	Amendment NO
Offered By	
AMEND House Committee Substitute for House Bill No. 2209, Page by inserting after all of said section and line the following:	ge 2, Section 376.998, Line 21,
"376.1218. 1. Any health carrier or health benefit plan that plans, other than Medicaid health benefit plans, which are delivered or renewed in this state on or after January 1, 2006, shall provide co services described in this section that are delivered by early interver care professionals licensed by the state of Missouri and acting withi for children from birth to age three identified by the Part C early int services under Part C of the Individuals with Disabilities Education seq. Such coverage shall be limited to three thousand dollars for eac calendar year, with a maximum of nine thousand dollars per child. 2. As used in this section, "health carrier" and "health benef meaning as such terms are defined in section 376.1350. 3. In the event that any health benefit plan is found not to be under subsection 1 of this section because of preemption by a federate to the act commonly known as ERISA contained in Title 29 of the Levent that subsection 1 of this section is found to be unconstitutional responsible for payment and provision of any benefit provided under 4. For purposes of this section, "early intervention services" speech and language therapy, occupational therapy, physical therapy devices for children from birth to age three who are identified by the system as eligible for services under Part C of the Individuals with I U.S.C. Section 1431, et seq. Early intervention services shall include individualized family service plan that enhance functional ability windividualized family service plan is a written plan for providing eac eligible child and the child's family that is adopted in accordance windividualized family service plan is a written plan for providing eacligible child and the child's family that is adopted in accordance windividualized family service plan is a written plan for providing eacligible child and the child's family that is adopted in accordance windividualized family service plan is a written plan for providing eacligible child and the child's family that is adopted in accordance w	I, issued for delivery, continued, overage for early intervention ation specialists who are health in the scope of their professions tervention system as eligible for Act, 20 U.S.C. Section 1431, et ch covered child per policy per fit plan" shall have the same e required to provide coverage al law, including but not limited United States Code, or in the all, then the lead agency shall be er this section. ' means medically necessary y, and assistive technology e Part C early intervention Disabilities Education Act, 20 de services under an active ithout effecting a cure. An arly intervention services to an

rate at the time the covered benefit is delivered, and the health benefit plan shall pay the Part C early

intervention system at such rate for benefits covered by this section.] Services under the Part C early

Action Taken

Date _____

intervention system shall be delivered as prescribed by the individualized family service plan and an electronic claim filed in accordance with the carrier's or plan's standard format. [Beginning January 1, 2007, such claims' payments shall be made in accordance with the provisions of sections 376.383 and 376.384.]

- 6. The health care service required by this section shall not be subject to any greater deductible, co-payment, or coinsurance than other similar health care services provided by the health benefit plan.
- 7. [(1) Subject to the provisions of this section, payments made during a calendar year by a health carrier or group of carriers affiliated by or under common ownership or control to the Part C early intervention system for services provided to children covered by the Part C early intervention system shall not exceed one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement.
- (2) In lieu of reimbursing claims under this section,] A carrier or group of carriers affiliated by or under common ownership or control [may] shall, on behalf of all of the carrier's or carriers' health benefit plan or plans providing coverage under this section, directly pay the Part C early intervention system by January thirty-first of the calendar year an amount equal to one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement, or five hundred thousand dollars, whichever is less, and such payment shall constitute full and complete satisfaction of the health benefit plan's obligation for the calendar year. Nothing in this subsection shall require a health carrier or health benefit plan providing coverage under this section to amend or modify any provision of an existing policy or plan relating to the payment or reimbursement of claims by the health carrier or health benefit plan.
- 8. This section shall not apply to a supplemental insurance policy, including a life care contract, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, hospitalization-surgical care policy, policy that is individually underwritten or provides such coverage for specific individuals and members of their families, long-term care policy, or short-term major medical policies of six months or less duration.
- 9. [Except for health carriers or health benefit plans making payments under subdivision (2) of subsection 7 of this section, the department of insurance, financial institutions and professional registration shall collect data related to the number of children receiving private insurance coverage under this section and the total amount of moneys paid on behalf of such children by private health carriers or health benefit plans. The department shall report to the general assembly regarding the department's findings no later than January 30, 2007, and annually thereafter.
- 10.] Notwithstanding the provisions of section 23.253 to the contrary, the provisions of this section shall not sunset."; and

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

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