
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2339 Session of
2024

INTRODUCED BY KHAN, ROWE, SANCHEZ, TOMLINSON, PROKOPIAK, KEEFER,
GIRAL, HILL-EVANS, HOWARD, BURGOS, OTTEN, ZIMMERMAN, HAMM,
DELLOSO, WARREN, LEADBETER, NEILSON AND CIRESI, MAY 28, 2024

REFERRED TO COMMITTEE ON HEALTH, MAY 28, 2024

AN ACT

1 Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An
2 act relating to health care; prescribing the powers and
3 duties of the Department of Health; establishing and
4 providing the powers and duties of the State Health
5 Coordinating Council, health systems agencies and Health Care
6 Policy Board in the Department of Health, and State Health
7 Facility Hearing Board in the Department of Justice;
8 providing for certification of need of health care providers
9 and prescribing penalties," providing for hospital price
10 transparency and for prohibition on collection action of debt
11 against patients for noncompliant hospitals.

12 The General Assembly of the Commonwealth of Pennsylvania
13 hereby enacts as follows:

14 Section 1. The act of July 19, 1979 (P.L.130, No.48), known
15 as the Health Care Facilities Act, is amended by adding chapters
16 to read:

17 CHAPTER 8-C

18 HOSPITAL PRICE TRANSPARENCY

19 Section 801-C. Purpose.

20 The purpose of this chapter is to require hospitals to
21 disclose prices for certain items and services provided by
22 hospitals and to provide for enforcement by the department.

1 Section 802-C. Definitions.

2 The following words and phrases when used in this chapter
3 shall have the meanings given to them in this section unless the
4 context clearly indicates otherwise:

5 "Ancillary service." A hospital item or service that a
6 hospital customarily provides as part of a shoppable service.

7 "Chargemaster." The list of all hospital items or services
8 maintained by a hospital for which the hospital has established
9 a charge.

10 "CMS." The Centers for Medicare and Medicaid Services.

11 "De-identified maximum negotiated charge." The highest
12 charge that a hospital has negotiated with all third-party
13 payors for a hospital item or service.

14 "De-identified minimum negotiated charge." The lowest charge
15 that a hospital has negotiated with all third-party payors for a
16 hospital item or service.

17 "Discounted cash price." The charge that applies to an
18 individual who pays cash or a cash equivalent for a hospital
19 item or service.

20 "Facility fee." A fee charged or billed by a hospital for
21 outpatient services provided in an off-campus health care
22 facility, regardless of the modality through which the health
23 care service is provided, that is:

24 (1) Intended to compensate the health system or hospital
25 for health care expenses.

26 (2) Separate and distinct from a professional fee.

27 "Gross charge." The charge for a hospital item or service
28 that is reflected on the hospital's chargemaster, absent any
29 discount.

30 "Health care facility." As defined in section 802.1.

1 "Health system." As defined in section 809.2.

2 "Hospital." As defined in section 802.1.

3 "Item or service." An item or service, including an
4 individual items or services package, that could be provided by
5 a hospital to a patient in connection with an inpatient
6 admission or an outpatient department visit for which the
7 hospital has established a standard charge, including any of the
8 following:

9 (1) A supply or procedure.

10 (2) Room and board.

11 (3) The use of the hospital or other item, which is
12 generally described as a facility fee.

13 (4) The service of a health care practitioner, which is
14 generally described as a professional fee.

15 (5) Any other item or service for which a hospital has
16 established a standard charge.

17 "Machine-readable format." A digital representation of
18 information in a file that can be easily imported or read into a
19 computer system for further processing without any additional
20 preparation.

21 "Payor-specific negotiated charge." The charge that a
22 hospital has negotiated with a third-party payor for a hospital
23 item or service.

24 "Professional fee." A fee charged by a health care
25 practitioner for medical services.

26 "Shoppable service." A service that may be scheduled by an
27 individual in advance.

28 "Standard charge." The regular rate established by the
29 hospital for a hospital item or service provided to a specific
30 group of paying patients. The term includes any of the

1 following:

2 (1) The gross charge.

3 (2) The payor-specific negotiated charge.

4 (3) The de-identified minimum negotiated charge.

