

United States Senate

WASHINGTON, DC 20510

March 6, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

We write to express our concerns about loopholes that are inhibiting the worthy intent of the Centers for Medicare and Medicaid Services (CMS)-issued Transparency in Coverage (TiC) rule. Americans should not struggle with opaque pricing for health care, and we respectfully ask CMS to update its rule to ensure that there is true health plan transparency and compliance.

In July 2022, CMS issued the TiC rule, requiring health insurance companies to publicly post their in- and out-of-network rates for the health care plans that they offer. We were heartened to see the current and prior administration take important steps toward improving health care price transparency. With this newly available data, employers, researchers, and policymakers can identify unreasonable prices and excessive increases, ultimately helping to lower prices for patients. However, we are concerned that remaining technical loopholes have resulted in insurance companies publishing data that does not align with the intent of the CMS rule.

While some insurance companies are complying with CMS' rule, others may be relying on gaps to evade accountability. According to reports, insurance companies have provided information in an indecipherable structure, omitted important pricing information, and stuffed the information into files too large for anything but a supercomputer to process.¹ The existing system also makes cross-plan comparisons challenging, as plans are formatting and structuring their data differently. CMS also has not created a central repository where the public can find plan data. As a result, employers and researchers have been unable to use the data to assess the drivers of high health care costs and target solutions.

There are a number of administrative actions CMS can take to improve data accessibility, usability, and quality. Experts have highlighted potential solutions, urging CMS to limit file sizes, create a standardized reporting template, reduce the frequency of reporting, and require a clear organizational system and standardized labeling.² These changes would allow the public to

¹ Julie Appleby. "Health Insurance Prices for Care Are Now Out There, But Finding Them Is an Ordeal." NPR. July 27, 2022. <https://www.npr.org/sections/health-shots/2022/07/27/1113091782/health-insurance-prices-for-care-are-now-out-there-but-finding-them-is-an-ordeal>; Adam Geitgey. "Real-Time Payer Rates Data Tracker." Turquoise Health Blog. June 20, 2022. <https://blog.turquoise.health/turquoise-health-real-time-payer-rates-tracker/amp>.

² "Transparency in Coverage: Recommendations for Improving Access to and Usability of Health Plan Price Data." Center on Health Insurance Reforms. <https://georgetown.box.com/s/1ezsggz1c7smsaexkr8rgh15sokgusl>. Accessed January 17, 2023.

use the data more effectively, while simplifying the reporting process for plans. Additionally, CMS should consider pairing these reforms with increased enforcement efforts targeting plans that provide low-quality data, or no data at all. Randomly auditing the quality of plan data would result in better usability, and additional enforcement would help ensure that remaining noncompliant plans follow the law.

We urge CMS to consider these and other expert recommendations so we may continue improving price transparency for Americans and ultimately bring down health care costs. We look forward to working with you on this issue.

Sincerely,



Margaret Wood Hassan
United States Senator



Mike Braun
United States Senator