

WEST VIRGINIA LEGISLATURE

2024 REGULAR SESSION

Introduced

House Bill 5530

By Delegates Summers, Tully and Jeffries

[Introduced February 09, 2024; Referred to the
Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section
2 designated, §16-5B-21, relating to requiring a hospital to disclose price and fee information
3 for certain health care services.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5B. HOSPITALS AND SIMILAR INSTITUTIONS.

§16-5B-21. Price transparency.

1 (a) A hospital shall annually compile a list, including a brief description in plain language
2 that an individual with no medical training can understand, of the 50 health care services most
3 commonly performed by the hospital in the previous calendar year from each of the six sections of
4 Category I, Current Procedural Terminology, adopted by the American Medical Association and,
5 for each of those services, state.

- 6 (1) The procedure code;
- 7 (2) The undiscounted price; and
- 8 (3) Any facility fees.

9 (b) If in the annual reporting period under this section, fewer than the number of health care
10 services described under (a) of this section are performed at a hospital in the state, the hospital
11 shall include in the list required under this section all of the health care services performed at the
12 facility from each of the six sections described under (a) of this section.

13 (c) A hospital shall publish the lists compiled under (a) of this section by January 31 each
14 year on its web site:

15 (1) That may include a statement explaining that the undiscounted price may be higher or
16 lower than the amount an individual actually pays for the health care services described in the list;

17 (2) That includes a statement substantially similar to the following: "You will be provided
18 with an estimate of the anticipated charges for your nonemergency care upon request. Please do
19 not hesitate to ask for information."; and

20 (3) That lists any health care insurers with which the hospital has a contract to provide

21 health care services as an in-network preferred provider; and

22 (d) If a patient who is receiving nonemergency health care services requests an estimate
23 from a hospital of the reasonably anticipated charges for treating the patient's specific condition,
24 the hospital:

25 (1) Shall provide a good faith estimate before the nonemergency health care services are
26 provided and not later than 5 business days after receiving the request;

27 (2) Shall provide the estimate in whichever of the following formats the patient requests:
28 orally, in writing, or by electronic means; if the estimate is provided orally, the hospital shall keep a
29 record of the estimate;

30 (3) Is not required to disclose the charges for the total anticipated course of treatment for
31 the patient, but if the estimate does not include charges for the total anticipated course of
32 treatment, the estimate must include a statement explaining that the estimate only includes
33 charges for a portion of the total anticipated course of treatment; and

34 (4) May provide an estimate that includes a reasonable range of charges for anticipated
35 health care services if the charges for the services will vary significantly in response to conditions
36 that the hospital cannot reasonably assess before the services are provided.

37 (e) A good faith estimate provided by a hospital under (d) of this section shall include:

38 (1) A brief description in plain language that an individual with no medical training can
39 understand of the health care services, products, procedures, and supplies that are included in the
40 estimate;

41 (2) A notice disclosing the hospital's in-network or out-of-network status that is
42 substantially similar to one of the following forms:

43 (A) "(Name of hospital) is a contracted, in-network preferred provider for ONLY the
44 following plan networks: (list each network or state 'NONE YOU MAY INCUR OUT-OF-
45 NETWORK CHARGES.')"

46 (B) "(Name of hospital) is a contracted, in-network preferred provider for your insurance

47 plan."; or

48 (C) "(Name of hospital) is NOT a contracted, in-network preferred provider for your
49 insurance plan. YOU MAY INCUR OUT-OF-NETWORK CHARGES.";

50 (3) The procedure code for each health care service included in the estimate;

51 (4) Any facility fees, along with an explanation of the facility fees; and

52 (5) The identity, or suspected identity, of any other person that may charge the patient for a
53 service, product, procedure, or supply in connection with the health care services included in the
54 estimate, along with an explanation of whether the charges are included in the estimate.

55 (f) A hospital that provides a good faith estimate to a patient under (d) and (e) of this section
56 is not liable for damages or other relief if the estimate differs from the amount actually charged to
57 the patient.

58 (g) The requirement for a hospital to provide a good faith estimate of reasonably
59 anticipated charges for nonemergency health care services does not apply to an emergency
60 department.

61 (h) A hospital that fails to comply with the requirements of this section, is subject to
62 sanctions by the Office of Health Facility Licensure and Certification, which includes the
63 assessment of a civil monetary penalty not to exceed \$1,000 for each violation.

NOTE: The purpose of this bill is to require hospital to disclose price and fee information for certain hospital services.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.