

1 AN ACT relating to hospital price transparency.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
4 READ AS FOLLOWS:

5 *For the purposes of Sections 1 to 7 of this Act, unless context requires otherwise:*

6 *(1) "Ancillary service" means a facility item or service that a facility customarily*
7 *provides as part of a shoppable service;*

8 *(2) "Cabinet" means the Cabinet for Health and Family Services;*

9 *(3) "Chargemaster" means the list of all facility items or services maintained by a*
10 *facility for which the facility has established a charge;*

11 *(4) "De-identified maximum negotiated charge" means the highest charge that a*
12 *facility has negotiated with all third-party payors for a facility item or service;*

13 *(5) "De-identified minimum negotiated charge" means the lowest charge that a*
14 *facility has negotiated with all third-party payors for a facility item or service;*

15 *(6) "Discounted cash price" means the charge that applies to an individual who pays*
16 *cash, or a cash equivalent, for a facility item or service;*

17 *(7) "Facility" means a hospital licensed under this chapter;*

18 *(8) "Facility items or services" means all items and services, including individual*
19 *items and services and service packages, that may be provided by a facility to a*
20 *patient in connection with an inpatient admission or an outpatient department*
21 *visit, as applicable, for which the facility has established a standard charge,*
22 *including:*

23 *(a) Supplies and procedures;*

24 *(b) Room and board;*

25 *(c) Use of the facility and other areas, the charges for which are generally*
26 *referred to as facility fees;*

27 *(d) Services of physicians and nonphysician practitioners employed by the*

1 facility, the charges for which are generally referred to as professional
2 charges; and

3 (e) Any other item or service for which a facility has established a standard
4 charge;

5 (9) "Gross charge" means the charge for a facility item or service that is reflected on
6 a facility's chargemaster, absent any discounts;

7 (10) "Machine-readable format" means a digital representation of information in a
8 file that can be imported or read into a computer system for further processing,
9 and includes .XML, .JSON, and .CSV formats;

10 (11) "Payor-specific negotiated charge" means the charge that a facility has
11 negotiated with a third-party payor for a facility item or service;

12 (12) "Service package" means an aggregation of individual facility items or services
13 into a single service with a single charge;

14 (13) "Shoppable service" means a service that may be scheduled by a health care
15 consumer in advance;

16 (14) "Standard charge" means the regular rate established by the facility for a facility
17 item or service provided to a specific group of paying patients. The term includes
18 all of the following, as defined under this section:

19 (a) The gross charge;

20 (b) The payor-specific negotiated charge;

21 (c) The de-identified minimum negotiated charge;

22 (d) The de-identified maximum negotiated charge; and

23 (e) The discounted cash price; and

24 (15) "Third-party payor" means an entity that is, by statute, contract, or agreement,
25 legally responsible for payment of a claim for a facility item or service.

26 ➔ SECTION 2. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
27 READ AS FOLLOWS:

1 Notwithstanding any other law to the contrary, a facility shall make public:

2 (1) A digital file in a machine-readable format that contains a list of all standard
3 charges for all facility items or services as described by Section 3 of this Act; and

4 (2) A consumer-friendly list of standard charges for a limited set of shoppable
5 services as provided in Section 4 of this Act.

6 ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
7 READ AS FOLLOWS:

8 (1) A facility shall maintain a chargemaster of all standard charges for all facility
9 items or services in accordance with this section.

10 (2) The standard charges contained in the chargemaster shall reflect the standard
11 charges applicable to that location of the facility, regardless of whether the
12 facility operates in more than one (1) location or operates under the same license
13 as another facility.

