## SECOND REGULAR SESSION HOUSE BILL NO. 2229

## 94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES PAGE (Sponsor) AND SCHAAF (Co-sponsor).

Read 1st time February 21, 2008 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

5178L.01I

## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health benefits coverage for ancillary medical services.

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 376.1150, to read as follows:

376.1150. 1. Every policy issued by a health carrier and every health benefit plan, as defined in section 376.1350, shall provide coverage for expenses incurred for any ancillary medical service, including but not limited to pathology and anesthesiology services, that is provided in connection with the performance of outpatient diagnostic screening and surgical intervention services with respect to a covered person, when the ancillary service is determined medically necessary by the covered person's treating physician.

8 2. The health care service required by this section shall not be subject to any 9 greater deductible or co-payment than other similar health care services provided by the 10 health benefit plan.

3. 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 policy of six months' or less duration, or any other similar

15 supplemental policy.

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.