

HOUSE \_\_\_\_\_ AMENDMENT NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Committee Substitute for Senate Committee Substitute for  
2 Senate Bill No. 726, Page 10, Section 335.233, Line 7, by inserting  
3 after all of said section and line the following:

4 "376.1192. 1. As used in this section, "health benefit plan" and  
5 "health carrier" shall have the same meaning as such terms are defined  
6 in section 376.1350.

7 2. Beginning September 1, 2012, the oversight division of the  
8 joint committee on legislative research shall perform an actuarial  
9 analysis of the cost impact to health carriers, insureds with a health  
10 benefit plan, and other private and public payers if state mandates  
11 were enacted to provide health benefit plan coverage for the following:

12 (1) Orally administered anticancer medication that is used to  
13 kill or slow the growth of cancerous cells than what the plan requires  
14 for an intravenously administered or injected cancer medication that is  
15 provided, regardless of formulation or benefit category determination  
16 by the health carrier administering the health benefit plan;

17 (2) Diagnosis and treatment of eating disorders that include  
18 anorexia nervosa, bulimia, binge eating, eating disorders nonspecified,  
19 and any other severe eating disorders contained in the most recent  
20 version of the Diagnostic and Statistical Manual of Mental Disorders  
21 published by the American Psychiatric Association. The actuarial  
22 analysis shall assume the following are included in health benefit plan  
23 coverage:

24 (a) Residential treatment for eating disorders, if such treatment  
25 is medically necessary in accordance with the Practice Guidelines for  
26 the Treatment of Patients with Eating Disorders, as most recently  
27 published by the American Psychiatric Association; and

28 (b) Access to psychiatric and medical treatment that provides  
29 coverage for integrated care and treatments as prescribed by medical  
30 and psychiatric health care professionals, including but not limited to  
31 nutrition counseling, physical therapy, dietician services, medical  
32 monitoring, and psychiatric monitoring;

33 (3) Diagnosis and treatment of infertility, including but not  
34 limited to in vitro fertilization, uterine embryo lavage, embryo  
35 transfer, artificial insemination, gamete intrafallopian tube transfer,  
36 zygote intrafallopian tube transfer, and low tubal ovum transfer. For  
37 purposes of this subdivision, "infertility" means the inability to  
38 conceive after one year of unprotected sexual intercourse or the  
39 inability to sustain a successful pregnancy. The actuarial analysis  
40 shall assume that included in health benefit plan coverage is coverage  
41 for procedures for in vitro fertilization, gamete intrafallopian tube  
42 transfer, or zygote intrafallopian tube transfer which shall be  
43 required only if:

44 (a) The covered individual has been unable to attain or sustain a  
45 successful pregnancy through reasonable less costly medically  
46 appropriate infertility treatments for which coverage is available

1 under the policy, plan, or contract;

2 (b) The covered individual has not undergone four completed  
3 oocyte retrievals; except that if a live birth follows a completed  
4 oocyte retrieval, two or more completed oocyte retrievals shall be  
5 covered; and

6 (c) The procedures are performed at medical facilities that  
7 conform to the American College of Obstetric and Gynecological  
8 guidelines for in vitro fertilization clinics or to the American  
9 Fertility Society minimal standards for programs of in vitro  
10 fertilization.

11 3. By December 31, 2012, the director of the oversight division  
12 of the joint committee on legislative research shall submit a report of  
13 the actuarial findings prescribed by this section to the speaker, the  
14 president pro tem, and the chairpersons of the House of Representatives  
15 Special Committee on Health Insurance and the Senate Small Business,  
16 Insurance and Industry Committee.

17 4. For the purposes of this section, the actuarial analysis of  
18 health benefit plan coverage shall assume that such coverage:

19 (1) Shall not be subject to any greater deductible or copayment  
20 than other health care services provided by the health benefit plan;  
21 and

22 (2) Shall not apply to a supplemental insurance policy, including  
23 a life care contract, accident-only policy, specified disease policy,  
24 hospital policy providing a fixed daily benefit only, Medicare  
25 supplement policy, long-term care policy, short-term major medical  
26 policies of six months' or less duration, or any other supplemental  
27 policy.

28 5. The cost for each actuarial analysis shall not exceed thirty  
29 thousand dollars and the oversight division of the joint committee on  
30 legislative research may utilize any actuary contracted to perform  
31 services for the Missouri consolidated health care plan to perform the  
32 analysis required under this section.

33 6. The provisions of this section shall expire on December 31,  
34 2012.

35 376.1226. 1. No contract between a health carrier or health  
36 benefit plan and a dentist for the provision of dental services under a  
37 dental plan shall require that the dentist provide dental services to  
38 insureds in the dental plan at a fee established by the health carrier  
39 or health benefit plan if such dental services are not covered services  
40 under the dental plan.

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

42 (1) "Covered services", dental services reimbursable by a health  
43 carrier or health benefit plan or third party administrator under an  
44 applicable dental plan, subject to such contractual limitations on  
45 benefits as may apply, including but not limited to deductibles,  
46 copayments, coinsurance, waiting periods, annual or lifetime maximums,  
47 alternative benefit payments, or frequency limitations;

48 (2) "Dental plan", any policy or contract of insurance which  
49 provides for coverage of dental services;

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

1 (4) "Health carrier", the same meaning as such term is defined in  
2 section 376.1350.

3 376.1227. 1. No contract between a health carrier or health  
4 benefit plan and an optometrist for the provision of optometric  
5 services under a vision plan shall require that the optometrist provide  
6 optometric services to insureds in the vision plan at a fee established  
7 by the health carrier or health benefit plan if such optometric  
8 services are not covered services under the vision plan.

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

10 (1) "Covered services", services reimbursable by a health carrier  
11 or health benefit plan under an applicable vision plan, subject to such  
12 contractual limitations on benefits as may apply, including but not  
13 limited to deductibles, waiting periods, or frequency limitations;

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

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

18 (4) "Vision plan", any policy or contract of insurance which  
19 provides for coverage of vision care services."; and

20  
21 FURTHER AMEND said Bill, Section 643.079, Page 31, Line 102 by  
22 inserting after all of said section and line the following:

23 "Section 1. The board of trustees of the Missouri consolidated  
24 health care plan shall conduct an actuarial analysis and report to the  
25 general assembly, on or before December 31, 2012, of the feasibility of  
26 including the health plan sponsored by the department of transportation  
27 into the Missouri consolidated health care plan. The health plan  
28 sponsored by the department of transportation shall provide the  
29 Missouri consolidated health care plan actuary the data and funding  
30 necessary to perform the actuarial analysis."; and

31  
32 Further amend said bill by amending the title, enacting clause, and  
33 intersectional references accordingly.