



March 19, 2025

Assemblymember Tracy Brown-May
Chair, Committee on Health and Human Services
Nevada State Assembly
401 South Carson Street
Carson City, Nevada 89701-4747

Dear Assemblymember Brown-May:

Thank you for the opportunity to provide written comments in relation to the March 19, 2025 Nevada Assembly Committee on Health and Human Services hearing on legislation, including *Assembly Bill 343*, which makes revisions relating to health care.

For more than 40 years, Families USA has been a leading national, non-partisan voice for health care consumers working to achieve our vision of a nation where the best health and health care are equally accessible and affordable to all. We write today to express our strong support of *AB343*, critical legislation which codifies a strengthened version of the federal Hospital Price Transparency rule into State law, helping to achieve meaningful price transparency in the health care system in the State of Nevada.

Specifically, *AB343* requires every hospital in the state to publish a machine-readable file containing a list of payer-specific negotiated rates for all of their standard charges for items and services delivered by said hospital, among other data.¹ In addition, this legislation would strengthen oversight of hospitals' compliance with the price transparency rule by directing the Nevada Department of Health and Human Services to monitor and assess compliance with the rule, including by auditing hospitals' websites and investigating any complaints received by individuals or organizations, as well as prohibiting hospitals from engaging in medical debt collection when out of compliance with state or federal hospital price transparency requirements.²

This bill could not come at a more critical time. The U.S. health care system is in crisis, evidenced by a lack of affordability and poor quality.³ At its core, this crisis is driven by a fundamental misalignment between the business interests of the health care sector and the health and financial security of our nation's families—a business model that allows industry to set prices that have little to do with the quality of the care they offer. These high and irrational prices are largely due to trends in health care industry consolidation that have eliminated competition and allowed monopolistic pricing to push our nation's families to the brink of financial ruin.⁴

What's more, consumers and employers, who are the ultimate purchasers of health care, have no insight into what the prices of health care services truly are. In Nevada and across the country, big hospital corporations are amassing market power by buying up local doctors to increase prices and then further leveraging that market power to keep the price of health care services hidden from the public. Importantly, while health plans are directly negotiating prices with hospitals, it is consumers and employers who ultimately pay for health care through insurance premiums, deductibles, and copays.⁵ Yet for the majority of Americans—66%— who receive health care

through private insurance,⁶ health care prices are established in closed-door negotiations between large hospital corporations and health plans based on who has more market power.⁷ These health care prices, often referred to as the negotiated rate, are buried in proprietary contracts without allowing for insight into or oversight over the price of health care services by the public and policymakers.⁸

Health care is one of the only markets in the U.S. economy in which consumers are blinded to the price of a service until they receive a bill *after* that service is delivered.⁹ It is the epitome of a broken market that threatens the financial security of American families and fails to serve their needs.

Only by unveiling these prices can we begin to fully address the system abuses that drive them. While the federal government and a handful of states have taken recent steps to make meaningful improvements in health care price transparency, more action is needed to ensure that families in Nevada and across the country are receiving the health care they need at a price they can afford.

A Health Care System in Crisis—In Nevada and Nationwide

Almost half of all Americans have reported having to forgo medical care due to the cost, almost a third have indicated that the high cost of medical care is interfering with their ability to secure basic needs like food and housing,¹⁰ and over 40 percent of American adults—100 million people—face medical debt.¹¹ This holds true in Nevada, where more than half of Nevada residents (59 percent) reported delaying or foregoing needed medical care due to the cost, and four in five Nevada residents reported being “worried” or “very worried” about affording the health care they may need in the future.¹²

High and rising health care costs negatively affect the economic vitality of middle-class and working families and cripple the ability of working people to earn a living wage. Today’s real wages—wages after accounting for inflation—are roughly the same as four decades ago, while employer health insurance premiums have risen dramatically.¹³ The total cost of a family employer-sponsored insurance (ESI) plan increased an astounding 272% in the past two decades, rising from \$6,438 annually in 2000 to \$23,968 in 2023.¹⁴ As a result, a U.S. family of four with a median income of roughly \$95,000 annually is estimated to have lost more than \$125,000 in wages over roughly the same time period.¹⁵ A recent analysis by Families USA found that if policymakers do not take action to rein in high and rising hospital prices and the harmful business practices of large health care corporations, low- and middle-income workers could lose another \$20,000 in wages by 2030.¹⁶ At the same time, nearly 90 percent of large employers say that rising health care costs will threaten their ability to provide health care benefits to employees over the next five to 10 years if costs are not lowered.¹⁷

