

# STATE OF NEW YORK

7479

2025-2026 Regular Sessions

## IN SENATE

April 17, 2025

Introduced by Sen. HOYLMAN-SIGAL -- read twice and ordered printed, and when printed to be committed to the Committee on Judiciary

AN ACT to amend the civil practice law and rules, the general business law and the public health law, in relation to medical debt

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision (a) of section 5201 of the civil practice law  
2 and rules is amended to read as follows:

3 (a) Debt against which a money judgment may be enforced. A money judg-  
4 ment may be enforced against any debt, which is past due or which is yet  
5 to become due, certainly or upon demand of the judgment debtor, whether  
6 it was incurred within or without the state, to or from a resident or  
7 non-resident, unless it is exempt from application to the satisfaction  
8 of the judgment. A debt may consist of a cause of action which could be  
9 assigned or transferred accruing within or without the state. No money  
10 judgment shall be sought, entered, or enforced in an action arising from  
11 non-payment of facility items and services by a patient or patient guar-  
12 antor that is brought by a facility, as defined under section twenty-  
13 eight hundred thirty-two of the public health law, that is in material  
14 noncompliance with section twenty-eight hundred thirty-two of the public  
15 health law on the date that the relevant facility items or services are  
16 purchased from a provider to a patient by the facility in material  
17 noncompliance.

18 § 2. Section 7501 of the civil practice law and rules, as amended by  
19 chapter 532 of the laws of 1963, is amended to read as follows:

20 § 7501. Effect of arbitration agreement. A written agreement to submit  
21 any controversy thereafter arising or any existing controversy to arbi-  
22 tration is enforceable without regard to the justiciable character of  
23 the controversy and confers jurisdiction on the courts of the state to  
24 enforce it and to enter judgment on an award. In determining any matter  
25 arising under this article, the court shall not consider whether the

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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1 claim with respect to which arbitration is sought is tenable, or other-  
2 wise pass upon the merits of the dispute. No facility, as defined under  
3 section twenty-eight hundred thirty-two of the public health law, shall  
4 enforce an arbitration agreement or clause in any facility document,  
5 including contracts, agreements, statements, or bills, in an action  
6 arising from patient or patient guarantor non-payment of facility items  
7 or services, if that facility is in material noncompliance with section  
8 twenty-eight hundred thirty-two of the public health law on the date  
9 that the relevant facility items or services are purchased from a  
10 provider to a patient by the facility in material noncompliance.

11 § 3. Section 601 of the general business law is amended by adding two  
12 new subdivisions 13 and 14 to read as follows:

13 13. Attempt to collect a medical debt, or debt arising from nonpayment  
14 of facility items and services, from a patient or patient guarantor by  
15 referring the debt, directly or indirectly, to a debt collector or debt  
16 collection agency if the principal creditor is a facility, as defined by  
17 section twenty-eight hundred thirty-two of the public health law, or an  
18 affiliate, that is in material noncompliance with section twenty-eight  
19 hundred thirty-two of the public health law on the date that the rele-  
20 vant facility items or services are purchased from a provider to a  
21 patient by the facility; or

22 14. Disclose or cause to be disclosed information affecting the  
23 debtor's reputation for credit worthiness, including to a consumer cred-  
24 it reporting agency as defined in article twenty-five of this chapter,  
25 if the principal creditor is a facility, as defined by section twenty-  
26 eight hundred thirty-two of the public health law, or an affiliate, that  
27 is in material noncompliance with section twenty-eight hundred thirty-  
28 one of the public health law on the date that the relevant facility  
29 items or services are purchased from a provider to a patient by the  
30 facility, and the action arose from patient or patient guarantor non-  
31 payment of facility items or services.

32 § 4. The public health law is amended by adding a new section 2832 to  
33 read as follows:

34 § 2832. The hospital price transparency act. 1. As used in this  
35 section:

36 (a) "Ancillary service" means a facility item or service that a facil-  
37 ity customarily provides as part of or in conjunction with a shoppable  
38 primary service.

39 (b) "Chargemaster" means the list of all facility items and services  
40 maintained by a facility for which the facility has established a  
41 charge.

