

HB 125 -- RIGHT TO SHOP ACT

SPONSOR: Frederick

This bill creates the "Right to Shop Act." The bill defines a "patient" as any person employed full time by the state or a participating member agency or a person eligible for coverage by a state-sponsored retirement system or a retirement system sponsored by a participating state agency. The bill requires a health care provider to disclose the allowable amount, if subject to insurance, or amount that will be charged for a nonemergency admission, procedure, or service if requested by a patient or prospective patient. If a health care provider is unable to quote a specific amount due to an inability to predict the specific treatment or diagnostic code, the provider must disclose what is known for the estimated amount, the incomplete nature of the estimate, and the ability of the patient or perspective patient to obtain an updated estimate once additional information is determined. If a patient or perspective patient is covered by insurance and the health care provider is in-network, upon request the provider must provide sufficient information regarding the proposed admission, procedure, or service for the patient to obtain a cost estimate of out-of-pocket expenses from his or her insurance carrier.

The bill requires each health carrier to establish an interactive mechanism on such carrier's public websites that enables an enrollee to request and obtain information on the payments made by the carrier to network providers for health care services. Such mechanism must allow an enrollee seeking information to compare costs among network providers.

Upon the request of an enrollee, the bill requires each health carrier to provide a good faith estimate of the amount the enrollee will be responsible to pay out-of-pocket for a proposed nonemergency procedure or service that is a medically necessary, covered benefit from an in-network provider. These provisions must not prohibit a carrier from imposing cost-sharing requirements pursuant to an enrollee's certificate of coverage for unforeseen health care services that arise out of the nonemergency procedure or service or for a procedure or service not included in the original estimate. A carrier must notify an enrollee that these are estimated costs and that the actual amount the enrollee will be responsible to pay may vary.

The bill requires each health carrier to develop and implement a program that provides incentives for enrollees in a health plan to elect to receive shoppable health care services that are covered by the plan from providers that charge less than the average price paid by the carrier for the shoppable health care services. The

incentives must meet certain requirements as specified in the bill. Each health carrier must make the incentive program available as a component of all health plans offered in Missouri and must file a description of the program with the Department of Insurance, Financial Institutions and Professional Registration. Each health carrier must annually file with the department the total number of shared savings incentive payments for the most recent calendar year as specified in the bill.

The bill has a delayed effective date of March 1, 2018.

This bill is similar to HB 123 (2017).