

FIRST REGULAR SESSION

# SENATE BILL NO. 153

96TH GENERAL ASSEMBLY

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INTRODUCED BY SENATOR SCHAAF.

Read 1st time January 24, 2011, and ordered printed.

TERRY L. SPIELER, Secretary.

1046S.021

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## AN ACT

To amend chapter 376.475, RSMo, by adding thereto one new section relating to transparency in the health care market, with penalty provisions.

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

Section A. Chapter 376.475, RSMo, is amended by adding thereto one new

2 section, to be known as section 376.475, to read as follows:

376.475. 1. Every health carrier, as defined in section 376.1350,  
2 shall, by July 1, 2012, utilize a web-based estimating system or other  
3 mechanism, by which covered individuals, or their parents or  
4 guardians, shall be able to enter, provide, or select from menus, the  
5 procedures, tests, or services the individual is considering having, and  
6 based upon the individual's benefit plan and the health carrier's  
7 internal data, receive estimates of the total cost and total out-of-pocket  
8 cost of the procedures, tests, or services specific to all available  
9 contracted providers or facilities for which such estimates are  
10 requested. The estimates shall take into account any known unmet  
11 deductible obligation and shall be based upon assumptions of typical  
12 utilization and an assumption that, in the provision of the procedures,  
13 tests, or services, no complications or unexpected events would occur  
14 necessitating other expenses. The estimates shall include related  
15 estimates of typically needed and expected ancillary costs such as those  
16 for radiology, pathology, or anesthesiology services, and shall indicate  
17 when no contracted providers of such services are available under the  
18 individual's benefit plan at a selected health care facility or  
19 provider. Any estimate given shall not be a guarantee of coverage and

20 the health carrier shall not be held liable for differences between the  
21 estimated costs and the ultimate charges assessed to the  
22 individual. Nothing in this subsection shall be construed as violating  
23 any provider contract provisions with a health carrier that prohibits  
24 disclosure of a provider's fee schedule to third parties.

25 2. Any health carrier that has not made a good faith effort to  
26 comply with the provisions of this section shall be subject to the  
27 provisions of section 374.280.

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