

FIRST REGULAR SESSION

[P E R F E C T E D]

SENATE BILL NO. 161

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR PEARCE.

Read 1st time January 17, 2013, and ordered printed.

Read 2nd time January 31, 2013, and referred to the Committee on Small Business, Insurance and Industry.

Reported from the Committee March 14, 2013, with recommendation that the bill do pass.

Taken up for Perfection March 27, 2013. Bill declared Perfected and Ordered Printed.

TERRY L. SPIELER, Secretary.

0231S.01P

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:

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

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

**4 2. Beginning September 1, 2013, the oversight division of the
5 joint committee on legislative research shall perform an actuarial
6 analysis of the cost impact to health carriers, insureds with a health
7 benefit plan, and other private and public payers if a state mandate
8 was enacted to provide health benefit plan coverage for the diagnosis
9 and treatment of eating disorders that include anorexia nervosa,
10 bulimia, binge eating, eating disorders nonspecified, and any other
11 severe eating disorders contained in the most recent version of the
12 Diagnostic and Statistical Manual of Mental Disorders published by the
13 American Psychiatric Association. The actuarial analysis shall assume
14 the following are included in health benefit plan coverage:**

**15 (1) Residential treatment for eating disorders, if such treatment
16 is medically necessary in accordance with the Practice Guidelines for
17 the Treatment of Patients with Eating Disorders, as most recently**

18 published by the American Psychiatric Association; and

19 (2) Access to psychiatric and medical treatment that provides
20 coverage for integrated care and treatments as prescribed by medical
21 and psychiatric health care professionals, including but not limited to
22 nutrition counseling, physical therapy, dietician services, medical
23 monitoring, and psychiatric monitoring;

24 3. By December 31, 2013, the director of the oversight division of
25 the joint committee on legislative research shall submit a report of the
26 actuarial findings prescribed by this section to the speaker of the
27 House of Representatives, the president pro tempore of the Senate, and
28 the chairpersons of the House of Representatives Special Committee on
29 Health Insurance and the Senate Small Business, Insurance and
30 Industry Committee, or the chairpersons of the committees having
31 jurisdiction over health insurance issues if the preceding committees
32 no longer exist.

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

35 (1) Shall not be subject to any greater deductible or copayment
36 than other health care services provided by the health benefit plan; and

37 (2) Shall not apply to a supplemental insurance policy, including
38 a life care contract, accident-only policy, specified disease policy,
39 hospital policy providing a fixed daily benefit only, Medicare
40 supplement policy, long-term care policy, short-term major medical
41 policies of six months' or less duration, or any other supplemental
42 policy.

43 5. The cost for each actuarial analysis shall not exceed thirty
44 thousand dollars and the oversight division of the joint committee on
45 legislative research may utilize any actuary contracted to perform
46 services for the Missouri consolidated health care plan to perform the
47 analysis required under this section.

48 6. The provisions of this section shall expire on December 31,
49 2013.

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