

Amend CSSB 1731, committee report printing as follows:

(1) On page 2, line 55 insert the following between the word "facility" and the semicolon:

"and the documented income and other resources of the consumer"

(2) On page 3, line 49 add new subsections (f) and (g) and re-letter accordingly.

"(f) A facility shall provide an itemized statement of billed services to a third party payor who is actually or potentially responsible for paying all or part of the billed services provided to a patient and who has received a claim for payment of those services. To be entitled to receive a statement, the third party payor must request the statement from the facility and must have received a claim for payment. The request must be made not later than one year after the date on which the payor received the claim for payment. The facility shall provide the statement to the payor not later than the 30th day after the date on which the payor requests the statement. If a third party payor receives a claim for payment of part but not all of the billed services, the third party payor may request an itemized statement of only the billed services for which payment is claimed or to which any deduction or copayment applies.

(g) A facility in violation of this section is subject to enforcement action by the appropriate licensing agency."

(3) On page 3, line 49, insert the phrase "or a third party payor" between the word "consumer" and "requests".

(4) On page 3, line 69 through page 4, line 10 strike Subsection 324.102 in its entirety and insert the following:

"Sec. 324.102. COMPLAINT PROCESS. A facility shall establish and implement a procedure for handling consumer complaints, and must make a good faith effort to resolve the complaint in an informal manner based on its complaint procedures. If the complaint cannot be resolved informally, the facility shall advise the consumer that a complaint may be filed with the department and shall provide the consumer with the mailing address and telephone number of the department."

(5) On page 4, line 27, delete the word "radiology" and replace with "imaging"

(6) On page 5 line 19, add a new Subsection (d) and re-letter accordingly:

"(d) For services provided in an emergency department of a hospital or as a result of an emergent direct admission, the physician shall provide the estimate of charges required by Subsection (c) before discharging the patient from the emergency department or hospital, as appropriate."

(7) On page 6, line 1 after the word "CARE" delete "COST" and replace with "REIMBURSEMENT RATE"

(8) On page 6, line 61 delete the word "costs" and replace with "reimbursement rates"

(9) On page 7, line 11 delete the word "COST" and replace with "REIMBURSEMENT RATE"

(10) On page 7, line 14 delete the word "cost" and replace with "reimbursement rate"

(11) On page 7, line 18 delete the word "cost" and replace with "reimbursement rate"

(12) In SECTION 14 of the bill, on page 12, line 22 through line 23, delete "Subsections (a), (b), (c), and (d)" and replace with "Subsection (h)(1)"