

Statute	Summary	Years of Legislative Action
Arizona		
Ariz. Rev. Stat. §36-125.05.	<ul style="list-style-type: none"> ■ Requires the Arizona Department of Human Services to implement a uniform patient reporting system for all hospitals, outpatient surgical centers and emergency departments, including average charge per patient, average charge per physician. ■ Also requires the state to publish a semiannual comparative report of patient charges, and simplified average charges per confinement for the most common diagnoses and procedures. ■ Reports are available at: http://www.azdhs.gov/plan/crr/cr/hospitals.htm 	1983, 1988, 1990, 1994, 1996, 2005, 2010
Arkansas		
Ark. Code Ann. §§20-7-301—307	<ul style="list-style-type: none"> ■ Provides data to the Arkansas Hospital Association for its price transparency and consumer driven health care project that will make price and quality information about Arkansas hospitals available to the public. ■ The reports are available at: http://www.hospitalconsumerassist.com/reports.htm 	1994, 1995, 1997, 2003, 2005, 2007
California		
Cal. Health and Safety Code §1339.55., 056, .58, .585	<ul style="list-style-type: none"> ■ Requires hospitals to file a master charge description with the Office of Statewide Health Planning and Development and to estimate future charge increases for patient services. ■ Requires hospitals to disclose prices for the top 25 most common outpatient services or procedures, and requires, upon request, a person to be provided with a written estimate of charges for the health care services that are reasonably expected to be provided and billed to the person if the person does not have health coverage. ■ Allows for the provision of information regarding where data about hospital quality and health outcomes may be obtained. ■ Upon the request of a person without health coverage, a hospital shall provide the person with a written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the hospital, based upon an average length of stay and services provided for the person's diagnosis. ■ Hospital chargemaster and pricing information are available at: http://www.oshpd.ca.gov/Chargemaster/ ■ Healthcare Quality and Health Outcome Reports available at: http://www.oshpd.ca.gov/ 	2003, 2005
Colorado		
Colo. Rev. Stat. Ann. § 6-20-101.	<ul style="list-style-type: none"> ■ Requires hospitals and other licensed or certified health facilities to disclose the average facility charge for treatment that is a frequently performed inpatient procedure prior to admission for such procedure. 	2003, 2004
Colo. Rev. Stat. Ann. § 10-16-133., 10-16-134	<ul style="list-style-type: none"> ■ Requires the development of a website to disclose price information for health insurance plans. Each carrier shall submit to the division a list of the average reimbursement rates, either statewide or by geographic area, as defined by rule of the commissioner for the average inpatient day or the average reimbursement rate for the twenty-five most common inpatient procedures based upon the most commonly reported diagnostic-related groups. The commissioner shall post the information on the division's web site. The web site and information is easy to navigate, 	2008

