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Capitol Hill Fly-In Recap: Employers Make Their Voices Heard

By the Numbers

- **35** employer and coalition leaders participated
- **20+** meetings with congressional offices across the House and Senate
- **Meetings spanned over a dozen states** and included congressional leadership, key committees, and healthcare champions from both parties.

Top Takeaways

- **Hospital pricing and payment reform** is gaining traction, with growing interest in site-neutral payments and improved billing oversight.
- **340B reform is rising on the Senate's radar.** Senate HELP Committee Chair Bill Cassidy (R-LA) and other offices are exploring ways to improve transparency and ensure the program benefits true safety-net providers.
- **Senate HELP Committee will focus on an affordability agenda this fall.** To launch the effort, the committee held a hearing on July 31 titled Making Healthcare Affordable: Solutions to Lower Costs and Empower Patients. The hearing focused on several of the National Alliance's priorities, including PBM reform, 340B, and price transparency. Chair Cassidy discussed the impact of 340B on employers and commercial markets in his opening statement. Witness Chris Deacon referenced the National Alliance research in her testimony.
- Hill staff appreciated how employers used real-world examples to show that current market dysfunction drives up costs for working families.

Looking Ahead

- National Alliance team will hold follow-up meetings and briefings during August recess into the fall. We will also look to schedule district-based roundtables with key policymakers and local employers.
- Ongoing policy engagement around 340B, PBMs, and hospital pricing.
- Close monitoring of legislative efforts from the House and Senate.

Thank you to all who participated in a successful fly-in! Stay tuned for additional updates and opportunities to stay involved.

Employers to Congress: Pass the Patients Deserve Price Tags Act

Overview

Employers provide health coverage to more than 160 million Americans and self-funded employers are directly responsible for managing every healthcare dollar spent. Yet, many employers continue to be denied access to the very data they need to manage costs, measure performance, and ensure value.

The Patients Deserve Price Tags Act, led by Sen. Roger Marshall (R-KS) and Sen. John Hickenlooper (D-CO), builds on the transparency mandates of the Consolidated Appropriations Act (CAA) of 2021 and takes critical steps to bring market discipline back to healthcare.

Why Employers Should Strongly Support This Bill

- **Transparency Essential for Oversight:** Self-funded employers must know the true price of care to fulfill their fiduciary responsibility and protect plan assets.
- **Reintroduces Market Competition:** Transparent pricing empowers employers to design better benefits, guide employees to high-value care, and negotiate with providers.
- **Enforces Data Access Rights:** The CAA gave employers access to claims and pricing data, but many third-party administrators (TPAs) still block it. This bill puts teeth behind the law with $10,000/day penalties for noncompliance.
- **Strengthens Transparency Rules:** The bill codifies and expands the Hospital Price Transparency and Transparency in Coverage (TiC) rules by:
  - Requiring hospitals to post actual prices by 2026;
  - Increasing penalties up to $10 million per year; and
  - Mandating executive attestation of data accuracy.

46%

The percentage of hospitals failing to comply with the Hospital Price Transparency Rules

HHS Office of the Inspector General Report - 2024

What Comes Next

The National Alliance is actively advocating for this legislation. During our July fly-in, employers elevated this bill in key Senate meetings, including with the bill sponsors, Sens. Marshall and Hickenlooper. Senate staff expressed strong interest in employer stories, data, and examples that highlight how lack of transparency drives up costs.

As Congress considers its fall healthcare agenda, employers must remain at the table to ensure their voices—and fiduciary responsibilities—are recognized.

New No Surprises Enforcement Act Would Increase Employer Penalties

Overview

Lawmakers have introduced the bipartisan, bicameral, No Surprises Act Enforcement Act that increases penalties on insurers and health plans that fail to make timely payments under the No Surprises Act. The bill was introduced by Rep. Greg Murphy (R-NC) in the House and Sen. Roger Marshall (R-KS) and Sen. Michael Bennet (D-CO) in the Senate. The sponsors and cosponsors are all medical doctors.

Key Provisions:

- Raises the maximum penalty for employer health plans and insurers from $100 per day to $10,000 for each delayed payment violation.
- Requires annual reports to Congress detailing how federal agencies are enforcing the law and ensuring compliance.

National Alliance View: Address the Root Issues

While the No Surprises Act has achieved its core goal of protecting patients from surprise medical bills, it has also resulted in a surge of billing disputes that have strained the arbitration system and increased administrative burdens for employer plan sponsors.

The newly introduced No Surprises Act Enforcement Act focuses on increasing penalties for insurers and employer health plans, but fails to address the underlying drivers of dysfunction, including the frequent, strategic use of the IDR process by a small number of high-billing providers.

We have concerns about this legislation in its current form, as it risks:

- Shifting blame and cost onto employer-sponsored plans, while providers continue to exploit gaps in the system;
- Adding punitive penalties in ERISA statute without improving transparency, consistency, or efficiency in dispute resolution;
- Ignoring needed reforms to restore balance to the IDR process and enforce the original intent of the law.

Policy Pulse: Additional Updates You Should Know

The National Alliance submitted comments to a Request for Information from CMS on the Hospital Transparency Rule Machine Readable Files. Key highlights from our response:

- Support for Clear Definitions & Standards: The National Alliance urged CMS to define "accuracy" as up-to-date, contractually agreed-upon rates and "completeness" as inclusion of all negotiated rates, payer names, and plain-language descriptors—delivered in standardized, user-friendly formats.

- Concerns with Current Data Quality: Inaccurate, outdated, and incomplete MRFs—combined with inconsistent formatting—are preventing employers from comparing prices, negotiating effectively, and developing consumer-facing tools.

- Recommendations for Stronger Enforcement: The National Alliance called for more aggressive enforcement, including audits, penalties for noncompliance, a public compliance dashboard, and enhancements to the CMS Validator Tool to flag missing or outdated data.

- Additional Improvements Needed: The National Alliance recommend quarterly updates, clearer missing-data flags, and standardized formatting across transparency rules.

HEALTH POLICY *In Transit*

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value