



2023 Health System Costs Tracker

State	Bill	Category	Status	Summary	Sponsor
Alaska	HB35 / SB8	Certificate of Need	Referred to House Committee on Health and Social Services, House Committee on Labor and Commerce, and House Committee on Finance / Referred to Senate Committee on Labor and Commerce	This measure repeals the state's certificate of need program for healthcare facilities.	Rep. George Rauscher (R) / Sen. David Wilson (R)
Connecticut	SB170	Certificate of Need	Referred to Joint Committee on Public Health	This measure eliminates the state's certificate of need program for health care providers.	Sen. Ryan Fazio (R)
Connecticut	SB434	Certificate of Need	Referred to Joint Committee on Public Health	This measure enables a person or health care entity that fails to seek certificate of need (CON) approval to be subject to a civil penalty whether or not such failure was wilful. Additionally, the bill allows the executive director of the Office of Health Strategy to issue cease and desist orders to any person or health care entity that violates CON requirements.	Sen. Maria Horn (D)

State	Bill	Category	Status	Summary	Sponsor
Connecticut	SB986	Certificate of Need	Signed by Governor	This measure exempts birth centers enrolled as a Connecticut Medical Assistance Program provider from the state's CON requirements until June 30, 2028. The bill also requires the OHS executive director, in consultation with the DPH commissioner and within available appropriations, to study whether this CON exemption for birth centers should be extended. These provisions are effective October 1, 2023.	Rep. Robyn A. Porter (D), Rep. Trenee McGee (D)
Connecticut	HB5139	Certificate of Need	Passed Joint Committee on Public Health	This measure eliminates the state's certificate of need program.	Rep. Mark Anderson (R)
Connecticut	HB6669	Certificate of Need	Signed by Governor	<p>This measure modifies the state certificate of need (CON) program to require additional notice of transactions in the community; include support for resourcing experts to evaluate transactions for impact; subject provisions of agreed settlements to enforcement action for violations; and lower the state of mind requirement for violations from "willful" to "negligence" with a penalty of up to \$1000 per day of violation. In exchange the state agreed to limit the time for reviewing applications, to exempt certain imaging equipment from CON review, and to issue determinations of CON within thirty days. These provisions are effective October 1, 2023.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	Rep. Robyn Porter (D), Rep. Eleni Kavros DeGraw (D), Rep. Tammy Nuccio (R)
Connecticut	HB6894	Certificate of Need	Tabled for the Calendar	This measure requires the Office of Health Strategy to evaluate the certificate of need process to determine if portions can be streamlined or expedited for certain categories of projects to ensure timely completion of projects.	Joint Public Health Committee
Georgia	SB99	Certificate of Need	Died in committee	This measure exempts acute care hospitals established in rural counties that meet certain criteria from certificate of need requirements.	Sen. Greg Dolezal (R), Sen. Ben Watson (R), Sen. Matt Brass (R), and Sen. Bill Cowser (R)
Georgia	SB162	Certificate of Need	Died in chamber	This measure eliminates certificate of need requirements for all health care facilities except certain long-term care facilities and services.	Sen. Ben Watson (R), Sen. Greg Dolezal (R), Sen. Kay Kirkpatrick (R), Sen. Matt Brass (R), Sen. John Albers (R), Sen. Bill Cowser (R), Sen. Marty Harbin (R), Sen. Lee Anderson (R), Sen. Ed Setzler (R), and Sen. Blake Tillery (R)

State	Bill	Category	Status	Summary	Sponsor
Georgia	HB606	Certificate of Need	Died in committee	This measure exempts certain dual-specialty ambulatory surgical centers from certificate of need requirements.	Rep. Sharon Cooper (R), Rep. Matt Hatchett (R), Rep. Penny Houston (R), Rep. Mike Cameron (R), and Rep. Mark Newton (R)
Illinois	HB2222	Certificate of Need	Signed by Governor	This measure requires health care facilities that are parties to certain covered transactions to provide 60-day advance notice to the attorney general. Transactions include mergers, acquisitions, or contracting affiliations between two or more health care facilities or provider organizations not previously under common ownership or contract affiliation. Failure to provide notice is subject to a \$500 per day penalty for each day the party is in violation. That attorney general may investigate the transactions and may apply for a temporary restraining order or an injunction if the attorney general has reason to believe the facility is engaging in the transaction without complying with the notice requirement. There are no minimum dollar thresholds for reporting under the bill. Filings made under the Hart-Scott-Rodino Act satisfy the notice requirement. These provisions are effective January 1, 2024.	Rep. Jennifer Gong-Gershowitz (D), Sen. Ann Gillespie (D)
Iowa	SF1	Certificate of Need	Assigned to a subcommittee of the Senate Committee on Health and Human Services.	This measure exempts the offering or development of a new or changed institutional health service from certificate of need requirements.	Sen. Brad Zaun (R)
Iowa	HF13 / SF75	Certificate of Need	Signed by Governor	This measure, among other provisions, exempts the conversion of a critical access hospital or general hospital to a rural emergency hospital from certificate of need requirements. The bill also exempts a change of a rural emergency hospital in licensure, organizational structure, or type of institutional health facility from certificate of need requirements. These provisions are effective March 28, 2023 and July 1, 2023.	Rep. Craig Johnson (R), Sen. Jeff Reichman (R)

State	Bill	Category	Status	Summary	Sponsor
Iowa	SF506	Certificate of Need	Passed Senate; referred to House Committee on Health and Human Services	This measure removes the requirement to obtain a certificate of need under certain circumstances, including an expenditure over \$500,000 by an insitutional health facility for health services to be offered that were not already offered within the previous 12 months, the deletion or relocation of a health service , an aquisition by a provider of a piece of replacement equipment over \$1,500,000, the offering of new air transportation services, the offering of mobile services above \$1,500,000, candiac catheterization, open heart surgery, organ transpantation, or radiation therapy services applying ionizing radiation to treat malignant disease using megavoltage external beam equipment.	Sen. Jeff Edler (R)
Iowa	SSB1117 / SB506	Certificate of Need	Referred to House Committee on Health and Human Services	This measure raises the capital expenditure, lease, or donation threshold for certificate of need (CON) requirements to five million dollars. The bill also removes several services from CON requirements, leaving only the construction, development, or other establishment of a new institutional health facility regardless of ownership; relocation of an institutional health facility; any capital expenditure, lease, or donation by or on behalf of an institutional health facility in excess of \$5 million within a 12-month period, and a permanent change in the bed capacity of an institutional health facility. The bill also exempts community mental health facilities and birth centers from CON requirements. The bill also changes the fee for applying for a CON to \$1,000.	Senate Committee On Health And Human Services
Kentucky	HB 129	Certificate of Need	Died in committee	This measure establishes licensure standards for freestanding birthing centers and exempts these centers from certificate of need requirements.	Rep. Jason Michael Nemes, Rep. Kevin D. Bratcher (R), Rep. Beverly Chester-Burton (D), Rep. Daniel A. Fister (R), Rep. Daniel Grossberg (D), Rep. Richard Heath (R), Rep. John Hodgson (R), Rep. Nirupama Kulkarni (D), Rep. Matthew M. Lockett (R), Rep. Candy Massaroni (R), Rep. Ruth Ann Palumbo (D), Rep. Marianne Proctor (R), Rep. Steve Rawlings (R), Rep. Russell Webber (R), and Rep. Lisa Willner (D)

State	Bill	Category	Status	Summary	Sponsor
Kentucky	SB205	Certificate of Need	Died in committee	This measure requires that when a certificate of need for a health service is orphaned, the need for the health service is presumed and an application by a new entity to establish a health service at the same location or in the same county be granted a nonsubstantive review. A certificate of need is considered orphaned if the health service was discontinued at its original physical location or moved to a different county.	Sen. Gex Williams (D)
Kentucky	HB312	Certificate of Need	Died in committee	This measure exempts any group of three contiguous counties from obtaining a certificate of need if each county borders another state and each county has a population of 90,000 or more according to the most recent federal decennial census.	Rep. Marianne Proctor (R), Rep. Steve Rawlings (R), Rep. Steven Doan (R), Rep. Mark Hart (R), Rep. Savannah Maddox (R), Rep. Candy Massaroni (R), and Rep. Felicia Rabourn (R)
Maine	LD97	Certificate of Need	Signed by Governor	This measure, effective April 20, 2023, eliminates the state's Certificate of Public Advantage (COPA) law.	Rep. Anne Churchill Perry (D)
Maine	LD1554	Certificate of Need	Dead	This measure eliminates certificate of need requirements for persons introducing additional health care services and procedures in a market area.	Rep. Eric Brakey (R)
Maryland	HB810	Certificate of Need	Withdrawn by Sponsor	This measure eliminates the requirement for hospice care programs to obtain a certificate of need to build or expand a facility.	Del. Jeff Ghrist (R), Del. Robin Grammer (R), and Del. Stuart Schmidt (R)
Minnesota	HF402	Certificate of Need	Signed by Governor	This measure includes transaction review by the attorney general if the transaction is a large transaction. Transactions are specifically defined and involve a range of entities, and transactions that are anti-competitive are presumptively prohibited. The attorney general has the authority to unwind anti-competitive transactions. Notice must be provided for small and large transactions as defined under the legislation. Large transactions require the submission of additional detailed financial information to the commissioner of public health and the attorney general, including information filed with the federal government. Non-profit entities face additional reporting requirements. Minnesota specifically authorizes the use of APCD data to "conduct analyses of the impact of health care transactions on health care costs, market consolidation, and quality," permits the use of data submitted to conduct aggregate analyses of the impact of transactions with respect to those same factors, and requires the commissioner of health to report periodically on the impact of transactions. The legislation also charges the commissioner of health with studying and developing recommendations on the regulation of conversions, mergers, transfers of assets of domiciled HMOs. These provisions are effective May 26, 2023 or January 1, 2024.	Rep. Robert Bierman (D), Rep. Tina Liebling (D), Rep. Zack Stephenson (D)
Mississippi	HB10	Certificate of Need	Failed, Died in Committee	This measure exempts chemical dependency services and facilities from certificate of need requirements.	Rep. Lee Yancey (R)

