HCS HB 1890 -- HEALTH INSURANCE COVERAGE (Molendorp)

COMMITTEE OF ORIGIN: Committee on Health Insurance

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

STATE REGULATED HEALTH INSURANCE MANDATES

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.

HEALTH INSURANCE CONTRACTS

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. A health carrier, health benefit plan, or third-party administrator cannot provide an insignificant reimbursement or coverage in an effort to avoid these requirements.

MEDICAL MALPRACTICE REQUIREMENTS FOR PHYSICIANS

A physician who prescribes or administers any abortion-inducing drug must obtain in addition to all other medical malpractice requirements a tail or occurrence-based insurance policy of at least $1 million per occurrence and $3 million in the aggregate per year for damages for the personal injury to or death of a child who is born alive after an attempted abortion. The insurance policy must remain in full force and effect until the child reaches his or her twenty-first birthday, or later under Section 516.105, RSMo. A physician who violates this provision will be guilty of a class D felony. The defense of medical emergency must be available to any physician alleged to have violated this provision.

MISSOURI CONSOLIDATED HEALTH CARE PLAN

The board of trustees of the Missouri Consolidated Health Care Plan is required to conduct an actuarial analysis and report to the General Assembly by December 31, 2012, on the feasibility of including the health plans sponsored by the Department of Transportation into its plan.

FISCAL NOTE: Estimated Net Cost on General Revenue Fund of $190,000 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.