FIRST REGULAR SESSION

SENATE BILL NO. 158

91ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR BLAND.

Pre-filed December 1, 2000, and 1,000 copies ordered printed.

TERRY L. SPIELER, Secretary.

0442S.01I

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to mandatory coverage for hospital stays following surgery.

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 376.1212, to read as follows:

376.1212. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, and providing for surgical benefits, shall provide coverage for a minimum of twenty-four hours of inpatient care following the completion of any surgical procedure, which takes three or more hours to complete, performed in a hospital as defined in section 197.020, RSMo, or any other health care facility licensed to provide post-surgical care pursuant to the provisions of chapter 197, RSMo; except that such inpatient care may be less than twenty-four hours if:

(1) The attending physician after consulting with the patient, or the patient's legal guardian, if the patient is a minor, agrees to such shorter inpatient care; and

(2) The entity providing the individual or group health insurance policy provides coverage for post-discharge care to the patient.

2. For the purposes of this section, "attending physician" shall include the

surgeon who performed the surgery or the patient's primary care physician.

3. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide notice to policyholders, insured persons and participants regarding the coverage required by this section. Such notice shall be in writing and prominently positioned in the policy, certificate of coverage or summary plan description.

4. The health care service required by this section shall not be subject to any greater deductible or copayment than other similar health care services provided by the policy, contract or plan.

5. No insurer may provide financial disincentives to, deselect, terminate the services of, require additional documentation from, require additional utilization review, reduce payments to, or otherwise penalize the attending physician in retaliation solely for ordering care consistent with the provisions of this section.