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Mississippi	HB175	Certificate of Need	Failed, Died in Committee	This measure provides an exception to the home health agency certificate of need moratorium for the five hospice agencies that recently recieved a license.	Rep. John Hines (D)
Mississippi	HB305	Certificate of Need	Failed, Died in Committee	This measure exempts health care services, equipment, end-stage renal disease facilities, and ambulatory surgical facilities from certificate of need (CON) requirements. The bill also removes the moratorium on the issuance of CONs for home health agencies.	Rep. Dana Criswell (R)
Mississippi	HB1491	Certificate of Need	Failed, Died in Committee	This measure authorizes the issuance of a certificate of need for the construction or expansion of nursing facility beds or the conversion of other beds to nursing facility beds in Jones County, not to exceed 60 beds.	Rep. Omeria Scott (D)
Mississippi	HB1493	Certificate of Need	Failed, Died in Committee	This measure exempts psychiatric hospitals, chemical dependency hospitals, intermediate care facilities, psychiatric residential treatment facilities, psychiatric sertices, and chemical dependency services from certificate of need requirements.	Rep. Lee Yancey (R)
Mississippi	HB1494	Certificate of Need	Failed, Died in Committee	This measure repeals certificate of need requirements.	Rep. Chris Brown (R)
Mississippi	HB1495	Certificate of Need	Failed, Died in Committee	This measure repeals certificate of need requirements.	Rep. Nick Bain (R)
Mississippi	SB2323	Certificate of Need	Signed by Governor	This measure allows private hospitals, whether in a rural or nonrural area, to negotiate and enter into cooperative agreements, subject to receipt of a certificate of public advantage that is approved by the state department of health, effective March 30, 2023.	Sen. Joey Fillingane (R), Sen. Jenifer B. Branning (R), Sen. David Jordan (D)
Mississippi	SB2330	Certificate of Need	Failed, Died in Committee	This measure authorizes the issuance of a certificate of need for the construction of a 60-bed nursing facility in any underserved minority zip code area that meets certain qualifications.	Sen. John Horhn (D)
Mississippi	SB2583	Certificate of Need	Failed, Died in Committee	This measure repeals the state's certificate of need law.	Sen. Angela Hill (R)
Mississippi	SB2584	Certificate of Need	Failed, Died in Committee	This measure requires any party that requests a hearing for a certificate of need that does not prevail at the hearing to pay any costs and attorney fees.	Sen. Kevin Blackwell (R)
Mississippi	SB2744	Certificate of Need	Failed, Died in Committee	This measure exempts psychiatric hospitals, intermediate care facilities, and psychiatric residential treatment facilities from certificate of need requirements.	Sen. Jeremy England (R)
Mississippi	SB2756	Certificate of Need	Failed, Died in Committee	This measure directs the state Department of Health to issue a certificate of need for an existing ambulatory surgical center.	Sen. Barbara Blackmon (D)

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Missouri	HB168	Certificate of Need	Died in committee	This measure repeals the state's certificate of need law.	Rep. Brian Seitz (R)
Missouri	SB204	Certificate of Need	Died in chamber	This measure repeals the state's certificate of need law.	Sen. Mike Moon (R)
Missouri	SB303	Certificate of Need	Died in committee	This measure repeals the state's certificate of need law.	Sen. Bill Eigel (R)
Missouri	HB777	Certificate of Need	Passed House; died in Senate committee	This measure sets different requirements for facilities in urban and rural areas applying for certificate of need in respect to the amount of miles any equipment, health care facility, or licensed beds can be from the applying facility. Additionally, the bill requires consideration of the service area's need when reviewing applications for certificate of need for additional beds at an intermediate care facility, nursing facility, residential care facility, or assisted living facility. The bill also requires the minimum average occupancy of all existing licensed bed in a service area to exceed 80% for the most recent beds report in order for a facility to be approved for a certificate of need for new or additional beds. In addition, the bill requires the Health Facilities Review Committee to conduct ongoing reviews of bed count accuracy and information in applications for certificates of need.	Rep. Dean VanSchoiack (R)
New Jersey	A417	Certificate of Need	Failed sine die	This measure requires an emergency medical services (EMS) provider to obtain a certificate of need (CON). Existing licensed EMS providers must apply for CON within three calendar years of the bill's effective date.	Asm. Ralph Caputo (D)
New Jersey	S1979	Certificate of Need	Failed sine die	This measure requires that applications for certificates of approval for a substance abuse disorder treatment center located within 500 feet of any school or educational building meet certain approval requirements.	Sen. Jim Beach (D)
New York	A3007	Certificate of Need	Signed by Governor	<p>This measure requires entities to provide a 30-day pre-closing notice of closing of a material transactions valued at \$25 million or more to the department of health and the attorney general's office, so the transaction can be made public for input. This provision is effective ninety days after May 3, 2023.</p> <p>The legislation also requires 30-day public notice for general hospitals converting to rural emergency hospitals to allow for a community forum on the impact of proposed inpatient bed closure and input on the process. This provision is effective sixty days after May 3, 2023.</p> <p>The department of health has the authority to issue rules governing documentation requirements and the notice requirements.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	N/A

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North Carolina	HB76	Certificate of Need	Signed by Governor	This measure, effective March 27, 2023, removes psychiatric beds and facilities, chemical dependency treatment beds and facilities, Early and Periodic Screening, Diagnosis, and Treatment services for children under age 21 receiving care from home health agencies, and the first \$3 million worth of replacement equipment in any health facility from certificate of need review. Effective 2 and 3 years after the first Healthcare Access and Stabilization Program payment is made, respectively, the bill also exempts ambulatory surgical centers located in a county with a population larger than 125,000 as well as MRI machines located in a county with a population larger than 125,000 from CON review.	Rep. Donny Lambeth (R), Rep. Donna McDowell White (R), Rep. Michael H. Wray (D), and Rep. Chris Humphrey (R)
North Carolina	HB107 / SB48	Certificate of Need	Missed crossover deadline / Missed crossover deadline	This measure repeals the certificate of need law.	Rep. Keith Kidwell (R), Rep. George Cleveland (R), Rep. Ken Fontenot (R), and Rep. Bill Ward (R) / Sen. Joyce Krawiec (R), Sen. Jim Burgin (R), and Sen. Kevin Corbin (R)
North Carolina	SB459	Certificate of Need	Missed crossover deadline	This measure exempts providers of vascular access for hemodialysis in a physician office-based vacular access center located in a nonlicensed setting from certificate of need requirements to license the setting as an ambulatory surgical facility.	Sen. Ralph Hise (R) and Sen. Joyce Krawiec (R)
Oklahoma	SB243	Certificate of Need	Referred to Senate Committee on Health and Human Services	This measure exempts intermediate care facilities for individuals with intellectual disabilities from certificate of need requirements. The bill also repeals certificate of need requirements for psychiatric and chemical dependency facilities.	Sen. Julie Daniels (R)
Oklahoma	HB1957 / HB1958 / HB1959	Certificate of Need	Passed House Committee on Rules / Passed House Committee on Rules / Referred to House Committee on Rules	In conjunction, these measures repeal certificate of need (CON) requirements. Each bill repeals certain sections of statute related to CON.	Rep. Charles McCall (R)

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Oklahoma	HB1960 / HB2179 / HB2276	Certificate of Need	Passed House; Passed Senate Committee on Health and Human Services / Referred to House Committee on Rules / Passed House Committee on Public Health	This measure repeals certificate of need requirements for psychiatric and chemical dependency facilities.	Rep. Charles McCall (R) / Rep. Cindy Roe (R) / Rep. Jon Echols (R)
Oregon	HB3621	Certificate of Need	Failed sine die	This measure exempts rehabilitation facilities from certificate of need requirements.	Rep. Lucetta Elmer (R)
Rhode Island	HB5743	Certificate of Need	Died in committee	This measure repeals the certificate of need process used by the Department of Health for determining the need for new health care equipment and new institutional health services.	Rep. David Place (R), Rep. Mike Chippendale (R), Rep. George Nardone (R), and Rep. Barbara Fenton-Fung (R)
South Carolina	S17	Certificate of Need	Referred to Senate Committee on Medical Affairs	This measure exempts diabetes screening facilities from certificate of need requirements.	Sen. Darrell Jackson (D)
South Carolina	H3610 / S164	Certificate of Need	Signed by Governor	This measure eliminates certificate of need requirements for healthcare facilities except for nursing homes.	Rep. Thomas Beach / Sen. Wes Climer (R)
Tennessee	HB614 / SB162	Certificate of Need	Introduced / Introduced	This measure increases the number of days before the health facilities commission meeting at which an application for a certificate of need is originally scheduled that a healthcare institution wishing to oppose the application must file written notice with the commission from 15 to 20 days.	Rep. David Hawk (R) / Sen. Bo Watson (R)

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Tennessee	HB966 / SB1093	Certificate of Need	Failed in subcommittee on House Committee on Health / Referred to Senate Committee on Health and Welfare	This measure removes the requirement to obtain a certificate of need to establish or relocate certain healthcare facilities or initiate certain healthcare services, except for the initiation of services for a burn unit or organ transplantation.	Rep. Bud Hulse (R) / Sen. Janice Bowling (R)
Vermont	H80	Certificate of Need	Referred to House Committee on Health Care	This measure creates a licensure process for freestanding birth centers and exempts them from certificate of need requirements.	Rep. Mari Cordes (D)
Virginia	SB1452	Certificate of Need	Signed by Governor	This measure directs the State Health Commissioner to accept and review applications and issue a certificate of public need for a new 90-bed nursing home facility, provided that such facility is located on the property of the former Central Virginia Training Center in Amherst County as of July 1, 2023.	Sen. Steve Newman (R)
Virginia	SB1526	Certificate of Need	Stricken at request of patron in Senate Committee on Education and Health	This measure exempts certain outpatient cardiology-related services performed in connection with a Department of Health or Division of Certificate of Public Need pilot program for cardiovascular single specialty use ambulatory surgery centers authorized by an executive order of the Governor that are approved for reimbursement and performed in a facility certified as a Medicare and Medicaid supplier from certificate of public need requirements.	Sen. Tommy Norment (R)
Virginia	HB1600 / SB953	Certificate of Need	Died in committee / Died in chamber	This measure allows facilities other than hospitals to include care provided to individuals who are covered under the state plan for medical assistance in the charity care requirement of the certificate of public need program.	Del. Roxann Robinson (R) / Sen. Chap Petersen (D)
Virginia	HB2279	Certificate of Need	Died in committee		Del. Kathy Byron (R)
Washington	HB1690	Certificate of Need	Referred to House Committee on Health Care and Wellness	This measure exempts kidney disease centers from certificate of need requirements	Rep. Kristine Reeves (D)

State	Bill	Category	Status	Summary	Sponsor
Washington	SB5569	Certificate of Need	Signed by Governor	This measure allows for an exemption from certificate of need requirements for a kidney disease center to exceed its authorized number of dialysis stations during certain temporary emergency situations, effective July 23, 2023.	Sen. Ann Rivers (R)
West Virginia	SB612	Certificate of Need	Died in committee	This measure eliminates certificate of need requirements for birthing centers, ambulatory care centers, and ambulatory surgery centers.	Sen. Patricia Puertas Rucker (R)
West Virginia	SB613	Certificate of Need	Signed by governor	This measure exempts hospitals performing hospital-based services, birthing centers, and certain physician office practices seeking to acquire and utilize one magnetic resonance imaging scanner from certificate of need requirements, effective March 10, 2023.	Sen. Mike Maroney (R)
West Virginia	HB2419	Certificate of Need	Died in committee	This measure removes the certificate of need moratorium on opioid treatment facilities.	Del. Mike Pushkin (D)
West Virginia	HB2427	Certificate of Need	Failed in House	This measure amends the moratorium on the issuance of certificates of need to add beds in an intermediate care facility for individuals with an intellectual disability. Under the bill, when an existing intermediate care facility for individuals with intellectual disabilities voluntarily or involuntarily closes, the Health Care Authority can redistribute those beds to another provider that has not received any citations related to the health, safety, welfare, or clinical treatment of a consumer in the past 12 months.	Del. Matthew Rohrbach (R)
West Virginia	HB2789	Certificate of Need	Died in committee	This measure exempts all birthing centers from certificate of need requirements.	Del. Kathie Crouse (R)
West Virginia	HB3205	Certificate of Need	Died in committee	This measure eliminates the certificate of need program.	Del. Evan Worrell (R)
California	AB403	Community Benefit	Referred to Assembly Committee on Health	This measure redefines "community benefit" to include the unreimbursed cost of services as reported in federal tax filings, and requires hospitals to annually submit a copy of those tax filings. The bill also increases the maximum fine for failure to comply with requirements for adopting, updating, or submitting a community benefits plan to \$25,000. Additionally, the legislation specifies that the community benefits plan should address community needs as identified by the community needs assessment.	Asm. Joaquin Arambula (D)

