



With the passage of the long needed and much appreciated executive order to improve price and quality transparency in health care, the battle between the status quo and the wellbeing of patients and their doctors moves to regulatory implementation.

Here is a short list of what to look for - either the dodges that mean the status quo is pretending to permit price transparency, but we won't in fact get lower costs or functioning markets, or that the benefits to ordinary Americans and a rational, affordable healthcare system will finally return.

## What to look for:

### Genuine Transparency

- ✓ Applies to ALL transactions: Bundled, unbundled, Cash
- ✓ Includes “negotiated rates” i.e. the amount that insurers have agreed to pay, including for prescription drugs
- ✓ Would allow every patient to see rates for every provider for every service or procedure, both itemized (unbundled) and grouped (bundled)
- ✓ Visibility of competitive providers’ prices and choices
- ✓ Includes all additional fees, such as facility fees
- ✓ Prices readily searchable and machine readable
- ✓ Prices available digitally, so they can be aggregated and compared
- ✓ Requires posting cash prices
- ✓ Accomplished by administration

### Counterfeit Transparency

- ✗ Applies only to a limited subset - look for qualifiers like “shoppable”
- ✗ Focuses only on out-of-pocket costs owned by patients
- ✗ Only allows patients to see rates for their own insurance carrier
- ✗ Visibility limited to particular provider
- ✗ No mention of fees
- ✗ Delays in making basic costs available
- ✗ Prices continue to only be available on paper - no easy way to compare
- ✗ Cash prices not required
- ✗ Punting to Congress