

1.1 ..... moves to amend H.F. No. 3893 as follows:

1.2 Page 2, after line 31, insert:

1.3 "Sec. 2. **[62J.812] PRIMARY CARE PRICE TRANSPARENCY.**

1.4 (a) Each provider shall maintain a list of the services over \$25 that correspond with the  
1.5 provider's 25 most frequently billed current procedural terminology (CPT) codes, including  
1.6 the provider's ten most commonly billed evaluation and management codes, and of the ten  
1.7 most frequently billed CPT codes for preventive services. If the provider is associated with  
1.8 a health care system, the health care system may develop the list of services required under  
1.9 this paragraph for the providers within the health care system.

1.10 (b) For each service listed in paragraph (a), the provider shall disclose the provider's  
1.11 charge, the average reimbursement rate received for the service from the provider's health  
1.12 plan payers in the commercial insurance market, and, if applicable, the Medicare allowable  
1.13 payment rate and the medical assistance fee-for-service payment rate. For purposes of this  
1.14 paragraph, "provider's charge" means the dollar amount the provider charges to a patient  
1.15 who has received the service and who is not covered by private or public health care  
1.16 coverage.

1.17 (c) The list described in this subdivision must be updated annually and must be posted  
1.18 in the provider's reception area of the clinic or office and made available on the provider's  
1.19 Web site, if the provider maintains a Web site.

1.20 (d) For purposes of this subdivision, "provider" means a primary care provider or clinic  
1.21 that specializes in family medicine, general internal medicine, gynecology, or general  
1.22 pediatrics.

1.23 **EFFECTIVE DATE.** This section is effective July 1, 2019."

1.24 Amend the title accordingly