

SECOND REGULAR SESSION

HOUSE BILL NO. 1088

92ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BOYKINS.

Read 1st time January 14, 2004, and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

3405L.011

AN ACT

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

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 376.784, to read as follows:

376.784. 1. As used in this section, the following terms mean:

(1) "Body mass index", the relationship between weight and height used to assess health risk related to excess weight based on the mathematical formula that is expressed as weight in kilograms divided by height in meters squared, or weight in pounds divided by height in inches squared and multiplied by 703;

(2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350;

(4) "Morbid obesity":

(a) A weight which is at least one hundred pounds over or twice the ideal weight for frame, age, height, and gender as specified in the most recent Metropolitan Life Insurance tables;

(b) A body mass index equal to or greater than forty kilograms per meter squared;

(c) A body mass index equal to or greater than thirty-five kilograms per meter squared along with comorbidity or existing medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes.

2. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued or renewed on or after January

19 **1, 2005, shall offer coverage for the treatment of morbid obesity by such methods as may**
20 **be recognized by the National Institutes of Health as effective for the long-term reversal**
21 **of morbid obesity when:**

22 **(1) Nonsurgical treatment of the morbid obesity supervised by a physician has been**
23 **unsuccessful for at least eighteen months;**

24 **(2) At least two physicians concur in the determination that surgical treatment of**
25 **the morbid obesity is medically necessary.**

26 **3. If the policyholder or other purchaser of the policy, plan, or contract elects not**
27 **to purchase coverage under this section, the health carrier or health benefit plan shall not**
28 **be required to notify the purchaser in any renewal, reinstatement, or modified policy,**
29 **contract, or plan as to the availability of the optional coverage. However, the policyholder**
30 **or other purchaser may request the optional coverage in writing on any anniversary date**
31 **of the policy, plan, or contract.**

32 **4. Nothing in this section shall be construed to deny or restrict in any way any**
33 **existing right or benefit to coverage and treatment for obesity under any existing law,**
34 **policy, plan, or contract.**

35 **5. Nothing in this section shall be construed to allow limits of liability of coverage**
36 **for morbid obesity which prevents the policyholder from accessing medically necessary and**
37 **appropriate treatment for morbid obesity as recommended by a licensed physician,**
38 **chiropractor, or registered and licensed dietician.**

39 **6. The provisions of this section shall not apply to a supplemental insurance policy,**
40 **including a life care contract, accident-only policy, specified disease policy, hospital policy**
41 **providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,**
42 **short-term major medical policy of six months' or less duration, or any other supplemental**
43 **policy.**