



**Report of the  
House of Representatives  
Subcommittee on  
*Health Care Reform***

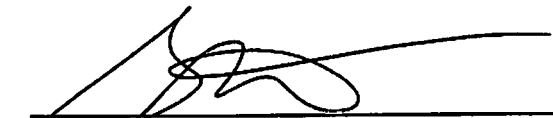
December 2019

*December 17, 2019*

Elijah Haahr, Speaker  
Missouri House of Representatives  
State Capitol Building  
Jefferson City, Missouri 65101


Dear Mister Speaker:

The House of Representatives Subcommittee on Health Care Reform has met, taken testimony, deliberated, and concluded its review on health care reform in the state, with a focus on reducing costs of health care and improving access to health care. The below listed committee members are pleased to submit the attached report:



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Chairman Steve Helms



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Representative Doug Clemons



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Representative Ann Kelley



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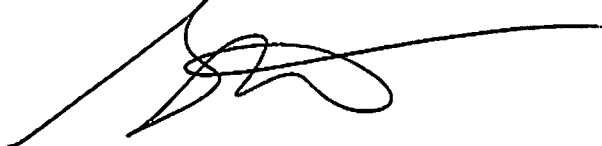
Representative Sarah Unsicker



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Representative Dale Wright

Sincerely,



Representative Steve Helms  
Committee Chair

cc: Rep. Mike Stephens  
Chairman, Committee on Health and Mental Health Policy

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## **Introduction**

**Speaker Elijah Haahr appointed the Subcommittee on Health Care Reform. The committee was charged with investigating solutions for improving access to health care and reducing health care costs.**

**The members of the committee included Representative Steven Helms (Chair), Representative Doug Clemens, Representative Ann Kelley, Representative Sarah Unsicker, and Representative Dale Wright. Representative Mike Stephens, Chair of the Standing Committee on Health and Mental Health Policy, attended as an ex-officio member.**

**The committee held four public hearings: August 15, September 11, October 8, and October 30.**

## **Summary of Public Testimony**

### ***I. August 15, 2019 Hearing***

At the August 15, 2019 hearing, the committee heard and reviewed testimony submitted to the committee on the topics of (1) drivers of health care costs, (2) impediments to access, and (3) pharmacy benefit management.

### ***II. September 11, 2019 Hearing***

At the September 11, 2019 hearing, the committee heard and reviewed testimony submitted to the committee on the topics of (1) health care shopping, (2) price transparency, (3) surgery centers, and (4) direct primary care.

### ***III. October 8, 2019 Hearing***

At the October 8, 2019 hearing, the committee heard and reviewed testimony submitted to the committee on the topic of Medicaid and Medicaid expansion.

### ***IV. October 30, 2019 Hearing***

At the October 30, 2019 hearing, the committee discussed findings and recommendations for action of the committee.

## Findings and Recommendations

### **I. Findings and Recommendations on Transparency**

#### **A. Findings**

1. The high cost of healthcare impedes people's access.
2. Most patients lack basic information with which to make healthcare "buying" decisions.
3. It is difficult for patients to get real pricing on non-emergency healthcare procedures/services.

#### **B. Recommendations**

1. The General Assembly should remove the requirement that a patient submit a written request for an estimate of cost of a health care service or procedure. Instead, the statute should read that a patient can submit a request for an estimate of cost in any method that is convenient to the patient. *(See language of current statute in Appendix B).*
2. Not only do Missourians have the basic right to know how much a non-emergency procedure/service will cost before they obligate themselves, but by removing barriers to basic transaction transparency it enables patients to better utilize their limited resources while applying downward pressure on healthcare prices.

### **II. Findings and Recommendations on the Scope of Practice of Advanced Practice Registered Nurses**

#### **A. Findings**

1. Some Missourians find it difficult to access healthcare providers.
2. Even with the passage of telehealth rules, some providers are unnecessarily restricted for providing care.
3. More information is needed on how to best utilize healthcare extenders.

