

FIRST REGULAR SESSION

HOUSE BILL NO. 879

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE SCHROER.

1900H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to the establishment of a primary care payment reform collaborative.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.760, to read as follows:

376.760. 1. This act shall be known as and may be cited as the "Primary Care Transparency Act".

2. For purposes of this act, the following terms shall mean:

(1) "Carrier", a health carrier as defined in section 376.1350;

(2) "Primary care", family medicine, internal medicine, pediatrics, obstetrics, or gynecology;

(3) "Primary care provider", a licensed or certified physician or other health professional who practices in family medicine, internal medicine, pediatrics, obstetrics, or gynecology, and whose clinical practice is in the area of primary care;

(4) "Total health care medical expenditures", payments to reimburse the cost of physical and mental health care provided to enrollees, including prescription drugs, durable equipment, vision care, and dental care, whether paid on a fee for service basis, as part of a capitated rate, or other type of payment mechanism; and

(5) "Total primary care medical expenditures", payments to reimburse the cost of physical and mental health care provided to enrollees by a primary care provider, excluding prescription drugs, durable equipment, vision care, and dental care, whether

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 paid on a fee for service basis, as part of a capitated rate, or other type of payment mechanism.

18 **3. (1) All carriers shall report to the director of the department of insurance,**
19 **financial institutions and professional registration annually by March first their total**
20 **health care medical expenditures and total primary care medical expenditures for the**
21 **previous calendar year.**

22 **(2) No later than March thirty-first of each year, the department of insurance,**
23 **financial institutions and professional registration shall report to the general assembly:**

24 **(a) The total health care medical expenditures for each carrier and an aggregate**
25 **total of health care medical expenditures;**

26 **(b) The total primary care medical expenditures for each carrier and an aggregate**
27 **total of primary care medical expenditures; and**

28 **(c) The percentage of total primary care medical expenditures of each carrier and**
29 **an aggregate percentile of total primary care medical expenditures.**

30 **4. All individual patient data provided in compliance with this section shall be**
31 **confidential and reported in the aggregate from the health carrier.**

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