

HOUSE AMENDMENT NO. _____
TO
HOUSE AMENDMENT NO. _____

Offered By

AMEND House Amendment No. _____ to House Committee Substitute No. 2 for Senate Bill No. 710, Page 2, Line 12, by inserting after said line the following:

"Further amend said bill, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

"376.427. 1. As used in this section, the following terms mean:

(1) "Health benefit plan", as such term is defined in section 376.1350. The term "health benefit plan" shall also include a prepaid dental plan, as defined in section 354.700;

(2) "Health care services", medical, surgical, dental, podiatric, pharmaceutical, chiropractic, licensed ambulance service, and optometric services;

(3) "Health carrier" or "carrier", as such term is defined in section 376.1350. The term "health carrier" or "carrier" shall also include a prepaid dental plan corporation, as defined in section 354.700;

(4) "Insured", any person entitled to benefits under a contract of accident and sickness insurance, or medical-payment insurance issued as a supplement to liability insurance but not including any other coverages contained in a liability or a workers' compensation policy, issued by an insurer;

(5) "Insurer", any person, reciprocal exchange, interinsurer, fraternal benefit society, health services corporation, self-insured group arrangement to the extent not prohibited by federal law, prepaid dental plan corporation as defined in section 354.700, or any other legal entity engaged in the business of insurance;

(6) "Provider", a physician, hospital, dentist, podiatrist, chiropractor, pharmacy, licensed ambulance service, or optometrist, licensed by this state.

2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid within thirty days of the receipt by the insurer of all documents reasonably needed to determine the claim.

3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of

Action Taken _____ Date _____

1 payment in the single name of the provider.

2 4. Except as provided in subsection 5 of this section, this section shall not require any
3 insurer, health services corporation, prepaid dental plan as defined in section 354.700, health
4 maintenance corporation or preferred provider organization which directly contracts with certain
5 members of a class of providers for the delivery of health care services to issue payment as provided
6 pursuant to this section to those members of the class which do not have a contract with the insurer.

7 5. When a patient's health benefit plan does not include or require payment to out-of-
8 network providers for all or most covered services, which would otherwise be covered if the patient
9 received such services from a provider in the [~~carrier's~~] health benefit plan's network, including but
10 not limited to health maintenance organization plans, as such term is defined in section 354.400, or a
11 health benefit plan offered by a carrier consistent with subdivision (19) of section 376.426, payment
12 for all services shall be made directly to the providers when the health carrier has authorized such
13 services to be received from a provider outside the [~~carrier's~~] health benefit plan's network."; and";
14 and
15

16 Further amend said bill by amending the title, enacting clause, and intersectional references
17 accordingly.
18

19 THIS AMENDMENT AMENDS 3225H05.28H.