

The following chart delineates the status of key regulatory implementation deadlines established in the President’s Executive Order (EO) on Improving Price and Quality Transparency in American Healthcare to Put Patients First.<sup>1</sup> The EO, issued June 24, 2019, directs the Department of Health and Human Services (HHS), among other agencies, to pursue rulemaking and additional administrative actions aimed at ensuring that healthcare consumers can make well-informed decisions about their care.

EO Provision	Description	Target Date	Status
<b>Proposed Rule on Hospital Price Transparency</b>	The EO calls on HHS to propose a regulation to require hospitals to publicly post standard charge information, including “charges and information based on negotiated rates and for common or “shoppable” items and services, in an easy-to-understand, consumer-friendly, and machine-readable format.”	60 days (~Aug. 23)	Promulgated under the calendar year (CY) 2020 hospital outpatient prospective payment system (OPPS) proposed rule on Aug. 9. <sup>2</sup> Comments closed Sept. 27; finalization is anticipated in November ahead of the proposed effective date of January 1, 2020.
<b>Pre-Rule on Out-of-Pocket Estimates Prior to Care</b>	Calls for an advance notice of proposed rulemaking (ANPRN), or pre-rule, in which HHS, Treasury, and Labor will solicit comment on a proposal to require providers, insurers, and self-funded groups to “provide or facilitate access to information” about expected out-of-pocket (OOP) costs for items or services prior to patients’ receipt of care.	90 days (~Sept. 22)	Pending; though, the Office of Management and Budget (OMB) received a proposed rule for regulatory review on Sept. 24 titled, “Transparency in Coverage,” which may address this provision. <sup>3</sup>
<b>Report on Barriers to Competition</b>	Requires HHS, in consultation with the Attorney General and Federal Trade Commission, to issue a report on ways in which the federal government or private sector are impeding price and quality transparency. The report will contain recommendations for addressing any such impediments, including a description of “why low-cost providers generally avoid health care advertising” currently.	180 days (~Dec. 21)	Pending

<sup>1</sup> <https://www.whitehouse.gov/presidential-actions/executive-order-improving-price-quality-transparency-american-healthcare-put-patients-first/>

<sup>2</sup> See Sec. XVI. of the proposed rule here: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-16107.pdf>

<sup>3</sup> <https://www.reginfo.gov/public/do/eoReviewSearch?agencyCode=0900>

EO Provision	Description	Target Date	Status
<b>Health Care Quality Roadmap</b>	Directs HHS, the VA, and the Department of Defense to develop a Health Care Quality Roadmap focused on aligning data reporting and quality measure requirements across various programs, including Medicare, Medicaid, CHIP, Marketplaces, the VA, and the Military Health System.	180 days (~Dec. 21)	HHS announced the formation of the Quality Summit and solicited nominations on July 9. <sup>4</sup> Eighteen participants were selected from a field of over 300 applicants. <sup>5</sup> The stakeholder group commenced quarterly meetings on September 13 to begin developing the Roadmap.
<b>Increased Access to Deidentified Data</b>	Directs HHS, in consultation with Treasury, Defense, Labor, the VA, and the Office of Personnel Management, to pursue approaches to increasing access to deidentified claims data from federal health programs and group health plans.  Also calls on HHS to develop a list of “priority datasets” that, with deidentification, could support the EO’s priorities and report to the President on proposed plans to release those datasets, including any barriers.	180 days (~Dec. 21)	Pending; though, absent the need for notice-and-comment rulemaking, a late-year timeframe appears to be achievable.  The release of prioritized data sets could conceivably be timed for release alongside the release of the CMS and ONC interoperability rules, given the potential for these data to support the development of tools and apps that help enhance access to transparency data.
<b>Tax-Related Changes, Including for HSAs</b>	Directs the Treasury to issue guidance to expand the ability high-deductible health plans that can be used alongside a health savings account “that cover low-cost preventive care, before the deductible, for medical care that helps maintain health status for individuals with chronic conditions.”	120 days (~Oct. 22)	On July 17, the Treasury and the IRS issued guidance on additional preventive services that high-deductible health plans can cover before the deductible. <sup>6</sup>
	Calls for proposed regulations that would treat expenses related to certain types of arrangements, including direct primary care arrangements and healthcare sharing ministries, as eligible medical expenses for personal, itemized tax deductions.	180 days (~Dec. 21)	Pending; though, a potential regulatory vehicle may be an anticipated proposed rule (1545-BP17) by the Treasury that would apply various provisions of the Internal Revenue Code to Health Reimbursement Arrangements. <sup>7</sup>

<sup>4</sup> <https://www.hhs.gov/about/news/2019/07/09/hhs-announces-quality-summit-streamline-improve-quality-programs-government.html>

<sup>5</sup> <https://www.hhs.gov/about/leadership/eric-d-hargan/quality-summit/quality-summit-participants/index.html>

<sup>6</sup> <https://www.irs.gov/pub/irs-drop/n-19-45.pdf>

<sup>7</sup> <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201904&RIN=1545-BP17>

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	Issue guidance to increase the amount of funds that can carry over without penalty at the end of the year for flexible spending arrangements.	180 days (~Dec. 21)	Pending
<b>Surprise Medical Billing</b>	HHS must submit a report to the President, within 180 days, outlining any additional steps the Administration may take to implement the principles on surprise medical billing announced on May 9, 2019.	180 days (~Dec. 21)	Pending and likely under internal development. A potential vehicle for regulatory implementation of any administrative actions may be the CY 2021 Notice of Benefit and Payment Parameters proposed rule, which is pending at OMB. <sup>8</sup>

<sup>8</sup> <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201904&RIN=0938-AT98>