

CONFERENCE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 161

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to an actuarial analysis to study the cost impact of mandating health insurance coverage for eating disorders.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

1 Section A. Chapter 376, RSMo, is amended by adding thereto
2 one new section, to be known as section 376.1192 to read as
3 follows:

4 376.1192. 1. As used in this section, "health benefit
5 plan" and "health carrier" shall have the same meaning as such
6 terms are defined in section 376.1350.

7 2. Beginning September 1, 2013, the oversight division of
8 the joint committee on legislative research shall perform an
9 actuarial analysis of the cost impact to health carriers,
10 insureds with a health benefit plan, and other private and public
11 payers if state mandates were enacted to provide health benefit
12 plan coverage for the following:

13 (1) Orally administered anticancer medication that is used
14 to kill or slow the growth of cancerous cells charged at the same
15 co-payment, deductible, or coinsurance amount as intravenously
16 administered or injected cancer medication that is provided,

1 regardless of formulation or benefit category determination by
2 the health carrier administering the health benefit plan;

3 (2) Diagnosis and treatment of eating disorders that
4 include anorexia nervosa, bulimia, binge eating, eating disorders
5 nonspecified, and any other severe eating disorders contained in
6 the most recent version of the Diagnostic and Statistical Manual
7 of Mental Disorders published by the American Psychiatric
8 Association. The actuarial analysis shall assume the following
9 are included in health benefit plan coverage:

10 (a) Residential treatment for eating disorders, if such
11 treatment is medically necessary in accordance with the Practice
12 Guidelines for the Treatment of Patients with Eating Disorders,
13 as most recently published by the American Psychiatric
14 Association; and

15 (b) Access to medical treatment that provides coverage for
16 integrated care and treatment as recommended by medical and
17 mental health care professionals, including but not limited to
18 psychological services, nutrition counseling, physical therapy,
19 dietician services, medical monitoring, and psychiatric
20 monitoring.

21 3. By December 31, 2013, the director of the oversight
22 division of the joint committee on legislative research shall
23 submit a report of the actuarial findings prescribed by this
24 section to the speaker of the house of representatives, the
25 president pro tempore of the senate, and the chairpersons of the
26 house of representatives committee on health insurance and the
27 senate small business, insurance and industry committee, or the
28 committees having jurisdiction over health insurance issues if

1 the preceding committees no longer exist.

2 4. For the purposes of this section, the actuarial analysis
3 of health benefit plan coverage shall assume that such coverage:

4 (1) Shall not be subject to any greater deductible or co-
5 payment than other health care services provided by the health
6 benefit plan; and

7 (2) Shall not apply to a supplemental insurance policy,
8 including a life care contract, accident-only policy, specified
9 disease policy, hospital policy providing a fixed daily benefit
10 only, Medicare supplement policy, long-term care policy,
11 short-term major medical policies of six months' or less
12 duration, or any other supplemental policy.

13 5. The cost for each actuarial analysis shall not exceed
14 thirty thousand dollars and the oversight division of the joint
15 committee on legislative research may utilize any actuary
16 contracted to perform services for the Missouri consolidated
17 health care plan to perform the analysis required under this
18 section.

19 6. The provisions of this section shall expire on December
20 31, 2013.

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David Pearce

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