

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute No. 2 for Senate Bill No. 754, Page 13,
2 Section 338.220, Line 54, by inserting after all of said section and line the following:

3
4 "376.845. 1. This section shall be known and may be cited as "Katie's Law".

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

6 (1) "Eating disorder", anorexia nervosa, bulimia nervosa, binge eating disorder, eating disorders not
7 otherwise specified, and any other severe eating disorder contained in the most recent version of the
8 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association;

9 (2) "Health benefit plan", shall have the same meaning as such term is defined in section 376.1350;
10 however, for purposes of this section "health benefit plan" does not include a supplemental insurance policy,
11 including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed
12 daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six
13 months or less duration, or any other supplemental policy;

14 (3) "Health carrier", shall have the same meaning as such term is defined in section 376.1350;

15 (4) "Medical care", health care services needed to diagnose, prevent, treat, cure, or relieve physical
16 manifestations of an eating disorder, and shall include inpatient hospitalization, partial hospitalization,
17 residential care, intensive outpatient treatment, follow-up outpatient care and counseling;

18 (5) "Nutritional care", counseling and consultation services provided by a licensed and registered
19 dietitian;

20 (6) "Pharmacy care", counseling and consultation services provided by a licensed and Registered
21 Dietitian. "Pharmacy care" includes medications used to address symptoms of an eating disorder prescribed
22 by a licensed physician, and any health-related services deemed medically necessary to determine the need or
23 effectiveness of the medications, but only to the extent that such medications are included in the insured's
24 health benefit plan;

25 (7) "Psychiatric care", direct or consultative services provided by a psychiatrist licensed in the state in
26 which the psychiatrist practices, and shall include inpatient hospitalization, partial hospitalization, residential
27 care, intensive outpatient treatment, follow-up outpatient care and counseling;

28 (8) "Therapy", behavioral interventions provided by a therapist licensed in the state in which the
29 therapist practices;

30 (9) "Treatment of eating disorders", care prescribed or ordered for an individual diagnosed with an
31 eating disorder by a licensed physician, psychologist, psychiatrist, or therapist, pursuant to the powers granted
32 under such licensed physician's, psychologist's, psychiatrist's, or therapist's license, including, but not limited
33 to:

34 (a) Medical care;

35 (b) Psychological care;

36 (c) Psychiatric care;

37 (d) Nutritional care;

38 (e) Therapy;

39 (f) Pharmacy care.

40 3. In accordance with the provisions of section 376.1550, all health benefit plans that are delivered,

Action Taken _____ Date _____

1 issued for delivery, continued or renewed, if written inside the state of Missouri, or written outside the state of
2 Missouri but covering Missouri residents, shall provide coverage for the diagnosis and treatment of eating
3 disorders as required in section 376.1550.

4 4. (1) Coverage provided under this section is limited to medically necessary treatment that is
5 ordered by a licensed treating physician, psychologist, psychiatrist, or therapist, pursuant to the powers
6 granted under such licensed physician's, psychologist's, psychiatrist's, or therapist's license, in accordance
7 with a treatment plan.

8 (2) The treatment plan, upon request by the health benefit plan or health carrier, shall include all
9 elements necessary for the health benefit plan or health carrier to pay claims. Such elements include, but are
10 not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

11 (3) If the individual is receiving treatment for an eating disorder, a health carrier shall have the right
12 to review the treatment plan not more than once every six months unless the health carrier and the individual's
13 treating physician, psychologist, psychiatrist, or therapist agree that a more frequent review is necessary. Any
14 such agreement regarding the right to review a treatment plan more frequently shall only apply to a particular
15 individual being treated for an eating disorder and shall not apply to all individuals being treated for eating
16 disorders by a provider. The cost of obtaining any review or treatment plan shall be borne by the health
17 benefit plan or health carrier, as applicable.

18 (4) Coverage provided under this section shall not be subject to any limits on the number of days of
19 medically necessary treatment, except as provided in the treatment plan.

20 5. The provisions of sections 376.1350 to 376.1399 shall apply to this section. Medical necessity
21 determinations for treatment of eating disorders shall not solely be based upon a patient's weight or weight
22 level. Medical necessity determinations shall consider the overall medical and psychological needs of the
23 individual with an eating disorder. Coverage shall include integrated modalities of the various types of
24 treatments of eating disorders as defined in this section, when such treatment is deemed medically or
25 psychiatrically necessary by the patient's licensed physician, psychologist, psychiatrist, or therapist in
26 accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders adopted by the
27 American Psychiatric Association.

28 6. (1) By June 1, 2016, and every June first thereafter until 2021, the department of insurance,
29 financial institutions and professional registration shall submit a report to the general assembly regarding the
30 implementation of the coverage required under this section. The report shall include, but shall not be limited
31 to, the following:

32 (a) The total number of insureds diagnosed with an eating disorder;

33 (b) The total cost of all claims paid out in the immediately preceding calendar year for coverage
34 required by this section;

35 (c) The cost of such coverage per insured per month; and

36 (d) The average cost per insured for coverage of eating disorders;

37 (2) All health carriers and health benefit plans subject to the provisions of this section shall provide
38 the department with the data requested by the department for inclusion in the annual report."; and

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40 Further amend said bill by amending the title, enacting clause, and intersectional references
41 accordingly.
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