

HOUSE BILL NO. HB0179

Hospital pricing transparency.

Sponsored by: Representative(s) Singh, Rodriguez-Williams and Wasserburger and Senator(s) Biteman

A BILL

for

1 AN ACT relating to public health and safety; requiring
2 hospitals to list prices for medical items and services as
3 specified; requiring the department of health to monitor
4 and enforce the provisions of this act; requiring
5 transparency regarding prescription drug pricing as
6 specified; providing penalties; prohibiting collection
7 actions as specified; requiring recommendations for
8 proposed legislation; requiring reports; providing
9 definitions; requiring rulemaking; making conforming
10 amendments; and providing for effective dates.

11

12 *Be It Enacted by the Legislature of the State of Wyoming:*

13

14 **Section 1.** W.S. 35-2-1501 through 35-2-1512 are
15 created to read:

1

2 ARTICLE 15

3 HOSPITAL PRICE TRANSPARENCY ACT

4

5 **35-2-1501. Short title; purpose.**

6

7 (a) This act shall be known and may be cited as the
8 "Hospital Price Transparency Act."

9

10 (b) The purpose of this act is to require hospitals
11 to disclose prices for certain items and services, to
12 provide civil penalties and to prohibit debt collection by
13 hospitals in violation of this act.

14

15 **35-2-1502. Definitions.**

16

17 (a) As used in this act:

18

19 (i) "340B covered facility" means a facility
20 described in 42 U.S.C. § 256b(a)(4)(L) through 42 U.S.C. §
21 256b(a)(4)(O) that:

22

1 (A) Is authorized to participate in the
2 federal 340B drug pricing program under section 340B of the
3 federal Public Health Service Act;

4

5 (B) Has a service address in this state as
6 of January 1 of the reporting year; and

7

8 (C) Includes any offsite outpatient
9 facility affiliated under the 340B program.

10

11 (ii) "340B program" means the federal 340B drug
12 pricing program established under 42 U.S.C. § 256b;

13

14 (iii) "Charity care" means:

15

16 (A) The unreimbursed cost to a facility of
17 providing health care services; or

18

19 (B) Otherwise financially supporting health
20 care services:

21

1 (I) To a person classified by the
2 facility as financially indigent or medically indigent on
3 an inpatient or outpatient basis; or

4

5 (II) To financially indigent patients
6 through other nonprofit or public outpatient clinics,
7 facilities or health care organizations.

8

9 (iv) "Department" means the department of
10 health;

11

12 (v) "De-identified maximum negotiated charge"
13 means the highest charge a facility has negotiated with all
14 third party payors for a facility item or service;

15

16 (vi) "De-identified minimum negotiated charge"
17 means the lowest charge a facility has negotiated with all
18 third party payors for a facility item or service;

19

20 (vii) "Discounted cash price" means the charge
21 that applies to a person who pays cash, or a cash
22 equivalent, for a facility item or service;

23

1 (viii) "Facility" means a hospital licensed
2 under title 35 of the Wyoming statutes;

3

4 (ix) "Facility item or service" means all items
5 and services, including individual items and services and
6 service packages, that may be provided by a facility to a
7 patient in connection with an inpatient admission or an
8 outpatient visit, including:

9

10 (A) Supplies and procedures;

11

12 (B) Room and board;

13

14 (C) Use of the facility and other areas,
15 generally referred to as facility fees;

16

17 (D) Services of health care providers,
18 generally referred to as professional charges;

19

20 (E) Prescription medication;

21

22 (F) Any other item or service where a
23 facility has established a standard charge.

1

2 (x) "Financially indigent" means an uninsured or
3 underinsured person who is accepted for care with no
4 obligation or a discounted obligation to pay for the
5 services rendered based on the facility's financial
6 criteria and procedure used to determine if a patient is
7 eligible for charity care. The criteria and procedure shall
8 include income levels and means testing indexed to the
9 federal poverty guidelines. A facility may determine that a
10 person is financially or medically indigent under the
11 facility's eligibility system after health care services
12 are provided;

13

14 (xi) "Gross charge" means the charge for a
15 facility item or service that is reflected on a facility's
16 list, less any discounts;

17

18 (xii) "Machine-readable format" means a digital
19 representation of information that can be imported or read
20 into a computer system for processing;

21

22 (xiii) "Medically indigent" means a person whose
23 medical or hospital bills after payment by third party

1 payors exceed a specified percentage of the patient's
2 annual gross income, as determined in accordance with the
3 facility's eligibility system, and who is financially
4 unable to pay the remaining bill;

5

6 (xiv) "Payor-specific negotiated charge" means
7 the charge that a facility has negotiated with a third
8 party payor for a facility item or service;

9

10 (xv) "Shoppable service" means a facility item
11 or service that may be scheduled by a patient in advance;

12

13 (xvi) "Standard charge" means the regular rate
14 established by the facility for a facility item or service
15 provided to a specific group of paying patients. The term
16 includes any of the following:

17

18 (A) The gross charge;

19

20 (B) The payor-specific negotiated charge;

21

22 (C) The de-identified minimum negotiated
23 charge;

1

2 (D) The de-identified maximum negotiated
3 charge;

4

5 (E) The discounted cash price.

