Protecting Missourians from Surprise Medical Bills

Too often, Missourians who are paying faithfully for their health insurance end up with thousands of dollars of medical debt. In many cases, this debt is the result of a surprise medical bill. A Surprise Medical Bill is a bill that a person receives after inadvertently seeing an out-of-network provider. Often this happens when someone goes to an in-network hospital or emergency room but is treated by a medical provider who they did not get to choose – like the ER doctor, the anesthesiologist, or the radiologist. Weeks later, they receive a bill, often for thousands of dollars.

Missouri should follow the lead of other states and change the law so that people are protected from unfair surprise medical bills when they had no reasonable opportunity to select an in-network provider. We urge lawmakers to support the bills filed to do so: HB 2718 (Rep. Pike, R-Adrian); SB 928 (Sen. Onder, R-St. Charles); and SB 1057 (Sen. Schupp, D-St. Louis County).

Requiring Insurance Companies to Publish Accurate Provider Directories

Most people who have insurance know that it is much less expensive to see an in-network provider. However, more and more Missourians are struggling to find an in-network provider. In some cases, this is because the insurance company directory of providers is hard to find or wildly inaccurate. A consumer may have to call dozens of the doctors listed before finding one who actually takes the insurance plan and is accepting new patients. A 2016 secret shopper study of Health Insurance Marketplace plans in two Missouri counties found that less than 15% of the primary care doctors listed as in-network were actually in-network with new patient appointments available within four weeks.

Problems with provider directories occur across all types of insurance. A 2017 study by the Centers for Medicare and Medicaid Services (CMS) found that, on average, more than 45% of Medicare Advantage directory listings were inaccurate, with some directories as much as 86% inaccurate. And a secret shopper survey in California found that provider directories were equally inaccurate in private insurance plans sold on and off the Marketplace.

When Missourians can’t find accurate information about the doctors covered by their insurance, they may get so frustrated that they give up trying, choosing to forgo primary and preventive care as a result. Or, they may end up paying high costs – or incurring high medical debt - for seeing an out-of-network doctor.

If we want consumers to make smart, cost-effective health care decisions, they must have the information necessary to do so. Missouri should pass HB 2612 (Rep. Davis, R-Webb City), which would require insurance companies to keep provider directories accurate and readily accessible to consumers.
Extending Medicaid Coverage for New Moms

Missouri has an opportunity this year to extend health insurance to a vulnerable group: New moms. Currently, Missouri has two programs that provide Medicaid coverage to pregnant women who would not otherwise qualify. These programs protect both moms and babies. However, both programs end a mere 60 days after women give birth – long before women have recovered physically and emotionally from giving birth. Losing health insurance at this time is especially hard on women who have been affected by the opioid epidemic, which in turn puts new babies at risk.

Missouri lawmakers are considering several bills that would allow new moms to keep their Medicaid coverage for longer than 60 days after they give birth. This extended coverage would provide critical care to keep moms and babies healthy.

First Do No Harm

The first step to improving access to health care is to refrain from passing bills or budgets that worsen the current state of care.

Missouri lawmakers should reject any bills that would lead to Missourians losing their health care, including:

- SB 562 (Sater, R-Cassville): This bill would seek a waiver to convert Missouri’s Medicaid program to a “block grant” program. Doing so would lead to immediate and worsening cuts to federal funding for Missouri’s Medicaid program. These cuts would inevitably lead to cuts to care for the Missourians who rely on Medicaid, most of whom are children, people with disabilities, and seniors. SB 562 is identical to last year’s SB 28, which the General Assembly failed to pass. They should do the same this year.
- SB 948 (Sater, R-Cassville) and HB 1856 (Trent, R-Springfield): These two bills seek to impose “work requirements” on Missourians who use Medicaid. The real-life effect of these bills would simply be to kick Missourians off of their coverage if they can’t find a job.

As always, access to health care will be heavily impacted by the state budget. Missouri lawmakers should resist any calls to save money in the state budget by cutting health care services for Missourians who have no other place to turn for care.