



House Committee on Insurance

Written Opposition Testimony on HB 2246  
February 10, 2025

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Mountain Region CommonSpirit Health

Chairman Sutton and Members of the Committee:

On behalf of the Mountain Region of CommonSpirit Health, we own and operate 20 hospitals in Colorado, Kansas and Utah as well as multiple health clinics, physician practices, urgency centers and Flight for Life. We employ over 21,000 employees and we are very committed to rural health care which is evident through our longstanding presence in western Kansas.

We firmly believe that health care transparency should be timely, accurate and meaningful to improve the consumer experience and health care affordability. We are not opposed to transparency and, in fact, we were early adopters of the Centers for Medicare & Medicaid Services (CMS) Price Transparency Rules as we felt it was the right thing to do for our patients.

Being that we are compliant with CMS' Federal Transparency Rules, we are not opposed to any of the elements of the bill that are currently required by CMS rule.

However, we are opposed to the following elements of this bill:

- Codifying federal rule into state statute can create confusion and/or conflict for hospitals and patients, especially when the statutes do not fully align.
- CMS is currently the arbitrator of compliance for the federal transparency rules. CMS has been very active in review of hospitals to ensure that each hospital is compliant. If a hospital is deemed out of compliance, which can occur for a myriad of reasons including technology glitches or cybersecurity attacks, the hospital is given the right to remedy before a penalty is assessed.

Additionally, allowing a patient to subjectively determine a hospital's compliance with federal law (section 4) and allowing a private right of action as a result of what a patient deems as noncompliance creates an additional burden on hospitals to defend their compliance with federal law, which increases costs

to hospitals who are already operating on razor thin margins.

- Assigning an additional arbitrator of compliance, which as written in this bill (section 2) as the Kansas Attorney General, is unnecessary, duplicative and a poor utilization of state resources.

Additionally, there are several questions that remain regarding how CMS and the Kansas Attorney General will coordinate their reporting duties to one another should a patient file a complaint with one entity rather than the other, or when compliance violations are found. It is also unclear if the Attorney General will only be investigating complaints or if that office will engage in random audits throughout the year to ensure compliance on an ongoing basis as CMS is currently required to do.

We agree that for elective procedures, patients have the right to know what they will be charged for that procedure. However, it is important to note that the practice of medicine does have an element of unpredictability tied to it. While clinicians do their best to diagnose a patient in advance of a procedure, the human body is complex and the scope of the procedure and resulting diagnoses can rapidly change.

We are happy to answer any questions the committee may have and appreciate your consideration of these recommended changes to HB2246.