

[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.

IN THE HOUSE OF REPRESENTATIVES

M____. _____ introduced the following bill; which was referred to the
Committee on _____

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 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “_____ Act
5 of 2023”.

1 **SEC. 2. REQUIRING THE DISCLOSURE OF PRICES FOR**
2 **SPECIFIED CLINICAL DIAGNOSTIC LABORA-**
3 **TORY TESTS UNDER THE MEDICARE PRO-**
4 **GRAM.**

5 Section 1834A of the Social Security Act (42 U.S.C.
6 1395m–1) is amended—

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

9 (2) by inserting after subsection (g) the fol-
10 lowing new subsection:

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

13 “(1) IN GENERAL.—No payment may be made
14 under this part with respect to a clinical diagnostic
15 laboratory test furnished on or after January 1,
16 2025, by a provider of services or supplier unless
17 such provider or supplier complies with the require-
18 ment described in paragraph (2).

19 “(2) REQUIREMENT DESCRIBED.—

20 “(A) IN GENERAL.—For purposes of para-
21 graph (1), the requirement described in this
22 paragraph is, with respect to a provider of serv-
23 ices or supplier, that such provider or supplier
24 makes publicly available on an Internet website
25 the following information with respect to each
26 specified clinical diagnostic laboratory test (as

1 defined in paragraph (3)) that such provider or
2 supplier is available to furnish:

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

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

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

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

24 “(3) DEFINITIONS.—In this subsection:

1 “(A) GROUP HEALTH PLAN; GROUP AND
2 INDIVIDUAL HEALTH INSURANCE COVERAGE.—
3 The terms ‘group health plan’, ‘group health in-
4 surance coverage’, and ‘individual health insur-
5 ance coverage’ have the meaning given such
6 terms in section 2791 of the Public Health
7 Service Act.

8 “(B) NEGOTIATED RATE.—The term ‘ne-
9 gotiated rate’ means, with respect to a provider
10 of services or supplier, a group health plan or
11 group or individual health insurance coverage,
12 and an item or service, the contracted rate (if
13 any) in effect between such provider or supplier
14 and such plan or coverage for such item or
15 service.

16 “(C) SPECIFIED CLINICAL DIAGNOSTIC
17 LABORATORY TEST.—The term ‘specified clin-
18 ical diagnostic laboratory test’ means a clinical
19 diagnostic laboratory test that is included on
20 the list of shoppable services specified by the
21 Centers for Medicare & Medicaid Services (as
22 described in section 180.60 of title 42, Code of
23 Federal Regulations (or a successor regula-
24 tion)).”.