

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1,
2 Section 338.202, Line 16, by inserting immediately after said section and line the following:

3
4 "376.811. 1. Every insurance company and health services corporation doing business in this state
5 shall offer in all health insurance policies benefits or coverage for chemical dependency meeting the
6 following minimum standards:

7 (1) Coverage for outpatient treatment through a nonresidential treatment program, or through
8 partial- or full-day program services, of not less than twenty-six days per policy benefit period;

9 (2) Coverage for residential treatment program of not less than twenty-one days per policy benefit
10 period;

11 (3) Coverage for medical or social setting detoxification of not less than six days per policy benefit
12 period;

13 (4) Coverage for medication-assisted treatment for substance use disorders, using any drug approved
14 for sale by the Food and Drug Administration for use in treating such patient's condition, including opioid-
15 use and heroin-use disorders. No prior authorization, step therapy, or fail-first therapy shall be required for
16 medication-assisted treatment;

17 [(4)] (5) The coverages set forth in this subsection may be subject to a separate lifetime frequency
18 cap of not less than ten episodes of treatment, except that such separate lifetime frequency cap shall not apply
19 to medical detoxification in a life-threatening situation as determined by the treating physician and
20 subsequently documented within forty-eight hours of treatment to the reasonable satisfaction of the insurance
21 company or health services corporation; and

22 [(5)] (6) The coverages set forth in this subsection:

23 (a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply to physical
24 illness;

25 (b) May be administered pursuant to a managed care program established by the insurance company
26 or health services corporation; and

27 (c) May deliver covered services through a system of contractual arrangements with one or more
28 providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery
29 entities certified by the department of mental health, or accredited by a nationally recognized organization, or
30 licensed by the state of Missouri.

31 2. In addition to the coverages set forth in subsection 1 of this section, every insurance company,
32 health services corporation and health maintenance organization doing business in this state shall offer in all
33 health insurance policies, benefits or coverages for recognized mental illness, excluding chemical
34 dependency, meeting the following minimum standards:

35 (1) Coverage for outpatient treatment, including treatment through partial- or full-day program
36 services, for mental health services for a recognized mental illness rendered by a licensed professional to the
37 same extent as any other illness;

38 (2) Coverage for residential treatment programs for the therapeutic care and treatment of a
39 recognized mental illness when prescribed by a licensed professional and rendered in a psychiatric residential

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1 treatment center licensed by the department of mental health or accredited by the Joint Commission on
2 Accreditation of Hospitals to the same extent as any other illness;

3 (3) Coverage for inpatient hospital treatment for a recognized mental illness to the same extent as
4 for any other illness, not to exceed ninety days per year;

5 (4) The coverages set forth in this subsection shall be subject to the same coinsurance, co-payment,
6 deductible, annual maximum and lifetime maximum factors as apply to physical illness; and

7 (5) The coverages set forth in this subsection may be administered pursuant to a managed care
8 program established by the insurance company, health services corporation or health maintenance
9 organization, and covered services may be delivered through a system of contractual arrangements with one
10 or more providers, community mental health centers, hospitals, nonresidential or residential treatment
11 programs, or other mental health service delivery entities certified by the department of mental health, or
12 accredited by a nationally recognized organization, or licensed by the state of Missouri.

13 3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the group or
14 individual policyholder or contract holder and, if accepted, shall fully and completely satisfy and substitute
15 for the coverage under section 376.779. Nothing in sections 376.810 to 376.814 shall prohibit an insurance
16 company, health services corporation or health maintenance organization from including all or part of the
17 coverages set forth in sections 376.810 to 376.814 as standard coverage in their policies or contracts issued
18 in this state.

19 4. Every insurance company, health services corporation and health maintenance organization doing
20 business in this state shall offer in all health insurance policies mental health benefits or coverage as part of
21 the policy or as a supplement to the policy. Such mental health benefits or coverage shall include at least two
22 sessions per year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, licensed
23 clinical social worker, or, subject to contractual provisions, a licensed marital and family therapist, acting
24 within the scope of such license and under the following minimum standards:

25 (1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or assessment, but
26 not dependent upon findings; and

27 (2) Coverage and benefits in this subsection shall not be subject to any conditions of preapproval,
28 and shall be deemed reimbursable as long as the provisions of this subsection are satisfied; and

29 (3) Coverage and benefits in this subsection shall be subject to the same coinsurance, co-payment
30 and deductible factors as apply to regular office visits under coverages and benefits for physical illness.

31 5. If the group or individual policyholder or contract holder rejects the offer required by this section,
32 then the coverage shall be governed by the mental health and chemical dependency insurance act as provided
33 in sections 376.825 to 376.836.

