

HOUSE BILL NO. 1518

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE EGGLESTON.

5250H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto two new sections relating to rates charged by health care providers.

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

Section A. Chapter 376, RSMo, is amended by adding thereto two new sections, to be known as sections 376.523 and 376.525, to read as follows:

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

(1) “Enrollee”, the same as defined in subdivision (3) of section 374.500;

(2) “Health plan”, the same as defined in subdivision (11) of section 103.003;

(3) “Provider”, the same as defined in subdivision (19) of section 103.003;

(4) “Surprise bill”, a bill for health care services, other than emergency services, received by an enrollee for covered services rendered by an out-of-network provider, if such services were rendered by that out-of-network provider at a network provider, during a service or procedure performed by a network provider or during a service or procedure previously approved or authorized by the carrier and the enrollee did not knowingly elect to obtain such services from that out-of-network provider. As used in this section, “surprise bill”, does not include a bill for health care services received by an enrollee if a network provider was available to render the services and the enrollee knowingly elected to obtain the services from another provider who was an out-of-network provider.

2. An out-of-network provider reimbursed for a surprise bill under this section may not bill an enrollee for health care services beyond the applicable coinsurance, copayment, deductible, or other out-of-pocket cost expense that would be imposed for the health care

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.

17 services if the services were rendered by a network provider under the enrollee's health
18 plan.

19 **3. With respect to a surprise bill:**

20 **(1) A carrier shall require an enrollee to pay only the applicable coinsurance,**
21 **copayment, deductible, or other out-of-pocket expense that would be imposed for health**
22 **care services if the services were rendered by a network provider;**

23 **(2) A carrier shall reimburse the out-of-network provider or enrollee, as applicable,**
24 **for health care services rendered at the average network rate under the enrollee's health**
25 **care plan as payment in full, unless the carrier and out-of-pocket network provider agree**
26 **otherwise; and**

27 **(3) Notwithstanding subdivision (2) of this section, if a carrier has an inadequate**
28 **network, as determined by the director, the carrier shall ensure that the enrollee obtains**
29 **the covered service at no greater cost to the enrollee than if the service were obtained from**
30 **a network provider or shall make other arrangements acceptable to the director.**

376.525. Notwithstanding any other provision of law, the highest rate that a health
2 **care provider shall accept as payment in full for health care services from an uninsured**
3 **individual or an individual not utilizing insurance to pay for such services shall be no**
4 **greater than the lowest rate that the provider accepts from a health carrier as payment in**
5 **full for the same carrier or similar health care services.**

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