6

7 (xvii) "Third-party payor" means a person that
8 is, by statute, contract or agreement, legally responsible
9 for payment of a claim for a facility item or service;

10

11 (xviii) "This act" means W.S. 35-2-1501 through
12 35-2-1512.

13

14 **35-2-1503. Public availability of price information;**
15 **requirements.**

16

17 (a) Notwithstanding any other law, a facility shall
18 make public on the home page of the facility's website:

19

20 (i) A digital file in a machine-readable format
21 that contains a list of all standard charges, expressed in
22 dollar amounts, for all facility items or services as
23 described by W.S. 35-2-1504;

1

2 (ii) A list of standard charges for a limited
3 set of shoppable services as provided by W.S. 35-2-1505
4 which list can be read by a human person.

5

6 35-2-1504. List of standard charges required.

7

8 (a) A facility shall:

9

10 (i) Maintain a list of all standard charges for
11 all facility items or services in accordance with this
12 section; and

13

14 (ii) Make the list required under paragraph (i)
15 of this subsection available at all times to the public,
16 including by posting the list in the manner provided by
17 this section.

18

19 (b) The standard charges contained in the list
20 required to be maintained by a facility under subsection
21 (a) of this section shall reflect the standard charges
22 applicable to each location of the facility, regardless of

1 whether the facility operates in more than one (1) location
2 or operates under the same license as another facility.

3

4 (c) The list required by subsection (a) of this
5 section shall include the following items, if applicable:

6

7 (i) A description of each facility item or
8 service provided by the facility;

9

10 (ii) The following charges, expressed in dollar
11 amounts if applicable, for each individual facility item or
12 service when provided in either an inpatient or outpatient
13 setting:

14

15 (A) The gross charge;

16

17 (B) The de-identified minimum negotiated
18 charge;

19

20 (C) The de-identified maximum negotiated
21 charge;

22

23 (D) The discounted cash price;

1

2 (E) The payor-specific negotiated charge,
3 listed by the name of the third party payor and any plan
4 associated with the charge and displayed in a manner that
5 clearly associates the charge with each third party payor
6 and plan; and

7

8 (F) Any code used by the facility for
9 purposes of accounting or billing for the facility item or
10 service.

11

12 (iii) Whether the facility receives any
13 prescription drug discounts under 42 U.S.C. § 256b, and if
14 so, the names of the discounted prescription drugs and the
15 total amount of discounts received by the facility
16 annually.

17

18 (d) The list required by this section shall be
19 displayed in a prominent location on the home page of the
20 facility's publicly accessible website or accessible
21 through a link on the home page of that website. If the
22 facility operates multiple locations and maintains a single
23 website, the list shall be posted for each location the

1 facility operates in a manner that clearly associates the
2 list with the applicable location of the facility.

3

4 (e) The list required by this subsection shall:

5

6 (i) Be available:

7

8 (A) Free of charge;

9

10 (B) Without having to establish a user
11 account or password;

12

13 (C) Without having to submit personal
14 identifying information;

15

16 (D) Without having to enter a code to
17 access the list.

18

19 (ii) Be accessible to a user of an internet
20 search engine to the extent necessary for the search engine
21 to index and display the list as a result in response to a
22 search query;

23

1 (iii) Be formatted in a manner prescribed by the
2 department;

3

4 (iv) Be digitally searchable;

5

6 (v) Use the naming convention specified by the
7 centers for Medicare and Medicaid services.

8

9 (f) In prescribing the format for the list described
10 by paragraph (e)(iii) of this section, the department
11 shall:

12

13 (i) Develop a template that each facility shall
14 use in formatting the list;

15

21

22 (iii) Design the template to be substantially
23 similar to the template used by the centers for Medicare

1 and Medicaid services for purposes similar to those of this
2 act, if the department determines that designing the
3 template in that manner serves the purposes of paragraph
4 (ii) of this subsection and that the department, consumers
5 or patients benefit from developing and requiring that
6 substantially similar design.

