

SECOND REGULAR SESSION

HOUSE BILL NO. 2086

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE NEWMAN.

5206H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 376.805 and 376.1199, RSMo, and to enact in lieu thereof one new section relating to insurance coverage for abortion services.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 376.805 and 376.1199, RSMo, are repealed and one new section enacted in lieu thereof, to be known as section 376.1199, to read as follows:

376.1199. 1. Each health carrier or health benefit plan that offers or issues health benefit plans providing obstetrical/gynecological benefits and pharmaceutical coverage, which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, shall:

(1) Notwithstanding the provisions of subsection 4 of section 354.618, provide enrollees with direct access to the services of a participating obstetrician, participating gynecologist or participating obstetrician/gynecologist of her choice within the provider network for covered services. The services covered by this subdivision shall be limited to those services defined by the published recommendations of the accreditation council for graduate medical education for training an obstetrician, gynecologist or obstetrician/gynecologist, including but not limited to diagnosis, treatment and referral for such services. A health carrier shall not impose additional co-payments, coinsurance or deductibles upon any enrollee who seeks or receives health care services pursuant to this subdivision, unless similar additional co-payments, coinsurance or deductibles are imposed for other types of health care services received within the provider network. ~~Nothing in this subsection shall be construed to require a health carrier to perform, induce, pay for, reimburse, guarantee, arrange, provide any resources for or refer a patient for an abortion, as defined in section 188.015, other than a spontaneous abortion or to prevent the death~~

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 ~~of the female upon whom the abortion is performed, or to supersede or conflict with section~~
19 ~~376.805]; [and]~~

20 (2) Notify enrollees annually of cancer screenings covered by the enrollees' health benefit
21 plan and the current American Cancer Society guidelines for all cancer screenings or notify
22 enrollees at intervals consistent with current American Cancer Society guidelines of cancer
23 screenings which are covered by the enrollees' health benefit plans. The notice shall be delivered
24 by mail unless the enrollee and health carrier have agreed on another method of notification;
25 [and]

26 (3) Include coverage for services related to diagnosis, treatment and appropriate
27 management of osteoporosis when such services are provided by a person licensed to practice
28 medicine and surgery in this state, for individuals with a condition or medical history for which
29 bone mass measurement is medically indicated for such individual. In determining whether
30 testing or treatment is medically appropriate, due consideration shall be given to peer-reviewed
31 medical literature. A policy, provision, contract, plan or agreement may apply to such services
32 the same deductibles, coinsurance and other limitations as apply to other covered services; [and]

33 (4) **Include coverage for abortion services at no charge to the individual. Subject**
34 **to appropriation, individuals without insurance coverage or whose insurance coverage does**
35 **not include abortion services due to the religious beliefs or sincerely held moral convictions**
36 **of the health carrier or health benefit plan shall be reimbursed by the state for the costs**
37 **of such abortion services; and**

38 (5) If the health benefit plan also provides coverage for pharmaceutical benefits, provide
39 coverage for contraceptives either at no charge or at the same level of deductible, coinsurance
40 or co-payment as any other covered drug.

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42 No such deductible, coinsurance or co-payment shall be greater than any drug on the health
43 benefit plan's formulary. As used in this section, "contraceptive" shall include all prescription
44 drugs and devices approved by the federal Food and Drug Administration for use as a
45 contraceptive~~]; but shall exclude all drugs and devices that are intended to induce an abortion,~~
46 ~~as defined in section 188.015, which shall be subject to section 376.805. Nothing in this~~
47 ~~subdivision shall be construed to exclude coverage for prescription contraceptive drugs or~~
48 ~~devices ordered by a health care provider with prescriptive authority for reasons other than~~
49 ~~contraceptive or abortion purposes].~~

50 2. For the purposes of this section, "health carrier" and "health benefit plan" shall have
51 the same meaning as defined in section 376.1350.

52 3. The provisions of this section shall not apply to a supplemental insurance policy,
53 including a life care contract, accident-only policy, specified disease policy, hospital policy

54 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
55 short-term major medical policies of six months or less duration, or any other supplemental
56 policy as determined by the director of the department of insurance, financial institutions and
57 professional registration.

