

SECOND REGULAR SESSION

# SENATE BILL NO. 769

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR PEARCE.

Read 1st time January 23, 2014, and ordered printed.

TERRY L. SPIELER, Secretary.

5560S.01I

## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to the treatment of 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 376.845, to read as follows:

**376.845. 1. Each health carrier or health benefit plan that offers  
2 or issues health benefit plans which are delivered, issued for delivery,  
3 continued, or renewed in this state on or after January 1, 2015, shall  
4 provide coverage for the diagnosis and treatment of eating disorders.**

**5 2. A health carrier or health benefit plan offering group health  
6 insurance coverage shall not:**

**7 (1) Deny eligibility or continued eligibility to an individual to  
8 enroll or renew coverage under the terms of the plan solely for the  
9 purpose of avoiding the requirements of this section;**

**10 (2) Deny coverage for treatment of eating disorders, including  
11 medical, psychological, nutritional, and psychiatric coverage for  
12 inpatient, residential, partial hospitalization and intensive outpatient  
13 treatment and follow-up outpatient care of eating disorders, when such  
14 treatment is necessary in accordance with the client's personal  
15 physician in consultation with the Practice Guidelines for the  
16 Treatment of Patients with Eating Disorders, as most recently  
17 published by the American Psychiatric Association;**

**18 (3) Provide monetary payments, rebates, or other benefits to  
19 individuals to encourage such individuals to accept less than the  
20 minimum protections available under this section;**

**21 (4) Penalize or otherwise reduce or limit the reimbursement of**

22 a provider because such provider provided care to an individual  
23 participant or beneficiary in accordance with this section;

24 (5) Provide monetary or other incentives to a provider to induce  
25 such provider to provide care to an individual participant or  
26 beneficiary in a manner inconsistent with this section; or

27 (6) Deny continued eligibility to enroll or renew coverage under  
28 the terms of the plan to an individual participant or beneficiary solely  
29 because the individual was previously found to have an eating disorder  
30 or received medical, psychological, nutritional, or psychiatric  
31 treatment for an eating disorder or co-morbid disorders.

32 3. The coverage required under this section shall provide access  
33 to medical, psychological, nutritional, and psychiatric treatment under  
34 the plan and shall provide coverage for integrated care and treatments  
35 as prescribed by medical, psychological, nutritional, and psychiatric  
36 health care professionals, including but not limited to nutrition or  
37 dietician counseling and services, physical therapy, medical  
38 monitoring, psychiatric monitoring, and coverage for inpatient,  
39 residential, partial hospitalization and intensive outpatient treatment  
40 and follow-up outpatient care, and any other treatment not included in  
41 this section but proscribed as necessary by the client's treatment team.

42 4. For the purposes of this section, the following terms shall  
43 mean:

44 (1) "Eating disorders", anorexia nervosa, bulimia nervosa, binge  
45 eating disorder, eating disorders not otherwise specified, and any other  
46 severe eating disorders contained in the most recent version of the  
47 Diagnostic and Statistical Manual of Mental Disorders published by the  
48 American Psychiatric Association;

49 (2) "Health benefit plan", the same meaning as such term is  
50 defined in section 376.1350;

51 (3) "Health carrier", the same meaning as such term is defined in  
52 section 376.1350;

53 (4) "Treatment team", any and all medical, psychological,  
54 nutritional, and psychiatric providers.

55 5. The health care service required by this section shall not be  
56 subject to any greater deductible or co-payment than other health care  
57 services provided by the health benefit plan. This section shall be  
58 standalone and not limit coverage, inclusive of days approved for

59 treatment, for eating disorders. The determination of coverage shall be  
60 made in conjunction with the health care service provider and the  
61 client's treatment team.

62 6. The provisions of this section shall not apply to a  
63 supplemental insurance policy, including a life care contract,  
64 accident-only policy, specified disease policy, hospital policy providing  
65 a fixed daily benefit only, Medicare supplement policy, long-term care  
66 policy, short-term major medical policies of six months or less duration,  
67 or any other supplemental policy.

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Bill

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