FIRST REGULAR SESSION

SENATE BILL NO. 281

90TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR BLAND.

Read 1st time January 14, 1999, and 1,000 copies ordered printed.

TERRY L. SPIELER, Secretary.

L.0720.01I

AN ACT

Relating to consumer choice of health care providers.

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

Section 1. Sections 1 to 7 of this act may be cited as the "Patient Protection Act of 1999".

Section 2. As used in sections 1 to 7 of this act the following terms mean:

(1) "Copayment", a type of cost sharing whereby insured or covered persons pay a specified predetermined amount per unit of service or percentage of health care costs, with their health care insurer paying the remainder of the charge. The copayment is incurred at the time the service is rendered. The copayment may be a fixed or variable amount;

(2) "Health benefit plan", any entity or program that provides reimbursement, including capitation, for health care services;

(3) "Health care insurer", any entity, including but not limited to insurance companies, hospital and medical services corporations, health maintenance organizations, preferred provider organizations, physician hospital organizations, third-party administrators, and prescription benefit management companies authorized to administer, offer or provide health benefit plans, policies, subscriber contracts or any other contract of similar nature which indemnify or compensate health care providers for the provision of health care services;

(4) "Health care provider", those individuals or entities which provide health care services, limited to the following: physicians and surgeons, podiatrists, chiropractors, physical therapists, speech pathologists, audiologists, dentists, optometrists, hospitals, hospital-based services, psychologists, licensed professional counselors, respiratory therapists, pharmacists, occupational therapists and long-term

care facilities, home health care and hospice care, licensed ambulatory surgery centers and rural health clinics;

(5) "Health care services", services and products provided by a health care provider within the scope of the provider's license.

Section 3. 1. A health benefit plan, health insurance plan or policy, employee benefit plan or health maintenance organization shall not, directly or indirectly:

(1) Impose a monetary advantage or penalty pursuant to a health benefit plan that would affect a beneficiary's choice among those health care providers who participate in the health benefit plan according to the terms offered. Monetary advantage or penalty includes higher copayment, a reduction in reimbursement for services or promotion of one health care provider over another by such methods; or

(2) Impose upon a beneficiary of health care services pursuant to a health benefit plan any copayment, fee or condition that is not equally imposed upon all beneficiaries in the same benefit category, class or copayment level pursuant to that health benefit plan when the beneficiary is receiving services from a participating health care provider pursuant to that health benefit plan; or

(3) Prohibit or limit a health care provider listed in subdivision (4) of section 2 of this act and willing to accept the plan's operating terms and conditions, its schedule of fees, covered expenses, utilization regulations and quality standards, from the opportunity to participate in that plan.

2. Nothing in sections 1 to 7 of this act shall prevent a health benefit plan from instituting measures designed to maintain quality and to control costs, including but not limited to the utilization of a health care provider to coordinate health care services, as long as such measures are imposed equally on all providers in the same class.

Section 4. Nothing in sections 1 to 7 of this act shall be construed to require any health care insurer or health benefit plan to cover any specific health care service. However, no condition or measure shall have the effect of excluding any type or class of provider listed in subdivision (4) of section 2 of this act from providing that service.

Section 5. Any person adversely affected by a violation of sections 1 to 7 of this act may sue in a court of competent jurisdiction for injunctive relief against the health care insurer and, upon prevailing, shall, in addition to such relief, recover damages not less than one thousand dollars, attorney fees and costs.

Section 6. Any provision in a health benefit plan which is excluded, delivered or renewed, or otherwise contracts after August 28, 1999, for provision of services in this state that is contrary to the provisions of sections 1 to 7 of this act shall, to the extent of the conflict, be void.

Section 7. It is a violation of sections 1 to 7 of this act for any health care insurer or other person or entity to provide any health benefit plan providing for health care services to residents of this state that does not conform to the provisions of sections 1 to 7 of this act, but nothing in sections 1 to 7 of this act shall constitute a violation on the basis of actions taken by the health benefit plan to maintain quality, enforce utilization regulations and to control costs.

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