



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1943		DATE: 4/10/2024	
COMMITTEE: Insurance Policy			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220B E HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SCOTT SWAIN		PHONE NUMBER: 573-230-2121
REPRESENTING: ANTHEM BLUE CROSS BLUE SHIELD		TITLE:
ADDRESS: 104 CLAY		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICA'S HEALTH INSURANCE PLANS		TITLE:	
ADDRESS: 208 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ANDREW WHEELER		PHONE NUMBER: 573-415-7387	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: 4712 COUNTY CLUB DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dienoff@mail.com	ATTENDANCE: Written	SUBMIT DATE: 4/10/2024 11:17 PM
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I am Opposed to this Bill in its present form.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: CASEY BURTON		PHONE NUMBER:
REPRESENTING: PHELPS HEALTH		TITLE:
ADDRESS:		
CITY: ROLLA	STATE: MO	ZIP: 65401
EMAIL: cburton@phelpshealth.org	ATTENDANCE: Written	SUBMIT DATE: 4/9/2024 3:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

On behalf of Phelps Health, a rural county hospital located in Rolla, MO, we would like to express serious concern over the provisions contemplated in H.B. 1943. The bill seeks to require unique national provider identifiers (NPIs) for hospital-based outpatient departments. However, the premise for this bill is deeply flawed along several lines. First, hospitals already bill payers according to federal regulations using codes that indicate service locations. The proposed requirement that hospitals seek unique NPIs for hospital-based outpatient departments would be limited in its ability to convey any new practical information to payers. Second, the motivation behind the bill and others like it being introduced in other state legislatures and in Congress is that hospital facility charges associated with hospital-based outpatient departments are needlessly driving healthcare costs higher solely as a means for hospitals to increase their profits. While certainly an appealing argument to the layman, this claim fails to consider that hospital-based outpatient departments, like ours, are fundamentally more expensive to maintain than ordinary outpatient physician offices because hospital-based outpatient departments must comply with a wider scope of licensing, accreditation, and other regulatory requirements. As a result, we tend to treat sicker, lower-income, more medically complex patients in our hospital-based outpatient departments and we are better equipped to handle complications and emergencies than the ordinary outpatient physician office. In this way, the facility charge assessed by hospital-based outpatient departments allows hospitals, like us, to help subsidize access to higher quality, 24/7 care. Third, the proposed requirements would not only place undue administrative burden on our rural hospitals, but also jeopardize patient access to care. If passed into law, hospitals would be required to (1) seek issuance from CMS for new NPIs for each hospital-based outpatient department; (2) amend all payer contracts containing NPIs; and (3) seek provider enrollment approvals from CMS, Medicaid and managed plans. Moreover, the issuance of new NPIs would entail changes to clinic and facility records for each hospital-based outpatient department, which, in turn, may necessitate new site surveys from regulatory authorities. Importantly, these steps cannot be completed simultaneously. Each stage must be addressed sequentially before progressing to the next. As a result, it seems more than likely that many hospitals, particularly our rural hospitals, would not have the capacity to feasibly achieve these various procedural steps by the proposed effective date. Given that upwards of half of all physician visits in rural areas occur in hospital-based outpatient departments, the proposed change could result in significant service disruptions in our rural communities. While we believe this bill is likely well-intentioned, it would severely impact our ability to provide local access to quality 24/7 care for our rural community while failing to achieve any significant practical outcomes. We warmly welcome discussion around new, innovative ways to lower healthcare costs and encourage policymakers to invite hospitals, and particularly our vulnerable rural hospitals, to have a seat at the table in developing new legislative proposals to achieve this shared goal.



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REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: RAYUS		TITLE:	
ADDRESS: 213 E. CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM	
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