State	Bill	Category	Status	Summary	Sponsor
Colorado	HB23-1243	Community Benefit	Signed by Governor	This measure, effective August 7, 2023, imposes certain requirements on the public presentation of each hospital's community benefit implementation plan. Under the bill, hospitals must complete a community benefit implementation plan that addresses the needs described in the reporting hospital's community health needs assessment and includes an explanation of the community served by the hospital. Hospitals must solicit feedback on the plan from the community through annual presentations and submit a publicly available report detailing who attended the meeting and what was discussed. The legislation also requires the Department of Health Care Policy and Financing to include a summary of estimated federal and state tax exemptions made by each hospital in its annual report. The Department must also establish a minimum annual community investment target, and the bill allows the department to take remedial action procedures for hospitals that fail to meet the minimum community investment threshold.	Rep. Judy Amabile (D) and Rep. Dominick Moreno (D)
Illinois	HB3788	Community Benefit	Re-referred to House Committee on Rules	This measure requires hospitals to make the annual hospital community benefits plan report available to the public on the hospital's website.	Rep. Camille Lilly (D)
Montana	HB509	Community Benefit	Died in chamber	This measure requires nonprofit hospitals to report how community benefit spending relates to community health needs assessments. The bill also establishes certain requirements pertaining to charity care and community benefits.	Rep. Scot Kerns (R)
Connecticut	SB95	Competition	Referred to Joint Committee on Public Health	This measure increases oversight of the acquisition of physician practices by lowering the threshold at which a hospital or other institution that seeks to acquire a physician practice is required to obtain a certificate of need in order to acquire such practice.	Sen. Martin Looney (D)
Connecticut	SB983	Competition	Tabled for the Calendar	This measure prohibits all-or-nothing clauses, anti-steering clauses, anti-tiering clauses, and gag clauses in contracts entered into or renewed by a health care provider, carrier, or plan administrator.	By request of the Governor
Connecticut	HB6620	Competition	Tabled for the Calendar	This measure prohibits all-or-nothing clauses, anti-steering clauses, anti-tiering clauses, gag clauses, and most-favored health carrier or health plan administrator clauses in contracts between health carriers and health care providers.	Joint Committee on Insurance and Real Estate

State	Bill	Category	Status	Summary	Sponsor
Connecticut	HB6669	Competition	Signed by Governor	<p>This measure prohibits all-or-nothing clauses, anti-steering clauses, anti-tiering clauses, gag clauses, and most-favored nation health carrier or health plan administrator clauses in contracts between health carriers and health care providers. The law includes provisions requiring disclosure to providers on how health carriers select providers for and evaluate providers in tiering arrangements. These provisions are effective July 1, 2024.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	Rep. Robyn Porter (D), Rep. Eleni Kavros DeGraw (D), and Rep. Tammy Nuccio (R)
Illinois	HB2222	Competition	Signed by Governor	<p>This measure requires health care facilities that are party to a covered transaction to provide notice of such transaction to the Attorney General no later than 60 days prior to the closing or effective date of the transaction. Any health care facility that fails to comply with the notice requirement is subject to a civil penalty of no more than \$500 per day for each day during which the health care facility is in violation of the requirement.</p>	Rep. Jennifer Gong-Gershowitz (D), Mary E. Flowers (D), Rep. Lamont J. Robinson (D), Jr. Rep. Curtis J. Tarver, II (D), Rep. Terra Costa Howard (D), Rep. La Shawn K. Ford (D), Rep. Ann M. Williams (D), Rep. Sonya M. Harper (D), Rep. Camille Y. Lilly (D), Rep. Natalie A. Manley (D), Rep. Justin Slaughter (D), Rep. Aaron M. Ortiz (D), Rep. Abdelnasser Rashid (D), Rep. Nabeela Syed (D), Rep. Carol Ammons (D), Rep. Kelly M. Cassidy (D), Rep. Will Guzzardi (D), Rep. Anne Stava-Murray (D), Rep. Anna Moeller (D), Rep. Laura Faver Dias (D), Rep. Jawaharial Williams (D), and Rep. Marcus C. Evans, Jr. (D)
Indiana	HB1004	Competition	Became law without relevant provision	The bill had provisions removed that would have prohibited nonprofit hospitals from entering into physician noncompete agreements.	Rep. Donna Schaibley (R), Rep. Matthew S. Lehman (R), and Rep. Kyle Pierce (R)
Maine	LD1399	Competition	Dead	This measure creates a process for review of a material change transaction involving a health care entity and requires the Attorney General to review and approve or deny said transaction.	Rep. Josh Morris (R)
Maine	LD1708	Competition	Dead	This measure prohibits contracts between health insurance carriers and health care providers from containing all-or-nothing clauses, anti-steering clauses, and anti-tiering clauses.	Rep. Josh Morris (R)

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Mississippi	SB2323	Competition	Signed by Governor	This measure provides immunity from liability under antitrust or competition laws to community hospitals consolidating or collaborating with another public, private, or nonprofit hospital; healthcare facility; or provider, effective March 30, 2023.	Sen. Joey Fillingane (R)
New Jersey	S1124	Competition	Failed Sine Die	This measure prohibits anti-tiering clauses in contracts between providers and managed care plans.	Sen. Joe Vitale (D)
New Jersey	S1128	Competition	Failed Sine Die	This measure establishes a Health Care Patient Ombudsman in the Division of Consumer Affairs and requires the Commissioner of Banking and Insurance to create a universal contract for managed care plans and providers. Among other things, it prohibits all-products clauses and most-favored-nations clauses in contracts between providers and managed care plans.	Sen. Joe Vitale (D)
New York	A792	Competition	Referred to Assembly Committee on Health	This measure requires all mergers, consolidations, acquisitions, or other transactions or affiliations with other health care providers to improve access to medically underserved individuals, lower the costs to consumers, and advance the public health goals of the state. Additionally, the bill prohibits the applicant from increasing charges for services that exceed the consumer price index for medical care for the five years immediately following any approval of such merger, consolidation, acquisition, or other transaction or affiliation. The bill also requires the applicant to submit an annual report each year for the five years following such approval demonstrating how the approval benefited the public, including but not limited to lowering costs to consumers, providing efficiencies, and otherwise benefiting the service area of the applicant.	Asm. Pam Hunter (D)
New York	A2205 / S1330	Competition	Signed by Governor	This measure, effective March 3, 2023, expands the prohibition on most-favored-nations provisions and non-disclosure agreements to corporations and group health plan contracts. The bill also extends the effective date of a bill passed during the previous legislative session that prohibited insurers from entering into contracts with such provisions from January 1, 2023 until July 1, 2023.	Asm. Catalina Cruz (D) / Sen. Andrew Gounardes (D)
New York	NY A3007	Competition	Signed by Governor	This measure requires certain health care entities to provide 30 days' pre-closing notice to the New York State Department of Health in connection with material transactions that have revenue thresholds of \$25 million or more. This provision is effective ninety days after May 3, 2023. Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.	Joint 2016 General Budget Conference Committee

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New York	A3148 / S6973	Competition	Referred to Assembly Committee on Insurance / Referred to Senate Committee on Insurance	This measure prohibits an insurer or health maintenance organization from including a most-favored-nation provision, among other things, in insurance contracts.	Asm. Pam Hunter (D) / Sen. Cordell Cleare (D)
North Carolina	HB737 / SB16	Competition	Missed crossover deadline / Missed crossover deadline	This measure requires hospitals entering into any transaction to provide written notice of the proposed transaction to the Attorney General. The Attorney General may either object to the transaction or take no action. In determining whether to object to a transaction, the Attorney General must consider several factors, including whether the fair market value of any asset to be transferred has been manipulated in a manner that causes the fair market value to decrease, whether providers will be offered the opportunity to invest or own an interest in the acquiring entity, whether the terms of any management or services contract are reasonable, whether the acquiring entity has made a commitment to provide health care to individuals who are disadvantaged or under/uninsured, whether the acquiring entity has made a commitment to provide other benefits to the affected community, etc.	Rep. Caleb Rudow (D), Rep. Wayne Sasser (R), and Rep. Dudley Greene (R) / Sen. Jim Burgin (R), Sen. Kevin Corbin (R), and Sen. Julie Mayfield (D)
Oregon	SB476	Competition	Failed Sine Die	This measure repeals the Oregon Health Authority's ability to review material change transactions proposed between health care entities.	Sen. Bill Hansell (R)
Pennsylvania	SB548	Competition	Referred to Senate Committee on Health and Human Services	This measure prohibits a person from selling, transferring, leasing, exchanging, optioning, or otherwise encumbering a material amount of a health system's assets or operations in a manner that is against the public interest. Health systems must notify the Attorney General prior to a material change agreement or transaction.	Sen. Tim Kearney (D)
Pennsylvania	HB864	Competition	Referred to House Committee on Health	This measure requires a person engaging in the acquisition of a hospital or hospital system to first apply for and receive approval. The application requires an array of information, impact on reproductive health care services, end-of-life health care services, and gender affirming health care services. Additionally, it requires information on charity care and community benefit.	Rep. Dan Williams (D)
Texas	HB711	Competition	Law without Governor's signature	This measure prohibits providers from offering, entering into, or renewing a provider network contract that includes an anti-steering, anti-tiering, gag, or most favored nation clauses, effective June 12, 2023.	Rep. James Frank (R), Rep. Sam Harless (R), Rep. Greg Bonnen (R)
Texas	HB4352	Competition	Died in committee	This measure requires a hospital that acquires an outpatient health care facility to provide written notice of the acquisition to the attorney general.	Rep. Brian Harrison (R)

State	Bill	Category	Status	Summary	Sponsor
Vermont	S151	Competition	Referred to Senate Committee on Health and Welfare	<p>This measure requires the Green Mountain Care Board to review health care contracts and fee schedules between health plans and providers.</p> <p>The bill also requires certain entities to increase their health care spending allocated to primary care by at least one percentage point per year until primary care comprises at least 12% of overall health care spending; creates an exemption process from prior authorization requirements under certain circumstances, commonly known as gold carding; and requires the Department of Vermont Health Access to include in its annual budget proposal reimbursement rates for Medicaid participating providers for primary care services at rates that are equal to 100% of Medicare rates.</p>	Sen. Ginny Lyons (D)
Washington	HB1263 / SB5241	Competition	Referred to House Committee on Civil Rights and Judiciary / Passed Senate Committee on Law and Justice and Senate Committee on Ways and Means	<p>This measure makes several changes relating to merger and transaction notice and review. The bill requires parties to a material change transaction to submit additional information to the Attorney General's Office (AGO) about their services and impacts on those services, including any impacts the transactions could have on reproductive health care services, end-of-life health care services and gender affirming health care services. A material change transaction refers to a merger, acquisition or contracting affiliation between two or more hospitals, hospital systems or provider organizations. It also requires that material change transactions result in same or greater access to quality affordable health care for the affected communities. It also changes the requirement for 60 days notice to 120 days for material change transactions. It also requires public hearings for review of notices and the preparation of a health equity assessment. The bill also outlines when material change transactions cannot occur and what results may and may not occur, and gives the AGO 120 days to review and determine if a material change transaction fulfills all requirements.</p>	Rep. Tarra Simmons (D) / Sen. Emily Randall (D)