42 (c) "Collections action" includes any of the following actions taken  
43 with respect to a debt for items and services that were purchased from  
44 or provided to a patient by a facility:

45 (i) attempting to collect a debt from a patient or patient guarantor  
46 by referring the debt, directly or indirectly, to a debt collector, a  
47 collection agency, or other third-party retained by or on behalf of the  
48 facility;

49 (ii) initiating a lawsuit against the patient or patient guarantor, or  
50 enforcing an arbitration or mediation clause in any facility documents  
51 including contracts, agreements, statements, or bills; or

52 (iii) directly or indirectly causing a report to be made to a consumer  
53 reporting agency.

54 (d) "De-identified maximum negotiated charge" means the highest charge  
55 that a facility has negotiated with all third-party payers for a facili-  
56 ty item or service.

1 (e) "De-identified minimum negotiated charge" means the lowest charge  
2 that a facility has negotiated with all third-party payers for a facili-  
3 ty item or service.

4 (f) "Discounted cash price" means the charge that applies to an indi-  
5 vidual who pays cash, or cash equivalent, for a facility item or  
6 service.

7 (g) "Facility" includes the following:

8 (i) general hospitals as defined in section twenty-eight hundred one  
9 of this article; and

10 (ii) any hospital, as defined in section twenty-eight hundred one of  
11 this article, to which the department determines this section should  
12 apply.

13 (h) "Gross charge" means the charge for a facility item or service  
14 that is reflected on a facility's chargemaster, absent any discounts.

15 (i) "Facility items and services" and any variation of this phrase  
16 means all items and services, including individual items and services  
17 and service packages, that may be provided by a facility to a patient in  
18 connection with an inpatient admission or an outpatient department visit  
19 for which the facility has established a standard charge. This includes,  
20 but is not limited to:

21 (i) supplies and procedures;

22 (ii) room and board;

23 (iii) use of the facility and other areas, the charges for which are  
24 generally referred to as facility fees;

25 (iv) services of physicians and non-physician practitioners, employed  
26 by the facility, the charges for which are generally referred to as  
27 professional charges; and

28 (v) any other item or service for which a facility has established a  
29 standard charge.

30 (j) "Machine-readable format" means a digital representation of data  
31 or information in a file that can be imported or read into a computer  
32 system for further processing, including .XML, .JSON, and .CSV formats.

33 (k) "Payer-specific negotiated charge" means the charge that a facili-  
34 ty has negotiated with a third-party payer for a facility item or  
35 service.

36 (l) "Service package" means an aggregation of individual facility  
37 items and services into a single service with a single charge.

38 (m) "Shoppable service" means a service that may be scheduled by a  
39 health care consumer in advance.

40 (n) "Standard charge" means the regular rate established by the facil-  
41 ity for a facility item or service provided to a specific group of  
42 paying patients. This term includes all of the following, as defined  
43 under this section:

44 (i) the gross charge;

45 (ii) the payer-specific negotiated charge;

46 (iii) the de-identified minimum negotiated charge;

47 (iv) the de-identified maximum negotiated charge; and

48 (v) the discounted cash price.

49 (o) "Third-party payer" means an entity that is, by statute, contract,  
50 or agreement, legally responsible for payment of a claim for a facility  
51 item or service.

52 2. Notwithstanding any other law, a facility must make public the  
53 following:

54 (a) a digital file in a machine-readable format that contains a list  
55 of all standard charges for all facility items and services as provided  
56 in subdivision three of this section; and

1 (b) a consumer-friendly list of standard charges for a limited set of  
2 shoppable services as provided in subdivision three of this section.

3 3. (a) A facility shall maintain a list of all standard charges for  
4 all facility items and services in accordance with this section. This  
5 list must include, as applicable:

6 (i) a description of each facility item or service provided by the  
7 facility; and

8 (ii) the following charges for each individual facility item or  
9 service when provided in either an inpatient setting or an outpatient  
10 department setting, as applicable:

11 (A) the gross charge;

12 (B) the de-identified minimum negotiated charge;

13 (C) the de-identified maximum negotiated charge;

14 (D) the discounted cash price; and

15 (E) the payer-specific negotiated charge, listed by the name of the  
16 third-party payer and plan associated with the charge and displayed in a  
17 manner that clearly associates the charge with each third-party payer  
18 and plan; and

19 (iii) any code used by the facility for purposes of accounting or  
20 billing for the facility item or service, including, but not limited to,  
21 the Current Procedural Terminology (CPT) code, the Healthcare Common  
22 Procedure Coding System (HCPCS) code, the Diagnosis Related Group (DRG)  
23 code, the National Drug Code (NDC), or other common payer identifier.