14 (3) The chargemaster shall include the following items, as applicable:

15 (a) A description of each facility item or service provided by the facility;

16 (b) The following standard charges for each individual facility item or service
17 when provided in either an inpatient setting or an outpatient department
18 setting, as applicable:

19 1. The gross charge;

20 2. The de-identified minimum negotiated charge;

21 3. The de-identified maximum negotiated charge;

22 4. The discounted cash price; and

23 5. The payor-specific negotiated charge, listed by the name of the third-
24 party payor and plan associated with the charge and displayed in a
25 manner that clearly associates the charge with each third-party payor
26 and plan; and

27 (c) Any code used by the facility for purposes of accounting or billing for the

1 facility item or service, including the current procedural terminology (CPT)
2 code, healthcare common procedure coding system (HCPCS) code,
3 diagnosis related group (DRG) code, national drug code (NDC), or other
4 common identifier.

5 (4) The information contained in the chargemaster shall be published in a single
6 digital file that is in a machine-readable format.

7 (5) The chargemaster required under subsection (1) of this section shall be displayed
8 in a prominent location on the home page of the facility's publicly accessible
9 website or accessible by selecting a dedicated link that is prominently displayed on
10 the home page of the facility's publicly accessible website. If the facility operates
11 multiple locations and maintains a single website, the chargemaster required
12 under subsection (1) of this section shall be posted for each location the facility
13 operates in a manner that clearly associates the chargemaster with the applicable
14 location of the facility.

15 (6) The chargemaster required under subsection (1) of this section shall:

16 (a) Be available:

- 17 1. Free of charge;
18 2. Without having to register or establish a user account or password;
19 3. Without having to submit personal identifying information; and
20 4. Without having to overcome any other impediment, including entering
21 a code to access the list;

22 (b) Be accessible to a common commercial operator of an internet search
23 engine to the extent necessary for the search engine to index the list and
24 display the list as a result in response to a search query of a user of the
25 search engine;

26 (c) Be formatted in a manner prescribed by the cabinet;

27 (d) Be digitally searchable; and

1 (e) Use the naming convention specified by the Centers for Medicare and
2 Medicaid Services on its website.

3 (7) The facility shall update the chargemaster at least one (1) time each year. The
4 facility shall clearly indicate the date on which the list was most recently updated,
5 either on the chargemaster or in a manner that is clearly associated with the
6 chargemaster.

7 (8) The cabinet shall promulgate administrative regulations in accordance with KRS
8 Chapter 13A to establish a template for each facility to use to create the
9 chargemaster. The cabinet shall:

10 (a) Consider any applicable federal guidelines for formatting similar
11 chargemasters required by federal law or rule and ensure that the design of
12 the template enables health care researchers to compare the charges
13 contained in the chargemasters maintained by each facility; and

14 (b) Design the template to be substantially similar to the template used by the
15 Centers for Medicare and Medicaid Services for purposes similar to those of
16 this section.

17 ➔SECTION 4. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
18 READ AS FOLLOWS:

19 (1) (a) A facility shall maintain and make publicly available a chargemaster of the
20 standard charges described by subsection (3)(b) of Section 3 of this Act for
21 each of at least three hundred (300) shoppable services provided by the
22 facility. The facility may select the shoppable services to be included in the
23 chargemaster, except that the chargemaster shall include:

24 1. The services specified as shoppable services by the Centers for
25 Medicare and Medicaid Services; or

26 2. If the facility does not provide all of the shoppable services described
27 by paragraph (a) of this subsection, as many of those shoppable

1 services as the facility does provide.

2 (b) If a facility does not provide three hundred (300) shoppable services, the
3 facility shall maintain a chargemaster of the total number of shoppable
4 services that the facility provides in a manner that otherwise complies with
5 the requirements of paragraph (a) of this subsection.

6 (2) In selecting a shoppable service for purposes of inclusion in the chargemaster
7 required under subsection (1) of this section, a facility shall:

8 (a) Consider how frequently the facility provides the service and the facility's
9 billing rate for that service; and

10 (b) Prioritize the selection of services that are among the services most
11 frequently provided by the facility.