State	Bill	Category	Status	Summary	Sponsor
Washington	HB1379 / SB5393	Competition	Referred to House Committee on Health Care and Wellness / Passed Senate Committee on Health and Long Term Care and Senate Committee on Ways and Means	This measure prohibits a provider contract between a hospital and a health carrier from containing an all-or-nothing clause, antisteering clause, antitiering clause, or any clause that sets provider compensation agreements or other terms for affiliates of the hospital that will not be included as participating providers in the agreement.	Rep. Nicole Macri (D) / Sen. June Robinson (D)
Connecticut	SB1116	Cost Growth Benchmark	Tabled for the Calendar	This measure includes hospitals in the health care cost growth and primary care spending target benchmark program.	Joint Insurance and Real Estate Committee
Massachusetts	H1228 / S788	Cost Growth Benchmark	Referred to the Joint Committee on Health Care Financing / Referred to the Joint Committee on Health Care Financing	This measure prohibits using the cost growth benchmark to limit the ability of a provider to negotiate rate increases with a carrier that exceeds the benchmark.	Rep. Frank Moran (D) / Sen. Mike Moore (D)

State	Bill	Category	Status	Summary	Sponsor
Minnesota	HF2202 / SF2002	Cost Growth Benchmark	Referred to House Committee on Health Finance and Policy / to Senate Committee on Health and Human Services	This measure establishes the Health Care Affordability Board and Health Care Affordability Advisory Council. The Board is responsible for monitoring the administration and reform of the health care delivery and payment systems in the state. This includes setting health care spending growth targets.	Rep. Liz Reyer (DFL) / Sen. Melissa Wiklund (DFL)
Nevada	AB6	Cost Growth Benchmark	Failed sine die	This measure establishes a health care cost growth benchmark for each year as a target for the maximum growth of total health care spending during that year. Certain state agencies would be required to collaborate to develop and engage relevant persons and entities to implement strategies for meeting the health care cost growth benchmark. Certain insurers would be required to report information relating to health care spending in this State. The bill requires the Director of the Department of Health and Human Services to publish an annual report concerning health care spending in this State. Additionally, the bill would require the Patient Protection Commission within the Office of the Director to make certain recommendations concerning the health care cost growth benchmark and hold an annual informational public hearing concerning health care spending in this State.	House Committee on Health and Human Services
Oregon	HB2085	Cost Growth Benchmark	Failed sine die	This measure changes the name of the Health Care Cost Growth Target program to Premium Cost Growth Target program and restricts the scope of the program to reducing growth in premium costs.	Rep. Cyrus Javadi (R)
Oregon	HB2091	Cost Growth Benchmark	Failed sine die	This measure delays penalties under Health Care Cost Growth Target program until 2026.	Rep. Cyrus Javadi (R)
Oregon	HB2742	Cost Growth Benchmark	Failed sine die	This measure excludes certain costs from consideration as total health expenditures for the purposes of the Health Care Cost Growth Target program. The bill also requires preparation of fiscal impact statements for measures that are expected to affect the ability of the state or health care entities to meet health care cost growth targets. The fiscal impact statements must include the extent to which the measure is expected to impact access to health care, health equity, and overall health of residents of the state.	Rep. Christine Goodwin (R)

State	Bill	Category	Status	Summary	Sponsor
Washington	HB1508 / SB5519	Cost Growth Benchmark	Passed House; referred to Senate Committee on Health and Long Term Care / Referred to Senate Committee on Health and Long Term Care	This measure authorizes the Health Care Cost Transparency Board to require that payers or health care providers that frequently exceed the health care cost growth benchmark without a reasonable justification submit a performance improvement plan or pay a civil fine unless the provider is composed of 25 or fewer health care professionals.	Rep. Nicole Macri (D) / Sen. June Robinson (D)
Colorado	HB23-1215	Facility Fees	Signed by Governor	This measure, effective July 1, 2024, bans facility fees for outpatient telehealth and preventive services in an off-campus hospital location with some exemptions. The legislation also requires patient notifications of a facility fee, makes it a deceptive practice to impose a facility fee when otherwise prohibited, requires reporting from the All-Payer Claims Database (APCD) on facility fees, and requires the state to report by December 2023 on the impact of facility fees.	Rep. Emily Sirota (D), Rep. Andrew Boesenecker (D), Rep. Kyle Mullica (D), Rep. Lisa Cutter (D)
Connecticut	HB6669	Facility Fees	Signed by Governor	<p>This measure, effective July 1, 2024, expands the current ban on facility fees to on-campus outpatient current procedural terminology evaluation and management (CPT E/M) codes and assessment and management (CPT A/M) code services, with exceptions for the emergency department and observations stays for certain services. The on-campus ban would not apply if the hospital or health system has a contract in effect as of July 1, 2024 that provides reimbursement for those fees until the date of expiration, renewal or amendment, whichever date is the earliest. The measure requires facility fees reporting to OHS disaggregated by off-campus and on-campus. The measure eliminates a provision that stated that a violation by a hospital or health system was subject to the Connecticut unfair trade practices act and includes a section allowing the OHS executive director to issue a notice of violation and impose a fine of up to \$1000, except in the case of isolated clerical or electronic billing errors. It also permits the executive director to issue a cease-and-desist order in certain circumstances.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	Rep. Robyn Porter (D), Rep. Eleni Kavros DeGraw (D), Rep. Tammy Nuccio (R)

State	Bill	Category	Status	Summary	Sponsor
Indiana	SB6	Facility Fees	Passed Senate; Referred to House Committee on Public Health	This measure requires that a bill for health care services provided by a provider in an office setting must be submitted on an individual provider form. The bill also prohibits an insurer, health maintenance organization, employer, or other person responsible for the payment of the cost of health care services from accepting a bill that is submitted on an institutional provider form.	Sen. Ed Charbonneau (R), Sen. Justin Busch (R)
Indiana	HB1004	Facility Fees	Signed by Governor	<p>This measure requires that a qualified provider that is part of a non-profit hospital system and that provides services in an office-based setting submit its bills on an individual provider form rather than an institutional provider form. It also requires net patient revenue (NPR) and paid claims reporting by hospitals, including NPR and total number of paid claims from facility fees separately for inpatient and outpatient services by payer type, effective January 1, 2025.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	Rep. Donna Schaibley (R), Rep. Matthew S. Lehman (R), Rep. Kyle Pierce (R)
Maine	LD1795	Facility Fees	Signed by Governor	This measure requires that the state APCD produce and post by January 1, 2024, on its publicly accessible website “a report on the payments for facility fees made by payors to the extent that payment information is already reported to the organization.” The legislation also establishes a task force to study a range of issues on facility fees and to make recommendations based on the information reviewed by the task force. These provisions are effective July 6, 2023.	Sen. Troy Jackson (D) Sen. Troy Jackson (D), Sen. Joe Baldacci (D), Sen. Mattie Daughtry (D)
Massachusetts	H997	Facility Fees	Referred to Joint Committee on Financial Services	This measure prohibits a health care provider from charging a facility fee for services unless provided on a hospital's campus, at a facility that includes a licensed hospital emergency department, or a licensed satellite emergency facility. Additionally, the bill allows the department to identify services that may reliably be provided safely and effectively in settings other than hospitals, and providers would be prohibited from charging facility fees for these services.	Rep. Paul Donato (D)

State	Bill	Category	Status	Summary	Sponsor
Massachusetts	H1187	Facility Fees	Referred to Joint Committee on Health Care Financing	This measure requires a hospital-based facility that charges or bills a facility fee for services to inform the patient that it is licensed as part of the hospital and that the patient may receive a separate charge that is in addition to the professional fee charged by the provider. The facility must also inform the patient that they may incur financial liability that is greater than they would incur at a non-hospital-based facility, and must provide information on how the patient can obtain financial liability for the known services through the hospital or the patient's insurance carrier, along with information that the actual liability may change depending on the actual services provided. The bill also requires hospitals or health systems that designate a location as a hospital-based facility to clearly identify the facility as hospital-based in the facility's signage, marketing materials, websites, and stationery.	Rep. Bill Driscoll (D)
Massachusetts	S972	Facility Fees	Referred to Joint Committee on Health Care Financing	This measure caps facility fees collected by hospitals, health systems, and hospital-based facilities at \$30 per patient visit for outpatient health services that use a current procedural terminology evaluation and management code and are provided at a hospital-based facility, other than a hospital emergency department, located off-site from a hospital campus; or outpatient health care services, other than those provided in an emergency department located off-site from a hospital campus, received by a patient who is uninsured of more than the Medicare rate. Providers must provide the charge and the amount of any facility fees and inform the patient of the amount of the facility fee that is not covered through their insurance plan. The bill also directs the Health Policy Commission to conduct a study of potential strategies to raise awareness of the difference in cost to the patient for receiving outpatient services at a hospital outpatient department versus a non-hospital setting.	Sen. Susan Moran (D)
Texas	HB1692 / SB1275	Facility Fees	Died in committee	This measure prohibits health care providers from billing facility fees for outpatient health care services provided outside of a freestanding emergency medical care facility or any service ruled by the commissioner as a service that can be safely and effectively provided outside of a hospital setting.	Rep. James Frank (R) / Sen. Kelly Hancock (R)
California	AB104 / SB104	Primary Care Investments	Signed by Governor	This measure, among other things, appropriates \$4,433,000 to fund new primary care residency slots.	Asm. Phil Ting (D) / Sen. Nancy Skinner (D)

State	Bill	Category	Status	Summary	Sponsor
Colorado	HB1244	Primary Care Investments	Signed by Governor	This measure, effective August 7, 2023, moves the state's regional health connector program to the Department of Public Health and Environment. The program convenes and engages local primary care practices and other provider and partners to address health-related social needs in communities around the state. The department is directed to contract with a third party to coordinate and oversee the program. The program is designed to strengthen connections between primary care providers and local community organizations, to work with practice transformation activities, to identify and assist patient navigators and align with state health priorities, programs, and partners.	Rep. Chris deGruy Kennedy (D), Rep. Elizabeth Velasco (D), Sen. Kevin Priola (D)
Connecticut	SB142	Primary Care Investments	Referred to Joint Committee on Insurance and Real Estate	This measure, among other things, requires the Office of Health Strategy to consider and adjust for any unintended effects or impacts of primary care spending targets on funding for those with developmental disabilities when benchmarking	Sen. Kevin Kelly (R)
Indiana	HB1004	Primary Care Investments	Signed by Governor	<p>This measure supports physicians who have an ownership interest in a physician practice by providing a \$20,000 tax credit against state tax liability.</p> <p>The bill also requires certain providers in office settings to submit bills for health care services on an individual provider form; requires the Office of the Secretary of Family and Social Services to research and compile data concerning Medicaid reimbursement rates for Indiana and all other states and the national reimbursement rate average; specifies additional information that a hospital must report to the Department of Health in the hospital's annual report and establishes a fine for a hospital that fails to timely file the report; requires the Department of Insurance to contract with a third party to calculate an Indiana nonprofit hospital system's prices; and requires the third party contractor to compare certain Indiana nonprofit hospital system facility pricing information with 285% of Medicare.</p>	Rep. Donna Schaibley (R), Rep. Matthew S. Lehman (R), and Rep. Kyle Pierce (R)
Massachusetts	S750	Primary Care Investments	Referred to Joint Committee on Health Care Financing	This measure establishes an aggregate primary care expenditure target and a primary care expenditure target. The targets must be equal to 8% of total health care expenditures in 2026, 10% in 2027, and 12% in 2028. For 202 and beyond, adjustments can be made, but the target can be no lower than 12% or higher than 15%.	Sen. Cindy Friedman (D)

