT SHALL ACCEPT REQUESTS FOR PROPOSAL TO CRE-ATE A WEBSITE AND MOBILE APPLICATION, TO PROVIDE INFORMATION CONTAINED ON THE WEBSITE AND MOBILE APPLICATION, TO PROVIDE THAT HOSPITALS AND SURGICAL CENTERS SHALL SUBMIT DATA FOR USE ON THE WEBSITE AND MOBILE APPLICATION, TO PROVIDE THAT GAG CLAUSES SHALL NOT PREVENT DISCLOSURE OF REQUIRED INFORMATION, TO PROVIDE FOR PATIENT CONFIDENTIALITY, TO PROVIDE THAT REPORTS SUBMITTED BY HOSPITALS SHALL BE SUBJECT TO PUBLIC INSPECTION, TO PROVIDE THAT THE DEPARTMENT MAY FURTHER EXAMINE RECORDS AND ACCOUNTS, TO PROVIDE AN APPEALS PROCESS, TO PROVIDE FOR RULEMAK-ING AUTHORITY AND TO AUTHORIZE PENALTIES; PROVIDING SEVERABILITY; AND DECLARING AN EMERGENCY.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a <u>NEW SECTION</u>, to be known and designated as Section 39-1396, Idaho Code, and to read as follows:

- 39-1396. HEALTH CARE TRANSPARENCY. (1) This section shall be known and may be cited as the "Idaho Health Care Transparency Act."
- (2) All patients that visit a hospital or surgical center in this state shall receive upon request an itemized report of average charges that includes insurance estimates, both before treatment or admission, and also upon request an itemized bill with such information upon discharge.
- (3) Each hospital and surgical center in this state shall respond with an estimate within three (3) business days to a consumer inquiry about the actual charges for a specific admission, procedure or service, including the average charge for any prescription drugs that may accompany the admission, procedure or service, when the consumer is self-paying, uninsured or insured through a health plan but the facility or practitioner is out of network. Nothing in this section shall prevent the facility or practitioner from charging for unforeseen services that arise out of the proposed admission, procedure or service. The facility or practitioner shall alert the consumer that the actual amount the consumer might be responsible to pay may vary due to unforeseen services that arise out of the proposed admission, procedure or service. The facility shall notify the consumer as to whether it is a part of the consumer's health plan network to the extent the consumer is insured.
- (4) The department of health and welfare shall accept requests for proposal (RFP) to develop a website and application for mobile devices by De-

cember 1, 2014, that is based upon data submitted by hospitals and surgical centers to the department or its contractor for the website and mobile application pursuant to subsection (5) of this section to allow the public to view and compare pricing. The website and mobile application shall perform the following functions:

- (a) The website and mobile application shall provide an average cost from all payers for the fifty (50) most common inpatient and outpatient non-surgical procedures and the twenty-five (25) most common inpatient and outpatient surgical procedures performed in each county in the state;
- (b) The website and mobile application shall provide the cost at each facility in the county where the procedures described in subsection (5)(a) of this section are performed;
- (c) The website and mobile application shall contain a report that is produced by the department of health and welfare two (2) times per year that contains the average charge for a confinement for the fifty (50) most common inpatient and outpatient non-surgical procedures and the twenty-five (25) most common inpatient and outpatient surgical procedures broken down by county;
- (d) The website and mobile application shall provide a link to a website, as determined by the department, that rates the quality of service at each hospital and surgical center in this state for the fifty (50) most common inpatient and outpatient non-surgical procedures and the twenty-five (25) most common inpatient and outpatient surgical procedures; and
- (e) For each hospital in this state that is recognized by the Internal Revenue Code as a nonprofit organization or entity, the website and mobile application shall contain, for each taxable year, a link on the website that allows access to a copy of the hospital's internal revenue service form 990 including, but not limited to, schedule J or any successor schedule that provides compensation information for certain officers, directors, trustees and key employees as determined by the department. Equivalent data shall also be provided for each county hospital and any government hospital or health entity in this state.
- (5) Each hospital and surgical center in this state shall, for use in compiling the required reports on the website and mobile application as described in subsection (4) of this section, submit quarterly to the department, or its contractor for the website and mobile application, beginning on October 1, 2014, data as specified by rule that includes, but is not limited to, the following:
 - (a) Patient admission and discharge data;
 - (b) Emergency department data that includes the number of patients treated in the emergency department of a hospital or surgical center reported by patient acuity level;
 - (c) Data on hospital-acquired infections;
 - (d) Data on complications;

- (e) Data on readmissions as specified by rule, with patient and provider-specific identifiers included; and
- (f) Actual charges and reimbursement rates from all payors for patient admissions and services.

(6) Clauses in agreements that prevent hospitals and surgical centers from disclosing negotiated price information, such as total and out-of-pocket payment information, where such price related information is used for patient and purchaser decision-making shall not prevent the reporting of data as required by this section.

- (7) All reports filed pursuant to the provisions of this section are open to public inspection at the offices of the department of health and welfare and shall be available in a searchable format on the website and mobile application described in subsection (4) of this section. The department of health and welfare shall ensure that this public access to reports does not breach confidentiality of privileged medical information or privileged information on an individual's work performance or earnings. The collection, storage and release of health care data that is subject to the health insurance portability and accountability act (HIPAA) shall be governed by rules adopted in 45 CFR parts 160 and 164.
- (8) If further investigation is necessary to verify the accuracy of information in reports submitted under the provisions of this section, the department of health and welfare may further examine records and accounts related to the reporting requirements of this section. The department of health and welfare shall bear the cost incurred in connection with this examination unless the department finds that the records examined are significantly deficient or incorrect, in which case the department may charge the cost of the investigation to the hospital or surgical center examined. The department shall develop a procedure pursuant to chapter 52, title 67, Idaho Code, for a hospital or surgical center to appeal any costs imposed under the provisions of this subsection.
- (9) The department of health and welfare shall have authority to promulgate rules to implement the provisions of this section.
- (10) Any hospital or surgical center that fails to comply with the provisions of this section may have its license subjected to a probationary period, suspension or revocation by the department of health and welfare pursuant to chapter 13, title 39, Idaho Code.
- SECTION 2. SEVERABILITY. The provisions of this act are hereby declared to be severable and if any provision of this act or the application of such provision to any person or circumstance is declared invalid for any reason, such declaration shall not affect the validity of the remaining portions of this act.
- SECTION 3. An emergency existing therefor, which emergency is hereby declared to exist, this act shall be in full force and effect on and after its passage and approval.