

SECOND REGULAR SESSION

# HOUSE BILL NO. 2126

99TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE HELMS.

5869H.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 transparency in health care pricing.

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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  
2 known as section 376.1705, to read as follows:

376.1705. 1. (1) **Prior to a nonemergency admission, procedure, or service and  
2 upon request by a patient or prospective patient, a health care provider within the patient's  
3 or prospective patient's insurer network shall, within five business days, disclose the  
4 allowed amount of the nonemergency admission, procedure, or service, including the  
5 amount for any facility fees required.**

6 (2) **Prior to a nonemergency admission, procedure, or service and upon request by  
7 a patient or prospective patient, a health care provider outside the patient's or prospective  
8 patient's insurer network shall, within five business days, disclose the amount that shall  
9 be charged for the nonemergency admission, procedure, or service, including the amount  
10 for any facility fees required.**

11 (3) **If a health care provider is unable to quote a specific amount under subdivision  
12 (1) or (2) of this subsection in advance due to the health care provider's inability to predict  
13 the specific treatment or diagnostic code, the health care provider shall disclose what is  
14 known for the estimated amount for a proposed nonemergency admission, procedure, or  
15 service, including the amount for any facility fees required. A health care provider shall  
16 disclose the incomplete nature of the estimate and inform the patient or prospective patient**

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 of his or her ability to obtain an updated estimate once additional information is determined.

18 (4) If a patient or prospective patient is covered by insurance, a health care  
19 provider that participates in a carrier's network shall, upon request of a patient or  
20 prospective patient, provide, based on the information available to the health care provider  
21 at the time of the request, sufficient information regarding the proposed nonemergency  
22 admission, procedure, or service for the patient or prospective patient to receive a cost  
23 estimate from his or her insurance carrier to identify out-of-pocket costs, co-payments,  
24 deductibles, or coinsurance amounts.

25 2. Nothing in this section shall prohibit a carrier from imposing cost-sharing  
26 requirements disclosed in the enrollee's certificate of coverage for unforeseen health care  
27 services that arise out of the nonemergency procedure or service or for a procedure or  
28 service provided to an enrollee that was not included in the original estimate.

29 3. A carrier shall notify an enrollee that these are estimated costs and that the  
30 actual amount the enrollee shall be responsible to pay may vary due to unforeseen services  
31 that arise out of the proposed nonemergency procedure or service.

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