State	Bill	Category	Status	Summary	Sponsor
Missouri	HB10	Primary Care Investments	Signed by Governor	This measure, which is a budget bill, invests \$200,000 from the General Revenue Fund for a rural primary care physician grant program. Qualifying primary care physicians must begin practice in a Missouri county with fewer than 35,000 inhabitants after July 1, 2022 and agree to reside and practice as a primary care physician in said county for a continuous five-year period.	Rep. Cody Smith (R)
Missouri	HB15	Primary Care Investments	Signed by Governor	This measure, which is a budget bill, invests money into the state's Primary Care Resource Initiative Program (PRIMO), a program that awards forgivable loans to students pursuing training leading to licensure in specific health care professions, including primary care physicians, intending to practice in a designation health professional shortage area in the state.	Rep. Cody Smith (R)
Missouri	HB1162 / HB1179	Primary Care Investments	Passed House; died in Senate chamber / Died in committee	This measure establishes a graduate medical education grant program which will award grants to entities operating graduate medical grant programs in the state. The total amount awarded will be sufficient to fund 20 residency slots total. Prioritization will be given to programs that offer residency programs in primary care and that serve areas having the greatest need. Individuals who complete a residency funded by the grant must work in the state for three years following their training.	Rep. Kent Haden (R) / Rep. Patty Lewis (D)
New York	S1197	Primary Care Investments	Referred to Senate Committee on Health	This measure establishes the primary care reform commission to review, examine, and make findings on the level of primary care spending by all payers in the context of all health care spending in the state. The commission must publish an annual report on the findings, and make recommendations to increase and strengthen spending on primary care in the state and improve primary care infrastructure, taking care to avoid increasing costs to patients or the total cost of health care.	Sen. Gustavo Rivera (D)
North Carolina	HB595	Primary Care Investments	Missed crossover deadline	This measure establishes a Primary Care Payment Reform Task Force. The task force is responsible for conducting an actuarial evaluation of the current healthcare spend on primary care services, determining the adequacy of the primary care delivery system, studying the primary care landscape in other states, and identifying data collection and measurement systems to inform the creation of a primary care investment target.	Rep. Ralph Hise (R) and Rep. Jim Burgin (R)
Pennsylvania	SB809	Primary Care Investments	Referred to Senate Committee on Health and Human Services	This measure establishes a Primary Care Investment Task Force to advise and assist in developing and sharing best practices in technical assistance and methods of reimbursement that direct greater health care resources and investments toward supporting and facilitating health care innovation and care improvement in primary care.	Sen. Judy Schwank (D)

State	Bill	Category	Status	Summary	Sponsor
Vermont	H220 / S84	Primary Care Investments	Referred to House Committee on Health Care / Referred to Senate Committee on Health and Welfare	<p>This measure, among other things, directs the Department of Vermont Health Access to include in its annual budget proposal reimbursement rates for Medicaid participating providers for primary care services at rates that are equal to 100% of the Medicare rates for the services in effect in calendar year 2022, with positive medical inflation adjustment rates in subsequent years, or provide information on the additional amounts that would be necessary to achieve full reimbursement parity for primary care services with the Medicare rates.</p> <p>The bill also requires certain entities to increase the percentage of total health care spending it allocates to primary care, using the baseline percentages determined by the Green Mountain Care Board, by at least 1% per year until primary care comprises at least 12% of the plan's or payer's overall annual health care spending. Covered entities include health insurers with at least 500 covered lives for comprehensive, major medical health insurance, State Employee's Health Benefit Plan, and health benefit plans offered to entities providing educational services. Increased proportional spending on primary care cannot result in higher premiums, be achieved through increased fee-for-service payments to providers, or increase overall health care expenditures.</p>	Rep. Jessica Brumsted (D), Rep. Brian Cina (D), Rep. Bobby Farlice-Rubio (D), Rep. Rey Garofano (D), Rep. Leslie Goldman (D), Rep. Lori Houghton (D), and Rep. Taylor Small (D) / Sen. Ruth Hardy (D)
Vermont	S151	Primary Care Investments	Referred to Senate Committee on Health and Welfare	<p>This measure requires certain entities to increase their health care spending allocated to primary care by atleast one percentage point per year until primary care compises at least 12% of overall health care spending. This increased spending cannot be the result of higher premiums, increased fee-for-service payments, or increased overall health care expenditures. Additionally, the bill requires the Department of Vermont Health Access to include in its annual budget proposal reimbursement rates for Medicaid participating providers for primary care services at rates that are equal to 100% of Medicare rates.</p> <p>The bill also creates an exemption process from prior authorization requirements under certain circumstances, commonly known as gold carding; and requires the Green Mountain Care Board to review health care contracts and fee schedules between health plans and providers.</p>	Sen. Ginny Lyons (D)
Wisconsin	AB43 / SB70	Primary Care Investments	Referred to Joint Committee on Finance / Signed by Governor	The measure, among other things, requires an increase in rates paid by Mediacid for primary care services. However, the increases apply only if the state expands Medicaid eligibility.	Joint Committee on Finance by request of the Governor

State	Bill	Category	Status	Summary	Sponsor
Indiana	HB1004	Reference Rates	Signed by Governor	<p>This measure creates a health care cost oversight task force and charges it with review of multiple topics, including recommendations on reduction of health care costs and concentration of health care providers and insurers, and review of data that will be submitted to it from several departments. It requires the Office of the Secretary of Family and Social Services, before November 1, 2023, to research and compile data concerning Medicaid reimbursement rates for Indiana and all other states and the national reimbursement rate average; requires the Department of Insurance to contract with a third party to calculate Indiana nonprofit hospital system's prices categorized by– self-funded, fully-insured, and individual market prices, and the combined prices of those categories as a percentage of Medicare prices for calendar years 2021, 2022, and 2023; requires non-profit hospital systems to report that same information each subsequent year with the charge information required by CMS before March 1, 2024 and before March 1 of each subsequent year; and requires the third party contractor, by November 1, 2024 and by November 1 of each subsequent year, to compare certain Indiana nonprofit hospital system facility pricing information with 285% of Medicare. The legislation also requires the submission of specific claims data by payers to the Department of Insurance.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	Rep. Donna Schaibley (R), Rep. Matthew S. Lehman (R), and Rep. Kyle Pierce (R)
Indiana	HB1597	Reference Rates	Referred to House Committee on Insurance	The measure limits the amount that a state employee health plan may pay for a medical facility service provided to a covered individual to either 200% of the amount paid by Medicare if the service is provided by an in network provider, or 185% of the amount paid by Medicare if the service is provided by an out of network provider.	Rep. Donna Schaibley (R) and Rep. Julie McGuire (R)
Massachusetts	S766	Reference Rates	Referred to Joint Committee on Health Care Financing	This measure establishes a public health option. Rates must be established for services and providers based on parts A and B of Medicare.	Sen. Jason Lewis (D)
Minnesota	SF883	Reference Rates	Referred to Senate Committee on Health and Human Services	This measure allows health carriers to offer reference-based pricing health plans based on the the most recent Medicare reimbursement schedules. Any plan with a reimbursement rate of at least 120% above the Medicare rate offered in all counties of the state is exempt from geographic and network adequacy requirements.	Sen. Glenn Gruenhagen (R)

State	Bill	Category	Status	Summary	Sponsor
Mississippi	SB2626	Reference Rates	Died in Committee	This measure increases the Medicaid reimbursement rate for inpatient and outpatient hospital services for hospitals located in a county with an average monthly unemployment rate of at least 8% for the 12 months of the previous fiscal year and that has a critical shortage of physicians and nurses to not less than 80% of the Medicare reimbursement rate.	Sen. Barbara Blackmon (D)
Montana	SB364	Reference Rates	Passed Senate; died in House chamber	This measure establishes limits on hospital-related charges. Under the bill, a hospital-related charge for inpatient or outpatient care may not exceed 250% of the reimbursement rate allowed for the same care by Medicare.	Sen. Greg Hertz (R)
New Jersey	A1249 / S4076	Reference Rates	Failed sine die	This measure requires NJ's SHBP and SEHBP to implement a referenced based pricing program and bundled payment program.	Asm. Eliana Pintor Marin (D) / Sen. Joe Vitale (D)
Texas	HB5186	Reference Rates	Died in chamber	This measure prohibits facilities from billing enrollees of the state employee health plan a rate that exceeds the rate which will be established in the budget.	
Vermont	S151	Reference Rates	Referred to Senate Committee on Health and Welfare	<p>This measure requires the Department of Vermont Health Access to include in its annual budget proposal reimbursement rates for Medicaid participating providers for primary care services at rates that are equal to 100% of Medicare rates.</p> <p>The bill also requires certain entities to increase their health care spending allocated to primary care by atleast one percentage point per year until primary care compises at least 12% of overall health care spending; creates an exemption process from prior authorization requirements under certain circumstances, commonly known as gold carding; and requires the Green Mountain Care Board to review health care contracts and fee schedules between health plans and providers.</p>	Sen. Ginny Lyons (D)
Vermont	H220	Reference Rates	Referred to House Committee on Health Care	This measure, among other things, directs the Department of Vermont Health Access to include in its annual budget proposal reimbursement rates for Medicaid participating providers for primary care services at rates that are equal to 100% of the Medicare rates for the services in effect in calendar year 2022, with positive medical inflation adjustment rates in subsequent years, or provide information on the additional amounts that would be necessary to achieve full reimbursement parity for primary care services with the Medicare rates.	Rep. Jessica Brumsted (D), Rep. Brian Cina (D), Rep. Bobby Farlice-Rubio (D), Rep. Rey Garofano (D), Rep. Leslie Goldman (D), Rep. Lori Houghton (D), and Rep. Taylor Small (D)

State	Bill	Category	Status	Summary	Sponsor
Colorado	SB23-093	Surprise Billing	Signed by Governor	This measure, effective May 4, 2023, revises medical debt collection practices and makes violating billing practice, surprise billing, and balance billing laws a deceptive trade practice. It also requires providers and facilities to provide an estimate of the total cost of a service to a person that intends to self-pay upon request of the prospective patient.	Sen. Lisa Cutter (D), Sen. Sonya Jaquez Lewis (D), and Rep. Mike Weissman (D)
Georgia	HB70	Surprise Billing	Died in committee	This measure requires a nonparticipating provider, prior to performing any healthcare services, to notify a covered person if such services will require \$100.00 or more in out-of-pocket costs.	Rep. Mandisha Thomas (D) and Rep. Regina Lewis-Ward (D)
Georgia	HB286	Surprise Billing	Died in committee	This measure provides consumer protections against surprise billing for ambulance services and requires a healthcare plan to reimburse for ambulance services provided to a covered person by a nonparticipating ambulance provider.	Rep. Michelle Au (D), Rep. Roger Bruce (D), Rep. Beth Camp (R), Rep. Mary Oliver (D), Rep. Carl Gilliard (D), and Rep. Teri Anulewicz (D)
Illinois	SB1300	Surprise Billing	Referred to Assignments	This measure establishes the right of each patient to receive from their health care provider an estimated cost of nonemergency medical treatment prior to undergoing the nonemergency medical treatment.	Sen. Patrick Joyce (D)
Maine	LD1254	Surprise Billing	Dead	This measure prohibits physicians from balance billing Medicare beneficiaries for any service, procedure, or treatment.	Rep. Art Bell (D)
Minnesota	SF221	Surprise Billing	Referred to Senate Committee on Health and Human Services	This measure requires health care providers to specify in a bill to a patient the dollar amount the provider is willing to accept as payment in full; the Medicare allowable fee-for-service payment rate; and the provider's Medicare percent, which is a percentage of the Medicare allowable payment rate that a provider accepts as payment in full for services provided. This Medicare percent must be available at the provider's reception desk and on the provider's public website. The bill also requires a provider to determine whether a proposed service is covered by the patient's health insurance, and if it's not, requires the provider to provide the patient with a notice specifying the services are not covered. If the provider fails to provide notice, the provider is prohibited from billing the patients for the noncovered service.	Sen. Rich Draheim (R)
New Hampshire	SB173	Surprise Billing	Passed Senate Committee on Health and Human Services	This measure prohibits surprise medical bills and balance billing. The bill also requires insurers to cover emergency services provided by nonparticipating providers in the same manner as if the services were provided by a participating provider and requires the insurer to pay the nonparticipating provider the out-of-network rate less any cost-sharing for the services provided.	Sen. Sharon Carson (R)

