

SECOND REGULAR SESSION

SENATE BILL NO. 904

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WIELAND.

Read 1st time January 16, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

3977S.01I

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to health care provider-based facility fees.

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

Section A. Chapter 191, RSMo, is amended by adding thereto one new section, to be known as section 191.880, to read as follows:

191.880. 1. A provider-based facility shall not charge, bill, or collect a facility fee for services rendered. The patient shall not be responsible for such charge unless Medicare is the primary payor for such patient and the facility is allowed to charge the fee under federal law or the patient is covered by MO HealthNet and MO HealthNet allows the facility to charge for the fee.

2. As used in this section, the following terms shall mean:

(1) "Facility fee", any fee charged or billed by a provider-based facility for outpatient services provided in a provider-based facility that is:

(a) Intended to compensate the provider-based facility or the hospital or health system for the operational expenses of the facility, hospital, or health system; and

(b) Separate and distinct from a professional fee;

(2) "Health system", a parent corporation of one or more hospitals and any entity affiliated with such parent corporation through ownership, governance, membership, or other means or a hospital and any entity affiliated with such hospital through ownership, governance, membership, or other means;

(3) "Hospital", shall have the same meaning as in section 197.020;

(4) "Professional fee", any fee charged or billed by a provider for

22 professional medical services;

23 (5) "Provider-based facility", a clinic or physician office that
24 operates under the ownership, administrative, and financial control of
25 a hospital or health system, and bills as an outpatient department of
26 the hospital, but does not include critical access hospitals, facilities
27 designated as rural health clinics, or ambulatory surgery centers.

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