58 4. Notwithstanding the provisions of subdivision [~~4~~] (5) of subsection 1 of this section
59 to the contrary:

60 (1) Any health carrier shall offer and issue to any person or entity purchasing a health
61 benefit plan, a health benefit plan that excludes coverage for contraceptives if the use or
62 provision of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of
63 such person or entity;

64 (2) Upon request of an enrollee who is a member of a group health benefit plan and who
65 states that the use or provision of contraceptives is contrary to his or her moral, ethical or
66 religious beliefs, any health carrier shall issue to or on behalf of such enrollee a policy form that
67 excludes coverage for contraceptives. Any administrative costs to a group health benefit plan
68 associated with such exclusion of coverage not offset by the decreased costs of providing
69 coverage shall be borne by the group policyholder or group plan holder;

70 (3) Any health carrier which is owned, operated or controlled in substantial part by an
71 entity that is operated pursuant to moral, ethical or religious tenets that are contrary to the use
72 or provision of contraceptives shall be exempt from the provisions of subdivision [~~4~~] (5) of
73 subsection 1 of this section. For purposes of this subsection, if new premiums are charged for
74 a contract, plan or policy, it shall be determined to be a new contract, plan or policy.

75 5. Except for a health carrier that is exempted from providing coverage for
76 contraceptives pursuant to this section, a health carrier shall allow enrollees in a health benefit
77 plan that excludes coverage for contraceptives pursuant to subsection 4 of this section to
78 purchase a health benefit plan that includes coverage for contraceptives.

79 6. Any health benefit plan issued pursuant to subsection 1 of this section shall provide
80 clear and conspicuous written notice on the enrollment form or any accompanying materials to
81 the enrollment form and the group health benefit plan application and contract:

82 (1) Whether coverage for contraceptives is or is not included;

83 (2) That an enrollee who is a member of a group health benefit plan with coverage for
84 contraceptives has the right to exclude coverage for contraceptives if such coverage is contrary
85 to his or her moral, ethical or religious beliefs;

86 (3) That an enrollee who is a member of a group health benefit plan without coverage
87 for contraceptives has the right to purchase coverage for contraceptives; **and**

88 (4) [~~Whether an optional rider for elective abortions has been purchased by the group~~
89 ~~contract holder pursuant to section 376.805; and~~

90 ~~——(5)~~ That an enrollee ~~[who is a member of a group health plan with coverage for elective~~
 91 ~~abortions]~~ has the right to exclude and not pay for coverage for elective abortions if such
 92 coverage is contrary to his or her moral, ethical, or religious beliefs.

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94 For purposes of this subsection, if new premiums are charged for a contract, plan, or policy, it
 95 shall be determined to be a new contract, plan, or policy.

96 7. Health carriers shall not disclose to the person or entity who purchased the health
 97 benefit plan the names of enrollees who exclude coverage for contraceptives in the health benefit
 98 plan or who purchase a health benefit plan that includes coverage for contraceptives. Health
 99 carriers and the person or entity who purchased the health benefit plan shall not discriminate
 100 against an enrollee because the enrollee excluded coverage for contraceptives in the health
 101 benefit plan or purchased a health benefit plan that includes coverage for contraceptives.

102 8. The departments of health and senior services and insurance, financial institutions and
 103 professional registration may promulgate rules necessary to implement the provisions of this
 104 section. No rule or portion of a rule promulgated pursuant to this section shall become effective
 105 unless it has been promulgated pursuant to chapter 536. Any rule or portion of a rule, as that
 106 term is defined in section 536.010, that is created under the authority delegated in this section
 107 shall become effective only if it complies with and is subject to all of the provisions of chapter
 108 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any
 109 of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
 110 effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the
 111 grant of rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be
 112 invalid and void.

~~2 [376.805. 1. No health insurance contracts, plans, or policies delivered~~
~~3 or issued for delivery in the state shall provide coverage for elective abortions~~
~~4 except by an optional rider for which there must be paid an additional premium.~~
~~5 For purposes of this section, an "elective abortion" means an abortion for any~~
~~6 reason other than a spontaneous abortion or to prevent the death of the female~~
~~upon whom the abortion is performed.~~

~~7 2. Subsection 1 of this section shall be applicable to all contracts, plans~~
~~8 or policies of:~~

~~9 (1) All health insurers subject to this chapter; and~~

~~10 (2) All nonprofit hospital, medical, surgical, dental, and health service~~
~~11 corporations subject to chapter 354; and~~

~~12 (3) All health maintenance organizations.~~

~~13 3. No health insurance exchange established within this state or any~~
~~14 health insurance exchange administered by the federal government or its agencies~~
~~15 within this state shall offer health insurance contracts, plans, or policies that~~
~~16 provide coverage for elective abortions, nor shall any health insurance exchange~~

17 ~~operating within this state offer coverage for elective abortions through the~~
18 ~~purchase of an optional rider.~~

19 ~~4. This section shall be applicable only to contracts, plans or policies~~
20 ~~written, issued, renewed or revised after September 28, 1983. For the purposes~~
21 ~~of this subsection, if new premiums are charged for a contract, plan or policy, it~~
22 ~~shall be determined to be a new contract, plan or policy.]~~

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