

# HOUSE BILL NO. 2718

## 99TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE PIKE.

6717H.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to 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 one new section, to be known as section 376.689, to read as follows:

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

(1) "Emergency services", a health care item or service furnished or required to evaluate and treat an emergency medical condition, which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider;

(2) "Enrollee", a policyholder, subscriber, covered person or other individual participating in a health benefit plan;

(3) "Health benefit plan", a policy, contract, certificate or agreement entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services; except that, "health benefit plan" shall not include any coverage pursuant to a liability insurance policy, workers' compensation insurance policy, or medical payment insurance issued as a supplement to a liability policy;

(4) "Health care facility", a hospital, nursing home, physician's office, or other fixed location at which medical and health care services are performed;

(5) "In-network", an emergency service or other inpatient or outpatient service provided by a participating provider or health care facility under contract with a health carrier, as that term is defined in section 376.1350;

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.

18           **(6) "Out-of-network", an emergency service or other inpatient or outpatient**  
19 **services provided by a provider or health care facility that is not under contract with a**  
20 **health carrier, as that term is defined in section 376.1350;**

21           **(7) "Participating provider", a provider who, under a contract with the health**  
22 **carrier or with its contractor or subcontractor, has agreed to provide health care services**  
23 **to enrollees with an expectation of receiving payment, other than coinsurance,**  
24 **co-payments, or deductibles, directly or indirectly from the health carrier.**

25           **2. Except as provided in subsection 3 of this section, a provider who is an out-of-**  
26 **network provider for a health benefit plan shall not bill an enrollee in the health benefit**  
27 **plan for emergency services or other inpatient or outpatient services provided at an**  
28 **in-network health care facility.**

29           **3. The provisions of subsection 2 of this section do not apply:**

30           **(1) To applicable coinsurance, co-payments, or deductible amounts that apply to**  
31 **services provided by an in-network provider; or**

32           **(2) To services, other than emergency services, provided to enrollees who choose**  
33 **to receive services from an out-of-network provider.**

34           **4. If an enrollee chooses to receive services from an out-of-network provider, the**  
35 **provider shall inform the enrollee that the enrollee shall be financially responsible for**  
36 **coinsurance, co-payments, or other out-of-pocket expenses attributable to choosing an out-**  
37 **of-network provider.**

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