

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

# HOUSE BILL NO. 1890

96TH GENERAL ASSEMBLY

6151L.03P

D. ADAM CRUMBLISS, Chief Clerk

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## AN ACT

To amend chapter 376, RSMo, by adding thereto four new sections relating to health insurance coverage.

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

Section A. Chapter 376, RSMo, is amended by adding thereto four new sections, to be  
2 known as sections 376.1192, 376.1226, 376.1760, and 1 to read as follows:

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

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

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

11 **(2) Diagnosis and treatment of eating disorders that include anorexia nervosa,**  
12 **bulimia, binge eating, eating disorders nonspecified, and any other severe eating disorders**  
13 **contained in the most recent version of the Diagnostic and Statistical Manual of Mental**  
14 **Disorders published by the American Psychiatric Association. The actuarial analysis shall**  
15 **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.**

**376.1226. 1. No contract between a health carrier or health benefit plan and a**  
2 **dentist for the provision of dental services under a dental plan shall require that the dentist**  
3 **provide dental services to insureds in the dental plan at a fee established by the health**  
4 **carrier or health benefit plan if such dental services are not covered services under the**  
5 **dental plan.**

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

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

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

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

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

17 **3. A health carrier or health benefit plan or third party administrator shall not**  
18 **provide merely de minimis reimbursement or coverage in an effort to avoid the**  
**requirements of this section.**

**376.1760. 1. Any physician who prescribes or administers any drug for the purpose**  
2 **of inducing an abortion shall, in addition to complying with the medical malpractice**  
3 **requirements of section 188.043, obtain and maintain in force a tail or occurrence-based**  
4 **insurance policy of at least one million dollars per occurrence and three million dollars in**  
5 **the aggregate per year for personal injury to or death of a child born alive after an**  
6 **attempted abortion. Such policy shall be maintained in force or be in effect until such child**  
7 **reaches his or her twenty-first birthday, or later, under section 516.105.**

8 **2. Any physician who knowingly violates the provisions of subsection 1 of this**  
9 **section is guilty of a class D felony.**

10           **3. The defense of medical emergency under subsection 2 of section 188.075 shall be**  
11 **available to any physician alleged to have violated the provisions of subsection 1 of this**  
12 **section.**

**Section 1. The board of trustees of the Missouri consolidated health care plan shall**  
2 **conduct an actuarial analysis and report to the general assembly, on or before December**  
3 **31, 2012, of the feasibility of including the health plan sponsored by the department of**  
4 **transportation into the Missouri consolidated health care plan. The health plan sponsored**  
5 **by the department of transportation shall provide the Missouri consolidated health care**  
6 **plan actuary the data and funding necessary to perform the actuarial analysis.**

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