5 (4) The de-identified maximum negotiated charge.

6 (5) The discounted cash price.

7 "Third-party payor." An entity that is legally responsible
8 for payment of a claim for a hospital item or service.

9 Section 803-C. Public availability of price information
10 required.

11 Notwithstanding any other provision of law, a hospital shall
12 publish all of the following on its publicly accessible Internet
13 website and provide hard copies upon request:

14 (1) A digital file in a machine-readable format and
15 printable format that contains a list of all standard charges
16 for all hospital items or services as specified under section
17 804-C.

18 (2) A consumer-friendly and printable list of standard
19 charges for a limited set of shoppable services as provided
20 for under section 805-C.

21 Section 804-C. List of standard charges.

22 (a) List.--A hospital shall have the following duties:

23 (1) Maintain a list of all standard charges for all
24 hospital items or services in accordance with this chapter.

25 (2) Ensure that the list is always available to the
26 public, including publishing the list electronically in the
27 manner specified under section 803-C.

28 (b) Standard charges.--The standard charges contained in the
29 list under subsection (a) shall reflect the standard charges
30 applicable to the location of the hospital, regardless of

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

3 (c) Contents.--A hospital shall include all of the following
4 information in the list under subsection (a):

5 (1) A description of each hospital item or service
6 provided by the hospital.

7 (2) The following charges for each individual hospital
8 item or service when provided in either an inpatient setting
9 or an outpatient department setting, as applicable,
10 including:

11 (i) The gross charge.

12 (ii) The de-identified minimum negotiated charge.

13 (iii) The de-identified maximum negotiated charge.

14 (iv) The discounted cash price.

15 (v) The payor-specific negotiated charge, delineated
16 by the name of the third-party payor and plan associated
17 with the charge and displayed in a manner that clearly
18 associates the charge with the third-party payor and
19 plan. A hospital must include all payors and all plans
20 accepted by the hospital in a manner clearly associated
21 with the name of the third-party payor and specific plan.

22 (vi) A code used by the hospital for the purpose of
23 accounting or billing for the hospital item or service,
24 including the Current Procedural Terminology (CPT) code,
25 the Healthcare Common Procedure Coding System (HCPCS)
26 code, the Diagnosis Related Group (DRG) code, the
27 National Drug Code (NDC) or other common identifier.

28 (d) Format.--A hospital shall publish the information
29 contained in the list under subsection (a) in a single digital
30 file that is in a machine-readable format.

1 (e) Display.--A hospital shall display the list under
2 subsection (a) by posting the list in a prominent location on
3 the home page of the hospital's publicly accessible Internet
4 website or making the list accessible by a dedicated link that
5 is prominently displayed on the home page of the hospital's
6 publicly accessible Internet website. If the hospital operates
7 multiple locations and maintains a single Internet website, the
8 hospital shall post the list for each location that the hospital
9 operates in a manner that clearly associates the list with the
10 applicable location of the hospital and includes charges
11 specific to each individual hospital location.

12 (f) Availability.--

13 (1) A hospital shall ensure that the list under
14 subsection (a) complies with the following requirements:

15 (i) Be available free of charge.

16 (ii) Be accessible to a common commercial operator
17 of an Internet search engine to the extent necessary for
18 the search engine to index the list and display the list
19 in response to a search query of a user of the search
20 engine.

21 (iii) Be formatted in a manner specified under this
22 chapter and by the department via a notice submitted to
23 the Legislative Reference Bureau for publication in the
24 Pennsylvania Bulletin.

25 (iv) Be digitally searchable and printable by
26 service description, billing code and third-party payor.

27 (v) Use a format and a naming convention specified
28 by the department via a notice submitted to the
29 Legislative Reference Bureau for publication in the
30 Pennsylvania Bulletin. The department shall consider a

1 naming convention as may be specified by CMS.

2 (2) The department shall ensure the list under
3 subsection (a) does not require any of the following:

4 (i) The establishment of a user account or password
5 or other information of the user.

6 (ii) The submission of personal identifying
7 information.

8 (iii) Any other impediment, including entering a
9 code to access the list.

