



Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed SCS HCS HB 986 entitled:

AN ACT

To repeal sections 208.053 and 208.146, RSMo, and to enact in lieu thereof three new sections relating to public assistance, with an emergency clause for a certain section.

WITH. SSAI for SA1, SA2, SA3.

EC - Adopted.

In which the concurrence of the House is respectfully requested.

Respectfully,

Terry L. Spieler
Secretary of the Senate

MAY 15 2013

SENATE AMENDMENT NO. 1

Offered by Romine of 3rd

Amend SCS/HCS/ House Bill No. 986, Page 7, Section 208.146, Line 87,

by inserting after all of said line the following:

"208.993. 1. The president pro tempore of the senate and the speaker of the house of representatives may jointly establish a committee to be known as the "Joint Committee on Medicaid Transformation".

2. The committee may study the following:

(1) Development of methods to prevent fraud and abuse in the MO HealthNet system;

(2) Advice on more efficient and cost-effective ways to provide coverage for MO HealthNet participants;

(3) An evaluation of how coverage for MO HealthNet participants can resemble that of commercially available health plans while complying with federal Medicaid requirements;

(4) Possibilities for promoting healthy behavior by encouraging patients to take ownership of their health care and seek early preventative care;

(5) Advice on the best manner in which to provide incentives, including a shared risk and savings to health plans and providers to encourage cost-effective delivery of care; and

(6) Ways that individuals who currently receive medical

*Referred 5/15/13
Adopted "*

1 care coverage through the MO HealthNet program can transition to
2 obtaining their health coverage through the private sector.

3 3. If established, the joint committee shall be composed of
4 twelve members. Six members shall be from the senate, with four
5 members appointed by the president pro tempore of the senate, and
6 two members of the minority party appointed by the president pro
7 tempore of the senate with the advice of the minority leader of
8 the senate. Six members shall be from the house of
9 representatives, with four members appointed by the speaker of
10 the house of representatives, and two members of the minority
11 party appointed by the speaker of the house of representatives
12 with the advice of the minority leader of the house of
13 representatives.

14 4. The provisions of this section shall expire on January
15 1, 2014.; and

16 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 2

Offered by Schaefer of Boone

Amend SCS/HCS/HOSE Bill No. 986, Page 1, Section A, Line 3,

by inserting immediately after said line the following:

"191.237. 1. No law or rule promulgated by an agency of the state of Missouri may impose a fine or penalty against a health care provider, hospital, or health care system for failing to participate in any particular health information organization.

2. No health information organization may impose connection fees or recurring connection fees on another health information organization for the purpose of exchanging standards-based clinical summaries for patients or for sharing information of an agency of the state of Missouri.

3. As used in this section, the following terms shall mean:

(1) "Fine or penalty", any civil or criminal penalty or fine, tax, salary or wage withholding, or surcharge established by law or by rule promulgated by a state agency pursuant to chapter 536;

(2) "Health care system", any public or private entity whose function or purpose is the management of, processing of, or enrollment of individuals for or payment for, in full or in part, health care services or health care data or health care information for its participants;

(3) "Health information organization", an organization that

*Offered 5/15/13
Adopted "*

1 oversees and governs the exchange of health-related information
2 among organizations according to nationally recognized
3 standards."; and

4 Further amend the title and enacting clause accordingly.

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SENATE AMENDMENT NO. 3

Offered by Curtis of 9th

Amend SCS/HCS/House Bill No. 986, Page 1, Section Title, Line 3,

2 by striking "public assistance" and inserting in lieu thereof the
3 following: "health care services"; and further amend line 4, by
4 inserting immediately after "section" the following: "and an
5 effective date for a certain section"; and

6 Further amend said bill, page 7, section 208.1050, line 22,
7 by inserting immediately after said line the following:

8 "376.1900. 1. As used in this section, the following terms
9 shall mean:

10 (1) "Electronic visit", or "e-Visit", an online electronic
11 medical evaluation and management service completed using a
12 secured web-based or similar electronic-based communications
13 network for a single patient encounter. An electronic visit
14 shall be initiated by a patient or by the guardian of a patient
15 with the health care provider, be completed using a federal
16 Health Insurance Portability and Accountability Act (HIPAA)
17 compliant online connection, and include a permanent record of
18 the electronic visit;

19 (2) "Health benefit plan" shall have the same meaning
20 ascribed to it in section 376.1350;

21 (3) "Health care provider" shall have the same meaning
22 ascribed to it in section 376.1350;

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1 (4) "Health care service", a service for the diagnosis,
2 prevention, treatment, cure or relief of a physical or mental
3 health condition, illness, injury or disease;

4 (5) "Health carrier" shall have the same meaning ascribed
5 to it in section 376.1350;

6 (6) "Telehealth" shall have the same meaning ascribed to it
7 in section 208.670.

8 2. Each health carrier or health benefit plan that offers
9 or issues health benefit plans which are delivered, issued for
10 delivery, continued, or renewed in this state on or after January
11 1, 2014, shall not deny coverage for a health care service on the
12 basis that the health care service is provided through telehealth
13 if the same service would be covered if provided through face-to-
14 face diagnosis, consultation, or treatment.

15 3. A health carrier may not exclude an otherwise covered
16 health care service from coverage solely because the service is
17 provided through telehealth rather than face-to-face consultation
18 or contact between a health care provider and a patient.

19 4. A health carrier shall not be required to reimburse a
20 telehealth provider or a consulting provider for site origination
21 fees or costs for the provision of telehealth services; however,
22 subject to correct coding, a health carrier shall reimburse a
23 health care provider for the diagnosis, consultation, or
24 treatment of an insured or enrollee when the health care service
25 is delivered through telehealth on the same basis that the health
26 carrier covers the service when it is delivered in person.

27 5. A health care service provided through telehealth shall
28 not be subject to any greater deductible, copayment, or
29 coinsurance amount than would be applicable if the same health

1 care service was provided through face-to-face diagnosis,
2 consultation, or treatment.

3 6. A health carrier shall not impose upon any person
4 receiving benefits under this section any copayment, coinsurance,
5 or deductible amount, or any policy year, calendar year,
6 lifetime, or other durational benefit limitation or maximum for
7 benefits or services, that is not equally imposed upon all terms
8 and services covered under the policy, contract, or health
9 benefit plan.

10 7. Nothing in this section shall preclude a health carrier
11 from undertaking utilization review to determine the
12 appropriateness of telehealth as a means of delivering a health
13 care service, provided that the determinations shall be made in
14 the same manner as those regarding the same service when it is
15 delivered in person.

16 8. A health carrier or health benefit plan may limit
17 coverage for health care services that are provided through
18 telehealth to health care providers that are in a network
19 approved by the plan or the health carrier.

20 9. Nothing in this section shall be construed to require a
21 health care provider to be physically present with a patient
22 where the patient is located unless the health care provider who
23 is providing health care services by means of telehealth
24 determines that the presence of a health care provider is
25 necessary.

26 10. The provisions of this section shall not apply to a
27 supplemental insurance policy, including a life care contract,
28 accident-only policy, specified disease policy, hospital policy
29 providing a fixed daily benefit only, Medicare supplement policy,

1 long-term care policy, short-term major medical policies of six
2 months' or less duration, or any other supplemental policy as
3 determined by the director of the department of insurance,
4 financial institutions and professional registration."; and

5 Further amend said bill and page, section B, line 6, by
6 inserting immediately after said line the following:

7 "Section C. The enactment of section 376.1900 of this act
8 shall become effective January 1, 2014."; and

9 Further amend the title and enacting clause accordingly.

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