

FIRST REGULAR SESSION

# HOUSE BILL NO. 232

## 100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HELMS.

0553H.011

DANA RADEMAN MILLER, Chief Clerk

### AN ACT

To repeal section 191.875, RSMo, and to enact in lieu thereof one new section relating to the health care cost reduction and transparency act.

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

Section A. Section 191.875, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 191.875, to read as follows:

191.875. 1. This section shall be known as the "Health Care Cost Reduction and Transparency Act".

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

(1) "Ambulatory surgical center", as such term is defined under section 197.200;

(2) "Estimate of cost", an estimate based on the information entered and assumptions about typical utilization and costs for health care services. Such estimates of cost shall encompass only those services within the direct control of the health care provider and shall include the amount that will be charged to a patient for the health services if all charges are paid in full without a public or private third party paying for any portion of the charges;

(3) "Health care provider", any ambulatory surgical center, assistant physician, chiropractor, clinical psychologist, dentist, hospital, imaging center, long-term care facility, nurse anesthetist, optometrist, pharmacist, physical therapist, physician, physician assistant, podiatrist, registered nurse, or other licensed health care facility or professional providing health care services in this state. "Health care provider" shall also include any provider located in a Kansas border county, as defined under section 135.1670, who participates in the MO HealthNet program;

(4) "Hospital", as such term is defined under section 197.020;

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.

18 (5) "Imaging center", any facility at which diagnostic imaging services are provided  
19 including, but not limited to, magnetic resonance imaging;

20 (6) "Medical treatment plan", a patient-specific plan of medical treatment for a particular  
21 illness, injury, or condition determined by such patient's health care provider, which includes the  
22 applicable current procedural terminology code or codes;

23 (7) "Public or private third party", a state government, the federal government, employer,  
24 health carrier as such term is defined under section 376.1350, third-party administrator, or  
25 managed care organization.

26 **3. Beginning January 1, 2020, a health care provider shall provide public access to**  
27 **a price list of the services and products the provider offers at each of the provider's**  
28 **business locations; each service and product listed shall include an industry standard name**  
29 **and code, layperson description, and the amount that will be charged to a patient for the**  
30 **health services if all charges are paid in full without a public or private third party paying**  
31 **for any portion of the charges.**

32 **4. Beginning July 1, [2017] 2019, upon [written] request by a patient or potential**  
33 **patient[; which shall include a medical treatment plan from the patient's health care provider;]**  
34 **for an estimate of cost of the amount that will be charged to a patient for the health services**  
35 **if all charges are paid in full without a public or private third party paying for any portion**  
36 **of the charges** of a particular health care service or procedure, imaging procedure, or surgery  
37 procedure, a health care provider shall provide, in writing, the estimate of cost to the patient  
38 electronically, by mail, or in person within three business days after receiving the [written]  
39 request. ~~[Providing a patient a specific link to such estimates of cost and making such estimates~~  
40 ~~of cost publicly available or posting such estimates of cost on a website of the health care~~  
41 ~~provider shall constitute compliance with the provisions of this subsection.~~

42 ~~——— 4. Health care providers shall include with any estimate of cost the following: "Your~~  
43 ~~estimated cost is based on the information entered and assumptions about typical utilization and~~  
44 ~~costs. The actual amount billed to you may be different from the estimate of costs provided to~~  
45 ~~you. Many factors affect the actual bill you will receive, and this estimate of costs does not~~  
46 ~~account for all of them. Additionally, the estimate of costs is not a guarantee of insurance~~  
47 ~~coverage. You will be billed at the health care provider's charge for any service provided to you~~  
48 ~~that is not a covered benefit under your plan. Please check with your insurance company to~~  
49 ~~receive an estimate of the amount you will owe under your plan or if you need help~~  
50 ~~understanding your benefits for the service chosen.".] Upon request by an insured to his or~~  
51 **her insurance company for an estimate of cost of the amount that will be charged to the**  
52 **insured for the health services and products of a particular health care service or**  
53 **procedure, imaging procedure, or surgery procedure, the insurance company shall provide,**

54 **in writing, the estimate of cost to the patient electronically, by mail, or in person within**  
55 **three business days after receiving the request.**

56         5. Beginning July 1, 2017, hospitals shall make available to the public the amount that  
57 would be charged without discounts for each of the one hundred most prevalent diagnosis-related  
58 groups as defined by the Medicare program, Title XVIII of the Social Security Act. The  
59 diagnosis-related groups shall be described in layperson's language suitable for use by reasonably  
60 informed patients. Disclosure of data under this subsection shall constitute compliance with  
61 subsection [3] 4 of this section regarding any diagnosis-related group for which disclosure is  
62 required under this subsection.

63         6. It shall be a condition of participation in the MO HealthNet program for a health care  
64 provider located in a Kansas border county, as defined under section 135.1670, to comply with  
65 the provisions of this section.

66         7. No health care provider shall be required to report the information required by this  
67 section if the reporting of such information reasonably could lead to the identification of the  
68 person or persons receiving health care services or procedures in violation of the federal Health  
69 Insurance Portability and Accountability Act of 1996 or other federal law. This section shall not  
70 apply to emergency departments, which shall comply with requirements of the Emergency  
71 Medical Treatment and ~~[Active]~~ Labor Act, 42 U.S.C. Section 1395dd.

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