10 (g) Template.--In determining the format of the list under
11 subsection (a) as required under subsection (f)(1), the
12 department shall develop a template that each hospital shall use
13 in formatting the list and publish the template via a notice
14 submitted to the Legislative Reference Bureau for publication in
15 the Pennsylvania Bulletin. In developing the template as
16 required under this subsection, the department shall have the
17 following duties:

18 (1) Take into consideration applicable Federal
19 guidelines for formatting similar lists required by Federal
20 law and ensure that the design of the template enables an
21 individual to compare the charges contained in the lists
22 maintained by each hospital.

23 (2) Design the template to be substantially like the
24 template used by CMS for the purposes specified in this
25 chapter.

26 (h) Updates.--A hospital shall update the list under
27 subsection (a) no less than once each year. The hospital shall
28 clearly indicate the date when the list was most recently
29 updated, either on the list or in a manner that is clearly
30 associated with the list. The hospital shall make available no

1 less than the three most recent versions of the list as required
2 under this chapter.

3 Section 805-C. List of shoppable services.

4 (a) List.--Except as provided under subsection (c), a
5 hospital shall maintain and make publicly available a list of
6 the standard charges for each of at least 300 shoppable services
7 provided by the hospital with charges specific to that
8 individual hospital location. The hospital may select the
9 shoppable services to be included in the list, except that the
10 list shall include the 70 services specified as shoppable
11 services by CMS. If the hospital does not provide all the
12 shoppable services specified by CMS, the hospital shall include
13 all the shoppable services provided by the hospital.

14 (b) Selection.--In selecting a shoppable service for the
15 purpose of inclusion in the list under subsection (a), a
16 hospital shall have following duties:

17 (1) Consider how frequently the hospital provides the
18 service and the hospital's billing rate for the service.

19 (2) Prioritize the selection of services that are among
20 the services most frequently provided by the hospital.

21 (c) Exception.--If a hospital does not provide 300 shoppable
22 services in the list under subsection (a), the hospital shall
23 include the total number of shoppable services that the hospital
24 provides in a manner that otherwise complies with the
25 requirements of subsection (a).

26 (d) Contents.--A hospital shall include all of the following
27 information in the list under subsection (a):

28 (1) A plain-language description of each shoppable
29 service included on the list.

30 (2) The payor-specific negotiated charge that applies to

1 each shoppable service included on the list and any ancillary
2 service, delineated by the name of the third-party payor and
3 plan associated with the charge and displayed in a manner
4 that clearly associates the charge with the third-party payor
5 and plan.

6 (3) The discounted cash price that applies to each
7 shoppable service included on the list and any ancillary
8 service or, if the hospital does not offer a discounted cash
9 price for a shoppable service or an ancillary service on the
10 list, the gross charge for the shoppable service or ancillary
11 service, as applicable.

12 (4) The de-identified minimum negotiated charge that
13 applies to each shoppable service included on the list and
14 any ancillary service.

15 (5) The de-identified maximum negotiated charge that
16 applies to each shoppable service included on the list and
17 any ancillary service.

18 (6) A code used by the hospital for purposes of
19 accounting or billing for each shoppable service included on
20 the list and any ancillary service, including the Current
21 Procedural Terminology (CPT) code, the Healthcare Common
22 Procedure Coding System (HCPCS) code, the Diagnosis Related
23 Group (DRG) code, the National Drug Code (NDC) or other
24 common identifier.

25 (7) If applicable, each location where the hospital
26 provides a shoppable service and whether the standard charges
27 included in the list apply at the location to the provision
28 of the shoppable service in an inpatient setting or an
29 outpatient department setting.

30 (8) If applicable, an indication if a shoppable service

1 specified by CMS is not provided by the hospital.

2 (e) Availability.--

3 (1) A hospital shall ensure that the list under
4 subsection (a) complies with the following requirements:

5 (i) Be available free of charge.

6 (ii) Be accessible to a common commercial operator
7 of an Internet search engine to the extent necessary for
8 the search engine to index the list and display the list
9 in response to a search query of a user of the search
10 engine.

11 (iii) Be formatted in a manner specified under this
12 chapter and by the department via a notice submitted to
13 the Legislative Reference Bureau for publication in the
14 Pennsylvania Bulletin.