State	Bill	Category	Status	Summary	Sponsor
New Hampshire	HB373	Surprise Billing	Determined inexpediate to legislate	This measure prohibits balance billing of a commercially insured person covered by a managed care plan for certain emergency medical services, including specifically ambulance services. The bill also limits reimbursement for ambulance services to a "commercially reasonable value," and requires insurers to reimburse ambulance providers directly.	Rep. Anita Burroughs (D)
New Jersey	A1390	Surprise Billing	Failed sine die	This measure requires that at the time of a non-emergency medical procedure or other scheduled health, a physician shall disclose to the patient whether or not the physician is a participating physician in the health benefits plan in which the covered person is a member. Facilities must make available a list of the facility's standard charges and a cost estimate if requested.	Asm. Bob Auth (R)
New Jersey	A2451 / S1692	Surprise Billing	Failed sine die	This measure requires a health plan providing hospital or medical expense benefits to provide coverage for health care services provided by an out-of-network provider, if the services are provided to a child diagnosed with a catastrophic illness, and the services were performed on the basis of a referral from an in-network provider. Benefits shall be provided to the same extent as for any other condition for which benefits are provided in-network under the policy.	Asm. DiAnne Gove (R) / Sen. Chris Connors (R)
New Jersey	A2789	Surprise Billing	Failed sine die	This measure requires hospital, bio-analytical, and clinical laboratories to offer an HIV screening test to an individual that lives in an area with a high prevalence of HIV. If the lab performing the screening test is out of the individual's network, the health plan carrier must reimburse the laboratory for the cost of the screening test at the individual's in-network rate. Under such circumstances, a laboratory is prohibited from billing a covered person, except for the covered person's applicable copayment, coinsurance, or deductible.	Asm. Herb Conaway (D)
New Jersey	A3595	Surprise Billing	Failed sine die	This measure requires a carrier that provides coverage for out-of-network mental health services delivered through telemedicine or telehealth to provide coverage on the same basis as when the services are delivered through in-person contact and consultation in the state, and at a provider reimbursement rate of not less than the Medicaid provider reimbursement rate. A carrier shall not charge any deductible, copayment, or coinsurance for a mental health service delivered through telemedicine or telehealth in an amount exceeding the deductible, copayment, or coinsurance applicable to an in-person, in-network consultation.	Asm. Pam Lampitt (D), Asm. Ellen Park (D), and Asm. John McKeon (D)

State	Bill	Category	Status	Summary	Sponsor
New Jersey	A4048 / S2535	Surprise Billing	Failed sine die / Passed both chambers	This measure requires an individual or group health insurance policy, small or school employee health benefits plan, health maintenance organization, or a hospital, medical, or health service corporation contract to provide coverage for medically necessary expenses incurred in the purchase of a hearing aid or cochlear implant for a covered person 21 years of age or younger. If a contract does not have an in-network provider who can provide a part, attachment, or accessory to a preexisting cochlear implant, the contract shall cover necessary parts purchased from and provided by an out-of-network provider and only impose cost sharing as if the provider were in network.	Asm. Angela McKnight (D) and Asm. Dan Benson (D) / Sen. Vince Polistina (R)
New Jersey	A4294	Surprise Billing	Failed sine die	<p>This measure prohibits cost sharing from exceeding the maximum out-of-pocket limits as established in the federal Patient Protection and Affordable Care Act.</p> <p>The measure also allows the board of directors of the New Jersey Small Employer Health Benefits Program to annually adjust the design of the small employer health benefits plans, including the out-of-pocket limits under those plans, to ensure premium affordability. Adjustments shall be based on the board's annual review, and proposals for adjustments to plan design that improve affordability from carriers may be considered by the board.</p>	Asm. John McKeon (D)
New Jersey	A4422	Surprise Billing	Failed sine die	The measure stipulates that the provisions of the "Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act" apply to transportation by emergency medical service helicopter, and prohibit the total amount paid by a covered person receiving transportation by emergency medical service helicopter from exceeding \$1000, inclusive of cost sharing.	Asm. Herb Conaway (D)
New Jersey	S1129	Surprise Billing	Failed sine die	This measure requires a health care facility to disclose to an enrollee if a participating provider in the enrollee's network. If the health care facility does not participate in the enrollee's plan then the facility must inform the enrollee and provide a cost estimate.	Sen. Joe Vitale (D)
New Jersey	S1952	Surprise Billing	Failed sine die	This measure requires hospital, bio-analytical, and clinical laboratories to offer a Hepatitis C screening test to an individual born between 1945 and 1965. If the lab performing the screening test is out of the individual's network, the health plan carrier must reimburse the laboratory for the cost of the screening test at the individual's in-network rate. Under such circumstances, a laboratory is prohibited from billing a covered person, except for the covered person's applicable copayment, coinsurance, or deductible.	Sen. Nilsa Cruz-Perez (D)

State	Bill	Category	Status	Summary	Sponsor
New York	A2663 / S5753	Surprise Billing	Referred to Assembly Committee on Insurance / Referred to Senate Committee on Insurance	This measure requires notification to insureds that an out-of-network physician may be used in their procedure, test, or surgery and such physician's services are not covered by their insurance policy. Such services must be covered if the insured person does not receive notification prior to receiving the services or procedure.	Asm. Erik Dilan (D) / Sen. Kevin Parker (D)
New York	A6495 / S2374	Surprise Billing	Referred to Assembly Committee on Health / Referred to Senate Committee on Health	This measure requires out-of-network treatment disclosure within twenty-four hours of approval of certain surgical procedures.	Asm. Mickey Solages (D) / Sen. Roxanne Jacqueline Persaud (D)
North Carolina	SB46	Surprise Billing	Passed Senate; referred to House Committee on Rules, Calendar, and Operations	This measure requires all contracts or agreements for participation as an in-network health service facility between an insurer offering at least one health benefit plan and a health service facility at which there are out-of-network providers who may be part of the provision of covered services to an insured while receiving care at the health service facility to require that an in-network health service facility give written notification to an insured that has scheduled an appointment at that health service facility. The written notice must include all providers rendering services that are not participating as in-network providers and the estimated cost of the covered healthcare services being rendered by the out-of-network providers.	Sen. Joyce Krawiec, Sen. (R) Jim Burgin (R), and Sen. Kevin Corbin (R)
Oklahoma	SB881	Surprise Billing	Introduced	This measure establishes the Surprise Billing Protection Act. The bill, among other things, prohibits nonparticipating providers from knowingly submitting a surprise bill to a covered person.	Sen. Jim Montgomery (R)
South Carolina	S185	Surprise Billing	Referred to House Committee on Banking and Insurance	This measure prohibits insurers and health care providers from engaging in surprise billing, and designates surprise billing as an unfair trade practice.	Sen. Mike Fanning (D)

State	Bill	Category	Status	Summary	Sponsor
Tennessee	HB1503 / SB1345	Surprise Billing	Passed House Committee on Insurance and House Committee on Government Operations; referred to House Committee on Finance, Ways, and Means / Signed by Governor	This measure establishes the Surprise Billing Protection Act. The bill, among other things, requires an insurer than provides benefits for emergency medical services to covered persons to pay for such services regardless of whether the provider or facility is a participating provider or facility. Additionally, it requires an insurer that provides benefits for nonemergency medical services to pay for services in the event that the services resulted in a surprise bill regardless of whether the provider is a participating provider.	Rep. Iris Rudder (R) / Sen. Bo Watson (R)
Texas	HB1592	Surprise Billing	Signed by Governor	This measure, effective September 1, 2023, allows self-funded employee plans to opt-in to provisions on the prohibition of balance billing and out-of-network dispute resolution procedures.	Rep. Tom Oliverson (R)
Texas	HB1873	Surprise Billing	Died in committee	This measure establishes a patients' bill of rights. Among other things, the bill protects the right of a patient to recieve a written estimate of the cost of health care services, whether the patient's plan covers the services, whether any practitioner providing services is an independent contractor that bills seperating, and a reduced price for services provided by s nonphysician health care practitioner.	Rep. Liz Campos (D)
Arizona	SB1603	Transparen cy	Signed by Governor	This measure requires hospitals to comply with federal hospital price transparency laws. Beginning January 25, 2024, the Department of Health must confirm compliance on an annual basis and annually post a report on its public website containing the name of any noncompliant hospital.	Sen. Janae Shamp (R)
Arkansas	HB1452	Transparen cy	Signed by Governor	This measure requires hospital compliance with federal hospital pricing transparency requirements, and requires the Department of Health to take steps to enforce compliance, including imposing fines for noncompliance. These provisions are effective six months after the enactment of the act (April 6, 2023).	Rep. Justin Gonzales (R), Sen. Clint Penzo (R)

State	Bill	Category	Status	Summary	Sponsor
Colorado	SB23-252	Transparen cy	Signed by Governor	This measure, effective June 2, 2023, requires hospitals to post their Medicare reimbursement rates and charges the Department of Health Care Policy and Finance with assessing each hospital's compliance with federal transparency requirements and publishing the assessment on the department's website. A violation of the requirements of the act is a deceptive trade practice.	Sen. Kevin Van Winkle (R), Sen. Julie Gonzales (D), Sen. Lindsey Daugherty (D), and Sen. Anthony Hartsook (R)
Colorado	HB23-1226	Transparen cy	Signed by Governor	This measure, effective August 7, 2023, requires hospitals to report additional information as part of transparency reporting, including transfers of cash, equity, investments and assets to and from related parties, cash flow statements, changes to certain specific major service lines, narrative reports on major planned and completed capital projects, gross revenue and net profit, affiliations and physician practice information, compensation data on certain administrative positions, significant other revenue that might otherwise be included in a Medicare cost report and certain quarterly reports. The legislation includes enforcement mechanisms for failure to provide required information, requires the department to report on the hospital transparency report at an annual hearing. The legislation also modifies the required content of patient bills from hospitals.	Rep. Matt Soper (R), Rep. Chris Kennedy (D), Rep. Dylan Roberts (D), and Rep. Perry Will (R)
Florida	HB1413 / SB268	Transparen cy	Died on Second Reading Calendar / Died in Appropriatio ns Committee	This measure requires licenced facilities to post on their website a consumer-friendly list of standard charges for a minimum number of shoppable health care services.	Rep. Chase Tramont / Sen. Jason Brodeur (R)
Illinois	HB2609	Transparen cy	Re-referred to House Committee on Rules	This measure requires hospitals to make public and maintain lists of standard charges and shoppable services and ensure that the lists are available at all times to the public. The Department of Public Health must monitor each facility's compliance.	Rep. Jed Davis (R)
Illinois	HB4113 / SB2584	Transparen cy	Referred to House Committee on Rules / Referred to Assignment s	This measure requires health care facilities to submit an annual report of all capital expenditures, rather than only those in excess of \$200,000. If a hospital reports zero capital expenditures, a section detailing the hospital's total purchasing budget that encompasses all goods and services purchased by the hospital in the preceding fiscal year must still be included in the report	Rep. Kimberly du Buclet (I) / Sen. Willie Preston (D)