## **B. Recommendations**

- 1. The General Assembly should remove any mileage limitations with regards to how far away an advanced practice registered nurse can practice from their collaborating physician.**
- 2. The Subcommittee on Health Care Reform or other similar committee should perform further research and investigation on the number of advanced practice registered nurses that can practice under one physician. The research and investigation should include a comparison to what other states currently do.**
- 3. The Subcommittee on Health Care Reform or any other similar committee should perform further research and investigation on whether other states require a collaborative practice arrangement between an advanced practice registered nurse and a physician.**
- 4. By eliminating the mileage barrier to care, healthcare providers would be better able to service those in need.**

## **III. Findings and Recommendations on Emergency Services**

### **A. Findings**

- 1. Emergency transport services have a perverse incentive to transport some patients unnecessarily to emergency facilities.**
- 2. Transporting “non-emergency” patients to an Emergency Room (E.R.) adds unnecessary cost and burden to the patient, facility, and state.**
- 3. It is not always in the best interest to transport patients to an E.R.**

### **B. Recommendations**

- 1. The Subcommittee on Health Care Reform or any other similar committee should perform further research and investigation on what would be required to allow emergency medical services to transport a patient to a non-emergency facility or to triage, treat, and release a patient onsite without a transport.**

2. MO HealthNet should provide coverage for an emergency medical service to triage, treat, and release a patient without transport.
3. MO HealthNet should provide coverage for an emergency medical service to transport a patient to an appropriate non-emergency provider.
4. Providing patients with the most appropriate level of care and treatment facility not only improves their chance for a better health outcome but will reduce unnecessary costs.

#### **IV. *Findings and Recommendations Medicaid Expansion***

##### **A. Findings**

1. Access to affordable healthcare is a problem for many.
2. Many Missourians believe that Medicaid Expansion would benefit our people and state.
3. Many Missourians believe that there are better ways to provide access to affordable healthcare without expanding Medicaid in the state.

##### **B. Recommendations**

1. The Subcommittee on Health Care Reform or any other similar committee should perform further research and investigation into Medicaid Expansion.
2. Even though this is a very contentious subject, it is critical that Missourians and the elected officials have the best information on this subject with which to make informed decisions.



## **Appendix A: Hearings**

### **I. August 15, 2019 Hearing**

**A. Location: Jefferson City, Missouri**

**B. Witnesses:**

1. **Valerie Huhn** – Director, Division of Developmental Disabilities, Department of Mental Health
2. **Diann Bomkamp** -- Registered Dental Hygienist, BSDH
3. **Lori Crawford** – Missouri Dental Hygienist Association
4. **Daniel Landon** – Senior Vice President of Governmental Relations, Missouri Hospital Association
5. **Dr. Randy Tobler** – C.E.O. of Scotland County Hospital, Memphis, MO
6. **Sarah Oerther** – MSN, M.Ed., RN, Missouri Nurses Association
7. **Erin Elliott, J.D.** – Director of Policy, Missouri Family Health Council
8. **Pam Barrett** – Regional Director, Southern Missouri Behavioral Health Group
9. **Dr. Melissa Kroll** – EMS Clinical Instructor, Division of Emergency Medicine, Washington University
10. **Bob Finuf** – Senior Vice President, Children’s Mercy Hospital, Integrated Care Solutions
11. **Jennifer Schnieders** – Physical Therapist, Outbound Rehabilitation
12. **Curtis Robison** – Certified Registered Nurse Anesthetist, Missouri Association of Nurse Anesthetists
13. **Joe Meyerott** – Certified Registered Nurse Anesthetist, Missouri Association of Nurse Anesthetists
14. **Scott Woods** – Assistant Vice Principal for State Affairs, Pharmaceutical Care Management Association

### **II. September 11, 2019 Hearing**

**A. Location: Jefferson City, Missouri**

**B. Witnesses:**

1. **Patrick Ishmael** – Director of Government Accountability, Show-Me Institute
2. **Michael Hely** – Senior Director, Legal and Policy Services, St. Louis Area Business Health Coalition

3. Lyla Pennington – Nurse Practitioner, Association of Missouri Nurse Practitioners
4. James Harris – The J. Harris Company, testifying on behalf of Foundation for Government Accountability

