SENATE SUBSTITUTE

FOR

SENATE BILL NO. 608

AN ACT

To amend chapter 208, RSMo, by adding thereto two new sections relating to MO HealthNet health care provider fees.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

Section A. Chapter 208, RSMo, is amended by adding thereto two new sections, to be known as sections 208.142 and 208.148, to read as follows:

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- 208.142. 1. Beginning October 1, 2016, a MO HealthNet participant who uses hospital emergency department services for the treatment of a medical condition that is not an emergency medical condition shall be required to pay a copayment fee of eight dollars for such services. A participant shall be notified of the eight dollar copayment prior to services being rendered.

 A MO HealthNet participant's failure to pay the copayment fee shall not in any way reduce or otherwise affect any MO HealthNet reimbursement to the health care provider for the services provided.
- 2. For the purposes of this section, an "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- 1 (1) Placing the health of the individual, or with respect
 2 to a pregnant woman, the health of the woman or her unborn child,
 3 in serious jeopardy;
 - (2) Serious impairment to bodily functions;

- 5 (3) Serious dysfunction of any bodily organ or part.
 - 3. The department of social services shall promulgate rules for the implementation of this section, including setting forth rules for the required documentation by the physician and the informed consent to be provided to and signed by the parent or quardian of the participant. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536, are nonseverable, and if any of the powers vested with the general assembly under chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.
 - 4. The department shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement the provisions of this section.
 - 208.148. 1. Except as required to satisfy laws pertaining to the termination of patient care without adequate notice or without making other arrangements for the continued care of the

- 1 patient, fee-for-service MO HealthNet health care providers shall
- 2 <u>be permitted to charge a MO HealthNet participant who misses an</u>
- 3 appointment or fails to provide notice of cancellation within
- 4 twenty-four hours prior to the appointment from scheduling
- 5 another appointment until the participant has paid a missed
- 6 appointment fee to the health care provider as follows:
- 7 (1) For the first missed appointment, a fee of no greater 8 than five dollars;
- 9 <u>(2) For the second missed appointment, a fee of no greater</u>
 10 than ten dollars; and
- 11 (3) For the third and each subsequent missed appointment, a

 12 fee of no greater than twenty dollars.
- 2. Nothing in this section shall be construed in any way to
 limit MO HealthNet managed care organizations from developing and
 implementing any incentive program to encourage adherence to
 scheduled appointments.
 - 3. The health care provider shall not charge to nor shall the MO Healthnet participant be reimbursed by the MO HealthNet program for the missed appointment fee.

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4. The department shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement the provisions of this section.