15 (iv) Be digitally searchable and printable by
16 service description, billing code and third-party payor.

17 (v) Use a format and a naming convention specified
18 by the department via a notice submitted to the
19 Legislative Reference Bureau for publication in the
20 Pennsylvania Bulletin. The department shall consider a
21 naming convention as may be specified by CMS.

22 (vi) Nothing in this section shall preclude a
23 hospital from using a price estimator tool as provided
24 for in 45 CFR 180.60 (relating to requirements for
25 displaying shoppable services in a consumer-friendly
26 manner) in addition to the list of shoppable services.

27 (2) The department shall ensure that the list under
28 subsection (a) does not require any of the following:

29 (i) The establishment of a user account or password
30 or other information of the user.

1 (ii) The submission of personal identifying
2 information.

3 (iii) Any other impediment, including entering a
4 code to access the list.

5 (f) Template.--In determining the format of the list under
6 subsection (a) as required under subsection (e)(1), the
7 department shall develop a template that each hospital shall use
8 in formatting the list and publish the template via a notice
9 submitted to the Legislative Reference Bureau for publication in
10 the Pennsylvania Bulletin. In developing the template as
11 required under this subsection, the department shall have the
12 following duties:

13 (1) Take into consideration applicable Federal
14 guidelines for formatting similar lists required by Federal
15 law and ensure that the design of the template enables an
16 individual to compare the charges contained in the lists
17 maintained by each hospital.

18 (2) Design the template to be substantially like the
19 template used by CMS for the purposes specified in this
20 chapter.

21 (g) Updates.--A hospital shall update the list under
22 subsection (a) no less than once each year. The hospital shall
23 clearly indicate the date when the list was most recently
24 updated, either on the list or in a manner that is clearly
25 associated with the list. The hospital shall make available no
26 less than the three most recent versions of the list as required
27 under this chapter.

28 Section 806-C. Reporting requirements.

29 (a) Frequency.--Each time a hospital creates or updates a
30 list as required under section 804-C or 805-C, the hospital

1 shall submit the list, along with a report on the list, to the
2 department. The department shall determine the form of the
3 report via a notice submitted to the Legislation Reference
4 Bureau for publication in the Pennsylvania Bulletin.

5 (b) Complete data.--To be considered in compliance, any list
6 received by the department shall include a minimum of 95% of all
7 values required under section 804-C or 805-C.

8 (c) Annual report.--By July 1 of each year, a hospital shall
9 report to the department on facility fees charged or billed
10 during the preceding calendar year. The department shall
11 determine the form of the report and transmit notice to the
12 Legislative Reference Bureau for publication in the next
13 available issue of the Pennsylvania Bulletin. The report shall
14 include, at a minimum:

15 (1) The name and location of each health care facility
16 owned or operated by the hospital that provides services for
17 which a facility fee is charged or billed.

18 (2) The number of patient visits at each health care
19 facility for which a facility fee was charged or billed.

20 (3) The number, total amount and types of allowable
21 facility fees paid at each health care facility by Medicare,
22 Medical Assistance and private insurance.

23 (4) For each health care facility, the total number of
24 facility fees charged and the total amount of revenue
25 received by the hospital or health system derived from
26 facility fees.

27 (5) The total amount of facility fees charged and the
28 total amount of revenue received by the hospital or health
29 system from all health care facilities derived from facility
30 fees.

1 (6) The 10 most frequent procedures or services,
2 identified by current procedural terminology Category I
3 codes, provided by the hospital that generated the largest
4 amount of facility fee gross revenue, including:

5 (i) The volume of each procedure or service.

6 (ii) The gross and net revenue totals for each
7 procedure or service.

8 (iii) The total net amount of revenue received by
9 the hospital or health system derived from facility fees
10 for each procedure or service.

11 (7) The 10 most frequent procedures or services,
12 identified by current procedural terminology Category I
13 codes, based on patient volume, provided by the hospital for
14 which facility fees were billed or charged, including the
15 gross and net revenue totals received for each procedure or
16 service.

17 (8) Any other information related to facility fees the
18 department may require.