24 (b) The standard charges contained in the list required to be main-  
25 tained by a facility under paragraph (a) of this subdivision must  
26 reflect the standard charges applicable to that location of the facili-  
27 ty, regardless of whether the facility operates in more than one  
28 location or operates under the same license or approval as another  
29 facility.

30 (c) The information contained in the list required under paragraph (a)  
31 of this subdivision must be published in a single digital file that is  
32 in a machine-readable format.

33 (d) The list required under paragraph (a) of this subdivision must be  
34 displayed in a prominent location on the home page of the facility's  
35 publicly accessible internet website or accessible by selecting a dedi-  
36 cated link that is prominently displayed on the home page of the facili-  
37 ty's publicly accessible internet website. If the facility operates  
38 multiple locations and maintains a single internet website, the list  
39 required under paragraph (a) of this subdivision must be posted for each  
40 location the facility operates in a manner that clearly associates the  
41 list with the applicable location of the facility.

42 (e) The list required under paragraph (a) of this subdivision must:

43 (i) be available:

44 (A) free of charge;

45 (B) without having to register or establish a user account or pass-  
46 word;

47 (C) without having to submit personal identifying information;

48 (D) without having to enter a code to access the list; and

49 (E) without having to overcome any other barrier that limits the  
50 availability or accessibility of the list;

51 (ii) be accessible to a common commercial operator of an internet  
52 search engine to the extent necessary for the search engine to index the  
53 list and display the list as a result in response to a search query of a  
54 user of the search engine;

55 (iii) be formatted in a manner prescribed by the department under  
56 subdivision five of this section;

1 (iv) be digitally searchable; and

2 (v) use the following naming convention specified by the Centers for  
3 Medicare and Medicaid Services, specifically:  
4 name> standardcharges.{json/xml/csv}.

5 (f) The facility must update the list required under paragraph (a) of  
6 this subdivision at least once a year. The facility must clearly indi-  
7 cate the date on which the list was most recently updated, either within  
8 the list itself or in a manner that is clearly associated with the list.

9 4. (a) Except as provided by paragraph (c) of this subdivision, a  
10 facility shall maintain and make publicly available a list of the stand-  
11 ard charges described in subparagraphs (i), (ii), (iii), (iv) and (v) of  
12 paragraph (d) of this subdivision for at least three hundred shoppable  
13 services provided by the facility. The facility may select the shoppable  
14 services to be included in the list, except that the list must include:

15 (i) the seventy services specified as shoppable services by the  
16 Centers for Medicare and Medicaid Services; or

17 (ii) if the facility does not provide all of the seventy services  
18 specified as shoppable services by the Centers for Medicare and Medicaid  
19 Services, as many of those shoppable services the facility does provide.

20 (b) In selecting a shoppable service for purposes of inclusion in the  
21 list required under paragraph (a) of this subdivision, a facility must:

22 (i) consider how frequently the facility provides the service and the  
23 facility's billing rate for that service; and

24 (ii) prioritize the selection of services that are among the services  
25 most frequently provided by the facility.

26 (c) If a facility does not provide three hundred shoppable services,  
27 the facility must maintain a list of all of the shoppable services that  
28 the facility provides in a manner that otherwise complies with the  
29 requirements of paragraph (a) of this subdivision.

