

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 617**  
**98TH GENERAL ASSEMBLY**

1115H.02C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To amend chapter 197, RSMo, by adding thereto one new section relating to health care transparency.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 197, RSMo, is amended by adding thereto one new section, to be  
2 known as section 197.170, to read as follows:

**197.170. 1. This section shall be known and may be cited as the "Health Care Cost  
2 Reduction and Transparency Act".**

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

**4 (1) "Ambulatory surgical center", a health care facility as such term is defined  
5 under section 197.200;**

**6 (2) "Department", the department of health and senior services;**

**7 (3) "Health care provider", the same meaning ascribed to it in section 376.1350;**

**8 (4) "Health carrier", an entity as such term is defined under section 376.1350;**

**9 (5) "Hospital", a health care facility as such term is defined under section 197.020;**

**10 (6) "Public or private third party", includes the state, the federal government,  
11 employers, health carriers, third-party administrators, and managed care organizations.**

**12 3. Each health care provider licensed in the state shall make available to the public,  
13 and on its internet website if applicable, the most current price information required by  
14 this section in a manner that is easily understood by the public.**

**15 4. Beginning with the quarter ending June 30, 2016, and quarterly thereafter, each  
16 health care provider licensed in the state shall provide the following information about the  
17 twenty-five most frequently reported health care services or procedures:**

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           **(1) The amount that will be charged to a patient for each health care service or**  
19 **procedure if all charges are paid in full without a public or private third party paying for**  
20 **any portion of the charges;**

21           **(2) The average negotiated settlement on the amount that will be charged to a**  
22 **patient required to be provided in subdivision (1) of this subsection;**

23           **(3) The amount of Medicaid reimbursement for each health care service or**  
24 **procedure, including claims and pro rata supplemental payments;**

25           **(4) The amount of Medicare reimbursement for each health care service or**  
26 **procedure;**

27           **(5) For the five largest health carriers providing payment to the health care**  
28 **provider on behalf of insureds and state employees, the range and the average of the**  
29 **amount of payment made for each health care service or procedure. Prior to making this**  
30 **information available to the public, each health care provider shall redact the names of the**  
31 **health carriers and any other information that would otherwise identify the health**  
32 **carriers.**

33           **5. No health care provider shall be required to report the information required by**  
34 **this section if the reporting of such information reasonably could lead to the identification**  
35 **of the person or persons receiving health care services or procedures in violation of the**  
36 **federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") or other**  
37 **federal law.**

38           **6. Beginning with the quarter ending September 30, 2016, and quarterly thereafter,**  
39 **hospitals and ambulatory surgical centers shall make available to the public information**  
40 **on the total costs for the twenty-five most common surgical procedures and the twenty**  
41 **most common imaging procedures, by volume, performed in hospital or outpatient settings**  
42 **or in ambulatory surgical centers, along with the related current procedural terminology**  
43 **("CPT") and healthcare common procedure coding system ("HCPCS") codes. Hospitals**  
44 **and ambulatory surgical centers shall report this information in the same manner as**  
45 **required by subsection 4 of this section, provided that hospitals and ambulatory surgical**  
46 **centers shall not be required to report the information required by this subsection where**  
47 **the reporting of that information reasonably could lead to the identification of the person**  
48 **or persons admitted to the hospital in violation of HIPAA or other federal law.**

49           **7. Upon request of a patient for the cost of a particular health care service or**  
50 **procedure, imaging procedure, or surgery procedure reported in this section, a health care**  
51 **provider shall provide the information required by this section to the patient in writing,**  
52 **either electronically or by mail, within three business days after receiving the request.**

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