19 (d) Attestation.--An authorized executive of a hospital or
20 health system shall attest, subject to 18 Pa.C.S. § 4904
21 (relating to unsworn falsification to authorities), that any
22 report or list submitted to the department is complete and
23 accurate to the best of the authorized executive's knowledge and
24 belief.

25 (e) Public availability.--The department shall make all
26 reports and lists available on its publicly accessible Internet
27 website within 60 days of receipt of each report.

28 (f) Applicability.--A health system may make the report for
29 each hospital that it owns or operates, provided that each
30 hospital has its own separate report.

1 Section 807-C. Submission of complaints.

2 The department shall establish an electronic form for
3 individuals to submit complaints for alleged violations of this
4 chapter. The department shall post the electronic form on its
5 publicly accessible Internet website. The department shall also
6 accept complaints via a department customer service telephone
7 number.

8 Section 808-C. Plans of correction.

9 Upon determining that a hospital has violated the provisions
10 of this chapter or the regulations promulgated under section
11 813-C, the department may issue a written notice to the hospital
12 stating that a violation has been committed by the hospital. The
13 following shall apply:

14 (1) The department shall state in the written notice
15 that the hospital is required to take immediate action to
16 remedy the violation or, if the hospital is unable to
17 immediately remedy the violation, submit a plan of correction
18 to the department.

19 (2) If the hospital is required to submit a plan of
20 correction to the department under paragraph (1), the
21 department may direct that the violation be remedied within a
22 specified period of time. The hospital must submit the plan
23 of correction within 30 days of the department's issuance of
24 the written notice.

25 (3) If the department determines that the hospital is
26 required to take immediate corrective action, the department
27 shall state in the written notice that the hospital is
28 required to provide prompt confirmation to the department
29 that the corrective action has been taken.

30 Section 809-C. Sanctions and penalties.

1 (a) Grounds for sanctions.--The department may sanction a
2 hospital for any of the following reasons:

3 (1) Violating the provisions of this chapter or the
4 regulations promulgated under section 813-C.

5 (2) Failing to take immediate action to remedy a
6 violation of the provisions of this chapter or regulations
7 promulgated under section 813-C.

8 (3) Failing to submit a plan of correction to the
9 department or failing to comply with a plan of correction in
10 accordance with section 808-C.

11 (4) Violating an order previously issued by the
12 department in a disciplinary matter.

13 (5) Any other reason specified in this chapter or the
14 regulations promulgated by the department under section 813-C
15 as necessary to implement this chapter.

16 (b) Civil penalties.--The department may impose a civil
17 penalty for conduct prohibited under subsection (a), with each
18 day when a hospital engages in the conduct constituting a
19 separate and distinct incident, as follows:

20 (1) No more than \$2,500 for a first incident.

21 (2) No more than \$5,000 for a second incident.

22 (3) No more than \$10,000 for a third incident.

23 (4) No more than \$15,000 for a fourth or subsequent
24 incident.

25 (c) Ineligibility.--A hospital that is sanctioned under
26 subsection (a) for a third or subsequent offense shall be
27 ineligible to receive a payment from the uncompensated care
28 payment program under Chapter 11 of the act of June 26, 2001
29 (P.L.755, No.77), known as the Tobacco Settlement Act, for the
30 fiscal year following the third or subsequent offense.

1 (d) Audits.--The department may audit the publicly
2 accessible Internet websites of hospitals to ensure compliance
3 with this chapter.

4 (e) General government appropriations.--Money received from
5 civil penalties imposed by the department on a hospital shall be
6 paid into the State Treasury and shall be credited to the
7 general government appropriations of the department for
8 administering and enforcing the provisions of this chapter.

9 (f) Administrative proceedings.--The department shall hold
10 hearings and issue adjudications for proceedings conducted under
11 this chapter in accordance with 2 Pa.C.S. (relating to
12 administrative law and procedure) and shall conduct the
13 proceedings in accordance with 1 Pa. Code Pt. II (relating to
14 general rules of administrative practice and procedure).

15 (g) Judicial appeals.--Department adjudications issued under
16 this chapter may be appealed to Commonwealth Court under 42
17 Pa.C.S. § 763 (relating to direct appeals from government
18 agencies).

