

Transparency in Health Care Coverage

Every American should have the personalized health care information they need, when they need it to make better, more informed decisions before they seek and receive care. Transparency tools should support this commitment – enabling hardworking Americans to make more informed decisions, improving their health care experiences, and making care more affordable – and, therefore, more accessible. Three-quarters of commercial health insurance providers already offer price transparency tools to the more than 120 million people they serve.¹

AHIP strongly supports workable solutions that ensure health care information is personalized, easy-to-understand, accurate, and actionable, focusing on care for which Americans can actually shop.

But requiring health insurance providers to publicly release all in-network negotiated rates and information on out-of-network payments in machine-readable formats will fail to deliver what Americans want.

- Forced disclosure of privately and competitively negotiated rates for every single health care item and service will undermine true competition, reduce affordability, push prices higher, and complicate the health care experience.
- According to a Morning Consult poll, 75% of Americans said they would not support federal regulations designed to make it easier to find out the cost of medical procedures if the regulations raised the cost of premiums.²
- Forced disclosure would drive Americans to seek information about their health care from third-party tech companies that are not bound by the same patient privacy laws as health insurance providers. As 62% of Americans say - when it comes to their personal health information, they value stronger privacy protections over easier access to information.³ Requiring such public disclosure exceeds statutory authority, constitutes arbitrary and capricious rulemaking, and raises Constitutional concerns.

There is a better way. Price transparency tools should:

- Be available to everyone enrolled in commercial coverage.
- Offer an easy-to-use experience and easy-to-understand information.
- Provide personalized and up-to-date estimates of a person's out-of-pocket estimates for a specific in-network item or service. These estimates should be based on the person's specific plan, benefits, and progress toward their deductible and/or out-of-pocket maximum.
- Include information on the total cost of care for "shoppable services"—that is, services that enrollees can research, compare, and choose in advance of seeking care like common tests, imaging, elective surgery, or labor & delivery. We recommend 421 common shoppable services that should be included in all price transparency tools within two years.
- Combine meaningful cost and quality information so patients can find services and providers that offer the best value.
- Be clear about the limits of these estimates, so Americans understand that the services provided at the point of care, and as a result, their costs, may vary.

Let's work together to empower Americans to make more informed health care decisions without undermining affordability.

¹ AHIP Survey of member health insurance plans fielded December 5, 2019 to January 10, 2020.

² https://www.ahip.org/wp-content/uploads/AHIP_Healthcare-Care-Cost-Transparency.pdf

³ https://www.ahip.org/wp-content/uploads/AHIP_Healthcare-Care-Cost-Transparency.pdf