	contains consumer-friendly language.	
Colo. Rev. Stat. Ann. §§ 25-3-701—705	<ul style="list-style-type: none"> ■ The Colorado Hospital Report Card Act. According to the state Department of Public Health and Environment, the Act “mandated a comprehensive hospital information system be created to allow consumers, health providers and lawmakers review important quality of care information online.” <ul style="list-style-type: none"> □ Access the report card at:http://www.cha.com/CHA/Resources/Colorado_Hospital_Report_Card/CHA/_Resources/Colorado_Hospital_Report_Card.aspx?hkey=a513e409-4b71-4eee-bbf6-1440067be285. □ Access the Colorado Hospital Price Report at:http://www.cha.com/CHA/Resources/_Colorado_Hospital_Price_Report/CHA/_Resources/The_Colorado_Hospital_Price_Report.aspx?hkey=2bad3306-8b99-436d-8cc3-ba6c38b6d2dc 	2006, 2008, 2010, 2011
Delaware		
Del. Code Ann. tit. 16 §§2001—2009	<ul style="list-style-type: none"> ■ Requires the Division of Public Health to “periodically compile and disseminate reports on the data collected such as, but not limited to: charge levels, age-specific utilization patterns, morbidity patterns, patient origin and trends in health care charges.” 	1989, 1994, 1995, 2003, 2008, 2009
Florida		
Fla. Stat. §381.026	<ul style="list-style-type: none"> ■ Lists the rights and responsibilities of patients. Among these rights are the patients’ rights to be treated with dignity, and to receive information. Patients are entitled to financial information including, but not limited to, financial resources available for the patients’ treatment, and, upon a patient’s request, an estimation of the costs of treatment. Hospitals may choose to post a schedule of treatment charges conspicuously. Non-state facilities must post financial information on a website available to the public. 	1991, 1992, 1995, 1998, 1999, 2001, 2004, 2006, 2008, 2011, 2012
Fla. Stat. §395.301	<ul style="list-style-type: none"> ■ Requires licensed, non-state healthcare facilities to provide patients with itemized bills upon request. 	1982, 1991, 1992, 1995, 1998, 2004, 2006, 2008
Fla. Stat. §408.05, .061, .063, .018	<ul style="list-style-type: none"> ■ Establishes the Florida Center for Health Information and Policy Analysis. Defines the duties of the Center, including, but not limited to, administrating a comprehensive health information system. ■ Requires “health care facilities, health care providers, and health insurers” to provide data to the state. ■ Requires the state to “publish and disseminate information to the public which will enhance informed decisionmaking in the selection of health care providers, facilities, and services.” ■ Requires the collection and coordination of healthcare data by the state. 	1988, 1990, 1991, 1992, 1993, 1995, 1997, 1998, 1999, 2000, 2003, 2004, 2005, 2006, 2007, 2008, 2010, 2013
Fla. Stat. §465.0244	<ul style="list-style-type: none"> ■ Requires pharmacies to inform customers of the availability of the Agency’s quality and cost information. 	2004, 2006
Fla. Stat.	<ul style="list-style-type: none"> ■ Requires health insurers to inform customers of the availability of the Agency’s quality and cost information. 	1991, 2003,

§627.6499		2006, 2013* (law will be repealed in 2015)
Fla. Stat. §641.54	<ul style="list-style-type: none"> Requires HMOs to disclose financial data to customers and to provide customers with estimated costs for services. 	1985, 1987, 1997, 2003, 2004, 2006
Illinois		
20 Ill. Comp. Stat. 2215/4-1, 4-2, 4-4	<ul style="list-style-type: none"> Requires the state to collect, analyze, and disseminate healthcare cost information via a uniform system. Requires the provision of data to the state. Requires the state to publish a consumer guide. Requires hospitals to provide prospective patients with the normal costs of service(s) prior to treatment. Requires hospitals to post the price of certain healthcare services. 	1984, 1985, 1990, 1993, 1994, 1996, 1998, 2000, 2002, 2003, 2005, 2012
Indiana		
Ind. Code §§16-21-6-1—11	<ul style="list-style-type: none"> Requires hospitals to prepare and submit fiscal reports and patient information reports. Requires the state to publish a consumer guide to healthcare. 	1993, 1994, 2002, 2003, 2007,
Kentucky		
Ky. Rev. Stat. §216.2929	<ul style="list-style-type: none"> Requires that the Cabinet for Health and Family Services prepare and publish, in understandable language with sufficient explanation to allow consumers to draw meaningful comparisons, a report on health care charges, quality, and outcomes that includes diagnosis-specific or procedure-specific comparisons for each hospital and ambulatory facility. 	1994, 1996, 1998, 2005, 2008
Maine		
Me. Rev. Stat. tit. 22, §§ 8701—8712	<ul style="list-style-type: none"> Establishes a uniform system of healthcare data reporting. 	1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, 2011
Massachusetts		
2012 Mass. Acts Chapter 224, Sec. 228	<ul style="list-style-type: none"> Massachusetts Law for Health Care Cost Reduction. 2012, chapter 224, An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation. Advance disclosure of allowed amount or charge for admission, procedure or service 	2012
Effective Jan. 1, 2014	<p>§ 228(a): Prior to an admission, procedure or service and upon request by a patient or prospective patient, a health care provider shall, within 2 working days, disclose the allowed amount or charge of the admission, procedure or service, including the amount for any facility fees required; provided, however, that if a health care provider is unable to quote a specific amount in advance due to the health care provider's inability to</p>	