30 (d) The list required under paragraph (a) or (c) of this subdivision,  
31 as applicable, must include:

32 (i) a plain-language description of each shoppable service included on  
33 the list;

34 (ii) the payer-specified negotiated charge that applies to each shop-  
35 able service included on the list, and any corresponding ancillary  
36 service as applicable, listed by the name of the third-party payer and  
37 plan associated with the charge and displayed in a manner that clearly  
38 associates the charge with the third-party payer and plan;

39 (iii) the discounted cash price that applies to each shoppable service  
40 included on the list, and any corresponding ancillary service as appli-  
41 cable, or if the facility does not offer a discounted cash price for one  
42 or more of the shoppable or ancillary services on the list, the gross  
43 charge for the shoppable or ancillary service, as applicable;

44 (iv) the de-identified minimum negotiated charge that applies to each  
45 shoppable service included on the list and any corresponding ancillary  
46 service, as applicable;

47 (v) the de-identified maximum negotiated charge that applies to each  
48 shoppable service included on the list and any corresponding ancillary  
49 service, as applicable;

50 (vi) any code used by the facility for purposes of accounting or bill-  
51 ing for each shoppable service included on the list and any ancillary  
52 service, including the Current Procedural Terminology (CPT) code, the  
53 Healthcare Common Procedure Coding System (HCPCS) code, the Diagnosis  
54 Related Group (DRG) code, the National Drug Code (NDC), or other common  
55 payer identifier;

1 (vii) each location at which the facility provides the shoppable  
2 service and whether the standard charges identified in subparagraphs  
3 (ii), (iii), (iv) and (v) of this paragraph apply at that location to  
4 the provision of that shoppable service in an inpatient setting, an  
5 outpatient department setting, or in both of those settings, as applica-  
6 ble; and

7 (viii) if applicable, indicate if one of more of the shoppable  
8 services specified by the Centers for Medicare and Medicaid Services is  
9 not provided by the facility.

10 (e) The list required under paragraph (a) or (c) of this subdivision,  
11 as applicable, must be displayed in a prominent location on the home  
12 page of the facility's publicly accessible internet website or accessi-  
13 ble by selecting a dedicated link that is prominently displayed on the  
14 home page of the facility's publicly accessible internet website. If the  
15 facility operates multiple locations and maintains a single internet  
16 website, the list required under paragraph (a) or (c) of this subdivi-  
17 sion, as applicable, must be posted for each location the facility oper-  
18 ates in a manner that clearly associates the list with the applicable  
19 location of the facility.

20 (f) The list required under paragraph (a) or (c) of this subdivision,  
21 as applicable, must be:

22 (i) easily accessible and available:

23 (A) free of charge;

24 (B) without having to register or establish a user account or pass-  
25 word;

26 (C) without having to submit personal identifying information;

27 (D) without having to enter a code to access the list; and

28 (E) without having to overcome any other barrier that limits the  
29 availability or accessibility of the list; and

30 (ii) digitally searchable by service description, billing code, and  
31 payer;

32 (iii) accessible to a common commercial operator of an internet search  
33 engine to the extent necessary for the search engine to index the list  
34 and display the list as a result in response to a search query of a user  
35 of the search engine;

36 (iv) formatted in a manner that is consistent with the format  
37 prescribed by the department under subdivision five of this section; and

38 (v) updated at least once a year. The facility must clearly indicate  
39 the date on which the list was most recently updated, either within the  
40 list itself or in a manner that is clearly associated with the list.

41 (g) Notwithstanding any other provision of this section, a facility is  
42 considered to meet the requirements of this subdivision if the facility  
43 maintains, as determined by the department, an internet-based price  
44 estimator tool that meets the following requirements:

45 (i) provides a reasonably accurate cost estimate for each shoppable  
46 service and any corresponding ancillary service included on the list  
47 maintained by the facility under paragraph (a) or (c) of this subdivi-  
48 sion, as applicable;

49 (ii) allows a person to obtain a reasonably accurate estimate of the  
50 amount the person will be obligated to pay the facility if the person  
51 elects to use the facility to provide the service; and

52 (iii) is prominently displayed on the facility's publicly accessible  
53 internet website and is accessible to the public without charge and  
54 without having to register or establish a user account or password.

55 5. In prescribing the format of the list under subparagraph (iii) of  
56 paragraph (e) of subdivision three and subparagraph (iv) of paragraph

1 (f) of subdivision four of this section, the department shall develop a  
2 template that each facility must use in formatting the list, and in  
3 developing this template, the department must:

4 (a) consider any applicable federal guidelines for formatting similar  
5 lists required by federal law or regulation and ensure that the design  
6 of the template enables healthcare researchers to compare the charges  
7 contained in the lists maintained by each facility; and

8 (b) design the template to be substantially similar to the template  
9 used by the Centers for Medicare and Medicaid Services for purposes  
10 similar to those of this section, if the department determines that  
11 designing the template in that manner serves the purposes of paragraph  
12 (a) of this subdivision and that the department benefits from developing  
13 and requiring that substantially similar design.

