

119TH CONGRESS
2D SESSION

H. R. 9504

To amend the Internal Revenue Code of 1986 to establish additional reporting requirements for hospital organizations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 29, 2026

Mr. MURPHY (for himself and Mr. SMUCKER) introduced the following bill;
which was referred to the Committee on Ways and Means

A BILL

To amend the Internal Revenue Code of 1986 to establish additional reporting requirements for hospital organizations, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Tax Exempt Hospital
5 Transparency Act”.

6 **SEC. 2. INFORMATION REPORTING BY HOSPITAL ORGANI-**
7 **ZATIONS.**

8 (a) IN GENERAL.—Subpart A of part III of sub-
9 chapter A of chapter 61 of the Internal Revenue Code of

1 1986 is amended by inserting after section 6033 the fol-
2 lowing new section:

3 **“SEC. 6033A. REPORTING BY TAX EXEMPT HOSPITAL ORGA-**
4 **NIZATIONS.**

5 “(a) REPORTING BY TAX EXEMPT HOSPITAL ORGA-
6 NIZATIONS.—

7 “(1) IN GENERAL.—Every tax exempt hospital
8 organization shall include on the return filed under
9 section 6033(a) for the taxable year—

10 “(A) a description of how the organization
11 is addressing the needs identified in the most
12 recent community health needs assessment con-
13 ducted under section 501(r)(3) and a descrip-
14 tion of any such needs that are not being ad-
15 dressed together with the reasons why such
16 needs are not being addressed,

17 “(B) the audited financial statements of
18 such organization (or, in the case of an organi-
19 zation the financial statements of which are in-
20 cluded in a consolidated financial statement
21 with other organizations, such consolidated fi-
22 nancial statement),

23 “(C) the Centers for Medicare & Medicaid
24 Services certification number of the organiza-

1 tion (or such other identifying information as
2 the Secretary may require),

3 “(D) the value, at cost, of the financial as-
4 sistance provided during such taxable year pur-
5 suant to the organization’s financial assistance
6 policy (as described in section 501(r)(4)), and

7 “(E) the numbers of completed financial
8 assistance applications received, granted, and
9 denied during the taxable year pursuant to the
10 organization’s financial assistance policy (as de-
11 scribed in section 501(r)(4)).

12 “(2) SEPARATE REPORTING WITH RESPECT TO
13 EACH FACILITY.—Except as otherwise provided by
14 the Secretary, in the case of any large tax exempt
15 hospital organization or any high revenue tax ex-
16 empt hospital organization, the information de-
17 scribed in subparagraphs (A), (C), (D), and (E) of
18 paragraph (1) shall be provided with respect to the
19 organization and separately stated with respect to
20 each hospital facility operated by such organization.

21 “(b) ADDITIONAL REPORTING BY LARGE TAX EX-
22 EMPT HOSPITAL ORGANIZATIONS.—

23 “(1) IN GENERAL.—Every large tax exempt
24 hospital organization shall include on the return
25 filed under section 6033(a) for the taxable year—

“(A) the 3 highest priority health needs identified in the most recent community health needs assessment conducted under section 501(r)(3), the amount of spending during the taxable year on programs designed to address each such need, and a description of actions taken during the taxable year to meet each such need and the impact of such actions on community health, and

“(B) the amount of spending by the organization during the taxable year on—

“(i) quality improvement,

“(ii) nonclinical programming, and

“(iii) such other community benefits as the Secretary may prescribe.

“(2) QUALITY IMPROVEMENT.—For purposes of this subsection, the term ‘quality improvement’ means any program, initiative, or department, with the primary purpose of improving health outcomes for patients of the organization, which may include—

“(A) education,

“(B) training,

“(C) compliance with quality improvement programs (such as quality improvement pro-

1 grams under the Medicare program under title
2 XVIII of the Social Security Act), and

3 “(D) technical assistance.

4 “(3) NONCLINICAL PROGRAMMING.—For pur-
5 poses of this subsection, the term ‘nonclinical pro-
6 gramming’ means any program, initiative, or depart-
7 ment, with a purpose other than the purpose of im-
8 proving health outcomes for patients of the organi-
9 zation and which is related to—

10 “(A) administrative support and manage-
11 ment,

12 “(B) information technology, hospital ad-
13 ministration, human resources, medical billing
14 and coding, public affairs and communications,
15 government affairs and lobbying, regulatory
16 compliance, or financial planning and budg-
17 eting,

18 “(C) operations and facilities management,

19 “(D) programming related to patient expe-
20 rience, patient education, family support, or fi-
21 nancial counseling, or

22 “(E) discharge planning and appointment
23 scheduling.