19 Section 810-C. Machine-readable format requirements.

20 For purposes of this chapter, the following shall apply to a
21 hospital providing digital files in a machine-readable format:

22 (1) The hospital shall format the file without
23 additional rows or spacing between data.

24 (2) The file shall be readily usable without any
25 additional instructions.

26 (3) The file shall be in a machine-readable format that
27 is widely used by other hospitals for cross-comparison
28 purposes, including a spreadsheet format that an individual
29 with average computer skills can open, read and comprehend.

30 Section 811-C. Disclosure of facility fees.

1 (a) Notice.--A health care facility affiliated with or owned
2 by a hospital that charges a facility fee shall disclose to a
3 patient at the time an appointment is scheduled, and at the time
4 medical services are rendered, that a facility fee may be
5 charged.

6 (b) Disclosure.--Disclosure of facility fees shall occur on
7 a plain language notice as determined by the department. The
8 department shall transmit the notice to the Legislative
9 Reference Bureau for publication in the next available issue of
10 the Pennsylvania Bulletin. The notice shall include, at a
11 minimum:

12 (1) The dollar amount of the patient's potential
13 financial liability for a facility fee if a diagnosis and
14 extent of medical treatment is known.

15 (2) An estimated range in dollars of the patient's
16 potential financial liability for a facility fee if the
17 diagnosis and extent of medical treatment is unknown.

18 (3) If applicable, a statement that the patient may
19 incur a financial liability to the health care facility that
20 the patient would not incur if the patient was receiving
21 medical services and treatment on the campus of the hospital.

22 Section 812-C. Reports.

23 The department shall report annually on the progress in
24 implementing and administering this chapter and submit the
25 report to:

26 (1) The chairperson and minority chairperson of the
27 Appropriations Committee of the Senate.

28 (2) The chairperson and minority chairperson of the
29 Appropriations Committee of the House of Representatives.

30 (3) The chairperson and minority chairperson of the

1 Health and Human Services Committee of the Senate.

2 (4) The chairperson and minority chairperson of the
3 Health Committee of the House of Representatives.

4 (5) The chairperson and minority chairperson of the
5 Human Services Committee of the House of Representatives.

6 Section 813-C. Regulations.

7 (a) Temporary regulations.--In order to facilitate the
8 prompt implementation of this chapter, regulations promulgated
9 by the department shall be deemed temporary regulations that
10 shall expire no later than two years following publication.

11 Temporary regulations promulgated under this subsection shall
12 not be subject to:

13 (1) Section 612 of the act of April 9, 1929 (P.L.177,
14 No.175), known as The Administrative Code of 1929.

15 (2) Sections 201, 202, 203, 204 and 205 of the act of
16 July 31, 1968 (P.L.769, No.240), referred to as the
17 Commonwealth Documents Law.

18 (3) Sections 204(b) and 301(10) of the act of October
19 15, 1980 (P.L.950, No.164), known as the Commonwealth
20 Attorneys Act.

21 (4) The act of June 25, 1982 (P.L.633, No.181), known as
22 the Regulatory Review Act.

23 (b) Expiration.--Notwithstanding any other provision of law,
24 the department's authority to adopt temporary regulations under
25 subsection (a) shall expire two years after the effective date
26 of this subsection. Regulations adopted after this period shall
27 be promulgated as provided by law.

28 (c) Publication.--The department shall begin submitting the
29 temporary regulations to the Legislative Reference Bureau for
30 publication in the Pennsylvania Bulletin no later than six

1 months after the effective date of this subsection.

2 (d) Regulations.--The department shall promulgate
3 regulations as provided by law prior to the expiration of the
4 temporary regulations as necessary to implement this chapter.

5 CHAPTER 8-D

6 PROHIBITION ON COLLECTION ACTION OF DEBT

7 AGAINST PATIENTS FOR NONCOMPLIANT HOSPITALS

8 Section 801-D. Purpose.

9 The purpose of this chapter is to provide for the prohibition
10 on collection action of debt for noncompliant hospitals.

11 Section 802-D. Definitions.

12 The following words and phrases when used in this chapter
13 shall have the meanings given to them in this section unless the
14 context clearly indicates otherwise:

15 "CMS." The Centers for Medicare and Medicaid Services.

