

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 388
96TH GENERAL ASSEMBLY

Reported from the Committee on Health, Mental Health, Seniors and Families, April 14, 2011, with recommendation that the Senate Committee Substitute do pass and be placed on the Consent Calendar.

1236S.02C

TERRY L. SPIELER, Secretary.

AN ACT

To repeal section 376.1250, RSMo, and to enact in lieu thereof one new section relating to patient information provided in advance of certain surgical procedures.

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

Section A. Section 376.1250, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 376.1250, to read as follows:

376.1250. 1. All individual and group health insurance policies providing
2 coverage on an expense-incurred basis, individual and group service or indemnity
3 type contracts issued by a nonprofit corporation, individual and group service
4 contracts issued by a health maintenance organization, all self-insured group
5 arrangements to the extent not preempted by federal law and all managed health
6 care delivery entities of any type or description, that are delivered, issued for
7 delivery, continued or renewed on or after August 28, 1999, and providing
8 coverage to any resident of this state shall provide benefits or coverage for:

9 (1) A pelvic examination and Pap smear for any nonsymptomatic woman
10 covered under such policy or contract, in accordance with the current American
11 Cancer Society guidelines;

12 (2) A prostate examination and laboratory tests for cancer for any
13 nonsymptomatic man covered under such policy or contract, in accordance with
14 the current American Cancer Society guidelines; and

15 (3) A colorectal cancer examination and laboratory tests for cancer for any
16 nonsymptomatic person covered under such policy or contract, in accordance with
17 the current American Cancer Society guidelines.

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 2. Coverage and benefits related to the examinations and tests as required
19 by this section shall be at least as favorable and subject to the same dollar limits,
20 deductible, and co-payments as other covered benefits or services.

21 3. Nothing in this act shall apply to accident-only, hospital indemnity,
22 Medicare supplement, long-term care, or other limited benefit health insurance
23 policies.

24 4. The provisions of this section shall not apply to short-term major
25 medical policies of six months or less duration.

26 5. The attending physician shall [make available to any patient] **advise**
27 **the patient of** the advantages, disadvantages, and risks, including cancer,
28 associated with breast implantation prior to such operation [as provided by the
29 department of health and senior services].

30 6. [The department of health and senior services shall:

31 (1) Make available a standardized written summary that would be clear
32 to a prudent lay person that:

33 (a) Contains general information on breast implantation; and

34 (b) Discloses potential dangers and side effects of a breast implantation
35 operation;

36 (2) Update the standardized written summary as deemed necessary by the
37 department of health and senior services; and

38 (3) By January 1, 2000, the department shall make available the
39 standardized written summary to all hospitals, clinics, and physicians' offices
40 that perform breast implantation.

41 7. The attending physician satisfies the requirements of subsection 5 of
42 this section if:

43 (1) The physician provides the breast implantation patient with the
44 standardized written summary described in subsection 2 of this section;

45 (2) The patient receives the standardized written summary at least five
46 days before the breast implantation operation; and

47 (3) The patient signs a statement, made available by the department of
48 health and senior services, acknowledging the patient's receipt of the
49 standardized written summary.

50 8. Failure of the department of health and senior services to make the
51 summary available, as described in subsection 6 of this section, shall be an
52 affirmative defense in an action alleging a violation of subsection 5 of this section
53 for the attending physician.

54 9.] Nothing in this section shall alter, impair or otherwise affect claims,
55 rights or remedies available pursuant to law.

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