	<p>predict the specific treatment or diagnostic code, the health care provider shall disclose the estimated maximum allowed amount or charge for a proposed admission, procedure or service, including the amount for any facility fees required.</p> <p>(b) If a patient or prospective patient is covered by a health plan, a health care provider who participates as a network provider shall, upon request of a patient or prospective patient, provide, based on the information available to the provider at the time of the request, sufficient information regarding the proposed admission, procedure or service for the patient or prospective patient to use the applicable toll-free telephone number and website of the health plan established to disclose out-of-pocket costs, under section 23 of chapter 176O. A health care provider may assist a patient or prospective patient in using the health plan's toll-free number and website.</p>	
Minnesota		
Minn. Stat. §62J.81, .82, .823	<ul style="list-style-type: none"> ■ Requires healthcare providers to provide patients with an estimate of the costs of treatment and the costs that must be paid by the patient. ■ Requires the development of a web-based system for reporting charge information, including average charge, average charge per day and median charge, for each of the 50 most common inpatient diagnosis-related groups and the 25 most common outpatient surgical. Creates the Hospital Pricing Transparency Act. ■ Requires hospitals and outpatient surgical clinics to provide patients, their representatives, or doctors with a cost estimate prior to treatment upon request. 	2004, 2005, 2006, 2007, 2011
Minn. Stat. §62U.04	<ul style="list-style-type: none"> ■ The commissioner of health shall develop a plan to create transparent prices, encourage greater provider innovation and collaboration across points on the health continuum in cost-effective, high-quality care delivery, reduce the administrative burden on providers and health plans associated with submitting and processing claims, and provide comparative information to consumers on variation in health care cost and quality across providers. 	2008, 2009, 2010, 2011, 2012
Missouri		
Mo. Rev. Stat. §192.667	<ul style="list-style-type: none"> ■ Requires all hospitals and health care providers to provide charge data to the Department of Health and Senior Services. 	1992, 1993, 1995, 2004
Nebraska		
Neb. Rev. Stat. §71-2075.	<ul style="list-style-type: none"> ■ Requires hospitals and ambulatory surgical centers to provide a written estimate of the average charges for health services. 	1985, 1994
Nevada		
Nev. Rev. Stat. §439B.400	<ul style="list-style-type: none"> ■ Requires all hospitals to maintain and use a uniform list of billed charges for units of service or goods provided to all inpatients. A hospital may not use a billed charge for an inpatient that is different from the billed charge used for another inpatient for the same service or goods provided. 	1987
New Hampshire		
N.H. Rev. Stat. Ann. §420-G:11, G:11-a	<ul style="list-style-type: none"> ■ Requires disclosure of pricing information by health carriers. ■ Created the New Hampshire Comprehensive Health Information System (CHIS) with data used to provide information for consumers and employers on an interactive website called "New Hampshire HealthCost." The site provides comparative information about the estimated amount that a hospital, surgery center, physician, or other health care professional receives for its services. For an insured individual, HealthCost provides information that is specific to that person's health benefits coverage. It also shows health costs for uninsured patients. Employers can 	2003, 2005, 2006

