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This bill states that a for-profit health care provider is limited to billing the Medicare amount to any uninsured or self-pay patient if the provider does not provide a good faith estimate of the cost of a health care service or procedure and does not obtain consent to such cost in a nonemergency situation that costs more than \$500 per billing provider or more than \$1000 for the total procedure.

A for-profit health care provider is also limited to charging the Medicare amount for an insured patient if the provider does not provide a good faith estimate of the cost of a health care service or procedure and does not obtain consent to such cost prior to performing a nonemergency procedure that is outside the patient's insurance network.

A nonprofit health care provider that does not provide a good faith estimate of the cost of a service or procedure and does not obtain consent to such cost from an insured patient prior to a nonemergency procedure that is outside the patient's insurance network shall not charge an insured patient more than the allowable MO HealthNet amount.

A nonprofit health care provider shall not charge an uninsured or self-pay patient more than the allowable MO HealthNet amount.