

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

# HOUSE BILL NO. 2125

99TH GENERAL ASSEMBLY

5866H.04P

D. ADAM CRUMBLISS, Chief Clerk

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## AN ACT

To amend chapter 103, RSMo, by adding thereto one new section relating to the right to shop act.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 103, RSMo, is amended by adding thereto one new section, to be  
2 known as section 103.185, to read as follows:

**103.185. 1. This section shall be known and may be cited as the “Right to Shop  
2 Act”.**

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

**4 (1) “Allowed amount”, the contractually agreed upon amount paid by a carrier to  
5 a health care provider participating in the carrier's network or the amount the carrier is  
6 required to pay under the carrier's policy for out-of-network covered benefits provided to  
7 the patient;**

**8 (2) “Health care provider”, as such term is defined in section 376.1350;**

**9 (3) “Health carrier” or “carrier”, as such term is defined in section 376.1350;**

**10 (4) “Health plan”, the Missouri consolidated health care plan (MCHCP) or a health  
11 care plan offered by the department of transportation or department of conservation;**

**12 (5) “Patient”, any individual covered by a health plan, as defined in this section;**

**13 (6) “Program”, the shared savings incentive pilot program established by a health  
14 plan under this section;**

**15 (7) “Shoppable health care service”, a health care service for which a carrier offers  
16 a shared savings incentive payment under the program established by this section. A**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 **“shoppable health care service” includes, but is not limited to, health care services in the**  
18 **following categories:**

- 19 **(a) Radiology and imaging services; and**  
20 **(b) Inpatient and outpatient surgical procedures.**

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22 **This list may be expanded by the health plan.**

23 **3. (1) Prior to a nonemergency admission, procedure, or service and upon request**  
24 **by a patient or prospective patient, a health care provider within the patient's or**  
25 **prospective patient's insurer network shall, within two business days, disclose the allowed**  
26 **amount of the nonemergency admission, procedure, or service, including the amount for**  
27 **any facility fees required.**

28 **(2) Prior to a nonemergency admission, procedure, or service and upon request by**  
29 **a patient or prospective patient, a health care provider outside the patient's or prospective**  
30 **patient's insurer network shall, within two business days, disclose the amount that shall**  
31 **be charged for the nonemergency admission, procedure, or service, including the amount**  
32 **for any facility fees required.**

33 **(3) If a health care provider is unable to quote a specific amount under subdivision**  
34 **(1) or (2) of this subsection in advance due to the health care provider's inability to predict**  
35 **the specific treatment or diagnostic code, the health care provider shall disclose what is**  
36 **known for the estimated amount for a proposed nonemergency admission, procedure, or**  
37 **service, including the amount for any facility fees required. A health care provider shall**  
38 **disclose the incomplete nature of the estimate and inform the patient or prospective patient**  
39 **of his or her ability to obtain an updated estimate once additional information is**  
40 **determined.**

41 **(4) If a patient or prospective patient is covered by insurance, a health care**  
42 **provider that participates in a carrier's network shall, upon request of a patient or**  
43 **prospective patient, provide, based on the information available to the health care provider**  
44 **at the time of the request, sufficient information regarding the proposed nonemergency**  
45 **admission, procedure, or service for the patient or prospective patient to receive a cost**  
46 **estimate from his or her insurance carrier to identify out-of-pocket costs, which could be**  
47 **through an applicable toll-free telephone number or website. A health care provider may**  
48 **assist a patient or prospective patient in using a carrier's toll-free number and website.**

49 **4. Each health plan shall develop and implement a pilot program that provides**  
50 **incentives for health plan non-medicare primary members who enroll in a shoppable**  
51 **health care services program. The pilot program shall operate for no less than five years**  
52 **and shall be implemented no later than the 2020 plan year.**

53           **(1) Incentives may be calculated as a percentage of the difference in price, as a flat**  
54 **dollar amount, or by some other reasonable methodology.**

55           **(2) The incentive program shall provide enrollees with an incentive for choosing**  
56 **a lower cost provider.**

57           **5. Each health plan shall make the incentive program available as a component of**  
58 **all health plans offered by the health plan in this state. Annually, at enrollment or renewal,**  
59 **each health plan shall provide notice about the availability of the program to any enrollee**  
60 **who is enrolled in a health plan eligible for the program.**

61           **6. If an enrollee elects to receive a shoppable health care service from an**  
62 **out-of-network provider that results in a shared savings incentive payment, the carrier**  
63 **shall apply the amount paid for the shoppable health care service toward the enrollee's**  
64 **member cost sharing as specified in the enrollee's health plan.**

65           **7. Annually, each health plan shall file with the general assembly for the most**  
66 **recent calendar year the total number of shared savings incentive payments made under**  
67 **this section, the use of shoppable health care services by category of service for which**  
68 **shared savings incentives were made, the total payments made to enrollees, the average**  
69 **amount of incentive payments made by service for such transactions, the total savings**  
70 **achieved below the average prices by service for such transactions, and the total number**  
71 **and percentage of the health plan's enrollees who participated in such transactions.**

72           **8. Any health plan may adopt rules as necessary to implement the provisions of this**  
73 **section. Any rule or portion of a rule, as that term is defined in section 536.010, that is**  
74 **created under the authority delegated in this section shall become effective only if it**  
75 **complies with and is subject to all of the provisions of chapter 536 and, if applicable,**  
76 **section 536.028. This section and chapter 536 are nonseverable, and if any of the powers**  
77 **vested with the general assembly pursuant to chapter 536 to review, to delay the effective**  
78 **date, or to disapprove and annul a rule are subsequently held unconstitutional, then the**  
79 **grant of rulemaking authority and any rule proposed or adopted after August 28, 2018,**  
80 **shall be invalid and void.**

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