12 (3) The chargemaster required under subsection (1) of this section shall:

13 (a) Include:

14 1. A plain-language description of each shoppable service included;

15 2. The payor-specific negotiated charge that applies to each shoppable
16 service included and any ancillary service, listed by the name of the
17 third-party payor and plan associated with the charge and displayed in
18 a manner that clearly associates the charge with the third-party payor
19 and plan;

20 3. The discounted cash price that applies to each shoppable service
21 included and any ancillary service or, if the facility does not offer a
22 discounted cash price for one (1) or more of the shoppable or ancillary
23 services, the gross charge for the shoppable service or ancillary
24 service, as applicable;

25 4. The de-identified minimum negotiated charge that applies to each
26 shoppable service included and any ancillary service;

27 5. The de-identified maximum negotiated charge that applies to each

- 1 shoppable service included and any ancillary service; and
- 2 6. Any code used by the facility for purposes of accounting or billing for
- 3 each shoppable service included and any ancillary service, including
- 4 the CPT, HCPCS, DRG, or NDC code, or other common identifier;
- 5 and
- 6 (b) If applicable:
- 7 (1) State each location at which the facility provides the shoppable service
- 8 and whether the standard charges included apply at that location to
- 9 the provision of that shoppable service in an inpatient setting, an
- 10 outpatient department setting, or both of those settings, as applicable;
- 11 and
- 12 (2) Indicate if one (1) or more of the shoppable services specified by the
- 13 Centers for Medicare and Medicaid Services is not provided by the
- 14 facility.
- 15 (4) The chargemaster required under subsection (1) of this section, as applicable,
- 16 shall be:
- 17 (a) Displayed in the manner prescribed in subsection (5) of Section 3 of this
- 18 Act, for the chargemaster required under that section;
- 19 (b) Available:
- 20 1. Free of charge;
- 21 2. Without having to register or establish a user account or password;
- 22 3. Without having to submit personal identifying information; and
- 23 4. Without having to overcome any other impediment, including entering
- 24 a code to access the chargemaster;
- 25 (c) Searchable by service description, billing code, and payor;
- 26 (d) Updated in the manner prescribed in Section 3 of this Act for the
- 27 chargemaster required under that section;

- 1 (e) Accessible to a common commercial operator of an internet search engine
2 to the extent necessary for the search engine to index the list and display the
3 chargemaster as a result in response to a search query of a user of the
4 search engine; and
5 (f) Formatted in a manner that is consistent with the format prescribed by the
6 cabinet in Section 3 of this Act.

7 ➔SECTION 5. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
8 READ AS FOLLOWS:

- 9 (1) The cabinet shall monitor each facility's compliance with the requirements of
10 Sections 2, 3, and 4 of this Act using any of the following methods:
11 (a) Evaluating complaints made by persons to the cabinet regarding
12 noncompliance;
13 (b) Reviewing any analysis prepared regarding noncompliance; and
14 (c) Auditing the websites of facilities for compliance with this section.
15 (2) If the cabinet determines that a facility is not in compliance with a provision of
16 Sections 2, 3, and 4 of this Act the cabinet shall take the following actions:
17 (a) Provide a written notice to the facility that clearly explains the manner in
18 which the facility is not in compliance;
19 (b) Request a corrective action plan from the facility if the facility has
20 materially violated a provision of Sections 2, 3, or 4 of this Act; and
21 (c) Impose an administrative penalty, as determined in Section 7 of this Act, on
22 the facility and publicize the penalty on the cabinet's internet website if the
23 facility fails to:
24 1. Respond to the cabinet's request to submit a correction action plan; or
25 2. Comply with the requirements of a corrective action plan submitted to
26 the cabinet.
27 (3) Beginning no later than ninety (90) days after the effective date of this Act, the

cabinet shall create and maintain a publicly available list on its website of hospitals that have been found to have violated Sections 2, 3, or 4 of this Act, or that have been issued an administrative penalty or sent a warning notice, a request for a corrective action plan, or any other written communication from the cabinet. Such penalties, notices, and communications shall be subject to public disclosure under 5 U.S.C. sec. 552, notwithstanding any exemptions or exclusions to the contrary, in full without redaction. This list shall be updated at least every thirty (30) days thereafter.

(4) Notwithstanding any provision of law to the contrary, in considering an application for renewal of a hospital's license or certification, the cabinet shall consider whether the hospital is or has been in compliance with Sections 2, 3, or 4 of this Act.