	use the Benefit Index Tool on the website to compare different carriers' health plan premiums versus benefit richness.	
North Carolina		
N.C. Gen. Stat. Ann. § 131E-214.4.	<ul style="list-style-type: none"> Requires the statewide data processor to compile a report comparing the prices of the 35 most common surgical procedures using data from hospitals and freestanding ambulatory surgical facilities. 	1995, 1997
N.C. Gen. Stat. Ann. § 131E-214.11—14	<ul style="list-style-type: none"> The Health Care Cost Reduction and Transparency Act of 2013. Requires the provision of “information to the public on the costs of the most frequently reported diagnostic related groups (DRGs) for hospital inpatient care and the most common surgical procedures and imaging procedures provided in hospital outpatient settings and ambulatory surgical facilities.” Requires “each hospital shall provide to the Department of Health and Human Services, utilizing electronic health records software, information about the 100 most frequently reported admissions by DRG for inpatients as established by the Commission.” Requires that a report that includes a comparison of the 35 most frequently reported charges of hospitals and freestanding ambulatory surgical facilities be made available to the Division of Facility Services of the Department of Health and Human Services. 	2013
Ohio		
Ohio Rev. Code Ann. §3727.33—40	<ul style="list-style-type: none"> Requires hospitals to submit reports to the director health. Reports must include hospital charge information. Authorizes the director of health to audit hospital reports. Requires hospitals to inform the director of health of charge data for the 60 most frequently provided outpatient service categories. Requires the director of health to publish information submitted by hospitals online. Requires the director to make information submitted by hospitals available for sale to any person or government entity 90 days after submission. 	2006
Ohio Rev. Code Ann. §3727.42—43	<ul style="list-style-type: none"> Requires hospitals to compile a list of charges for a variety of services and to inform patients of the existence of the list at the time of admission. Requires hospitals to inform patients of the hospitals' duty to refund overcharges. 	1992, 1995, 2001, 2006, 2012
Oregon		
Oregon Rev. Stat. §442.405, .420, .425, .450, .460, .463	<ul style="list-style-type: none"> Declaration of legislative policy to require health facilities to disclose charge data. Requires the Administrator of the Office for Oregon Health Policy and Research to conduct studies on health care facilities costs. Authorizes the Administrator to create uniform systems of cost reporting. Exempts certain health care providers from cost reporting requirements. Authorizes the acceptance of cost information data from a variety of sources. Requires licensed health care facilities to submit annual reports. 	1977, 1981, 1983, 1985, 1995, 1997, 1999, 2009
Pennsylvania		
35 Pa. Stat.		1986, 1993,

Ann. §§449.1—19	<ul style="list-style-type: none"> ■ The Health Care Cost Containment Act. Requires health care facilities to submit a report containing charge and payment data. The Council will compile a report using this data. ■ Requires the Council to use the data for the benefit of the public. Requires an annual report to be made to the Senate Appropriations Committee. 	2003, 2009
Rhode Island		
R.I. Gen. Laws §§ 23-17.17-1—11	<ul style="list-style-type: none"> ■ Requires the development of a “health care quality performance measure and reporting system.” ■ Requires the reporting of health care quality and cost data, and the creation of a health care quality and value database. Requires carriers to submit data. 	1998, 2000, 2002, 2005, 2006, 2008, 2010
South Dakota		
S.D. Codified Laws §34-12E-8., .11—13	<ul style="list-style-type: none"> ■ All fees and charges for health care procedures shall be disclosed by a health care provider or facility upon request of a patient. ■ Requires hospitals to provide charge information annually to the South Dakota Association of Healthcare Organizations. ■ Requires the South Dakota Association of Healthcare Organizations to publish hospital charge information online to be freely available to the public. ■ Requires the Dept. of Health to provide a link to the web based system. “charge information...includes the number of discharges; average length of stay; average charge; median charge; demographic information; payer mix; charges not paid and charges paid by Medicare, Medicaid, and other government programs, and private insurance; and uncompensated care.” 	1994, 2005, 2008
Texas		
Tex. Health & Safety Code §324.051.	<ul style="list-style-type: none"> ■ Requires the Department to make a website containing a consumer guide to health care. 	2007
Tex. Health & Safety Code §324.101.	<ul style="list-style-type: none"> ■ Requires health care facilities to inform patients at the time of admission of whether the facility is covered by the patient’s insurance. ■ Requires facilities to “provide an estimate of the facility’s charges for any elective inpatient admission or nonemergency outpatient surgical procedure or other service on request and before the scheduling of the admission or procedure or service. “ ■ Requires facilities to provide patients with an itemized bill upon request. 	2007, 2009
Utah		
Utah Code Ann. §§26-33a-101—115	<ul style="list-style-type: none"> ■ The Utah Health Data Authority Act. Requires the establishment of a Committee to collect health care data. Data collected must include charge and quality data. The data must be published in a report. ■ Requires the development of a demonstration project designed to create consumer-based health care delivery and payment reform 	1990,1992, 1995, 1996, 1999, 2002, 2005, 2006, 2007, 2008, 2010, 2011, 2012
Virginia		

