

HCS HB 2125 -- RIGHT TO SHOP ACT

SPONSOR: Helms

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 8 to 3. Voted "Do Pass" by the Rules- Administrative Oversight Committee by a vote of 9 to 5.

This bill creates the "Right to Shop Act." The bill defines a "patient" as any person covered by the Missouri Consolidated Health Care Plan (MCHCP) or a health care plan offered by the Department of Transportation or the Department of Conservation.

The bill requires a health care provider to disclose within two business days the allowed amount or the amount that will be charged for a nonemergency admission, procedure, or service if requested by a patient or prospective patient. Additionally, the health care provider must disclose enough information regarding the proposed nonemergency admission, procedure, or service so that the patient can receive a cost estimate from his or her insurance carrier. If a health care provider is unable to quote a specific amount due to an inability to predict the specific treatment or diagnostic code, the provider must disclose what is known for the estimated amount, the incomplete nature of the estimate, and the ability of the patient or prospective patient to obtain an updated estimate once additional information is determined.

The bill requires each health carrier to establish an interactive mechanism on such carrier's public website that enables an enrollee to request and obtain information on the payments made by the carrier to network providers for health care services. Such mechanism must allow an enrollee seeking information to compare costs among network providers.

Upon the request of an enrollee, the bill requires each health carrier to provide a good faith estimate of the amount the enrollee will be responsible to pay out-of-pocket for a proposed nonemergency procedure or service. These provisions must not prohibit a carrier from imposing cost-sharing requirements pursuant to an enrollee's certificate of coverage for unforeseen health care services that arise out of the nonemergency procedure or service or for a procedure or service not included in the original estimate. A carrier must notify an enrollee that these are estimated costs and that the actual amount the enrollee will be responsible to pay may vary.

The bill requires each health carrier to develop and implement a pilot program that provides incentives for enrollees in a health

plan to elect to receive health care services from a lower cost provider. The incentives can be calculated as a percentage of the difference in price, as a flat dollar amount, or by some other reasonable methodology. Each health carrier must make the incentive program available as a component of all health plans offered in Missouri and must provide notice of the program to enrollees.

If an enrollee chooses to receive a health care service from an out-of-network provider that results in a savings incentive payment, the health carrier must apply the amount paid for the health care service toward the enrollee's member cost sharing.

Each health carrier must annually file with the General Assembly a report outlining the program usage, as outlined in the bill.

This bill is similar to HB 125 (2017).

**PROPOSERS:** Supporters say that consumer-driven care will help lower the cost of health care and that increasing the information a patient has about their own health care costs will help a patient make an informed decision.

Testifying for the bill were Representative Helms; Opportunity Solutions Project; and Greg Pfister, The Foundation for Government Accountability.

**OPPOSERS:** Those who oppose the bill say that this bill would cause more work and administration for hospitals to provide health care costs in an already complicated system. The largest cost driver of health care is government regulations trying to manage costs and insurance companies already make decisions for their customers in regards to cost because they negotiate contracts with providers.

Testifying against the bill were Missouri Hospital Association; Missouri Insurance Coalition; Blue Cross Blue Shield of Kansas City; America's Health Plans; St. Louis Area Business Health Coalition; and United Healthcare.