Despite all this health care spending, the health of our nation’s families and workers suffers. More than 60% of adults across our nation live with chronic illnesses including heart disease, cancer, diabetes and obesity.¹⁸ Over the past 20 years, chronic diseases have become more prevalent in the U.S., affecting an additional 7-9 million people every five years.¹⁹ At the same time, Americans are faced with lower life expectancy and higher maternal and infant mortality.²⁰ Moreover, preventable harms are causing unnecessary suffering: Health care acquired infections (HCAIs) are a leading cause of death in the U.S., causing the deaths of more than 72,000 patients each year.

Additionally, nearly 800,000 Americans die or become permanently disabled annually due to misdiagnosis,²¹ largely due to systemic issues that go beyond the actions of individual providers and necessitate system level change.

These abysmal health outcomes and extraordinarily high prices are the product of broken financial incentives within the U.S. health care system, which rewards building local monopolies and price gouging instead of rewarding success in promoting the health, well-being and financial security of the community.²²

Health Industry Consolidation Driving High Prices

Americans are increasingly exposed to high, rising, and variable prices across a wide range of health care goods and services. Hospital pricing is particularly problematic, as hospital prices are not only high, they have become essentially irrational:

- In 2020, across all hospital inpatient and outpatient services, employers and private insurers paid on average 224% of what Medicare pays for the same services.²³
- Prices for the exact same service vary widely, sometimes even within a single hospital system:
 - A colonoscopy at a single medical center in Mississippi can range from \$782 to \$2,144 depending on insurance.²⁴
 - At one health system in Wisconsin, an MRI costs between \$1,093 and \$4,029 depending on level of insurance.²⁵
 - Across the country, the average price for a knee replacement ranges from \$21,976 in Tucson, Arizona to \$60,000 in Sacramento California.²⁶
 - The price of an MRI at Mass General Hospital in Boston Massachusetts ranged from \$830 to \$4,200 depending on the insurance carrier.²⁷

Irrational and unjustifiable health care prices are largely due to trends in health care industry consolidation that have eliminated competition and allowed monopolistic pricing to flourish.²⁸ This consolidation has taken place without meaningful regulatory oversight or intervention, and is becoming more acute.²⁹ In fact, there are few truly competitive health care markets left, with 95% of metropolitan statistical areas (MSAs) having highly concentrated hospital markets, nearly 80% of MSAs having highly concentrated specialist physician markets, and 58% of MSAs having highly concentrated insurer markets.³⁰

- **Hospital consolidation:** Hospital mergers are occurring more frequently both within and across health care markets, leading to higher prices in both cases. According to the American Hospital Association, there were 1,577 hospital mergers from 1998 to 2017.^{31,32} An estimated 40% of those mergers took place from 2010 to 2015.³³
- **Vertical Integration:** The number of hospital-acquired physician practices grew from 35,700 in 2012 to more than 80,000 in 2018.³⁴ Over this same time period, the percentage of physicians employed by a hospital or health system nearly doubled, from 25% to 44%.³⁵ Recent research found that over 55% of physicians are now employed in hospital-owned practices.³⁶ This trend was accelerated by the COVID-19 pandemic, which exacerbated the financial vulnerabilities of independent and smaller physician practices and threatened the

near collapse of entire sectors of the health care system—particularly primary care.³⁷ Nearly 23,000 physicians left independent practice to work for a hospital or other corporate entity after the onset of the COVID-19 pandemic, while hospitals and other corporate entities acquired nearly 21,000 additional physician practices from 2019 to 2020, representing a 25% increase in corporate-owned practices.³⁸

Nowhere is the negative impact of consolidation more evident than the rising cost of hospital stays and services, which have increased dramatically in the last decade and make up a large portion of increasing health care costs overall.^{39,40,41} These cost increases have occurred despite lower hospital utilization and are largely due to escalating prices, which are the result of hospitals buying other hospitals and community doctors to eliminate competition and form big health care corporations and medical monopolies.^{42,43} Prices at hospitals in concentrated markets are 12% higher than those in markets with four or more rivals without any demonstrated improvement in the quality or access to care.^{44,45,46} All the while, the workforce in these concentrated markets suffers – wages for nurses and other health care workers decrease significantly after mergers and acquisitions.⁴⁷

