

HCS HB 1890 -- HEALTH INSURANCE COVERAGE

SPONSOR: Molendorp

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Insurance by a vote of 8 to 0.

This substitute changes the laws regarding health insurance coverage and contracts.

Beginning September 1, 2012, the substitute requires the Oversight Division of the Joint Committee on Legislative Research to conduct an actuarial analysis of the cost impact to consumers, health insurers, and other private and public payers if state mandates were enacted to provide health benefit plan coverages for the following:

- (1) Orally administered anticancer medication as intravenously administered or injected cancer medication;
- (2) Diagnosis and treatment of eating disorders that includes residential treatment and access to psychiatric and medical treatments; and
- (3) Diagnosis and treatment of infertility that includes in vitro fertilization, uterine embryo lavage, embryo transfer, artificial insemination, intrafallopian tube transfer, and low tubal ovum transfer.

The division director must submit a report of the actuarial findings to the Speaker of the House of Representatives, President Pro Tem of the Senate, and the chair of the House Special Committee on Health Insurance and the Senate Small Business, Insurance and Industry Committee by December 31, 2012. The analysis must assume that the mandated coverage will not be subject to any greater deductible or copayment than other health care services provided under a health benefit plan and will not apply to a supplemental insurance policy. The cost for each actuarial analysis cannot exceed \$30,000. The provisions regarding the actuarial analysis expire December 31, 2012.

The substitute prohibits a contract between a health carrier or health benefit plan and a dentist from requiring the dentist to provide services to an insured at a fee established by the carrier or plan if the services are not covered under the plan.

FISCAL NOTE: Estimated Net Cost on General Revenue Fund of \$90,000 in FY 2013, \$0 in FY 2014, and \$0 in FY 2015. No impact on Other State Funds in FY 2013, FY 2014, and FY 2015.

PROPONENTS: Supporters say that when SB 62 was passed into law in 2011, it required that all health insurance mandates must be actuarially assessed prior to being implemented. The bill is a way to assess the cost of three types of health insurance coverage before a mandate would be passed into law and provides proof of the costs of the implementation of these mandates without relying on speculation of what the costs would be. This is good public policy because it is a wise and prudent way to justify or not implement a health insurance mandate and is a good approach that the insurance industry can support. The business community supports the bill because it is a good resource for employers to assess the costs of mandated health care benefits. Evidence-based assessments are the best source when making decisions regarding health insurance mandates.

Testifying for the bill were Representative Molendorp; America's Health Insurance Plan; Missouri Insurance Coalition; United Healthcare Services, Incorporated; St. Louis Area Business Health Coalition; Anthem Blue Cross Blue Shield of Missouri; Humana, Incorporated; Coventry Health Care; and Missouri Dental Association.

OPPONENTS: There was no opposition voiced to the committee.