

# HOUSE BILL NO. 2269

## 98TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE FREDERICK.

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D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To amend chapter 197, RSMo, by adding thereto one new section relating to health care transparency.

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

Section A. Chapter 197, RSMo, is amended by adding thereto one new section, to be known as section 197.170, to read as follows:

**197.170. 1. This section shall be known and may be cited as the "Health Care Cost Reduction and Transparency Act".**

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

**(1) "Ambulatory surgical center", a health care facility as such term is defined under section 197.200;**

**(2) "Department", the department of health and senior services;**

**(3) "Health care provider", the same meaning as such term is defined under section 376.1350;**

**(4) "Health carrier", the same meaning as such term is defined under section 376.1350;**

**(5) "Hospital", a health care facility as such term is defined under section 197.020;**

**(6) "Imaging center", any facility at which diagnostic imaging services are provided including, but not limited to, magnetic resonance imaging (MRI);**

**(7) "Public or private third party", includes the state, the federal government, employers, health carriers, third-party administrators, and managed care organizations.**

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.

16           **3. Each health care provider licensed in the state shall make available to the public,**  
17 **and on its internet website if applicable, the most current price information required by**  
18 **this section in a manner that is easily understood by the public.**

19           **4. Beginning January 1, 2017, and quarterly thereafter, each health care provider**  
20 **licensed in the state shall provide the amount that will be charged to a patient for each**  
21 **health care service or procedure if all charges are paid in full without a public or private**  
22 **third party paying for any portion of the charges for the twenty-five most frequently**  
23 **reported health care services or procedures.**

24           **5. No health care provider shall be required to report the information required by**  
25 **this section if the reporting of such information reasonably could lead to the identification**  
26 **of the person or persons receiving health care services or procedures in violation of the**  
27 **federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) or other**  
28 **federal law.**

29           **6. Beginning January 1, 2017, and quarterly thereafter, hospitals, ambulatory**  
30 **surgical centers, and imaging centers shall make available to the public information on the**  
31 **total costs for the twenty-five most common surgical procedures and the twenty most**  
32 **common imaging procedures, by volume, performed in hospital or outpatient settings or**  
33 **in ambulatory surgical centers or imaging centers, along with the related current**  
34 **procedural terminology (CPT) and healthcare common procedure coding system (HCPCS)**  
35 **codes. Hospitals, ambulatory surgical centers, and imaging centers shall report the**  
36 **following information; provided that, hospitals, ambulatory surgical centers, and imaging**  
37 **centers shall not be required to report the information required by this subsection if the**  
38 **reporting of that information reasonably could lead to the identification of the person or**  
39 **persons admitted to the hospital in violation of HIPAA or other federal law:**

40           **(1) The amount that will be charged to a patient for each health care service or**  
41 **procedure if all charges are paid in full without a public or private third party paying for**  
42 **any portion of the charges;**

43           **(2) The average negotiated settlement on the amount that will be charged to a**  
44 **patient required to be provided in subdivision (1) of this subsection;**

45           **(3) The amount of Medicaid reimbursement for each health care service or**  
46 **procedure, including claims and pro rata supplemental payments;**

47           **(4) The amount of Medicare reimbursement for each health care service or**  
48 **procedure; and**

49           **(5) For the five largest health carriers providing payment to the hospital,**  
50 **ambulatory surgical center, or imaging center on behalf of insureds and state employees,**  
51 **the range and the average of the amount of payments made for each health care service or**

52 procedure. Prior to making this information available to the public, each hospital,  
53 ambulatory surgical center, and imaging center shall redact the names of the health  
54 carriers and any other information that would otherwise identify the health carriers.

55 7. Upon request of a patient for the cost of a particular health care service or  
56 procedure, imaging procedure, or surgery procedure reported in this section, a health care  
57 provider, hospital, ambulatory surgical center, or imaging center shall provide the  
58 information required by this section to the patient in writing either electronically, by mail,  
59 or in person within three business days after receiving the request. Posting of such charges  
60 on the website of the health care provider, hospital, ambulatory surgical center, or imaging  
61 center shall constitute compliance with the provisions of this subsection.

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