Perhaps this is not surprising, as the role of hospitals in our economy has shifted over the last 60 years from charitable institutions to corporate entities, resulting in a fundamental misalignment between the business interests of the hospital sector and the interests of the patients they serve.⁴⁸ Americans in many communities have watched as their local hospitals became health systems, and those health systems were bought by large health care corporations. What most in the public and policymaking community have not realized is how much this has destroyed any real competition in our health care sector, allowing hospitals to dramatically increase their prices every year.^{49,50} Between 1990 and 2023, hospital prices have increased 600% – and just since 2015, hospital prices have increased as much as 31% nationally, now accounting for nearly one-third of U.S. health care spending, and growing more than four times faster than workers' paychecks.^{51,52,53,54}

In Nevada, these trends are no different, where over the past three decades state-wide spending on hospital care increased a staggering 2,062%, increasing from \$382 million in 1980 to \$8.3 billion in 2020, nearly 11 times faster than inflation during that same period.⁵⁵ Hospital care has consistently made up the largest source of health care spending in the state, while the underlying prices of hospital care are significantly higher than the national average; for instance, in 2021, hospital prices in Las Vegas were 18 percent higher than the national median.⁵⁶

Nevada's high and rising hospital spending and prices follow the national trends in health care industry consolidation that have eliminated competition and allowed monopolistic pricing to flourish. Large health care corporations continue to consolidate and become large medical monopolies so they can increase their market power and price gouge Nevada residents, while at the same time hiding their prices from public scrutiny or oversight.⁵⁷ A significant number of hospital markets in Nevada are highly concentrated and have grown significantly more concentrated over time, such as those in Las Vegas and Reno.⁵⁸ At the same time, hospital prices in the state continue to increase significantly, while also varying widely across the state. For instance, inpatient hospital prices rose 21% between 2017 and 2021, despite utilization decreasing by 2% in Las Vegas, while hospital consolidation in the city increased significantly during the same time period.⁵⁹ Moreover, prices for common medical services have become essentially irrational in

the state, depending on which hospital you go to. For instance, a knee MRI can cost as much as \$15,622 at Centennial Hills Hospital Medical Center in Las Vegas or as little as \$266 at Northeastern Nevada Regional Hospital in Elko—nearly a 60-fold difference.⁶⁰ While large hospital corporations use their market power to charge high and irrational prices, it's Nevada residents that are paying the price. As noted above, the high cost of health care in the state are driving significant numbers of Nevada residents to delay or forego needed medical care and take on high levels of medical debt when they do seek care.⁶¹

The Need for Health Care Price Transparency Reforms

As large health care corporations have destroyed competition in the health care sector, they have cleared a path to dramatically increase their prices year after year. **The ability of hospitals to increase prices year over year is the direct result of their ability to keep the underlying price of health care service hidden from public oversight and scrutiny.** In fact, this practice has become a central strategy in the business model of health care corporations: generate profit by buying up other hospitals and doctors' offices to become large corporate health care systems that can increase health care prices, and then block policymakers and the public from seeing those prices, while maximizing service volumes of the highest-priced services.⁶² The imperative to price gouge and hide prices is in direct conflict with ensuring that consumers and patients have the affordable health care they deserve.

Bringing transparency around pricing in the U.S. health care system will help unveil—and uproot—irrational health care prices and low-quality care, and empower consumers, researchers, policymakers, and other purchasers with critical information to rein in prices and improve health care quality for our nation's families. Fortunately, many policymakers are awakening to the role of abusive health care prices, particularly hospital prices, and are working to implement policy solutions, such as the federal Hospital Price Transparency rule, which requires hospitals to post health care prices publicly for the first time, including negotiated rates between hospital corporations and health plans.

Unsurprisingly, however, large hospital corporations have mostly subverted the federal requirements and are actively working to keep their health care prices hidden.⁶³ More than four years after the Hospital Price Transparency rule took effect, far too many hospitals across the country remain out of compliance – recent estimates suggest as few as one in five hospitals while other estimates have found up to 46% of hospitals are not fully complying.^{64,65} Hospitals are deploying various tactics to either buck the requirements outright or make the information they disclose very hard to understand.⁶⁶ Many hospitals have posted no information on negotiated rates at all.⁶⁷ Other hospitals post prices in the form of a percentage of Medicare payment (for example, 120% of Medicare) or as a percentage of gross charges which is meaningless to most consumers, despite the fact that the federal law explicitly requires hospitals to list the standard charges, including negotiated rates, for each individual item or service⁶⁸ Still other hospitals post incomplete required information, failing to even provide any numerical value at all, and instead reporting “N/A” or just leaving the information blank.⁶⁹