State	Bill	Category	Status	Summary	Sponsor
Indiana	HB1004	Transparency	Signed by Governor	<p>This measure creates a health care cost oversight task force and charges it with review of multiple topics, including recommendations on reduction of health care costs and concentration of health care providers and insurers, and review of data that will be submitted to it from several departments. It requires the Office of the Secretary of Family and Social Services, before November 1, 2023, to research and compile data concerning Medicaid reimbursement rates for Indiana and all other states and the national reimbursement rate average; requires the Department of Insurance to contract with a third party to calculate Indiana nonprofit hospital system's prices categorized by— self-funded, fully-insured, and individual market prices, and the combined prices of those categories as a percentage of Medicare prices for calendar years 2021, 2022, and 2023; requires non-profit hospital systems to report that same information each subsequent year with the charge information required by CMS before March 1, 2024 and before March 1 of each subsequent year; and requires the third party contractor, by November 1, 2024 and by November 1 of each subsequent year, to compare certain Indiana nonprofit hospital system facility pricing information with 285% of Medicare. The legislation also requires the submission of specific claims data by payers to the Department of Insurance.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	Rep. Donna Schaibley (R), Rep. Matthew S. Lehman (R), and Rep. Kyle Pierce (R)
Indiana	HB1271	Transparency	Referred to House Committee on Public Health	<p>This measure requires a nonprofit hospital and a health carrier to post and provide certain information at least 45 days before a public forum.</p>	Rep. Donna Schaibley (R), Rep. Earl J. Harris (R), Rep. Julie McGuire (R), and Rep. Matthew Hostettler (R)
Indiana	HB1291	Transparency	Referred to House Committee on Insurance	<p>This measure requires that a hospital's annual report filed with the Indiana Department of Health also be filed with the all payer claims data base. The bill also requires hospitals to include in the report additional information concerning the hospital's medical loss ratio, the total funding received by the hospital under the CARES Act, and other matters. The legislation also requires the insurance commissioner, when deciding whether to approve a premium rate increase or decrease for an accident and sickness insurance policy or an increase or decrease in the rates to be used by a health maintenance organization (HMO), to consider the median cost sharing for the affected insurance policy or HMO contract, the benefits provided under the policy or contract, the underlying costs of the health services covered by the policy or contract, and other matters.</p>	Rep. Martin Carbaugh (R)

State	Bill	Category	Status	Summary	Sponsor
Kentucky	HB16 / SB275	Transparen cy	Died in committee	This measure establishes an all-payer claims database.	Rep. Cherlynn Stevenson / Sen. Don Douglas (R)
Louisiana	HB427	Transparen cy	Substituted by HB658	This measure requires facilities to maintain a list of all standard charges for all items and services and to post this list electronically. The bill also requires facilities to make a list of standard charges for at least 300 shoppable services publicly available. Noncompliance may result in administrative penalties.	Rep. Raymond Crews (R)
Louisiana	HB658	Transparen cy	Vetoed by Governor	This measure requires facilities to comply with federal public price transparency requirements. If a facility is noncompliant, the Department of Health must provide written notice and request a corrective action plan. If the facility fails to submit a corrective action plan with 90 days or fails to adhere to the corrective action plan, the Department of Health must file a formal complaint with CMS.	Rep. Raymond Crews (R)
Maine	LD953	Transparen cy	Failed	This measure requires hospitals to comply with federal price transparency requirements. The bill also prohibits noncompliant hospitals from billing a patient for items or services provided to the patient, and requires that a hospital refund any payment made for items or services provided, on a date the hospital was in violation of the price transparency laws.	Rep. Laurel Libby (R)
Massachusetts	S789	Transparen cy	Referred to Joint Committee on Health Care Financing	This measure requires hospitals to make publicly available on its website a machine-readable file containing a list of all standard charges for all items and services provided by the hospital. Upon request of a patient scheduled to receive an elective procedure, test, or service, the hospital must provide an estimate of the payment amount for which the participant will be responsible.	Sen. Mike Moore (D)
Minnesota	SF220	Transparen cy	Referred to Senate Committee on Health and Human Services	This measure allows hospitals and outpatient surgical centers to meet the requirement to provide the cost of a specific service or stay upon request electronically, though a paper copy must be provided if specifically requested. The bill also requires hospitals to make public a machine-readable file containing a list of the hospital's standard charges for items and services provided by the hospital and shoppable services. Hospitals may be fined for noncompliance.	Sen. Rich Draheim (R)

State	Bill	Category	Status	Summary	Sponsor
Minnesota	SF2995	Transparency	Signed by Governor	<p>This measure establishes a Center for Health Care Affordability within the Department of Health, charged with analyzing the drivers of health care spending growth and increasing transparency. The legislation authorizes the Commissioner of Human Services to gather data, collect public input directly, hold public hearings, and, beginning November 15, 2024, and by November 15 of each subsequent year, report on the center's research and analyses. The commissioner may also collect data from other agencies and contract with other entities to assist the center. Entities that fail to provide data in the form and manner prescribed by the commissioner is subject to penalties of \$500 per day.</p> <p>Note: This is a larger bill that contains several provisions. Other provisions are included in the appropriate tab.</p>	Sen. Melissa H. Wiklund (D), Rep. Tina Liebling (D)
Minnesota	HF293 / SF1675	Transparency	Referred to House Committee on Health Finance and Policy / Referred to Senate Committee on Health and Human Services	<p>This measure requires medical and dental practices to make available to the public their current standard charges. The bill also authorizes the Commissioner of Health to establish a price comparison tool for items and services offered by medical and dental practices.</p>	Rep. Steve Elkins (DFL) and Rep. Kristin Bahner (DFL) / Sen. Melissa Wiklund (DFL)
Missouri	HB1161	Transparency	Died in committee	This measure prohibits a hospital from pursuing a collection action for items or services provided if the hospital was not in compliance with hospital price transparency laws.	Rep. Aaron McMullen (R)
New Hampshire	HB389	Transparency	Died in chamber	This measure prohibits a hospital from pursuing a collection action for services provided if the hospital was not in compliance with federal price transparency laws.	Rep. Emily Phillips (R)

State	Bill	Category	Status	Summary	Sponsor
New Jersey	A1255	Transparen cy	Passed Assembly	This measure requires a utilization review entity to make any current prior authorization requirements and restrictions readily accessible on its website to subscribers, health care providers, and the general public. If a utilization review entity intends to amend or implement a new prior authorization requirement or restriction, the review entity is required to notify contracted in-network health care providers no less than 60 days before the requirement or restriction is implemented. Statistics must be made available online regarding prior authorization approvals and denials, including categories for: physician specialty, medication or diagnostic tests and procedures, indication offered, and reason for denial.	Asm. Sterley Stanley (D) and Asm. Herb Conaway (D)
New York	A5307	Transparen cy	Enacting clause stricken	This measure creates an Office of Healthcare Accountability. This office would be responsible for providing recommendations regarding hospital costs, auditing healthcare expenditures for state employees, posting information on costs of hospital procedures as provided by hospitals under state and federal transparency law, and summarizing the cost transparency of each hospital. The director of the office must submit an annual report to the Governor.	Asm. Jeffrey Dinowitz (D)
New York	A5817 / S4097	Transparen cy	Signed by Governor	This measure requires the Civil Service Commission to collect health care claims data relating to the price and utilization of hospital benefits by enrollees of the state employee health plan and publish a health benefit plan hospital pricing report.	Asm. Mickey Solages (D) / Sen. Andrew S. Gounardes (D)
Ohio	HB49	Transparen cy	Passed House; Referred to Senate Committee on Small Business and Economic Opportunity	This measure requires hospitals to make public a machine-readable list of all standard charges for all hospitals items or services as well as a consumer-friendly list of standard charges for shoppable services.	Rep. Ron Ferguson (R) and Rep. Tim Barhorst (R)

State	Bill	Category	Status	Summary	Sponsor
Oklahoma	HB1688	Transparency	Passed House; Referred to Senate Committee on Health and Human Services and Senate Committee on Appropriations	This measure establishes a Health Care Transparency Initiative to create a database including ongoing all-payer claims database projects that receive and store data from a submitting entity relating to medical, dental, pharmaceutical, and other insurance claims information, unique identifiers, and geographic and demographic information for covered individuals.	Rep. Marcus McEntire (R)
Oklahoma	SB732	Transparency	Passed Senate Committee on Business and Commerce	This measure prohibits a hospital from pursuing a collection action against patients if the hospital was not in compliance with transparency laws.	Sen. Nathan Dahm (R)
Oklahoma	HB1890	Transparency	Passed House Committee on Public Health	This measure allows patients to bring an action against a hospital that is not in material compliance with hospital price transparency laws on the date that an item or service was provided to a patient by the hospital to recover payment of the price of the elective procedure, test, or service. The bill requires the court, if it finds that the hospital knowingly was not in material compliance with hospital price transparency laws, to award the patient an amount equal to triple the amount of the price of the elective procedure, test, or service and reasonable attorney fees and costs. The bill also prohibits a provider from initiating or pursuing collection actions against a patient for debt incurred by the patient on the date of service when the provider was not in material compliance with price transparency laws.	Rep. Suzanne Schreiber (D)

State	Bill	Category	Status	Summary	Sponsor
Texas	HB1 / SB1	Transparency	Signed by Governor	This state budget bill includes a provision, effective September 1, 2023, for the Health and Human Services Commission (HHSC) to study and report on financial and utilization data through a contract with a third party and to evaluate "hospital revenue and expenses, as well as public debt and the value of tax-exemptions, and the value of any charity care provided, as applicable by hospital and system." The HHS is authorized to work with other state entities and utilize state and federal data sources to issue a report on its website and to the legislature by December 1, 2024 and make recommendations to improve hospital reporting and transparency, summary of revenue streams, the value of charity care and bad debt expense, an analysis of hospitals' operating costs in relation to the hospital service area adjusted gross income range, and compliance with existing disclosure requirements under state law.	Rep. Greg Bonnen (R), Sen. Joan Huffman (R), Sen. Royce West (D)
Virginia	HB2237 / HB2427	Transparency	Died in committee	This measure allows patients to bring an action against a hospital that is not in material compliance with hospital price transparency laws on the date that an elective procedure, test, or service is provided to a patient by the hospital to recover payment of the price of the elective procedure, test, or service. The bill requires the court, if it finds that the hospital knowingly was not in material compliance with hospital price transparency laws, to award the patient an amount equal to triple the amount of the price of the elective procedure, test, or service and reasonable attorney fees and costs. The bill also prohibits a hospital or other person or entity collecting on behalf of the hospital from initiating or pursuing collection actions against a patient or patient guarantor for debt incurred by the patient on the date of service when the hospital was not in material compliance with federal hospital price transparency laws.	Del. Dan Helmer (D) / Nick Freitas (R)
Virginia	HB2435	Transparency	Died in committee	This measure authorizes the Department of Health to impose a plan of correction on hospitals that fail to comply with hospital price transparency requirements. The bill also imposes a civil penalty on noncompliant hospitals. Hospitals that violate price transparency requirements may be reported to the Consumer Protection Division of the Office of the Attorney General.	Del. Keith Hodges (R)
West Virginia	HB2029	Transparency	Approved by Governor	This measure, effective May 1, 2023 would repeal the creation of an all-payer claims database.	Del. Amy Summers (R)
West Virginia	HB2519	Transparency	Died in committee	This measure would repeal the state's all payer claims database.	Del. Geoff Foster (R)

