

HCS SB 1103 -- HEALTH INSURANCE COVERAGE

SPONSOR: Goodman (Wasson)

COMMITTEE ACTION: Voted "do pass" by the Committee on Insurance Policy by a vote of 13 to 2.

This substitute prohibits licensed health care professionals from charging, billing, or soliciting payment for anatomic pathology services unless the services are rendered personally by the health care professional or under his or her direct supervision. Any patient, insurer, third-party payor, hospital, public health clinic, or nonprofit health clinic will not be required to reimburse any licensed health care professional for charges or claims submitted in violation of this provision. Nothing will prohibit the billing of a referring laboratory for services when samples must be sent to another specialist.

State licensing boards which have jurisdiction over health care professionals who request or provide services may revoke, suspend, or deny a license to anyone who violates these provisions.

The substitute changes the documentation a health insurer must provide when it issues evidence of insurance coverage. The documentation must contain a summary of deductibles, co-payments, co-insurance, and other cost-sharing features of the policy. Contracts entered into prior to August 28, 2006, between health maintenance organizations and providers may be renegotiated after the date if the coverage has an enrollee deductible or co-insurance obligation higher than what was authorized by law prior to that date.

FISCAL NOTE: Estimated Effect on General Revenue Fund of an Income of Unknown to a Cost of Unknown in FY 2007, FY 2008, and FY 2009. Estimated Income on Other State Funds of \$0 to \$5,000 in FY 2007, \$0 in FY 2008, and \$0 in FY 2009.

PROPOSERS: Supporters say that the bill will allow health maintenance organizations to offer a high-deductible policy at much more affordable rates and allow companies to offer more products to consumers.

Testifying for the bill were Senator Goodman; Blue Cross Blue Shield of Missouri; Missouri State Medical Association; America's Health Insurance Plans; Aetna, Incorporated; Cigna Healthcare; Missouri Insurance Coalition; and Coventry Health Care.

OPPOSERS: Those who oppose the bill say that companies are already allowed to sell high-deductible plans. The bill needs to

allow companies to opt out of their current plan if it changes after the effective date of the bill.

Testifying against the bill were Missouri Hospital Association; United Healthcare; St. Luke's Health System; Missouri State Chiropractors Association; Carondelet Health Network; and BJC HealthCare.

OTHERS: Others testifying on the bill say that there needs to be an option to terminate the contract if either party does not agree with the changes to the contract. There needs to be a level playing field on premium taxes for all insurers.

Others testifying on the bill were Department of Insurance; and Wellpoint, Incorporated.

Marc Webb, Legislative Analyst