

SECOND REGULAR SESSION

HOUSE BILL NO. 2184

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES LAMPE (Sponsor), STILL,
ATKINS AND OXFORD (Co-sponsors).

3043L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

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

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 376.1575, to read as follows:

**376.1575. 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, 2011, shall provide coverage for habilitative services for children less
4 than nineteen years of age with a congenital, genetic, or early acquired disorder so long as
5 all of the following conditions are met:**

6 **(1) A physician licensed to practice medicine in all its branches has diagnosed the
7 child's congenital, genetic, or early acquired disorder;**

8 **(2) The treatment is administered by a licensed speech-language pathologist,
9 licensed audiologist, licensed occupational therapist, licensed physical therapist, licensed
10 physician, licensed nurse, licensed optometrist, licensed nutritionist, licensed social worker,
11 or licensed psychologist upon the referral of a physician licensed to practice medicine in
12 all its branches; and**

13 **(3) The initial or continued treatment is medically necessary and therapeutic and
14 not experimental.**

15 **2. For the purposes of this section, the following terms shall mean:**

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.

16 (1) "Habilitative services", occupational therapy, physical therapy, speech therapy,
17 and other services prescribed by the insured's treating physician under a treatment plan
18 to enhance the ability of a child to function with a congenital, genetic, or early acquired
19 disorder. A congenital or genetic disorder includes, but is not limited to, hereditary
20 disorders. An early acquired disorder refers to a disorder resulting from illness, trauma,
21 injury, or some other event or condition suffered by a child prior to such child developing
22 functional life skills such as, but not limited to, walking, talking, or self-help skills.
23 Congenital, genetic, and early acquired disorders may include, but are not limited to,
24 autism or an autism spectrum disorder, cerebral palsy, and other disorders resulting from
25 early childhood illness, trauma, or injury;

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

27 (3) "Health benefit plan", the same meaning as such term is defined in section
28 376.1350.

29 3. The coverage required under this section shall be subject to other general
30 exclusions and limitations of the policy, including coordination of benefits, participating
31 provider requirements, restrictions on services provided by family or household members,
32 utilization review of health care services including review of medical necessity, case
33 management, experimental and investigational treatments, and other managed care
34 provisions.

35 4. Coverage under this section shall not apply to those services which are solely
36 educational in nature or otherwise paid under state or federal law for purely educational
37 services. Nothing in this subsection relieves a health carrier or health benefit plan, or
38 similar third party, from an otherwise valid obligation to provide or to pay for services
39 provided to a child with a disability.

40 5. Coverage under this section for children less than nineteen years of age shall not
41 apply to treatment of mental or emotional disorders or illnesses otherwise covered under
42 section 376.1550 as well as any other benefit based upon a specific diagnosis that may be
43 otherwise required by law.

44 6. Any denial of care for habilitative services under this section shall be subject to
45 appeal and external independent review procedures.

46 7. Upon request of the reimbursing health carrier or health benefit plan, the
47 provider under whose supervision the habilitative services are being provided shall furnish
48 medical records, clinical notes, or other necessary data to allow the health carrier or health
49 benefit plan to substantiate that initial or continued medical treatment is medically
50 necessary and that the patient's condition is clinically improving. When the treating
51 provider anticipates that continued treatment is or will be required to permit the patient

52 to achieve demonstrable progress, the health carrier or health benefit plan may request
53 that the provider furnish a treatment plan consisting of diagnosis, proposed treatment by
54 type, frequency, anticipated duration of treatment, the anticipated goals of treatment, and
55 how frequently the treatment plan will be updated.

56 8. The provisions of this section shall not apply to a supplemental insurance policy,
57 including a life care contract, accident-only policy, specified disease policy, hospital policy
58 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
59 short-term major medical policies of six months or less duration, or any other
60 supplemental policy as determined by the director of the department of insurance,
61 financial institutions and professional registration.

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