

# **WEST VIRGINIA LEGISLATURE**

## **2025 REGULAR SESSION**

**Introduced**

### **House Bill 2173**

By Delegates Worrell and Burkhammer

[Introduced February 12, 2025; 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

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

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

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

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

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

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

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

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

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

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

(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.