

July 24, 2025

Dear Senators,

As professional economists, we are united in our belief that real price transparency is urgently required to reverse the nation's runaway healthcare costs that place a tremendous financial burden on patients, employers, workers, and the national economy. Patients and employers need upfront prices to avoid overcharges, spot wide price variations – such as \$300 to \$3,000 MRIs and \$1,200 to \$12,000 colonoscopies -- and choose affordable care.

Therefore, we urge you to please cosponsor the bipartisan Patients Deserve Price Tags Act (S. 2355), which was recently introduced by Sens. Roger Marshall and John Hickenlooper.

This bipartisan legislation requires the publication of actual prices, including discounted cash and negotiated insurance rates, throughout the healthcare system. This real price information can empower consumers to reduce the skyrocketing cost of care and coverage through choice and competition.

The bill codifies and strengthens existing federal hospital and health insurance price transparency rules that have suffered from widespread noncompliance. It extends price transparency requirements to labs, imaging clinics, and ambulatory surgical centers. And it forbids the use of unaccountable price estimates instead of actual prices consumers need for financial protection and comparison shopping.

The legislation requires providers to offer detailed itemized bills for services and prevents them from pursuing collections actions if the billed amount is higher than published prices. It requires health plans to provide Advanced Explanations of Benefits (AEOBs), finally giving patients the financial peace of mind of knowing exactly how much they will owe out of pocket beforehand.

Crucially, the bill operationalizes an existing anti-gag law to ensure that self-insured state government health plans and ERISA-regulated employer and union health plans can access a daily transaction feed of their claims data, which third-party administrators (TPAs) routinely hide to facilitate spread pricing and overpayments.

Further, the bill requires TPAs to affirmatively provide these health plans with information on the financial arrangements with their middle players, such as pharmacy benefit managers, which are often incentivized to increase costs to employers and workers to financially benefit themselves.

Businesses and workers have been among the biggest victims of America's opaque healthcare system. The average employer-sponsored family insurance plan now [exceeds \\$24,000 annually](#), up 50% in the last decade. Workers pay most of this cost through premium deductions and forgone wages. One [study](#) finds that about the same share of compensation gains for average workers since 2000 has gone to health premiums as paychecks.

When employers and unions can get access to their claims data, they can cross-reference claims, payments, and prices to remedy overbilling and design affordable health plans. They can steer workers to the highest quality care at the lowest possible price and share the savings with workers in the form of lower premiums and higher wages. A Baker Institute [study](#) finds that an attainable reduction in annual employer health insurance premiums of \$1,373 per employee can increase retail business profitability by a median of 12.4%.

Returning excessive healthcare spending to patients, workers, and employers can create an enormous and ongoing economic stimulus. A 2019 JAMA [analysis](#) finds that approximately 25% of U.S. healthcare spending is lost to administrative waste, overcharges, overtreatment, fraud, and administrative complexity. In 2023, the U.S. [spent \\$4.9 trillion](#) on healthcare. Price transparency is a critical tool for creating an efficient market that eliminates much of this overbilling, resulting in approximately \$1 trillion in annual national health expenditure savings, boosting business earnings, worker paychecks, and the productive economy.

By requiring actual prices, which are a fundamental part of any functional marketplace, the bipartisan Marshall-Hickenlooper bill finally corrects the unacceptable information asymmetry that requires healthcare consumers to pay for care with the equivalent of a blank check. Please stand up for American workers, businesses, unions, and patients and cosponsor this bill to help fix American healthcare and boost the economy and paychecks.

Sincerely,

1. **Ge Bai, Ph.D.** – Johns Hopkins University
2. **Moiz Bhai, Ph.D.** – University of Arkansas at Little Rock
3. **Ben Chartock, Ph.D.** – Bentley University
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- 23. Steve Moore, Ph.D.** – Cofounder of Unleash Prosperity
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Institutions are listed for identification purposes and should not be viewed as signatories to the letter.