HCS SS#2 SCS SB 62 -- HEALTH CARE PROVIDERS

This bill changes the laws regarding health care providers.

FEDERAL REIMBURSEMENT ALLOWANCES (Sections 190.839, 198.439, 208.437, 208.480, 338.550, and 633.401, RSMo)

The bill extends the expiration date of the provisions regarding various federal reimbursement allowances from September 30, 2011, to September 30, 2015, including:

(1) The ground ambulance service reimbursement allowance in Sections 190.800 - 190.839;

(2) The nursing facility reimbursement allowance in Sections 198.401 - 198.436;

(3) The Missouri Medicaid Program's managed care organization reimbursement allowance in Sections 208.431 - 208.437;

(4) The hospital reimbursement allowance in Sections 208.453 - 208.480;

(5) The pharmacy tax reimbursement allowance in Sections 338.500 - 338.550; and

(6) The assessment on intermediate care facilities for the mentally retarded in Section 633.401.

MEDICAL RECORDS FEES (Section 191.227)

Currently, a health care provider can charge a patient a fee of up to $17.05 for copying his or her medical records plus 40 cents per page for supplies and labor. The bill increases the fee to up to $21.36 plus 50 cents per page for supplies and labor adjusted annually for inflation. A health care provider will also be allowed to include in that fee a retrieval or handling fee, not to exceed $20, charged by an outsourced records storage service with which the provider has contracted for off-site records storage and management. If a health care provider stores records in an electronic or digital format and provides records and affidavits, if requested, in an electronic or digital format, the maximum copying amount cannot exceed $5 plus 50 cents per page or $25 total, whichever is less.

HEALTH CARE TRANSPARENCY AND HEALTH INSURANCE MANDATES (Section 376.1190)

Beginning January 1, 2014, health insurance carriers must allow a policyholder, upon request, to obtain specific cost-sharing

information for a health service or item within the policyholder's health benefit plan including the deductible, copayment, and co-insurance. Certain supplemental insurance policies are exempt from this provision.

Any health care benefit mandate proposed by the General Assembly after August 28, 2011, will be subject to an actuarial review by the Oversight Division of the Joint Committee on Legislative Research to determine the cost impact on private and public payers. The division must make a recommendation to the Speaker of the House of Representatives and the President Pro Tem of the Senate prior to the enactment of the mandate.

The provisions of the bill are nonseverable; and if any provision is found to be invalid for any reason, the remaining provisions will be invalid.