

SECOND REGULAR SESSION

HOUSE BILL NO. 1890

96TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE MOLENDORP.

6151L.02I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to an actuarial analysis of the cost impact of insurance mandates.

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 376.1192, to read as follows:

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

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

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

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

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

19 (b) Access to psychiatric and medical treatment that provides coverage for
20 integrated care and treatments as prescribed by medical and psychiatric health care
21 professionals, including but not limited to nutrition counseling, physical therapy, dietician
22 services, medical monitoring, and psychiatric monitoring;

23 (3) Diagnosis and treatment of infertility, including but not limited to in vitro
24 fertilization, uterine embryo lavage, embryo transfer, artificial insemination, gamete
25 intrafallopian tube transfer, zygote intrafallopian tube transfer, and low tubal ovum
26 transfer. For purposes of this subdivision, "infertility" means the inability to conceive
27 after one year of unprotected sexual intercourse or the inability to sustain a successful
28 pregnancy. The actuarial analysis shall assume that included in health benefit plan
29 coverage is coverage for procedures for in vitro fertilization, gamete intrafallopian tube
30 transfer, or zygote intrafallopian tube transfer which shall be required only if:

31 (a) The covered individual has been unable to attain or sustain a successful
32 pregnancy through reasonable less costly medically appropriate infertility treatments for
33 which coverage is available under the policy, plan, or contract;

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

37 (c) The procedures are performed at medical facilities that conform to the
38 American College of Obstetric and Gynecological guidelines for in vitro fertilization clinics
39 or to the American Fertility Society minimal standards for programs of in vitro
40 fertilization.

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

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

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

50 (2) Shall not apply to a supplemental insurance policy, including a life care
51 contract, accident-only policy, specified disease policy, hospital policy providing a fixed

52 **daily benefit only, Medicare supplement policy, long-term care policy, short-term major**
53 **medical policies of six months' or less duration, or any other supplemental policy.**

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

58 **6. The provisions of this section shall expire on December 31, 2012.**

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