

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 6107-01  
Bill No.: HB 2225  
Subject: Insurance - Health; Emergencies  
Type: Original  
Date: February 5, 2018

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Bill Summary: This proposal modifies provisions relating to emergency services health benefit determinations.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
<b>Total Estimated Net Effect on General Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
Insurance Dedicated Fund	Up to \$20,000	\$0	\$0
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>Up to \$20,000</b>	<b>\$0</b>	<b>\$0</b>

Numbers within parentheses: ( ) indicate costs or losses.  
This fiscal note contains 5 pages.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
<b>FUND AFFECTED</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**FISCAL ANALYSIS**

**ASSUMPTION**

Officials from the **Department of Insurance, Financial Institutions and Professional Registration (DIFP)** assume policy amendments may be submitted to the department for review along with a \$50 filing fee. The department expects to see a filing influx of 400. One time additional revenues to the Insurance Dedicated Fund are estimated to be up to \$20,000 (400 x \$50).

Additional staff and expenses are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form reviews the department will need to request additional staff to handle increase in workload.

Officials from the **Department of Social Services, the Department of Health and Senior Services, the Department of Mental Health** and the **Missouri Consolidated Health Care Plan** each assume the proposal will have no fiscal impact on their respective organizations.

<u>FISCAL IMPACT - State Government</u>	FY 2019 (10 Mo.)	FY 2020	FY 2021
<b>INSURANCE DEDICATED FUND</b>			
<u>Revenue - DIFP</u> \$50 filing fee	<u>Up to \$20,000</u>	<u>\$0</u>	<u>\$0</u>
<b>ESTIMATED NET EFFECT TO THE INSURANCE DEDICATED FUND</b>	<b><u>Up to \$20,000</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
<u>FISCAL IMPACT - Local Government</u>	FY 2019 (10 Mo.)	FY 2020	FY 2021
	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

**FISCAL IMPACT - Small Business**

No direct fiscal impact to small businesses would be expected as a result of this proposal.

### FISCAL DESCRIPTION

This act specifies that necessity of emergency services to screen and stabilize a patient shall be determined by the treating physician.

Before a health carrier retrospectively denies payment for an emergency service, a qualified physician shall review the enrollee's medical records regarding the emergency condition at issue. Carriers shall not deny payment based predominantly on current procedural terminology or International Classification of Diseases (ICD) codes.

This act allows health carriers to recapture from enrollees payments made to health care providers for emergency services if it is determined the enrollee did not have an emergency condition.

Payments shall be paid directly to the health care provider by the health carrier regardless of whether the provider participates in the carrier's network.

The act prohibits carriers from reducing payments for evaluation and management services that are otherwise eligible for reimbursement when reported by the same provider on the same day as a procedure, and specifies that contract provisions to the contrary shall be void.

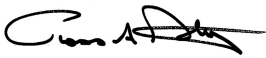
The act specifies that payment for all services shall be made directly to providers when the carrier has authorized the patient to seek such services from a provider outside the carrier's network.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Insurance, Financial Institutions and Professional Registration  
Department of Social Services  
Department of Health and Senior Services  
Department of Mental Health  
Missouri Consolidated Health Care Plan

Ross Strobe

A handwritten signature in black ink, appearing to read "Ross Strobe".

Acting Director  
February 5, 2018