14 6. Each time a facility updates a list as required under paragraph (f)  
15 of subdivision three and subparagraph (v) of paragraph (f) of subdivi-  
16 sion four of this section, the facility shall submit the updated list to  
17 the department. The department may prescribe the form in which the  
18 updated list must be submitted to the department.

19 7. (a) The department shall monitor each facility's compliance with  
20 the requirements of this section using, but not limited to, the follow-  
21 ing methods:

22 (i) evaluating complaints made by individuals or entities to the  
23 department, including through a complaint form on the department's  
24 internet website;

25 (ii) reviewing any analysis prepared by individuals or entities  
26 regarding noncompliance with this section;

27 (iii) auditing the internet websites of facilities for compliance with  
28 this section; and

29 (iv) confirming that each facility submitted the lists required under  
30 subdivision six of this section.

31 (b) If the department determines that any facility is not in compli-  
32 ance with any provision of this section, the department may take any of  
33 the following actions, without regard to the order of the actions:

34 (i) provide a written notice to the facility that clearly explains the  
35 manner in which the facility is not in compliance with this section;

36 (ii) request a corrective action plan from the facility if the facili-  
37 ty is in material noncompliance with this section, as determined under  
38 subdivision eight of this section;

39 (iii) share information with government agencies, the Centers for  
40 Medicare and Medicaid Services, or other entities as it deems appropri-  
41 ate; and

42 (iv) impose an administrative penalty on the facility and publicize  
43 the penalty on the commission's internet website if the facility fails  
44 to respond to the department's request to submit a corrective action  
45 plan or comply with the requirements of a corrective action plan submit-  
46 ted to the department, pursuant to subdivision nine of this section.

47 8. (a) A facility is in material noncompliance with this section if  
48 the facility fails to:

49 (i) comply with the requirements of subdivision two of this section;  
50 or

51 (ii) publicize the facility's standard charges in the form and manner  
52 required under subdivision three or four of this section.

53 (b) If the department determines that a facility is in material  
54 noncompliance with this section, the department may issue a notice of  
55 material noncompliance to the facility and request that the facility  
56 submit a corrective action plan. The notice must indicate the form and

1 manner in which the corrective action plan must be submitted to the  
2 department, and clearly state the date by which the facility must submit  
3 the plan.

4 (c) A facility that receives a notice under paragraph (b) of this  
5 subdivision must:

6 (i) submit a corrective action plan in the form and manner, and by the  
7 specified date, prescribed by the notice of violation; and

8 (ii) as soon as practicable after submission of a corrective action  
9 plan to the department, act to comply with the plan.

10 (d) A corrective action plan submitted to the department must:

11 (i) describe in detail the corrective action the facility will take to  
12 address any violation identified by the department in the notice  
13 provided under paragraph (b) of this subdivision; and

14 (ii) provide a date by which the facility will complete the corrective  
15 action plan.

16 (e) A corrective action plan is subject to review and approval by the  
17 department. After the department reviews and approves a facility's  
18 corrective action plan, the department may monitor and evaluate the  
19 facility's compliance with the plan.

20 (f) A facility is considered to have failed to respond to the depart-  
21 ment's request to submit a corrective action plan if the facility fails  
22 to submit a corrective action plan in the form and manner specified in  
23 the notice under paragraph (b) of this subdivision or by the date speci-  
24 fied in the notice under paragraph (b) of this subdivision.

25 (g) A facility is considered to have failed to comply with a correc-  
26 tive action plan if the facility fails to address a violation within the  
27 specified period of time contained in the plan.

28 (h) A facility that is in material noncompliance with this section  
29 shall be placed onto a list of facilities in material noncompliance that  
30 is published on the department's public internet website, except where:

31 (i) the facility in material noncompliance has submitted a corrective  
32 action plan that has been approved by the department; and

33 (ii) the facility remains compliant with this section.