34 6. This section shall not apply to a supplemental insurance policy, including a life care contract,
35 accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare
36 supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major medical
37 policy of six months or less duration, or any other supplemental policy as determined by the director of the
38 department of insurance, financial institutions and professional registration."; and
39

40 Further amend said bill, Page 2, Section 376.1237, Line 18, by inserting after all of said line the following:

41 "376.1550. 1. Notwithstanding any other provision of law to the contrary, each health carrier that
42 offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this
43 state on or after January 1, 2005, shall provide coverage for a mental health condition, as defined in this
44 section, and shall comply with the following provisions:

45 (1) A health benefit plan shall provide coverage for treatment of a mental health condition and shall
46 not establish any rate, term, or condition that places a greater financial burden on an insured for access to
47 treatment for a mental health condition than for access to treatment for a physical health condition. Any
48 deductible or out-of-pocket limits required by a health carrier or health benefit plan shall be comprehensive
49 for coverage of all health conditions, whether mental or physical;

50 (2) The coverages set forth in this subsection:

51 (a) May be administered pursuant to a managed care program established by the health carrier; and

52 (b) May deliver covered services through a system of contractual arrangements with one or more
53 providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery

1 entities certified by the department of mental health, or accredited by a nationally recognized organization, or
 2 licensed by the state of Missouri;

3 (3) A health benefit plan that does not otherwise provide for management of care under the plan or
 4 that does not provide for the same degree of management of care for all health conditions may provide
 5 coverage for treatment of mental health conditions through a managed care organization; provided that the
 6 managed care organization is in compliance with rules adopted by the department of insurance, financial
 7 institutions and professional registration that assure that the system for delivery of treatment for mental
 8 health conditions does not diminish or negate the purpose of this section. The rules adopted by the director
 9 shall assure that:

10 (a) Timely and appropriate access to care is available;

11 (b) The quantity, location, and specialty distribution of health care providers is adequate; and

12 (c) Administrative or clinical protocols do not serve to reduce access to medically necessary
 13 treatment for any insured;

14 (4) Coverage for treatment for chemical dependency shall comply with sections 376.779, 376.810 to
 15 376.814, and 376.825 to 376.836 and for the purposes of this subdivision the term "health insurance policy"
 16 as used in sections 376.779, 376.810 to 376.814, and 376.825 to 376.836, the term "health insurance policy"
 17 shall include group coverage.

18 2. As used in this section, the following terms mean:

19 (1) "Chemical dependency", the psychological or physiological dependence upon and abuse of
 20 drugs, including alcohol, characterized by drug tolerance or withdrawal and impairment of social or
 21 occupational role functioning or both;

22 (2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

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

24 (4) "Mental health condition", any condition or disorder defined by categories listed in the most
 25 recent edition of the Diagnostic and Statistical Manual of Mental Disorders [~~except for chemical~~
 26 ~~dependency~~];

27 (5) "Managed care organization", any financing mechanism or system that manages care delivery for
 28 its members or subscribers, including health maintenance organizations and any other similar health care
 29 delivery system or organization;

30 (6) "Rate, term, or condition", any lifetime or annual payment limits, deductibles, co-payments,
 31 coinsurance, and other cost-sharing requirements, out-of-pocket limits, visit limits, and any other financial
 32 component of a health benefit plan that affects the insured.

33 3. This section shall not apply to a health plan or policy that is individually underwritten or provides
 34 such coverage for specific individuals and members of their families pursuant to section 376.779, sections
 35 376.810 to 376.814, and sections 376.825 to 376.836, a supplemental insurance policy, including a life care
 36 contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only,
 37 Medicare supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major
 38 medical policies of six months or less duration, or any other supplemental policy as determined by the
 39 director of the department of insurance, financial institutions and professional registration.

40 4. Notwithstanding any other provision of law to the contrary, all health insurance policies that
 41 cover state employees, including the Missouri consolidated health care plan, shall include coverage for
 42 mental illness. Multiyear group policies need not comply until the expiration of their current multiyear term
 43 unless the policyholder elects to comply before that time.

44 5. The provisions of this section shall not be violated if the insurer decides to apply different limits
 45 or exclude entirely from coverage the following:

46 (1) Marital, family, educational, or training services unless medically necessary and clinically
 47 appropriate;

48 (2) Services rendered or billed by a school or halfway house;

49 (3) Care that is custodial in nature;

50 (4) Services and supplies that are not immediately nor clinically appropriate; or

51 (5) Treatments that are considered experimental.

52 6. The director shall grant a policyholder a waiver from the provisions of this section if the
 53 policyholder demonstrates to the director by actual experience over any consecutive twenty-four-month

1 period that compliance with this section has increased the cost of the health insurance policy by an amount
2 that results in a two percent increase in premium costs to the policyholder. The director shall promulgate
3 rules establishing a procedure and appropriate standards for making such a demonstration. Any rule or
4 portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in
5 this section shall become effective only if it complies with and is subject to all of the provisions of chapter
6 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the
7 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to
8 disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority
9 and any rule proposed or adopted after August 28, 2004, shall be invalid and void."; and

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