

## SUMMARY Price Transparency Executive Order

## Background

On June 24, 2019, President Trump signed an Executive Order (EO) 13877 on *Improving Price and Quality Transparency in American Healthcare to Put Patients First*. The EO sets forth upcoming agency deliverables "to eliminate unnecessary barriers to price and quality transparency; to increase the availability of meaningful price and quality information for patients; to enhance patients' control over their own healthcare resources, including through tax-preferred medical accounts; and to protect patients from surprise medical bills." Specific deliverables are below:

| Торіс                                  | Deliverable   | Description  | Agency   | Date  |  |  |  |
|--|---|--|--|---|--|--|--|
| Informing Patients About Actual Prices |   |  |  |   |  |  |  |
|  | Proposed<br>rule<br>Advanced<br>notice of<br>proposed<br>rulemaking | Require hospitals to publicly post standard<br>charge information, including charges and<br>information based on negotiated rates and for<br>common or shoppable items and services, in<br>an easy-to-understand, consumer-friendly, and<br>machine-readable format using consensus-<br>based data standards that will meaningfully<br>inform patients' decision making and allow<br>patients to compare prices across hospitals<br>Solicit comment on a proposal to require<br>healthcare providers, health insurance issuers,<br>and self-insured group health plans to provide<br>or facilitate access to information about<br>expected out-of-pocket costs for items or<br>services to patients before they receive care | Health &<br>Human<br>Services<br>(HHS)<br>HHS;<br>Treasury;<br>Labor             | By August 23,<br>2019<br>By September<br>22, 2019 |  |  |  |
|  | Report  | Description of how the Federal Government or<br>the private sector are impeding healthcare price<br>and quality transparency for patients and<br>inclusion of recommendations to eliminate<br>impediments and promote competition  | HHS (in<br>consult with<br>Attorney<br>General &<br>Federal Trade<br>Commission) | By December<br>21, 2019                           |  |  |  |

| Establishing a Usali         | h Quality Boadman  |  |                         |
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| Establishing a Healtl        | п чианту коаотар   |  |                         |
| Health<br>Quality<br>Roadmap | Align and improve reporting on data and quality<br>measures across Medicare, Medicaid, the<br>Children's Health Insurance Program, the<br>Health Insurance Marketplace, the Military<br>Health System, and the VA Health System, and<br>include a strategy for common quality<br>measurements and eliminating low-value or<br>counterproductive measures | HHS; Defense;<br>Veterans<br>Affairs (VA)  | By December<br>21, 2019 |
| Increasing Access to         | Data to Make Healthcare Information More Tra   | nsparent and U   | seful to Patients       |
| Report                       | Prepare a list of priority datasets proposed to<br>be de-identified and propose plans for future<br>release of these priority datasets to<br>researchers, innovators, providers, and<br>entrepreneurs  | HHS (in<br>consult with<br>Treasury,<br>Defense,<br>Labor, VA &<br>Office of<br>Personnel<br>Management) | By December<br>21, 2019 |
| Empowering Patient           | s by Enhancing Control Over Their Healthcare   | Resources  | L                       |
| Guidance                     | Expand the ability of patients to select high-<br>deductible health plans that can be used<br>alongside a health savings account and cover<br>low-cost preventive care for individuals with<br>chronic conditions  | Treasury   | By October 22,<br>2019  |
| Proposed<br>rule             | Treat expenses related to certain types of<br>arrangements, potentially including direct<br>primary care arrangements and healthcare<br>sharing ministries, as eligible medical expenses<br>under IRS itemized deductions  | Treasury   | By December<br>21, 2019 |
| Guidance                     | Increase the amount of funds that can carry<br>over without penalty at the end of the year for<br>flexible spending arrangements   | Treasury   | By December<br>21, 2019 |
| Addressing Surprise          | Medical Billing  |  |                         |
| Report                       | Additional steps to implement the following principles on surprise medical billing:  | HHS  | By December<br>21, 2019 |

| Ensure patients are not price gouged in<br>emergency situations by out-of-network  |  |
|--|--|
| <ul> <li>providers they could not choose.</li> <li>In emergency situations, balance billing</li> </ul>   |  |
| for amounts above the in-network<br>allowed amount should be prohibited.   |  |
| Bring transparency to the confusing<br>and opaque pricing system patients<br>face when scheduling care.  |  |
| <ul> <li>Before scheduling their care, patients<br/>should be given information about out<br/>of network providers and related costs.</li> </ul> |  |

## For More Information, Please Contact:

## **Cathy Simmons**

Executive Director of Regulatory Affairs Government & External Affairs Department UnityPoint Health Cathy.Simmons@unitypoint.org