FIRST REGULAR SESSION

[TRULY AGREED TO AND FINALLY PASSED]

SENATE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 388

96TH GENERAL ASSEMBLY

1236S.02T 2011

AN ACT

To repeal section 376.1250, RSMo, and to enact in lieu thereof one new section relating to patient information provided in advance of certain surgical procedures.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 376.1250, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1250, to read as follows:

376.1250. 1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1999, and providing coverage to any resident of this state shall provide benefits or coverage for:

(1) A pelvic examination and Pap smear for any nonsymptomatic woman covered under such policy or contract, in accordance with the current American Cancer Society guidelines;

(2) A prostate examination and laboratory tests for cancer for any nonsymptomatic man covered under such policy or contract, in accordance with the current American Cancer Society guidelines; and

(3) A colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic person covered under such policy or contract, in accordance with the current American Cancer Society guidelines.

2. Coverage and benefits related to the examinations and tests as required by this section shall be at least as favorable and subject to the same dollar limits, deductible, and co-payments as other covered benefits or services.

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.

3. Nothing in this act shall apply to accident-only, hospital indemnity, Medicare supplement, long-term care, or other limited benefit health insurance policies.

4. The provisions of this section shall not apply to short-term major medical policies of six months or less duration.

5. The attending physician shall **[**make available to any patient**] advise the patient of** the advantages, disadvantages, and risks, including cancer, associated with breast implantation prior to such operation **[**as provided by the department of health and senior services**]**.

6. **[**The department of health and senior services shall:

(1) Make available a standardized written summary that would be clear to a prudent lay person that:

(a) Contains general information on breast implantation; and

(b) Discloses potential dangers and side effects of a breast implantation operation;

(2) Update the standardized written summary as deemed necessary by the department of health and senior services; and

(3) By January 1, 2000, the department shall make available the standardized written summary to all hospitals, clinics, and physicians' offices that perform breast implantation.

7. The attending physician satisfies the requirements of subsection 5 of this section if:

(1) The physician provides the breast implantation patient with the standardized written summary described in subsection 2 of this section;

(2) The patient receives the standardized written summary at least five days before the breast implantation operation; and

(3) The patient signs a statement, made available by the department of health and senior services, acknowledging the patient's receipt of the standardized written summary.

8. Failure of the department of health and senior services to make the summary available, as described in subsection 6 of this section, shall be an affirmative defense in an action alleging a violation of subsection 5 of this section for the attending physician.

9.**]** Nothing in this section shall alter, impair or otherwise affect claims, rights or remedies available pursuant to law.

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