7

8 (g) Each facility shall update the list required by
9 this section not less than annually. Each facility shall
10 clearly indicate on the list the date that the list was
11 updated.

12

13 **35-2-1505. Drug pricing program reporting.**

14

15 (a) Before April 1 of each year, each 340B covered
16 facility shall report all of following information and
17 transactions to the department concerning the 340B covered
18 facility's participation in the federal 340B program for
19 the previous calendar year:

20

21 (i) The facility's name, service address and
22 340B program identification number;

23

4

5 (iii) The total acquisition cost for all
6 prescription drugs obtained under the 340B program and
7 dispensed or administered to patients;

8

9 (iv) The total payment amount received for all
10 drugs obtained under the 340B program and dispensed or
11 administered to patients;

12

13 (v) The total payment made to pharmacies under
14 contract to dispense drugs obtained under the 340B program;

15

16 (vi) The number of claims for prescription drugs
17 under the 340B program;

18

19 (vii) How the 340B covered facility uses any
20 savings from participating in the 340B program, including
21 the amount of savings used for the provision of charity
22 care, community benefits or a similar program of providing
23 unreimbursed or subsidized health care;

1

2 (viii) The total payments made to any other
3 facility that is not a 340B covered facility and is not a
4 contract pharmacy for managing any aspect of the 340B
5 covered facility's 340B program;

6

7 (ix) The total payment made for any other
8 administration expenses for the 340B program;

9

10 (x) The total number of prescription drugs
11 dispensed or administered to patients for which a payment
12 was reported under this subsection;

13

14 (xi) The percentage of the 340B covered
15 facility's claims that were for prescription drugs obtained
16 under the 340B program;

17

18 (xii) The number and percentage of low income
19 patients of the 340B covered facility that were served by a
20 sliding fee scale for a prescription drug dispensed or
21 administered under the 340B program;

22

1 (xiii) The 340B covered facility's total
2 operating costs;

3

4 (xiv) The 340B covered facility's total costs
5 for charity care;

6

7 (xv) A copy of the 340B covered facility's
8 financial assistance policy for the reporting year.

9

10 (b) The information required to be reported under
11 subsection (a) of this section shall, to the extent
12 feasible, be reported by payer type, including but not
13 limited to the following:

14

15 (i) Commercial health insurance;

16

17 (ii) Medicaid;

18

19 (iii) Medicare;

20

21 (iv) Uninsured.

22

1 (c) The data submitted in the report required under
2 subsection (a) of this section shall be confidential and
3 shall not be available for public inspection.

4

5 (d) Before November 15 of each year and without
6 revealing any confidential information, the department
7 shall prepare a report that aggregates the data submitted
8 under subsection (a) of this section and shall:

9

10 (i) Submit the report to the management council
11 of the legislature in an electronic format;

12

13 (ii) Post the report on the department's
14 website.

15

16 (e) The department shall impose a civil penalty of
17 one thousand dollars (\$1,000.00) per day on a 340B covered
18 facility that fails to provide the information required
19 under subsection (a) of this section by November 15 of any
20 year.

21

22 **35-2-1506. Consumer-friendly list of shoppable**
23 **services; requirements.**

1

2 (a) A facility shall maintain and make publicly
3 available a list of the standard charges described by W.S.
4 35-2-1504 (b) and (c) for not less than three hundred (300)
5 shoppable services provided by the facility. Each facility
6 may select the shoppable services to be included in the
7 list, except that the list shall include:

8

9 (i) The seventy (70) services specified by the
10 centers for Medicare and Medicaid services pursuant to 45
11 C.F.R. part 180; or

12

13 (ii) If the facility does not provide all of the
14 shoppable services described by paragraph (i) of this
15 subsection, all of the shoppable services the facility does
16 provide. Services that are not provided but are Medicare
17 and Medicaid listed services shall be identified by the
18 facility; and

19

20 (iii) Each location where a facility provides
21 the shoppable service and whether the standard charges
22 included in the list apply at that location.

23

4

5 (i) Consider how frequently the facility
6 provides the service and the facility's billing rate for
7 that service; and

8

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

12

13 (c) The list required by subsection (a) of this
14 section shall be:

15

18

19 (ii) Searchable by service description, billing
20 code and third party payor:

21

1

2 (iv) Accessible through an internet search
3 engine in response to a search query of a user of the
4 search engine; and

5

6 (v) Formatted in a manner that is consistent
7 with the format prescribed by the department under W.S.
8 35-2-1504(e)(iii).

9

10 35-2-1507. Reporting requirement.