24 “(4) SEPARATE REPORTING WITH RESPECT TO
25 EACH FACILITY.—Except as otherwise provided by

1 the Secretary, the information described in para-
2 graph (1) shall be provided with respect to the orga-
3 nization and separately stated with respect to each
4 hospital facility operated by such organization.

5 “(c) ADDITIONAL REPORTING BY HIGH REVENUE
6 TAX EXEMPT HOSPITAL ORGANIZATIONS.—

7 “(1) IN GENERAL.—Every high revenue tax ex-
8 empt hospital organization shall include on the re-
9 turn filed under section 6033(a) for the taxable
10 year—

11 “(A) the specified advertising information,

12 “(B) the specified health service line infor-
13 mation, and

14 “(C) in the case of an organization which
15 is a covered entity described in section
16 340B(a)(4) of the Public Health Service Act,
17 the specified Federal 340B drug discount pro-
18 gram information.

19 “(2) SPECIFIED ADVERTISING INFORMATION.—

20 For purposes of this subsection, the term ‘specified
21 advertising information’ means—

22 “(A) the allowable advertising costs as re-
23 ported to the Centers for Medicare & Medicaid
24 Services for purposes of cost reimbursement,
25 and

1 “(B) the unallowable advertising costs (as
2 so reported).

3 “(3) SPECIFIED HEALTH SERVICE LINE INFOR-
4 MATION.—

5 “(A) IN GENERAL.—For purposes of this
6 subsection, the term ‘specified health service
7 line information’ means—

8 “(i) a description of each health serv-
9 ice line of the organization,

10 “(ii) the amount of gross receipts gen-
11 erated by each such health service line, and

12 “(iii) the costs of each such health
13 service line (and in the case of costs that
14 are shared by 1 or more health service
15 lines, an explanation of how such costs are
16 allocated).

17 “(B) HEALTH SERVICE LINE.—

18 “(i) IN GENERAL.—For purposes of
19 this paragraph, the term ‘health service
20 line’ means a discrete clinical program, de-
21 partment, or care category operated by the
22 organization that—

23 “(I) serves a defined patient pop-
24 ulation grouped by disease category,

organ system, care setting, or clinical specialty,

“(II) delivers a distinct set of medical or health services through dedicated or allocated staff, facilities, or equipment, and

“(III) is separately tracked or identifiable in the organization’s internal cost accounting, service line management, or operational reporting systems.

For purposes of this paragraph, any cost center separately identified on the organization’s most recently filed cost report under section 1815 of the Social Security Act shall be presumptively treated as a health service line. If the organization asserts that such a cost center does not constitute a health service line, the organization shall bear the burden of demonstrating that such cost center does not satisfy the requirements of subclauses (I) and (II).

1 “(ii) STANDARDIZED HEALTH SERV-
2 ICE LINE TAXONOMY.—For purposes of
3 this paragraph—

4 “(I) IN GENERAL.—Not later
5 than the date that is 2 years after the
6 date of the enactment of this section,
7 the Secretary of Health and Human
8 Services, in consultation with the Sec-
9 retary, shall publish and maintain a
10 standardized health service line tax-
11 onomy to which high revenue tax ex-
12 empt hospital organizations shall map
13 their internally defined health service
14 lines on their returns under section
15 6033.

16 “(II) UPDATES.—The Secretary
17 of Health and Human Services, in
18 consultation with the Secretary, shall
19 update the taxonomy described in sub-
20 clause (I) no less frequently than
21 every 5 years to reflect changes in
22 clinical care delivery, hospital organi-
23 zation, and cost accounting practices.

24 “(III) COMPLIANCE OBLIGA-
25 TION.—A high revenue tax exempt

1 hospital organization's compliance
2 with the reporting requirements of
3 this subsection with respect to a
4 health service line enumerated in the
5 taxonomy published, maintained, and
6 updated under this clause shall not be
7 conditioned on whether the organiza-
8 tion separately tracks such service line
9 under clause (i)(III). A high revenue
10 tax exempt hospital organization that
11 does not separately track such an enu-
12 merated health service line shall dis-
13 close that fact and provide an expla-
14 nation on their return under section
15 6033. The Secretary of Health and
16 Human Services, in consultation with
17 the Secretary, may, by regulation,
18 designate categories of clinical activity
19 that shall be treated as a single health
20 service line for reporting purposes
21 notwithstanding any difference in how
22 a high revenue tax exempt hospital or-
23 ganization tracks such activity in its
24 internal systems.