State	Bill	Category	Status	Summary	Sponsor
Wisconsin	AB338 / SB328	Transparency	Referred to Assembly Committee on Health, Aging and Long-Term Care / Referred to Senate Committee on Health	This measure requires hospital to make publicly available a digital file in a machine-readable format that contains a list of standard charges for certain items and services provided by the hospital and a consumer-friendly list of standard charges for at least 300 shoppable services. If the Department of Health Services determines that a hospital is not in compliance with any of the price transparency requirements, the Department must provide a written notice to the hospital and request a corrective action plan from the hospital. The bill establishes escalating penalties for violations of the hospital price transparency requirements based on the hospital's bed count, from \$600 for each day in which a hospital with 30 beds or fewer is in violation to up to \$10,000 for each day in which a hospital with greater than 550 beds is in violation. The Department must keep a publicly available list of hospitals that have been found to have violated any of the price transparency requirements.	Asm. Rob Brooks (R), Asm. Donna Rozar (R), Asm. Scott Allen (R), Asm. Ty Bodden (R), Asm. Janel Brandtjen (R), Asm. Barbara Dittrich (R), Asm. Robert Donovan (R), Asm. Cindi Duchow (R), Asm. Joy Goeben (R), Asm. Chanz Green (R), Asm. Rick Gundrum (R), Asm. Nate Gustafson (R), Asm. John Macco (R), Asm. Nik Rettinger (R), Asm. Michael Schraa (R), Asm. Katrina Shankland (D), Asm. Shae Sortwell (R), and Asm. Chuck Wichgers (R) / Sen. Mary Felzkowski (R), Sen. Julian Bradley (R), Sen. Rob Hutton (R), Sen. Dan Knodl (R), Sen. Chris Larson (D), Sen. Steve Nass (R), and Sen. Duey Stroebel (R)
Colorado	HB23-1209	Other	Passed House; Passed Senate Committee on Appropriations	This measure requires the Colorado School of Public Health to analyze model legislation for implementing a publicly financed and privately delivered universal health-care payment system for Colorado that directly compensates providers and submit a report to the General Assembly by December 1, 2023.	Rep. Andrew Boesenecker (D), Rep. Karen McCormick (D), and Rep. Sonya Jaquez Lewis (D)
Connecticut	SB450	Other	Referred to Joint Committee on Insurance and Real Estate	This measure requires the Comptroller of the Office of Health Strategy to conduct a study evaluating public option health care plans in other states and submit a report, including a recommendation for a public option health care plan in the state, to the General Assembly.	Sen. Saud Anwar (D)

State	Bill	Category	Status	Summary	Sponsor
Connecticut	HB5485	Other	Referred to Joint Committee on Human Services	This measure requires a study of the costs and benefits of transitioning from the current health care system in the state to a universal, single payer health care system.	Rep. David Michel (D), Rep. Robyn Porter (D), Rep. Anne Hughes (D), Rep. Aundre Bumgardner (D), and Rep. Travis Simms (D)
Florida	HB61	Other	Died in Committee	This measure establishes a Medicaid buy-in program.	Rep. Marie Paule Woodson (D)
Illinois	HB1094	Other	Re-referred to House Committee on Rules	This measure creates a single-payer healthcare system in the state	Rep. Mary E. Flowers (D)
Illinois	HB3855	Other	Referred to House Committee on Rules	This measure creates a Medicare for All program, providing covered to all individuals residing in the state under the Illinois Health Services Program.	Rep. Hoan Huynh (D)
Indiana	SB310	Other	Referred to Senate Committee on Family and Children Services	This measure creates a Medicaid buy-in program by eliminating consideration of income and countable resources in determining an individual's eligibility for participation in the program.	Sen. Shelli Yoder (D)

State	Bill	Category	Status	Summary	Sponsor
Massachusetts	S737	Other	Referred to Joint Committee on Health Care Financing	This measure directs the Center for Health Information (CHIA), to recommend a methodology to develop a single payer benchmark. The single payer health care system considered under the single payer benchmark shall offer continuous, comprehensive and affordable coverage for all residents of the commonwealth regardless of income, assets, health status or availability of other health coverage. The benchmark may consider the costs of a single-payer health care system at different actuarial values, levels of cost-sharing, and levels of provider reimbursement. In developing the methodology, CHIA shall monitor, review, and evaluate reports related to single payer health care and the performance of single payer health care systems in other states and countries. CHIA, in conjunction with the Health Policy Commission (HPC) and the Division of Insurance, must provide an annual report detailing a comparison of the actual health care expenditures in the commonwealth for 2024, 2025 and 2026 with the single payer benchmark for 2024, 2025 and 2026, respectively, indicating whether the commonwealth would have saved money while expanding access to care under a single payer health care system. The first report is due July 1, 2026. If the report determines that a single payer benchmark outperformed actual total health care expenditures, HPC must submit a proposed single payer health care implementation plan within a year of the report being filed.	Sen. Julian Cyr (D)
Massachusetts	H1239 / S744	Other	Referred to Joint Committee on Health Care Financing / Referred to Joint Committee on Health Care Financing	This measure establishes a single-payer Medicare-for-all healthcare system.	Rep. Lindsay Sabadosa (D) and Rep. Denise Garlick (D) / Sen. James B. Eldridge (D)

State	Bill	Category	Status	Summary	Sponsor
Massachusetts	H944 / S614	Other	Referred to Joint Committee on Financial Services / Referred to Joint Committee on Financial Services	This measure requires carriers offering small group health insurance plans file small group product base rates and any changes to small group rating factors that are to be effective on January 1 of each year, on or before July 1 of the preceding year to the insurance commissioner for approval. The commissioner can modify or disapprove any proposed changes to base rates that are excessive, inadequate, or unreasonable in relation to the benefits charged. The commissioner may also disapprove any change to small group rating factors that is discriminatory or not actuarially sound.	Rep. Christine Barber (D) and Rep. Jay Livingstone (D) / Sen. John Cronin (D)

State	Bill	Category	Status	Summary	Sponsor
Maryland	HB329	Other	Referred to House Committee on Health and Government Operations	This measure establishes a Commission on Universal Health Care to develop a plan, by July 1, 2026, to establish a universal health care program to provide health benefits to all residents of the state through a single-payer system.	Del. Sheila Ruth (D), Del. Gabriel Acevero (D), Del. Nick Allen (D), Del. Marlon Amprey (D), Del. Heather Bagnall (D), Del. Sandy Bartlett (D), Del. Adrian Bofo (D), Del. Regina Boyce (D), Del. Lorig Charkoudian (D), Del. Eric Ebersole (D), Del. Mark Edelson (D), Del. Kris Fair (D), Del. Jessica Feldmark (D), Del. Linda Foley (D), Del. Michele Guyton (D), Del. Terri Hill (D), Del. Mary Lehman (D), Del. Robbyn Lewis (D), Del. Lesley Lopez (D), Del. Aletheia McCaskill (D), Del. David Moon (D), Del. Julie Palakovich Carr (D), Del. Cheryl Pasteur (D), Del. N. Scott Phillips (D), Del. Emily Shetty (D), Del. Karen Simpson (D), Del. Jared Solomon (D), Del. Vaughn Stewart (D), Del. Jen Terrasa (D), Del. Jennifer White (D), Del. Jamila Woods (D), Del. Natalie Ziegler (D), Del. Pam Lanman Guzzone (D), Del. Bernice Mireku-North (D), Del. Edith J. Patterson (D), Del. Stephanie Smith (D), and Del. Caylin Young (D)

State	Bill	Category	Status	Summary	Sponsor
Michigan	HB4893	Other	Referred to House Committee on Insurance and Financial Services	This measure establishes MICare, a universal and unified health care system.	Rep. Carrie Rheingans (D)
New Jersey	A4538 / S3638	Other	Failed sine die	This measure expands Medicare health care coverage to all New Jersey residents.	Asm. Angelica Jimenez (D) / Sen. Brian Stack (D)
New Jersey	A5029 / S1947	Other	Failed sine die	This measure creates a New Jersey Public Option Health Care Program that includes as many providers as possible and comes at the lowest possible cost for New Jerseyans shopping for health insurance and that provides an efficient, competitive publicly-run alternative to the private insurance market.	Asm. Shavonda E. Sumter / Sen. Nia Gill (D)
New Mexico	HB400	Other	Signed by Governor	This measure requires a study on the feasibility of implementation of a state-administered health coverage plan known as the Medicaid Forward Plan.	Rep. Reena Szczepanski (D), Rep. Javier Martinez (D), Rep. Siah Hemphill (D), and Rep. Leo Jaramillo (D)
New York	A4267	Other	Referred to Assembly Committee on Health	This measure creates a public health care option program as well as a public health care option program fund. The fund will consist of revenues recieved through premiums, coinsurance, and other fees from enrolled members.	Asm. Ken Zebrowski (D)
New York	A7897 / S7590	Other	Referred to Assembly Committee on Health / Referred to Senate Committee on Health	This measure establishes the New York Health program, a comprehensive system of access to health insurance for New York state residents.	Asm. Amy R. Paulin (D) / Sen. Gustavo Rivera (D)
Oregon	HB2558 / SB704	Other	Failed sine die	This measure establishes a Universal Health Plan Governance Board and directs the board to create comprehensive plan for implementing a single-payer Universal Health Plan beginning in 2027.	Rep. Travis Nelson / Sen. James Manning (D)

State	Bill	Category	Status	Summary	Sponsor
Rhode Island	HB6399 / SB572	Other	Died in committee / Held for further study	This measure establishes a universal single-payer health care insurance program.	Rep. David Morales (D), Rep. Brandon Potter (D), Rep. Enrique Sanchez (D), Rep. Jennifer Stewart (D), Rep. Joshua Giraldo (D), and Rep. Brianna Henries (D) / Sen. Samuel W. Bell (D), Sen. Linda Lee Ujifusa (D), Sen. Meghan E. Kallman (D), Sen. Frank A. Ciccone (D), and Sen. Pamela J. Lauria (D)
South Carolina	H3562	Other	Referred to House Committee on Ways and Means	This measure establishes a Medicaid buy-in program. Health care provider reimbursement rates must be based on the state Medicaid fee schedule.	Rep. Ivory Thigpen (D)
Texas	HB3267	Other	Died in committee	This measure establishes a Medicaid buy-in program.	Rep. James Talarico (D)
West Virginia	HB3274 / SB610	Other	Substitute passed House without relevant provisions; died in committee / Died in committee	This measure establishes the Affordable Medicaid Buy-In Program.	Del. Evan Worrell (R) / Sen. Tom Takubo (R)