## **II. October 8, 2019 Hearing**

A. Location: Jefferson City, Missouri

B. Witnesses:

1. Rob Graybill – Vitals, Vice President of SmartShopper Sales
2. Dr. Ed Weisbart – Missouri Health Care for All
3. Gregg Pfister – Director of Government Affairs, Foundation for Government Accountability
4. Abby Barker, PhD – Washington University, Brown School Center for Health Economics and Policy
5. Jon Doolittle – President, Mosaic Medical Center
6. Dr. Aaron Bumann, DDS – American Board of Pediatric Dentistry
7. Rebecca McClanahan – Missouri Nurses Association
8. Conner Kerrigan – Empower Missouri
9. Shawn D'Abreau – Missouri Health Care for All
10. Nicholas Horton – Senior Research Fellow, Opportunity Solutions Project

## **III. October 30, 2019 Hearing**

A. Location: Jefferson City, Missouri

B. Witnesses:

1. David Winton – Winton Policy Group

**Appendix B: Section 191.875, RSMo.**

**191.875. Citation--definitions--estimate of cost provided, when--statement--disclosure of costs without discounts. —**

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

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

(1) "Ambulatory surgical center", as such term is defined under section 197.200;

(2) "Estimate of cost", an estimate based on the information entered and assumptions about typical utilization and costs for health care services. Such estimates of cost shall encompass only those services within the direct control of the health care provider and shall include the amount that will be charged to a patient for the health services if all charges are paid in full without a public or private third party paying for any portion of the charges;

(3) "Health care provider", any ambulatory surgical center, assistant physician, chiropractor, clinical psychologist, dentist, hospital, imaging center, long-term care facility, nurse anesthetist, optometrist, pharmacist, physical therapist, physician, physician assistant, podiatrist, registered nurse, or other licensed health care facility or professional providing health care services in this state. "Health care provider" shall also include any provider located in a Kansas border county, as defined under section 135.1670, who participates in the MO HealthNet program;

(4) "Hospital", as such term is defined under section 197.020;

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

(6) "Medical treatment plan", a patient-specific plan of medical treatment for a particular illness, injury, or condition determined by such patient's health care provider, which includes the applicable current procedural terminology code or codes;

(7) "Public or private third party", a state government, the federal government, employer, health carrier as such term is defined under section 376.1350, third-party administrator, or managed care organization.

3. Beginning July 1, 2017, upon written request by a patient, which shall include a medical treatment plan from the patient's health care provider, for an estimate of cost of a particular health care service or procedure, imaging procedure, or surgery procedure, a health care provider shall provide, in writing, the estimate of cost to the patient electronically, by mail, or in person within three business days after receiving the written request. Providing a patient a specific link to such estimates of cost and making such estimates of cost publicly available or posting such estimates of cost on a website of the health care provider shall constitute compliance with the provisions of this subsection.

4. Health care providers shall include with any estimate of cost the following: "Your estimated cost is based on the information entered and assumptions about typical utilization and costs. The actual amount billed to you may be different from the estimate of costs

provided to you. Many factors affect the actual bill you will receive, and this estimate of costs does not account for all of them. Additionally, the estimate of costs is not a guarantee of insurance coverage. You will be billed at the health care provider's charge for any service provided to you that is not a covered benefit under your plan. Please check with your insurance company to receive an estimate of the amount you will owe under your plan or if you need help understanding your benefits for the service chosen."

5. Beginning July 1, 2017, hospitals shall make available to the public the amount that would be charged without discounts for each of the one hundred most prevalent diagnosis-related groups as defined by the Medicare program, Title XVIII of the Social Security Act. The diagnosis-related groups shall be described in layperson's language suitable for use by reasonably informed patients. Disclosure of data under this subsection shall constitute compliance with subsection 3 of this section regarding any diagnosis-related group for which disclosure is required under this subsection.

6. It shall be a condition of participation in the MO HealthNet program for a health care provider located in a Kansas border county, as defined under section 135.1670, to comply with the provisions of this section.

7. No health care provider shall be required to report the information required by this section if the reporting of such information reasonably could lead to the identification of the person or persons receiving health care services or procedures in violation of the federal Health Insurance Portability and Accountability Act of 1996 or other federal law. This section shall not apply to emergency departments, which shall comply with requirements of the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. Section 1395dd.