

HCS SS SB 817 -- HEALTH CARE SERVICES

SPONSOR: Goodman (Wilson, 130)

COMMITTEE ACTION: Voted "do pass" by the Special Committee on Health Insurance by a vote of 5 to 2.

This substitute changes the laws regarding medical record fees and anatomic pathology and vision services. In its main provisions, the substitute:

(1) Increases the fee for the copying of medical records from not more than \$17 plus 40 cents per page for the cost of supplies and labor to \$19 plus 46 cents per page. The combination of the notary and certification fee, if certification is requested, is increased from not to exceed \$2 to \$8;

(2) Prohibits a licensed health care professional from charging, billing, or soliciting payment for anatomic pathology services, unless the services are rendered personally by the licensed health care professional or under his or her direct supervision. No patient, insurer, third-party payor, hospital, public health clinic, or nonprofit health clinic will be required to reimburse any licensed health care professional for charges or claims submitted in violation of this provision. Nothing will prohibit the billing of a referring laboratory for services when samples must be sent to another specialist. The state licensing board having jurisdiction over the licensed health care professional who requests or provides these services may revoke, suspend, or deny the license of anyone who violates these provisions; and

(3) Prohibits health insurance carriers from discriminating between eye care providers when selecting, referring, or reimbursing duly licensed providers for their services; prohibits carriers from refusing to select an eye care provider for their network if not all of the optometrists in the group practice agree to participate in the network or if the provider does not sell eye glass frames or corrective lenses; and prohibits carriers from requiring optometrists to participate in the network through an intermediary if the carrier allows ophthalmologists to contract directly with the carrier. When eye care services are being provided in connection with a treatment plan for corrective surgery, carriers cannot:

- (a) Refuse to select an eye care provider for their network;
- (b) Refuse to refer an enrollee for services needed; or
- (c) Reimburse the provider for covered services in a discriminatory manner.

FISCAL NOTE: Estimated Cost on General Revenue Fund of \$207,377 in FY 2009, \$232,771 in FY 2010, and \$236,754 in FY 2011. No impact on Other State Funds in FY 2009, FY 2010, and FY 2011.

PROPOSERS: Supporters say that Medicaid and Medicare doctors cannot charge a brokerage fee for anatomic pathology services but private physicians can. The bill requires private physicians to follow the same standards of the Centers for Medicaid and Medicare Services. Disallowing a brokerage fee will protect patients from markups in charges for pathology services, and the statement for services will go directly to the patient and not to the treating physician.

Testifying for the bill were Senator Goodman; and Dr. Jeffrey Cramer.

OPPOSERS: Those who oppose the bill say that a family practice is a one-stop-shop for consumers, and the bill interferes with previously negotiated rates for provided services. The bill will negatively impact rural health care providers and patients without insurance. Passing the bill will not support capitalism by prohibiting profit-making.

Testifying against the bill were Missouri Academy of Family Physicians; Missouri Association of Osteopathic Physicians and Surgeons; and Mark Tucker, American Academy of Dermatology.