

SECOND REGULAR SESSION

HOUSE BILL NO. 1215

91ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES TREADWAY, KREIDER AND FOLEY (Co-sponsors).

Pre-filed December 12, 2001, and 1000 copies ordered printed.

TED WEDEL, Chief Clerk

2533L.02I

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for bone marrow testing.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be
2 known as section 376.1275, to read as follows:

**376.1275. 1. Each health carrier or health benefit plan that offers or issues health
2 benefit plans which are delivered, issued for delivery, continued, or renewed in this state
3 on or after January 1, 2003, shall include coverage for the cost for human leukocyte
4 antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and
5 DR antigens for utilization in bone marrow transplantation. The testing must be
6 performed in a facility which is accredited by the American Association of Blood Banks
7 or its successors, and is licensed under the Clinical Laboratory Improvement Act, 42 U.S.C.
8 Section 263a, as amended. At the time of testing, the person being tested must complete
9 and sign an informed consent form which also authorizes the results of the test to be used
10 for participation in the National Marrow Donor Program. The health benefit plan may
11 limit each enrollee to one such testing per lifetime to be reimbursed by the health carrier
12 or health benefit plan.**

**13 2. For the purposes of this section, "health carrier" and "health benefit plan" shall
14 have the same meaning as defined in section 376.1350.**

**15 3. The health care service required by this section shall not be subject to any
16 greater deductible or copayment than other similar health care services provided by the
17 health benefit plan.**

18 4. The provisions of this section shall not apply to a supplemental insurance policy,

19 **including a life care contract, accident-only policy, specified disease policy, hospital policy**
20 **providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,**
21 **short-term major medical policies of six months or less duration, or any other**
22 **supplemental policy as determined by the director of the department of insurance.**