

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND House Bill No. 2183, Page 1, Section 197.052, Line 4, by inserting immediately after said section  
2 and line the following:

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4 "376.523. 1. As used in this section, the following terms shall mean:

5 (1) "Enrollee", the same as defined in section 376.1350;

6 (2) "Health benefit plan" or "health plan", the same as defined in section 376.1350;

7 (3) "Provider", the same as defined in section 376.1350;

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

16 2. An out-of-network provider reimbursed for a surprise bill under this section shall not bill an  
17 enrollee for health care services beyond the applicable coinsurance, copayment, deductible, or other out-of-  
18 pocket cost expense that would be imposed for the health care services if the services were rendered by a  
19 network provider under the enrollee's health plan.

20 3. With respect to a surprise bill:

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

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

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

31 376.525. Notwithstanding any other provision of law, the highest rate that a health care provider  
32 shall accept as payment in full for health care services from an uninsured individual or an individual not  
33 utilizing insurance to pay for such services shall be no greater than the lowest rate that the provider accepts  
34 from a health carrier as payment in full for the same or similar health care services.

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36 Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

Action Taken \_\_\_\_\_ Date \_\_\_\_\_