



September 11, 2026

To Whom it May Concern,

On behalf of the Ohio Rural Health Association (ORHA), thank you for your continued work to improve health care affordability and transparency for patients. ORHA supports efforts that provide patients with meaningful information about the cost of their care. However, we are concerned that provisions within S. 2355, the Patients Deserve Price Tags Act, could create significant administrative and financial burdens for Ohio's rural hospitals and other rural health care providers without providing a corresponding benefit to the patients and communities they serve.

ORHA represents individuals and organizations committed to strengthening health care throughout rural Ohio, including rural hospitals, critical access hospitals, rural health clinics, health care professionals, educators, public health organizations, and community partners. Our members understand firsthand the challenges associated with providing high-quality care in communities with limited workforce and financial resources.

We respectfully urge Congress to exempt small rural hospitals and Critical Access Hospitals (CAHs) from the expanded requirements contained in S. 2355. At a minimum, rural providers should receive extended implementation timelines, meaningful technical assistance, and dedicated financial support to achieve compliance.

Ohio's rural hospitals are already dedicating significant staff time and financial resources to comply with existing federal hospital price transparency requirements. Expanding these requirements to include more frequent updates and additional reporting would place further pressure on facilities already operating with limited administrative staff and resources.

In rural communities, price transparency also presents unique challenges. Rural patients frequently have fewer health care providers from which to choose, limiting the ability of price comparison tools to drive competition in the same way they may in larger metropolitan markets.

ORHA encourages Congress to avoid creating duplicative requirements and instead align new statutory requirements with existing Centers for Medicare & Medicaid Services (CMS) regulations whenever possible.

Requiring quarterly updates to machine-readable files would substantially increase the administrative burden on rural hospitals that have already invested significant resources to comply with current requirements.

ORHA supports maintaining annual updates rather than requiring quarterly updates and supports limiting required shoppable services consistent with current CMS requirements. For

small rural hospitals with limited staff, requiring frequent updates across all shoppable services would create substantial additional work with limited demonstrated benefit to rural patients.

Rural hospitals have invested significant resources in implementing CMS-compliant price estimator tools. These tools provide patients with individualized estimates based on available insurance and benefit information.

Requiring rural hospitals to replace or substantially modify existing compliant systems would duplicate investments already made by these facilities.

ORHA supports allowing hospitals that maintain compliant price estimator tools to receive deemed compliance, accompanied by appropriate disclosure that estimated costs may differ from a patient's final financial responsibility.

ORHA supports a collaborative approach to compliance that allows CMS to work with rural hospitals to address deficiencies before imposing significant financial penalties.

Civil monetary penalties can have a disproportionate impact on small rural hospitals, particularly those operating with negative or narrow margins. Congress should preserve flexibility for CMS to consider the circumstances of individual hospitals and provide exemptions when penalties could jeopardize access to care within a rural community.

ORHA also supports hardship protections for rural hospitals experiencing public health emergencies, natural disasters, or other extraordinary circumstances.

Technical assistance will be essential if additional transparency requirements are implemented. However, technical assistance alone will not address the financial impact of compliance.

Rural hospitals may need outside vendors, technology upgrades, staff training, and additional administrative resources to meet expanded federal requirements. These expenses compete directly with limited resources needed to maintain patient care and essential health services.

ORHA urges Congress to provide dedicated technical and financial assistance for rural hospitals, regardless of Medicare designation or operating margin, when implementing new federal transparency requirements.

ORHA is also concerned about provisions that could require rural hospitals, Rural Health Clinics, Federally Qualified Health Centers, and other rural providers to implement extensive new itemized billing requirements.

Changes of this magnitude can require substantial modifications to electronic health records, billing systems, vendor agreements, and administrative workflows. For small rural providers, these changes could be financially and operationally difficult to implement.

Congress should carefully consider the impact of these requirements on rural providers and avoid requirements that could unintentionally divert limited resources away from direct patient care.

ORHA recognizes the importance of helping patients understand the cost of their health care and supports thoughtful efforts to improve transparency. However, federal policy must recognize

that rural health care operates within a fundamentally different environment than health care in larger metropolitan communities.

Ohio's rural hospitals and health care providers continue to navigate workforce shortages, financial pressures, limited administrative capacity, and increasing demands for services. New federal requirements should not unintentionally compound these challenges or jeopardize access to care.

ORHA respectfully encourages Congress to incorporate meaningful rural protections into S. 2355, including:

- Exemptions for small rural hospitals and Critical Access Hospitals from expanded requirements;
- Annual rather than quarterly machine-readable file updates;
- Continued recognition of existing CMS-compliant price estimator tools;
- Flexible enforcement and rural exemptions from civil monetary penalties when access to care could be affected;
- Longer implementation timelines for rural providers;
- Required technical assistance and dedicated financial resources for compliance; and
- Removal or modification of itemized billing requirements that would be operationally or financially infeasible for small rural providers.

Thank you for considering the perspective of Ohio's rural health care community and for your continued commitment to strengthening access to care for rural Americans. ORHA welcomes the opportunity to serve as a resource as Congress considers policies affecting rural hospitals, providers, and the communities they serve.

Sincerely,

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