➔SECTION 6. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO READ AS FOLLOWS:

(1) A facility materially violates Sections 2, 3, and 4 of this Act if the facility fails to:

(a) Comply with the requirements; or

(b) Publicize the facility's standard charges in the form and manner required.

(2) If the cabinet determines that a facility has materially violated Sections 2, 3, or 4 of this Act, the cabinet shall issue a notice of material violation to the facility and request that the facility submit a corrective action plan. The notice shall indicate the form and manner in which the corrective action plan shall be submitted to the cabinet, and clearly state the date by which the facility shall submit the plan.

(3) A facility that receives a notice under subsection (2) of this section shall:

(a) Submit a corrective action plan in the form and manner and by the specified date prescribed by the notice of violation; and

(b) As soon as practicable after submission of a corrective action plan to the cabinet, comply with the plan.

1 (4) A corrective action plan submitted to the cabinet shall:

2 (a) Describe in detail the corrective action the facility will take to address any
3 violation identified by the cabinet in the notice provided under subsection
4 (2) of this section; and

5 (b) Provide a date by which the facility will complete the corrective action.

6 (5) A corrective action plan shall be subject to review and approval by the cabinet.

7 After the cabinet reviews and approves a facility's corrective action plan, the
8 cabinet shall monitor and evaluate the facility's compliance with the plan.

9 (6) A facility is considered to have failed to respond to the cabinet's request to submit
10 a corrective action plan if the facility fails to submit a corrective action plan:

11 (a) In the form and manner specified in the notice provided; or

12 (b) By the date specified in the notice provided;

13 under subsection (2) of this section.

14 (7) A facility is considered to have failed to comply with a corrective action plan if
15 the facility fails to address a violation within the specified period of time
16 contained in the plan.

17 ➔SECTION 7. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
18 READ AS FOLLOWS:

19 (1) The cabinet shall impose an administrative penalty on a facility in accordance
20 with this chapter if the facility fails to:

21 (a) Respond to the cabinet's request to submit a corrective action plan; or

22 (b) Comply with the requirements of a corrective action plan submitted to the
23 cabinet.

24 (2) The cabinet shall impose an administrative penalty on a facility for a violation of
25 each requirement of this chapter. The cabinet shall set the penalty in an amount
26 sufficient to ensure compliance by a facility with the provisions of Sections 2, 3,
27 and 4 of this Act subject to the limitations in subsection (3) of this section.

1 (3) The penalty imposed by the cabinet shall not be lower than:

2 (a) In the case of a hospital with a bed count of thirty (30) or fewer, six
3 hundred dollars (\$600) for each day in which the hospital fails to comply
4 with the requirements;

5 (b) In the case of a hospital with a bed count that is greater than thirty (30) and
6 equal to or fewer than five hundred fifty (550), twenty dollars (\$20) per bed
7 for each day in which the hospital fails to comply with the requirements; or

8 (c) In the case of a hospital with a bed count that is greater than five hundred
9 fifty (550), eleven thousand dollars (\$11,000) for each day in which the
10 hospital fails to comply with the requirements.

11 (4) Each day a violation continues shall be considered a separate violation.

12 (5) In determining the amount of the penalty, the cabinet shall consider:

13 (a) Previous violations by the facility's operator;

14 (b) The seriousness of the violation;

15 (c) The demonstrated good faith of the facility's operator; and

16 (d) Any other matters the cabinet finds appropriate.

