

SECOND REGULAR SESSION

SENATE BILL NO. 1026

91ST GENERAL ASSEMBLY

INTRODUCED BY SENATORS KENNEY, SINGLETON, SIMS, STEELMAN, DePASCO AND WIGGINS.

Read 1st time January 24, 2002, and 1,000 copies ordered printed.

TERRY L. SPIELER, Secretary.

4183S.011

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance coverage.

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 376.1253, to read as follows:

376.1253. 1. Each physician attending any patient with a newly diagnosed cancer shall, if it is within the physician's best clinical judgment, and is in the best interest of the patient, provide the patient with a timely referral to an appropriate specialist, within or outside the provider network, for a second opinion regarding the treatment of the patient's type of cancer.

2. 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, and which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2003, shall provide coverage for a second opinion rendered by an appropriate medical specialist when a patient with a newly diagnosed cancer is referred to such specialist by his or her attending physician as listed in subsection 1 of this section. This coverage shall apply even if the appropriate medical specialist is outside of the patient's provider network. Such coverage shall be subject to the same deductible and coinsurance

conditions applied to other referrals and all other terms and conditions applicable to other benefits.

3. The provisions of this section shall not apply to a supplemental insurance policy, including a life care policy or long-term care policy contract, accident only policy, specified disease policy, hospital policy providing a fixed daily benefit only or Medicare supplement.

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