SECOND REGULAR SESSION

HOUSE BILL NO. 2109

93RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES LOW (39) (Sponsor), LAMPE, BAKER (25), SKAGGS, CURLS, BROWN (50), JOHNSON (47), WALSH, FRASER, DONNELLY, SHOEMYER, WILDBERGER, LOWE (44), YOUNG, GEORGE, VILLA, SPRENG, WAGNER, BOWMAN, SANDERS BROOKS, STORCH, PAGE, HARRIS (110), JOHNSON (90), MEINERS, JOLLY, LeVOTA, WRIGHT-JONES, JOHNSON (61), HUGHES, SCHAAF, COOPER (155), SILVEY, SMITH (14) AND SCHNEIDER (Co-sponsors).

Read 1st time March 30, 2006 and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

5588L.01I

6

7

8

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance coverage for cervical cancer 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 known as section 376.1256, to read as follows:

376.1256. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2007, shall provide coverage a human papillomavirus (HPV) screening at testing intervals outlined in certain recommendations developed by the American College of Obstetricians and Gynecologists.

- 2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350, and "human papillomavisus screening" means any laboratory test that specifically detects for infection by one or more agents of the human papillomavirus and is approved for such purpose by the federal Food and Drug Administration.
- EXPLANATION Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

H.B. 2109

14

16

17

18

3. 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 health benefit plan.

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

/