1 “(4) SPECIFIED FEDERAL 340B DRUG DISCOUNT
2 PROGRAM INFORMATION.—

3 “(A) IN GENERAL.—For purposes of this
4 subsection, the term ‘specified Federal 340B
5 drug discount program information’ means—

6 “(i) the total number of individuals,
7 by their type of insurance coverage, who
8 were dispensed or administered covered
9 outpatient drugs during the taxable year
10 that were subject to an agreement under
11 section 340B of the Public Health Service
12 Act,

13 “(ii) the aggregate net 340B payment
14 amount with respect to such drugs subject
15 to such an agreement dispensed or admin-
16 istered by the organization during such
17 taxable year, and

18 “(iii) the aggregate costs incurred by
19 the organization during such taxable year
20 that were necessary for such organization
21 to participate in the program under such
22 section and to comply with such program’s
23 requirements (including program-related
24 compliance, legal, educational, and admin-
25 istrative costs, and compensation paid to

1 independent contractors to carry out pro-
2 gram-related functions).

3 “(B) COVERED OUTPATIENT DRUG.—For
4 purposes of this paragraph, the term ‘covered
5 outpatient drug’ has the meaning given such
6 term in section 340B(b) of the Public Health
7 Service Act.

8 “(C) AGGREGATE NET 340B PAYMENT
9 AMOUNT.—For purposes of this paragraph, the
10 term ‘aggregate net 340B payment amount’
11 means, with respect to a covered outpatient
12 drug purchased by an organization under an
13 agreement under section 340B of the Public
14 Health Service Act and dispensed or adminis-
15 tered to an individual by such organization, the
16 excess (if any) of—

17 “(i) the total amount of payments re-
18 ceived from any payor by the organization
19 for such drug, over

20 “(ii) the ceiling price (as described in
21 subsection (a)(1) of such section) for such
22 drug (or, if less, the price at which such
23 organization acquired such drug).

24 “(5) SEPARATE REPORTING WITH RESPECT TO
25 EACH FACILITY.—Except as otherwise provided by

1 the Secretary, the information described in para-
2 graph (1) shall be provided with respect to the orga-
3 nization and separately stated with respect to each
4 hospital facility operated by such organization.

5 “(6) AGENCY COORDINATION.—The Secretary
6 shall coordinate with—

7 “(A) the Administrator of the Centers for
8 Medicare & Medicaid Services to carry out the
9 purposes of paragraphs (2) and (3), and

10 “(B) the Administrator of the Health Re-
11 sources and Services Administration to carry
12 out the purposes of paragraph (4).

13 “(d) DEFINITIONS.—For purposes of this section—

14 “(1) TAX EXEMPT HOSPITAL ORGANIZATION.—
15 The term ‘tax exempt hospital organization’ means,
16 with respect to any taxable year, any organization—

17 “(A) to which the requirements of section
18 501(r) apply for such taxable year, and

19 “(B) which is required to file a return
20 under section 6033(a) for such taxable year.

21 “(2) LARGE TAX EXEMPT HOSPITAL ORGANIZA-
22 TION.—The term ‘large tax exempt hospital organi-
23 zation’ means, with respect to any taxable year, any
24 organization which—

1 “(A) is a tax exempt hospital organization
2 for such taxable year,

3 “(B) is not a critical access hospital (as
4 defined in section 1861(mm)(1) of the Social
5 Security Act) for such taxable year,

6 “(C) is not a rural emergency hospital (as
7 defined in section 1861(kkk)(2) of the Social
8 Security Act) for such taxable year, and

9 “(D) has more than 100 staffed inpatient
10 beds (as reported in any cost report under sec-
11 tion 1815 of the Social Security Act with re-
12 spect to any portion of such taxable year or any
13 portion of any of the 3 preceding taxable
14 years).

15 “(3) HIGH REVENUE TAX EXEMPT HOSPITAL
16 ORGANIZATION.—

17 “(A) IN GENERAL.—The term ‘high rev-
18 enue tax exempt hospital organization’ means,
19 with respect to any taxable year, any organiza-
20 tion which—

21 “(i) is a tax exempt hospital organiza-
22 tion for such taxable year,

23 “(ii) is not a critical access hospital
24 (as defined in section 1861(mm)(1) of the
25 Social Security Act) for such taxable year,

1 “(iii) is not a rural emergency hos-
2 pital (as defined in section 1861(kkk)(2) of
3 the Social Security Act) for such taxable
4 year, and

5 “(iv) has net patient revenue (deter-
6 mined in such manner as the Secretary
7 may provide) for such taxable year of more
8 than \$100,000,000.

