

SECOND REGULAR SESSION

# HOUSE BILL NO. 2498

99TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE HELMS.

6487H.011

D. ADAM CRUMBLISS, Chief Clerk

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## 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.

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*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Section A. Section 191.875, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 191.875, to read as follows: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 July 1, 2017, upon ~~written~~ request by a patient, which shall include a  
27 medical treatment plan from the patient’s health care provider, for an estimate of cost of a  
28 particular health care service or procedure, imaging procedure, or surgery procedure, a health  
29 care provider shall provide, in writing, the estimate of cost to the patient electronically, by mail,  
30 or in person within ~~three~~ **five** business days after receiving the ~~written~~ request. ~~[Providing~~  
31 ~~a patient a specific link to such estimates of cost and making such estimates of cost publicly~~  
32 ~~available or posting such estimates of cost on a website of the health care provider shall~~  
33 ~~constitute compliance with the provisions of this subsection.]~~

34 4. Health care providers shall include with any estimate of cost the following: “Your  
35 estimated cost is based on the information entered and assumptions about typical utilization and  
36 costs. The actual amount billed to you may be different from the estimate of costs provided to  
37 you. Many factors affect the actual bill you will receive, and this estimate of costs does not  
38 account for all of them. Additionally, the estimate of costs is not a guarantee of insurance  
39 coverage. You will be billed at the health care provider’s charge for any service provided to you  
40 that is not a covered benefit under your plan. Please check with your insurance company to  
41 receive an estimate of the amount you will owe under your plan or if you need help  
42 understanding your benefits for the service chosen.”

43 5. Beginning July 1, 2017, hospitals shall make available to the public the amount that  
44 would be charged without discounts for each of the one hundred most prevalent diagnosis-related  
45 groups as defined by the Medicare program, Title XVIII of the Social Security Act. The  
46 diagnosis-related groups shall be described in layperson’s language suitable for use by reasonably  
47 informed patients. Disclosure of data under this subsection shall constitute compliance with  
48 subsection 3 of this section regarding any diagnosis-related group for which disclosure is  
49 required under this subsection.

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

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

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