

February 14, 2025

The Honorable Bill Cassidy  
Chairman  
Health, Education, Labor and Pensions Committee  
U.S. Senate  
Washington, D.C. 20510

The Honorable Bernie Sanders  
Ranking Member  
Health, Education, Labor and Pensions Committee  
U.S. Senate  
Washington, D.C. 20510

Dear Chairman Cassidy and Ranking Member Sanders:

The undersigned organizations representing ambulatory surgery centers (ASCs) and physicians who provide care in surgery centers write with interest in opening a dialogue with you on price transparency and how it can be meaningful for patients who seek care in the ASC setting.

Effective Jan. 1, 2024, group health plans and issuers of group and individual health insurance must make price comparison information available for all covered items and services. According to the Centers for Medicare and Medicaid Services (CMS), this information must be made available through an internet-based, self-service tool and in paper form, upon request.<sup>1</sup> Required information<sup>2</sup> includes in-network provider rates for covered items and services, out-of-network allowed amounts and billed charges for covered items and services, and negotiated rates and historical net prices for covered prescription drugs. Plans must also provide, upon request of a plan beneficiary, information about cost-sharing for covered items and services.

The comprehensive and plan-specific information that will now be available to individuals from their insurance company is the most efficient way for health plan enrollees to comparison shop for health care services. Legislation introduced in the 118th Congress would have required ASCs to make publicly available the “de-identified maximum and minimum negotiated charges” for all items and services.<sup>3,4</sup> This information does not provide useful information to individuals. The existing requirement that a health plan must provide negotiated rates for in-network providers and the allowed amount for an out-of-network provider allows individual beneficiaries to get the most accurate price and cost information specific to their insurance plan, including cost-sharing obligations.

Requiring ASCs to make available payer-specific negotiated charges would require significant ASC administrative resources because when an ASC contracts with a payer, that payer could have several different plans each with a different negotiated rate. Requiring ASCs to make available payer-specific negotiated charges would also fail to provide individuals with an accurate estimate of the full cost or price of services because the ASC controls just one aspect of the costs of health care services or procedures provided in their facility — the facility fee— which does not reflect the total cost of care and could lead to consumer misinformation regarding what a service will actually cost. Alternatively, a consumer seeking information about their cost at an ASC would receive the most comprehensive information, including professional fees, ancillary fees, facility fees and their cost-sharing obligations, from tools provided by their insurance company. This would also allow the consumer to confirm the network status of the ASC and any participating providers.

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<sup>1</sup> Centers for Medicare and Medicaid Services. <https://www.cms.gov/healthplan-price-transparency/plans-and-issuers>

<sup>2</sup> Centers for Medicare and Medicaid Services. <https://www.cms.gov/files/document/faqs-about-affordable-care-act-implementation-part-61.pdf>

<sup>3</sup> S.3548 - Health Care Prices Revealed and Information to Consumers Explained Transparency Act; [https://www.congress.gov/bill/118th-congress/senate-bill/3548/text?s=3&r=1&q={\"search\": \"s3548\"}](https://www.congress.gov/bill/118th-congress/senate-bill/3548/text?s=3&r=1&q={\)

<sup>4</sup> H.R.5378 - Lower Costs, More Transparency Act; [https://www.congress.gov/bill/118th-congress/house-bill/5378/text?s=5&r=1&q={\"search\": \"HR5378\"}#toc-H44612F46DB58436EB001A8FA31F45FC9](https://www.congress.gov/bill/118th-congress/house-bill/5378/text?s=5&r=1&q={\)

Most surgery centers already make cash price information available to patients upon request, and ASCs must provide a good faith estimate of charges to anyone who asks – patient or not – under the *No Surprises Act*. Requiring ASCs to provide price information could be complicated by the inability of the Centers for Medicare and Medicaid Services to identify ownership of ASCs, and, consequently, depending on the scope of legislation, identify which ASCs would be subject to price transparency requirements.

We are also very concerned with language contained in price transparency legislation in the previous Congress that would require an ASC to accept the discounted cash price made publicly available as payment in full from any patient that chooses to pay in cash.<sup>5</sup> We ask how would this requirement interact with the good faith estimate requirements of the *No Surprises Act* which permit uninsured or self-pay patients to use a dispute resolution process if the charges for a service are greater than \$400 more than the good faith estimate?<sup>6</sup>

Congress can avoid possible technical challenges to new price transparency requirements by relying on the *No Surprises Act* as the mechanism for individuals to obtain accurate, up-front, cost estimates about their health care.

Our organizations support policies that can meaningfully improve consumer health care decision making and timely access to high-quality care. We respectfully request the opportunity to be part of discussions on price transparency to ensure that proposals are workable, meaningful to consumers and not administratively burdensome.

For more information or to request a meeting of our organizations, please contact Camille Bonta, policy advisor for the American Society for Gastrointestinal Endoscopy, at [cbonta@summithealthconsulting.com](mailto:cbonta@summithealthconsulting.com) or Kara Newbury with the Ambulatory Surgery Center Association at [knewbury@ascassociation.org](mailto:knewbury@ascassociation.org).

Sincerely,

American Academy of Ophthalmology  
American Academy of Otolaryngology – Head and Neck Surgery  
American Society of Cataract & Refractive Surgery  
Ambulatory Surgery Center Association  
American Gastroenterological Association  
American Society for Gastrointestinal Endoscopy  
CardioVascular Coalition  
Dialysis Vascular Access Coalition  
Large Urology Group Practice Association  
Outpatient Ophthalmic Surgery Society  
Society for Cardiovascular Angiography and Interventions

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<sup>5</sup> S.3548 - Health Care Prices Revealed and Information to Consumers Explained Transparency Act; [https://www.congress.gov/bill/118th-congress/senate-bill/3548/text?s=3&r=1&q={\"search\": \"s3548\"}](https://www.congress.gov/bill/118th-congress/senate-bill/3548/text?s=3&r=1&q={\)

<sup>6</sup> Centers for Medicare and Medicaid Services. <https://www.cms.gov/files/document/nosurpriseactfactsheet-whats-good-faith-estimate508c.pdf>