11

12 Each time a facility updates a list as required by W.S.
13 35-2-1504(g) and 35-2-1505(c)(iv), the facility shall
14 submit the updated list to the department. The department
15 shall prescribe the form in which the updated list shall be
16 submitted to the department.

17

18 35-2-1508. Monitoring.

19

20 (a) The department shall monitor each facility's
21 compliance with the requirements of this act using any of
22 the following methods:

23

(i) Evaluating complaints made by persons to the department regarding noncompliance with the act;

3

4 (ii) Reviewing any analysis prepared by any
5 state or federal agency regarding noncompliance with this
6 act;

7

10

11 (iv) Confirming that each facility submitted the
12 lists as required by W.S. 35-2-1506.

13

14 (b) Notwithstanding any provision of law to the
15 contrary, in considering an application for renewal of a
16 facility's license or certificate, the department shall
17 consider whether a facility is or has been in substantial
18 compliance with this act.

19

20 35-2-1509. Material violation; corrective action
21 plan.

22

1 (a) A facility materially violates this act if the
2 facility fails to:

3

4 (i) Comply with the requirements of W.S.
5 35-2-1503; or

6

7 (ii) Publicize the facility's standard charges
8 in the form and manner required by W.S. 35-2-1504 and
9 35-2-1505.

10

11 (b) If the department determines that a facility has
12 materially violated this act, the department shall issue a
13 material violation notice to the facility and require that
14 the facility submit a corrective action plan within thirty
15 (30) days of receiving the material violation notice. The
16 notice shall indicate the form and manner that the
17 corrective action plan shall be submitted to the department
18 and shall clearly state the date by which the facility
19 shall submit the plan.

20

21 (c) The facility that receives a notice under
22 subsection (b) of this section shall:

23

4

5 (ii) Act to comply with the plan within thirty
6 (30) days of submitting the plan to the department.

7

8 (d) A corrective action plan submitted to the
9 department under subsection (c) of this section shall:

10

11 (i) Describe in detail the corrective action the
12 facility will take to address any violation identified by
13 the department in the notice provided under subsection (b)
14 of this section; and

15

16 (ii) Provide a date when the facility will
17 complete the corrective action plan.

18

19 (e) A corrective action plan is subject to review and
20 approval by the department. After the department reviews
21 and approves a facility's corrective action plan, the
22 department shall monitor and evaluate the facility's
23 compliance with the plan. If the department does not

1 approve the facility's corrective action plan, the
2 department shall inform the facility of the deficiencies in
3 the plan and require the facility to amend and resubmit the
4 plan.

5

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

10

11 (i) In the form and manner specified in the
12 notice under subsection (b) of this section; or

13

14 (ii) By the date specified in the notice
15 provided in subsection (b) of this section.

16

17 (g) A facility is considered to have failed to comply
18 with a corrective action plan if the facility fails to
19 correct a violation within the specified period of time
20 contained in the plan.

21

22 **35-2-1510. Civil penalty; notice of violations.**

23

1 (a) The department shall impose a civil penalty on a
2 facility if the facility fails to:

3

4 (i) Respond to the department's notice to submit
5 a corrective action plan; or

6

7 (ii) Comply with the requirements of a
8 corrective action plan submitted to the department.

9

10 (b) The department shall impose a civil penalty on a
11 noncompliant facility as follows:

12

13 (i) For a facility categorized as a critical
14 access hospital:

15

16 (A) For a first offense, one hundred
17 dollars (\$100.00) per day for each day the facility fails
18 to comply with subsection (a) of this section;

19

20 (B) For a second offense, five hundred
21 dollars (\$500.00) per day for each day the facility fails
22 to comply with subsection (a) of this section;

23

1 (C) For a third or subsequent offense, one
2 thousand dollars (\$1,000.00) per day for each day the
3 facility fails to comply with subsection (a) of this
4 section.

5

9

10 (c) Beginning October 1, 2025, the department shall
11 create and maintain a publicly available list on its
12 website of facilities that have been found to be in
13 violation of this act, that have been issued a civil
14 penalty or sent a warning notice or that have been sent a
15 request for a corrective action plan from the department.
16 Such penalties, notices and communications shall be subject
17 to public disclosure under 5 U.S.C. § 552, notwithstanding
18 any exemptions or exclusions to the contrary, in full
19 without redaction. The list required by this subsection
20 shall be updated every thirty (30) days.

21

22 35-2-1511. Legislative recommendations.

23

1 The department shall propose to the joint labor, health and
2 social services interim committee any necessary
3 recommendations for amending this act, including
4 recommendations in response to amendments by the centers
5 for Medicare and Medicaid services to 45 C.F.R. part 180,
6 not later than October 1 of each year.