Va. Code Ann. §32.1-276.2—7	<ul style="list-style-type: none"> ■ Requires providers to submit data on the utilization of “reviewable services.” The Commissioner shall negotiate and contract with a nonprofit organization for an annual survey of carriers offering private group health insurance policies, which are subject to Healthcare Effectiveness Data and Information Set (HEDIS) reporting, to determine the reimbursement that is paid for a minimum of 25 most frequently reported health care services which may include inpatient and outpatient diagnostic services, surgical services or the treatment of certain conditions or diseases. Each carrier shall report the average reimbursement paid for a specific service from all providers and provider types, to include hospitals, outpatient or ambulatory surgery centers and physician offices. Continues the Virginia Patient Level Data System. ■ Requires hospitals to report inpatient and outpatient services data, including charge information. ■ Requires a comparison between data submitted by providers in Virginia and national and regional providers. ■ Creates the Virginia All-Payer Claims Database. ■ Authorizes information collected in the database to be used to create reports on various health conditions. 	1996, 2000, 2001, 2003, 2006, 2008, 2009, 2012 2013
Vermont		
Vt. Stat. Ann. tit. 18, § 9410.	<ul style="list-style-type: none"> ■ Requires the creation of a health care database containing cost data for services charged to patients in Vermont facilities, as well as to patients who choose to receive treatment in another state. 	1991, 1995, 2005, 2007, 2009, 2011, 2013
Vt. Stat. Ann. tit. 33, §2010.	<ul style="list-style-type: none"> ■ Requires pharmaceutical manufacturers to submit information regarding how pharmaceuticals are priced to the state. 	2007, 2009, 2011
Washington		
Wash. Rev. Code §70.41.250	<ul style="list-style-type: none"> ■ Requires procedures for disclosing to physicians and other health care providers the charges of all health care services ordered for their patients. Copies of hospital charges shall be made available to any physician and/or other health care provider ordering care in hospital inpatient/outpatient services. The physician and/or other health care provider may inform the patient of these charges and may specifically review them. Hospitals are also directed to study methods for making daily charges available to prescribing physicians using interactive software and/or computerized information thereby allowing physicians and other health care providers to review not only the costs of present and past services but also future contemplated costs for additional diagnostic studies and therapeutic medications. 	1993
Wisconsin		
Wis. Stat. §153.05, .08, .20--.22, .46, .46, .50	<ul style="list-style-type: none"> ■ Requires providers, except hospitals and ambulatory surgical centers, to submit data to the state. The state must analyze this data and disseminate information in a manner that is readily understandable to laypersons. ■ Requires hospitals that wish to increase their prices beyond those established in the 1992 consumer price index to publish a notice of the proposed price increase prior to its implementation. ■ Requires the department to compile and submit a report containing data from providers, not including hospitals or ambulatory surgical centers. ■ Requires “an annual report setting forth the number of patients to whom uncompensated health care services were provided by each hospital and the total charges for the uncompensated health care services provided to the patients for the preceding year, together with the number of patients and the total charges that were projected by the hospital for that year.” ■ Requires the creation of a consumer guide “to assist consumers in selecting health care providers and health care plans.” ■ Requires a list of hospital charge data for the 75 most common diagnoses groups requiring inpatient care and the 75 most common outpatient 	2010, 2011, 2013

procedures to be distributed to hospitals.

- Requires a report to be submitted to the department containing “utilization, charge, and quality data on patients treated by hospitals and ambulatory surgery centers.”
- Requires the department to release data.
- Requires the entity charged with data collection to release data.
- Requires measures to protect patient privacy when releasing information.