

U.S. Rep. Gallagher: Introduces package of bills to lower healthcare costs for Wisconsinites

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WASHINGTON, D.C. — Representative Mike Gallagher (R-WI) introduced a package of bills to lower healthcare costs for Wisconsinites and ensure everyone has access to quality care that best fits their needs. The package includes three common-sense bills that would bring transparency to drug pricing, ensure patients receive bills in a timely manner, and give patients more control of their healthcare dollars.

“Too often, the healthcare debate in Washington devolves into partisan bickering that loses sight of the real problem with our healthcare system: skyrocketing costs with declining patient outcomes. We have to cut through the gridlock and work to address these issues and can do so by taking simple steps to increase price transparency for Americans, modernize our healthcare system, and give patients better control of their healthcare dollars. These bills are no silver-bullet solution to fixing our broken healthcare system but represent three common-sense steps we can take to get Northeast Wisconsinites better care at a better price,” **said Rep. Gallagher.**

The three bills included in the package Rep. Gallagher introduced are:

- [The Prescription Drug Rebate Reform Act of 2023](#), which would bring transparency to drug pricing and help lower out-of-pocket prescription drug costs by requiring all patients’ coinsurance obligations to be set as a percentage of net price, rather than list price, before or after a deductible is met. This would help patients across the country dealing with high prescription drug prices and a complicated system that makes it impossible for patients to

know the actual price of their prescriptions.

- [The Timely Bills for Patients Act](#), which would help patients who receive healthcare bills several months after treatment without any description of what they are being billed for because of inefficient and complex healthcare billing systems. The bill would address this by:
 - Requiring health care providers to 1) provide patients a list of services they received when they're discharged; 2) provide a bill to patients within 45 days of receiving a service; and 3) allow patients up to 30 days to pay that bill. If the provider doesn't send a bill to a patient within that 45 day period then the patient is no longer obligated to pay that bill.
 - Requiring insurers to have practices in place to ensure that claims from providers are adjudicated quickly enough to allow the provider to meet the 45-day deadline.
- [The Simplify and Expand Health Savings Account Act](#), which would address the burdensome regulations that overcomplicate and limit access to Health Savings Accounts (HSAs), which give individuals peace of mind knowing that if a health emergency occurs, there is a set aside fund to help them cover the financial costs. This bill would help increase use of HSAs by:
 - Increasing the max contribution for HSAs up to \$10,000 for individuals and \$20,000 for joint accounts.
 - Allowing HSA funds to be used for Direct Primary Care Arrangements.
 - Codifying a rule allowing employers to satisfy the Obamacare requirement to provide health plan coverage to their employees by contributing money to an employee's HSA and allowing that money to be used to pay for premiums for individual market plans. This particularly benefits smaller to medium sized employers who are often facing increasing health care costs and complexity.
 - Authorizing grants from the Centers for Medicare and Medicaid Services (CMS) to states, chambers of commerce, community non-profit entities, and other entities to promote and facilitate enrollment in HSAs.