34 9. (a) The department may impose an administrative penalty on a facil-  
35 ity if the facility fails to:

36 (i) respond to the department's request to submit a corrective action  
37 plan; or

38 (ii) comply with the requirements of a corrective action plan submit-  
39 ted to the department.

40 (b) The department may impose an administrative penalty on a facility  
41 for a violation of each requirement of this section. The department  
42 shall set the penalty in an amount sufficient to ensure compliance by  
43 the facility with the provisions of this section subject to the limita-  
44 tions in paragraph (c) of this subdivision.

45 (c) Using the most recently updated number of beds reported to the  
46 Centers for Medicaid and Medicare Services, the department, or another  
47 entity designated by the department, for each day a facility is deter-  
48 mined by the department to be out of compliance, the daily civil mone-  
49 tary penalty may not exceed:

50 (i) three hundred dollars for each day the facility violated this  
51 section for a facility with a number of beds equal to or less than thir-  
52 ty, even if the facility is in violation of multiple discrete require-  
53 ments of this section;

54 (ii) the number of beds multiplied by ten dollars for each day the  
55 facility violated this section for a facility with at least thirty-one  
56 beds and up to and including five hundred fifty beds, even if the facil-

1 ity is in violation of multiple discrete requirements of this section;  
2 or

3 (iii) five thousand dollars for each day the facility violated this  
4 section for a facility with a number of beds greater than five hundred  
5 fifty, even if the facility is in violation of multiple discrete  
6 requirements of this section.

7 (d) Each day a violation continues is considered a separate violation.

8 (e) In determining the amount of the penalty, the department shall  
9 consider:

10 (i) previous violations by the facility operator;

11 (ii) the seriousness of the violation;

12 (iii) the demonstrated good faith of the facility's operator; and

13 (iv) any other matters as justice may require.

14 (f) An administrative penalty collected under this section shall be  
15 appropriated only to the department.

16 10. The department may prepare and submit a report of recommendations  
17 for amending this section to the governor, the temporary president of  
18 the senate, and the speaker of the assembly, including recommendations  
19 in response to amendments by the Centers for Medicare and Medicaid  
20 Services to 45 C.F.R. Part 180.

21 11. No facility shall enforce any clause mandating mediation or alter-  
22 native dispute resolution in any facility document, including contracts,  
23 agreements, statements, or bills, in an action arising from patient or  
24 patient guarantor non-payment of facility items or services if that  
25 facility is in material noncompliance with this section on the date that  
26 the relevant facility items or services are purchased from a provider to  
27 a patient by the facility in material noncompliance.

28 12. (a) If a patient believes that a facility was in material noncom-  
29 pliance with this section on or after the date that the relevant items  
30 or services are purchased by or provided to the patient, and the facili-  
31 ty takes a collections action, as defined in this section, against the  
32 patient or patient guarantor, and the patient or patient guarantor  
33 believes that the material noncompliance is related to the relevant  
34 facility item or service, the patient or patient guarantor may file suit  
35 to determine if the facility was in material noncompliance with this  
36 section. The facility shall not take a collections action against the  
37 patient or patient guarantor related to the relevant facility item or  
38 service, and must stay any related pending collections action against  
39 the patient or patient guarantor, while the lawsuit is pending.

40 (b) A facility that has been found by a court to be in material  
41 noncompliance with this section:

42 (i) shall refund the third-party payer any amount of the medical debt  
43 the third-party payer has paid and shall pay a penalty to the patient or  
44 patient guarantor in an amount equal to the total amount of the debt;

45 (ii) shall dismiss or cause to be dismissed any court action and  
46 collections action with prejudice and pay any attorney fees and costs  
47 incurred by the patient or patient guarantor relating to the action; and

48 (iii) remove or cause to be removed from the patient's or patient  
49 guarantor's credit report any report made to a consumer reporting agency  
50 relating to the debt.

51 13. Nothing in this section:

52 (a) prohibits a facility from billing a patient, patient guarantor, or  
53 third-party payer, including health insurer, for items or services  
54 provided to the patient; or

1 (b) requires a facility to refund any payment made to the hospital for  
2 items or services provided to the patient, so long as no collection  
3 action is taken in violation of this section.

4 § 5. This act shall take effect one year after it shall have become a  
5 law.