Posting pricing information in these ways fails to uphold the intent of the Hospital Price Transparency rule, which is to disclose meaningful pricing information to help consumers and

other payers be more informed purchasers of health care. With so many hospitals still failing to comply with the regulation, more work is needed to achieve meaningful transparency of health care price data. As a result of growing pressure from consumer advocates, employers, labor, and other health care stakeholders, federal lawmakers are now considering important reforms to codify and strengthen the federal price transparency regulation to ensure health care corporations can't secretly set any price for their health care services at the expense of the health and financial security of our nation's families.⁷⁰ However, those reforms have yet to make it into law. The Trump administration has also signaled interest in tightening requirements and enforcement of hospitals through a recent executive order requiring federal agencies to implement and enforce price transparency more robustly.

Growing Federal and State Action

We applaud state governments taking important steps towards codifying and strengthening federal price transparency rules using their own state authority, and we are grateful for this Committee's leadership in moving the conversation forward in Nevada. In just 2025 alone, at least 20 other states, including Hawaii, Illinois, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Oregon, Washington, and West Virginia, have proposed legislation that strengthens and codifies, or complements existing federal hospital price transparency rules.⁷¹ For instance, state legislatures in Missouri and Oklahoma introduced proposals to strengthen compliance with existing federal transparency rules by prohibiting hospitals from collecting patient medical debt if they are found to be out of compliance with federal hospital price transparency rules. Other proposals, such as those introduced in Montana and Kentucky, codify federal price transparency rules into state statute and thereby independently require hospitals to post their standard charges in a machine-readable file format as a matter of state law.⁷²

By considering *AB343*, this Committee is demonstrating to Nevadans that their policymakers are just as committed to insuring better price transparency and hospital accountability. Like people in every other state, Nevadans report they don't have access to the basic health care pricing information that they need and deserve to make informed health care decisions. A recent survey of Nevada residents found nearly half (48 percent) were not confident they could find the cost a medical procedure ahead of time, and among those who tried to find the price for a future hospital visit, more than forty percent could not find the information they needed.⁷³

These results are not surprising as the vast majority of Nevada hospitals are still not fully complying with federal hospital price transparency rules. Thirteen of the 20 Nevada hospital systems have shown to be non-compliant with hospital price transparency rules.⁷⁴ In some instances these hospitals are not posting complete or usable pricing information, for example failing to identify payer and plan names for all negotiated prices and charges as was done by Valley Hospital Medical Center and University Medical Center of Southern Nevada.⁷⁵ In other instances, hospitals did not post files that were machine-readable at all, severely limiting the extent to which hospital prices could be easily compared across hospitals and hospital systems.⁷⁶ While compliance with the federal hospital price transparency regulation has modestly (albeit inconsistently) improved since its initial implementation in early 2021 there is clearly still much work to be done in improving hospital compliance with price transparency rules and ensuring patients, employers, and other stakeholders have the pricing information they need in Nevada and across the nation.⁷⁷

To that end, we strongly support AB343 as it is being considered by the Nevada Assembly Committee on Health and Human Services. Codifying strengthened federal price transparency requirements into Nevada law is a critical step to hold the health care system accountable for irrational hospital prices. And promoting and achieving meaningful price transparency by strengthening requirements that direct hospitals to disclose their prices, and in particular their negotiated rates, has the power to disrupt the status quo market dynamics and infuse competition back into the Nevada health care markets to make health care more affordable for Nevadans.

Nevadans are with you - the vast majority of Nevada residents (92 percent) support government action that requires hospitals to provide up-front costs to consumers.⁷⁸ AB343 marks a significant step in efforts to achieve meaningful health care transparency in the State of Nevada and Families USA strongly urges its passage.

Thank you for holding this hearing on such a critical topic and for considering important reforms to rein in abusive health care prices and make health care more affordable for everyone. The journey to fully transform our health care system is long, but states such as Nevada hold essential power to take significant steps. Families USA stands ready to support you in this essential and urgently needed work. For further information, please contact Aaron Plotke, Senior Policy Analyst at APlotke@familiesusa.org.

Sincerely,



Sophia Tripoli
Senior Director of Health Policy

¹ Nevada State Legislature, Assembly Bill 343, March 3, 2025
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