17 ➔SECTION 8. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
18 READ AS FOLLOWS:

19 (1) As used in this section, unless the context requires:

20 (a) "Collection action" means any of the following actions taken with respect
21 to a debt for items and services that were purchased from or provided to a
22 patient by a hospital on a date during which the hospital was not in material
23 compliance with hospital price transparency laws;

24 1. Attempting to collect a debt from a patient or patient guarantor by
25 referring the debt, directly or indirectly, to a debt collector, a collection
26 agency, or other third party retained by or on behalf of the hospital;

27 2. Suing the patient or patient guarantor, or enforcing an arbitration or

1 mediation clause in any hospital documents including contracts,
2 agreements, statements, or bills; or

3 3. Directly or indirectly causing a report to be made to a consumer
4 reporting agency;

5 (b) "Collection agency" means any:

6 1. Person who engages in a business the principal purpose of which is
7 the collection of debts; or

8 2. Person who:

9 a. Regularly collects or attempts to collect, directly or indirectly,
10 debts owed or due or asserted to be owed or due to another;

11 b. Takes assignment of debts for collection purposes; or

12 c. Directly or indirectly solicits for collection debts owed or due or
13 asserted to be owed or due to another;

14 (c) 1. "Consumer reporting agency" means any person that, for monetary
15 fees, dues, or on a cooperative nonprofit basis, regularly engages, in
16 whole or in part, in the practice of assembling or evaluating consumer
17 credit information or other information on consumers for the purpose
18 of furnishing consumer reports to third parties. "Consumer reporting
19 agency" includes any person defined in 15 U.S.C. sec. 1681a(f).

20 2. "Consumer reporting agency" does not include any business entity
21 that provides check verification or check guarantee services only;

22 (d) "Debt" means any obligation or alleged obligation of a consumer to pay
23 money arising out of a transaction, whether or not the obligation has been
24 reduced to judgment, and does not include a debt for business, investment,
25 commercial, or agricultural purposes or a debt incurred by a business;

26 (e) "Debt collector" means any person employed or engaged by a collection
27 agency to perform the collection of debts owed or due or asserted to be owed

1 or due to another;

2 (f) "Federal Centers for Medicare and Medicaid Services" or "CMS" means
3 the Centers for Medicare and Medicaid Services in the United States
4 Department of Health and Human Services;

5 (g) "Hospital" means the same as in 45 C.F.R. sec. 180.20 and is licensed by
6 the cabinet;

7 (h) "Hospital price transparency laws" means Section 2718(e) of the "Public
8 Health Service (PHS) Act," Pub. L. No. 78-410, as amended, and rules
9 adopted by the United States Department of Health and Human Services
10 implementing Section 2718(e); and

11 (i) "Items and services" or "items or services" means "items and services" as
12 defined in 45 C.F.R. sec. 180.20.

13 (2) On and after the effective date of this Act, a hospital that is not in material
14 compliance with federal hospital price transparency laws on the date that items or
15 services are purchased from or provided to a patient by the hospital shall not
16 initiate or pursue a collection action against the patient or patient guarantor for a
17 debt owed for the items or services.

18 (3) If a patient believes that a hospital was not in material compliance with federal
19 hospital price transparency laws on a date on or after the effective date of this
20 Act, for items or services that were purchased by or provided to the patient, and
21 for which the hospital takes a collection action against the patient or patient
22 guarantor, the patient or patient guarantor may file suit to determine if the
23 hospital was materially out of compliance with the hospital price transparency
24 laws on the date of service. The hospital shall not take a collection action against
25 the patient or patient guarantor while the lawsuit is pending.

26 (4) A hospital that has been found to be materially out of compliance with federal
27 hospital price transparency laws shall:

- 1 (a) Refund the payer any amount of the debt the payer has paid and shall pay a
2 penalty to the patient or patient guarantor in an amount equal to the total
3 amount of the debt;
- 4 (b) Dismiss or cause to be dismissed any court action with prejudice and pay
5 any attorney fees and costs incurred by the patient or patient guarantor
6 relating to the action; and
- 7 (c) Remove or cause to be removed from the patient's or patient guarantor's
8 credit report any report made to a consumer reporting agency relating to the
9 debt.
- 10 (5) Nothing in this section:
- 11 (a) Prohibits a hospital from billing a patient, patient guarantor, or third-party
12 payor, including a health insurer, for items or services provided to the
13 patient; or
- 14 (b) Requires a hospital to refund any payment made to the hospital for items or
15 services provided to the patient, so long as no collection action is taken in
16 violation of this section.