16 "Collection action." Any of the following actions taken with
17 respect to a debt for an item or service that was purchased from
18 or provided to a patient by a hospital on a date during which
19 the hospital was not in material compliance with Chapter 8-C:

20 (1) Attempting to collect a debt from a patient or
21 patient guarantor by referring the debt, directly or
22 indirectly, to a debt collector, a collection agency or other
23 third-party retained by or on behalf of the hospital.

24 (2) Suing the patient or patient guarantor or enforcing
25 an arbitration or mediation clause in a hospital document,
26 including any contract, agreement, statement or bill.

27 (3) Directly or indirectly causing a report to be made
28 to a consumer reporting agency.

29 "Collection agency." Any of the following:

30 (1) A person that engages in a business for the

1 principal purpose of collecting debts.

2 (2) A person that does any of the following:

3 (i) Regularly collects or attempts to collect,
4 directly or indirectly, debts owed or due or asserted to
5 be owed or due to another.

6 (ii) Takes assignment of debts for collection
7 purposes.

8 (iii) Directly or indirectly solicits for collection
9 debts owed or due or asserted to be owed or due to
10 another.

11 "Consumer reporting agency." A person that, for monetary
12 fees, dues or on a cooperative nonprofit basis, regularly
13 engages, in whole or in part, in the practice of assembling or
14 evaluating consumer credit information or other information on
15 consumers for the purpose of furnishing consumer reports to
16 third parties. The term includes "consumer reporting agency" as
17 defined in 15 U.S.C. § 1681a(f) (relating to definitions and
18 rules of construction). The term does not include a business
19 entity that only provides check verification or check guarantee
20 services.

21 "Debt." An obligation or alleged obligation of a consumer to
22 pay money arising out of a transaction, whether or not the
23 obligation has been reduced to judgment. The term does not
24 include a debt for business, investment, commercial or
25 agricultural purposes or a debt incurred by a business.

26 "Debt collector." A person employed or engaged by a
27 collection agency to perform the collection of debts owed or
28 due, or asserted to be owed or due, to another.

29 "Hospital." As defined in section 802.1.

30 "Item or service." As defined in section 802-C.

1 Section 803-D. Failure to comply with hospital price
2 transparency.

3 (a) Prohibition.--Except as provided under subsection (d), a
4 hospital that is in violation of the requirements under Chapter
5 8-C on the date when an item or service is purchased from or
6 provided to a patient by the hospital may not initiate or pursue
7 a collection action against the patient or patient guarantor for
8 a debt owed for the item or service.

9 (b) Civil action.--If a patient believes that a hospital is
10 in violation of the requirements under Chapter 8-C on the date
11 when an item or service is purchased from or provided to the
12 patient and the hospital takes a collection action against the
13 patient or patient guarantor, the patient or patient guarantor
14 may initiate a civil action in a court of competent jurisdiction
15 to determine if the hospital is in violation of Chapter 8-C and
16 the noncompliance is related to the item or service. The
17 hospital may not take a collection action against the patient or
18 patient guarantor or submit a report to a patient's or patient
19 guarantor's credit report while the civil action is pending.

20 (c) Noncompliance.--A hospital that has been determined to
21 be in violation of the requirements under Chapter 8-C shall:

22 (1) refund the payor an amount of the debt the payor has
23 paid and pay a penalty to the patient or patient guarantor in
24 an amount equal to the total amount of the debt;

25 (2) dismiss or cause to be dismissed a civil action
26 under subsection (b) with prejudice and pay any attorney fees
27 and costs incurred by the patient or patient guarantor
28 relating to the action; and

29 (3) remove or cause to be removed from the patient's or
30 patient guarantor's credit report a report made to a consumer

1 reporting agency relating to the debt.

2 (d) Construction.--Nothing in this section shall be

3 construed to:

4 (1) prohibit a hospital from billing a patient, patient
5 guarantor or third-party payor, including a health insurer,
6 for an item or service provided to the patient in a manner
7 that is not in violation of this chapter; or

8 (2) require a hospital to refund a payment made to the
9 hospital for an item or service provided to the patient if no
10 collection action is taken in violation of this chapter.

11 Section 2. This act shall take effect in 180 days.