[DISCUSSION DRAFT]

118TH CONGRESS
1ST SESSION

H. R. ______

To amend title XVIII of the Social Security Act to increase price transparency of diagnostic laboratory tests.

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IN THE HOUSE OF REPRESENTATIVES

M_. ______ introduced the following bill; which was referred to the Committee on _______________________.

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A BILL

To amend title XVIII of the Social Security Act to increase price transparency of diagnostic laboratory tests.

1             Be it enacted by the Senate and House of Representa-
2              tives of the United States of America in Congress assembled,
3
4               SECTION 1. SHORT TITLE.
5              This Act may be cited as the “__________ Act of 2023”.

SEC. 2. REQUIRING THE DISCLOSURE OF PRICES FOR SPECIFIED CLINICAL DIAGNOSTIC LABORATORY TESTS UNDER THE MEDICARE PROGRAM.

Section 1834A of the Social Security Act (42 U.S.C. 1395m–1) is amended—

(1) by redesignating subsections (h) and (i) as subsections (i) and (j), respectively; and

(2) by inserting after subsection (g) the following new subsection:

“(h) REQUIREMENT FOR DISCLOSURE OF TEST PRICES.—

“(1) IN GENERAL.—No payment may be made under this part with respect to a clinical diagnostic laboratory test furnished on or after January 1, 2025, by a provider of services or supplier unless such provider or supplier complies with the requirement described in paragraph (2).

“(2) REQUIREMENT DESCRIBED.—

“(A) IN GENERAL.—For purposes of paragraph (1), the requirement described in this paragraph is, with respect to a provider of services or supplier, that such provider or supplier makes publicly available on an Internet website the following information with respect to each specified clinical diagnostic laboratory test (as
defined in paragraph (3)) that such provider or
supplier is available to furnish:

“(i) The discounted cash price for
such test (or, if no such price exists, the
gross charge for such test).

“(ii) The deidentified minimum nego-
tiated rate in effect between such provider
or supplier and any group health plan or
group or individual health insurance cov-
erage.

“(iii) The deidentified maximum nego-
tiated rate in effect between such provider
or supplier and any such plan or coverage.

“(B) INCLUSION OF COSTS OF ANCILLARY
SERVICES.—Any price or rate for a specified
clinical diagnostic laboratory test furnished by a
provider of services or supplier made publicly
available in accordance with subparagraph (A)
shall include the price or rate (as applicable)
for any ancillary item or service that would nor-
mally be furnished by such provider or supplier
as part of such test, as specified by the Sec-
retary.

“(3) DEFINITIONS.—In this subsection:
“(A) Group health plan; group and individual health insurance coverage.—The terms ‘group health plan’, ‘group health insurance coverage’, and ‘individual health insurance coverage’ have the meaning given such terms in section 2791 of the Public Health Service Act.

“(B) Negotiated rate.—The term ‘negotiated rate’ means, with respect to a provider of services or supplier, a group health plan or group or individual health insurance coverage, and an item or service, the contracted rate (if any) in effect between such provider or supplier and such plan or coverage for such item or service.

“(C) Specified clinical diagnostic laboratory test.—The term ‘specified clinical diagnostic laboratory test’ means a clinical diagnostic laboratory test that is included on the list of shoppable services specified by the Centers for Medicare & Medicaid Services (as described in section 180.60 of title 42, Code of Federal Regulations (or a successor regulation)).”.