

SECOND REGULAR SESSION

HOUSE BILL NO. 1942

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HRUZA.

4440H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage of skin cancer screenings.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1249, to read as follows:

376.1249. 1. As used in this section, the following terms mean:

(1) "Cost-sharing", any co-payment, coinsurance, deductible, amount paid by an enrollee for health care services in excess of a coverage limitation, or similar charge required by or on behalf of an enrollee in order to receive a specific health care service covered by a health benefit plan. The term "cost-sharing" shall include cost-sharing as defined in 42 U.S.C. Section 18022(c);

(2) "Enrollee", the same meaning given to the term in section 376.1350;

(3) "Health benefit plan", the same meaning given to the term in section 376.1350;

(4) "Health care service", the same meaning given to the term in section 376.1350;

(5) "Health carrier", the same meaning given to the term in section 376.1350.

2. Each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027, shall provide coverage for one annual office visit, using appropriate routine evaluation and management Current Procedural Terminology codes or any successor codes, for a whole body skin examination for lesions suspicious

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 for skin cancer. The whole body skin examination shall be indicated using an
19 appropriate International Statistical Classification of Diseases and Related Health
20 Problems code or any successor codes.

21 3. No health carrier or health benefit plan shall impose any cost-sharing
22 requirement with respect to coverage required under this section. If, under federal law,
23 application of the requirement under this subsection would result in health savings
24 account ineligibility under Section 223 of the Internal Revenue Code of 1986, as
25 amended, the requirement under this subsection shall apply to health savings account-
26 qualified high deductible health plans with respect to any cost-sharing of such a plan
27 after the enrollee has satisfied the minimum deductible under Section 223, except with
28 respect to items or services that are preventive care under Section 223(c)(2)(C) of the
29 Internal Revenue Code of 1986, as amended, in which case the requirement of this
30 subsection shall apply regardless of whether the minimum deductible under Section 223
31 has been satisfied.

32 4. The provisions of this section shall not apply to a supplemental insurance
33 policy, including a life care contract, accident-only policy, specified disease policy,
34 hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-
35 term care policy, short-term major medical policy of six months' or less duration, or any
36 other supplemental policy as determined by the director of the department of commerce
37 and insurance.

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