FIRST REGULAR SESSION

[TRULY AGREED TO AND FINALLY PASSED]

SENATE COMMITTEE SUBSTITUTE FOR

HOUSE SUBSTITUTE FOR

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HOUSE BILL NO. 455

92ND GENERAL ASSEMBLY

0976S.06T 2003

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance coverage for prostheses and scalp hair prostheses.

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 known as section 376.1222, to read as follows:

376.1222. 1. Any health insurance policy through the Medicaid program pursuant

- 2 to chapter 208, RSMo, the children's health insurance program pursuant to sections
- 3 208.631 to 208.660, RSMo, and any health care plans issued to employees under the
- 4 Missouri consolidated health care plan established pursuant to chapter 103, RSMo, that
- 5 are delivered, issued for delivery, continued or renewed in this state on or after January
- 6 1,2004, shall provide coverage for prostheses and expenses for scalp hair prostheses worn
- 7 for hair loss suffered as a result of alopecia areata or alopecia totalis for persons eighteen
- 8 years of age or younger who are covered under a policy, program or plan pursuant to this
- 9 **section.**

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- 2. For purposes of this section, the following terms mean:
 - (1) "Prostheses", artificial appliances used to replace lost natural structures;
- 12 (2) "Scalp hair prostheses", artificial substitutes for scalp hair that are made 13 specifically for a particular individual.
- 3. The coverage required by this section shall not be more than a maximum benefit amount of two hundred dollars per calendar year or exceed a lifetime maximum benefit

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amount of three thousand two hundred dollars for those persons who select a more permanent scalp hair prosthesis. A person may request a one-time expenditure of up to three thousand two hundred dollars. The benefits required by this section shall expire when total benefits paid reach three thousand two hundred dollars or when such person listed in subsection 1 of this section reaches eighteen years of age.

- 4. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, program, or plan.
- 5. Nothing in this section shall prohibit a health insurer or health benefit plan from providing coverage that is greater than or more favorable to persons than the coverage provided by this section.