

# HOUSE BILL NO. 2323

## 99TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE KORMAN.

6149H.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

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

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*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 section 376.1350;**

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

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

**(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 shall 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**

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 health care services if the services were rendered by a network provider under the  
18 enrollee's health 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-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 or similar health care services.

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