

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND Senate Substitute for Senate Bill No. 884, in the Title, Line 3, by deleting the phrase "for  
2 dental services"; and

3  
4 Further amend said bill, Page 1, Section A, Line 2, by inserting after all of said section and line the  
5 following:

6  
7 "376.845. 1. This section shall be known and may be cited as "Katie's Law".

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

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

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

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

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

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

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

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

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

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

37 (a) Medical care;

38 (b) Psychological care;

39 (c) Psychiatric care;

40 (d) Nutritional care;

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1       (e) Therapy;

2       (f) Pharmacy care.

3       3. In accordance with the provisions of section 376.1550, all health benefit plans that are delivered,  
4 issued for delivery, continued or renewed, if written inside the state of Missouri, or written outside the state of  
5 Missouri but covering Missouri residents, shall provide coverage for the diagnosis and treatment of eating  
6 disorders as required in section 376.2550.

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

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

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

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

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

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

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

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

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

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

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

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