7

8 **35-2-1512. Prohibiting collection action of debt
9 against patients by noncompliant facilities.**

10

11 (a) As used in this section:

12

13 (i) "Collection action" means any of the
14 following actions taken with respect to a debt for items
15 and services that were purchased from or provided to a
16 patient by a facility on a date during which the facility
17 was in material violation of this act:

18

19 (A) Attempting to collect a debt from a
20 patient or patient guarantor by referring the debt,
21 directly or indirectly, to a debt collector, a collection
22 agency or a third party payor retained by or on behalf of
23 the facility;

1

2 (B) Suing the patient or patient guarantor,
3 or enforcing an arbitration or mediation agreement; or

4

5 (C) Directly or indirectly causing a report
6 to be made to a consumer reporting agency.

7

8 (ii) "Collection agency" means any person who:

9

10 (A) Engages in a business mainly focused on
11 debt collection;

12

13 (B) Regularly collects or attempts to
14 collect, directly or indirectly, debts owed, due or
15 asserted to be owed or due to another;

16

17 (C) Takes assignment of debts for
18 collection purposes; or

19

20 (D) Directly or indirectly solicits for the
21 collection of debts owed, due or asserted to be owed or due
22 to another.

23

1 (iii) "Consumer reporting agency" means any
2 person who, for monetary fees, dues or on a cooperative
3 nonprofit basis, regularly engages, in whole or in part, in
4 the practice of assembling or evaluating consumer credit
5 information or other information on consumers for the
6 purpose of furnishing consumer reports to third parties.
7 "Consumer reporting agency" shall include any person
8 defined in 15 U.S.C. § 1681a(f) but shall not include any
9 business entity that provides check verification or check
10 guarantee services only;

11

12 (iv) "Debt" means any obligation or alleged
13 obligation of a consumer to pay money arising out of a
14 transaction, whether or not the obligation has been reduced
15 to a judgment. "Debt" shall not include a debt for
16 business, investment, commercial or agricultural purposes;

17

18 (v) "Debt collector" means any person employed
19 or engaged by a collection agency to perform the collection
20 of debts owed, due or asserted to be owed or due to
21 another.

22

1 (b) A facility that is in material violation of this
2 act on the date that items and services are purchased from
3 or provided to a patient by the facility shall not initiate
4 or pursue a collection action against the patient or
5 patient guarantor for a debt owed for the items or
6 services.

7

8 (c) If a patient provides documentation that a
9 facility was in material violation of this act on a date
10 that items or services were purchased by or provided to the
11 patient and the facility takes collection action against
12 the patient or patient guarantor, the patient or patient
13 guarantor may file suit to determine if the facility
14 materially violated this act on the date of the purchase
15 and the violation is related to the items and services
16 purchased. The facility shall not take a collection action
17 against the patient or patient guarantor while the lawsuit
18 is pending.

19

20 (d) A facility that has been found by a court of
21 competent jurisdiction to have materially violated this
22 act:

23

5

6 (ii) Shall dismiss or cause to be dismissed any
7 court action with prejudice and pay any attorney fees and
8 costs incurred by the patient or patient guarantor relating
9 to the action; and

10

11 (iii) Remove or cause to be removed from the
12 patient or patient guarantor's credit report any report
13 made to a consumer reporting agency relating to the debt.

14

15 (e) Nothing in this section shall:

16

17 (i) Prohibit a facility from billing a patient,
18 patient guarantor or third party payor for items or
19 services provided to the patient; or

20

21 (ii) Require a facility to refund any payment
22 made to the facility for items or services provided to the

1 patient, provided no collection action is taken in
2 violation of this section.

3

4 **Section 2.** W.S. 35-2-905(a) by creating a new
5 paragraph (vi) is amended to read:

6

7 **35-2-905. Conditions, monitoring or revoking a**
8 **license.**

9

10 (a) The division may place conditions upon a license,
11 install a division approved monitor or manager at the
12 owner's or operator's expense, suspend admissions, or deny,
13 suspend or revoke a license issued under this act if a
14 licensee:

15

16 (vi) Violates any provision of W.S. 35-2-1501
17 through 35-2-1511.

18

19 **Section 3.** The department of health shall promulgate
20 all rules necessary to implement this act.

21

1 Section 4.

2

5

6 (b) Sections 3 and 4 of this act are effective
7 immediately upon completion of all acts necessary for a
8 bill to become law as provided by Article 4, Section 8 of
9 the Wyoming Constitution.

10

11

(END)