9 “(B) INFLATION ADJUSTMENT.—

10 “(i) IN GENERAL.—In the case of any
11 taxable year beginning in a calendar year
12 after 2028, the \$100,000,000 amount in
13 subparagraph (A)(iv) shall be increased by
14 an amount equal to—

15 “(I) such dollar amount, multi-
16 plied by

17 “(II) the cost-of-living adjust-
18 ment determined under section 1(f)(3)
19 for the calendar year in which the tax-
20 able year begins, determined by sub-
21 stituting ‘calendar year 2027’ for ‘cal-
22 endar year 2016’ in subparagraph
23 (A)(ii) thereof.

1 “(ii) ROUNDING.—Any increase deter-
 2 mined under clause (i) shall be rounded to
 3 the nearest multiple of \$100,000.

4 “(e) TREATMENT AS PART OF ANNUAL RETURN.—
 5 For purposes of this title, the information required to fur-
 6 nished under this section shall be treated as information
 7 required to be furnished under section 6033.

8 “(f) REGULATIONS.—The Secretary may issue such
 9 regulations or other guidance as may be necessary or ap-
 10 propriate to carry out the purposes of this section, includ-
 11 ing regulations or other guidance providing a methodology
 12 for allocating costs between the categories described in
 13 subsections (a)(1)(A), (a)(1)(D), (b)(1)(A), (b)(1)(B)(i),
 14 (b)(1)(B)(ii), and (b)(1)(B)(iii).”.

15 (b) CONFORMING AMENDMENTS.—

16 (1) Section 6033(b) of such Code is amended—

17 (A) by adding “and” at the end of para-
 18 graph (14),

19 (B) by striking paragraph (15), and

20 (C) by redesignating paragraph (16) as
 21 paragraph (15).

22 (2) The table of sections for subpart A of part
 23 III of subchapter A of chapter 61 of such Code is
 24 amended by inserting after the item relating to sec-
 25 tion 6033 the following new item:

“Sec. 6033A. Reporting by tax exempt hospital organizations.”.

1 (c) EFFECTIVE DATE.—

2 (1) IN GENERAL.—The amendments made by
3 this subsection shall apply to taxable years begin-
4 ning after the date that is 1 year after the date of
5 the publication of the first standardized health serv-
6 ice line taxonomy under section
7 6033A(c)(3)(B)(ii)(I) of the Internal Revenue Code
8 of 1986 (as added by this section).

9 (2) EXCEPTION.—In the case of any tax exempt
10 hospital organization which is neither a large tax ex-
11 empt hospital organization nor a high revenue tax
12 exempt hospital organization, subparagraphs (D)
13 and (E) of section 6033A(a)(1) of the Internal Rev-
14 enue Code of 1986 (as added by this section) shall
15 (notwithstanding paragraph (1)) apply to taxable
16 years beginning after the date that is 3 years after
17 the date of the enactment of this Act. Terms used
18 in this paragraph which are also used in section
19 6033A of such Code (as so added) shall have the
20 same meaning as when used in such section.

21 (d) NO INFERENCE.—Nothing in this Act or the
22 amendments made by this Act shall be construed to create
23 any inference with respect to the proper application of sec-
24 tion 340B of the Public Health Service Act, of section

1 501(c)(3) or 501(r) of the Internal Revenue Code of 1986,
2 or of any operational test or the private benefit doctrine.

3 **SEC. 3. GAO REPORT.**

4 During the 1-year period beginning 3 years after the
5 date of the enactment of this Act, the Comptroller General
6 of the United States shall initiate a study and subse-
7 quently report to the Committee on Ways and Means of
8 the House of Representatives and the Committee on Fi-
9 nance of the Senate on the following:

10 (1) An estimate of the additional labor and re-
11 source costs of the Department of the Treasury to
12 administer, and of the additional costs of tax exempt
13 hospital organizations (as defined in section
14 6033A(d)(1) of the Internal Revenue Code of 1986,
15 as added by this Act) to comply with, the reporting
16 requirements added by the amendments made by
17 this Act.

18 (2) With respect to the 25 tax exempt hospital
19 organizations (as so defined) which have the highest
20 amount of gross revenue, the estimated amount of
21 tax which would be imposed under chapter 1 of such
22 Code with respect to each such organization if such
23 organization were not exempt from such tax.

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