

FIRST REGULAR SESSION

HOUSE BILL NO. 653

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE NEELY.

1590H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.811, RSMo, and to enact in lieu thereof one new section relating to mental health insurance coverage.

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

Section A. Section 376.811, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.811, to read as follows:

376.811. 1. Every insurance company and health services corporation doing business in this state shall offer in all health insurance policies benefits or coverage for chemical dependency meeting the following minimum standards:

(1) Coverage for outpatient treatment through a nonresidential treatment program, or through partial- or full-day program services, of not less than twenty-six days per policy benefit period;

(2) Coverage for residential treatment program of not less than twenty-one days per policy benefit period;

(3) Coverage for medical or social setting detoxification of not less than six days per policy benefit period;

(4) Coverage for medication-assisted treatment for substance use disorders for use in treating such patient's condition, including opioid-use and heroin-use disorders;

(5) The coverages set forth in this subsection may be subject to a separate lifetime frequency cap of not less than ten episodes of treatment, except that such separate lifetime frequency cap shall not apply to medical detoxification in a life-threatening situation as determined by the treating physician and subsequently documented within forty-eight hours of

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 treatment to the reasonable satisfaction of the insurance company or health services corporation;
18 and

19 (6) The coverages set forth in this subsection:

20 (a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply
21 to physical illness;

22 (b) May be administered pursuant to a managed care program established by the
23 insurance company or health services corporation; and

24 (c) May deliver covered services through a system of contractual arrangements with one
25 or more providers, hospitals, nonresidential or residential treatment programs, or other mental
26 health service delivery entities certified by the department of mental health, or accredited by a
27 nationally recognized organization, or licensed by the state of Missouri.

28 2. In addition to the coverages set forth in subsection 1 of this section, every insurance
29 company, health services corporation and health maintenance organization doing business in this
30 state shall offer in all health insurance policies, benefits or coverages for recognized mental
31 illness, excluding chemical dependency, meeting the following minimum standards:

32 (1) Coverage for outpatient treatment, including treatment through partial- or full-day
33 program services, for mental health services for a recognized mental illness rendered by a
34 licensed professional to the same extent as any other illness;

35 (2) Coverage for residential treatment programs for the therapeutic care and treatment
36 of a recognized mental illness when prescribed by a licensed professional and rendered in a
37 psychiatric residential treatment center licensed by the department of mental health or accredited
38 by the Joint Commission on Accreditation of Hospitals to the same extent as any other illness;

39 (3) Coverage for inpatient hospital treatment for a recognized mental illness to the same
40 extent as for any other illness, not to exceed ninety days per year;

41 (4) The coverages set forth in this subsection shall be subject to the same coinsurance,
42 co-payment, deductible, annual maximum and lifetime maximum factors as apply to physical
43 illness; and

44 (5) The coverages set forth in this subsection may be administered pursuant to a
45 managed care program established by the insurance company, health services corporation or
46 health maintenance organization, and covered services may be delivered through a system of
47 contractual arrangements with one or more providers, community mental health centers,
48 hospitals, nonresidential or residential treatment programs, or other mental health service
49 delivery entities certified by the department of mental health, or accredited by a nationally
50 recognized organization, or licensed by the state of Missouri.

51 3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the
52 group or individual policyholder or contract holder and, if accepted, shall fully and completely

53 satisfy and substitute for the coverage under section 376.779. Nothing in sections 376.810 to
54 376.814 shall prohibit an insurance company, health services corporation or health maintenance
55 organization from including all or part of the coverages set forth in sections 376.810 to 376.814
56 as standard coverage in their policies or contracts issued in this state.

57 4. Every insurance company, health services corporation and health maintenance
58 organization doing business in this state shall offer in all health insurance policies mental health
59 benefits or coverage as part of the policy or as a supplement to the policy. Such mental health
60 benefits or coverage shall include at least two sessions per year to a licensed psychiatrist,
61 licensed psychologist, licensed professional counselor, licensed clinical social worker, or, subject
62 to contractual provisions, a licensed marital and family therapist, acting within the scope of such
63 license and under the following minimum standards:

64 (1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or
65 assessment, but not dependent upon findings; and

66 (2) Coverage and benefits in this subsection shall not be subject to any conditions of
67 preapproval, and shall be deemed reimbursable as long as the provisions of this subsection are
68 satisfied; and

69 (3) Coverage and benefits in this subsection shall be subject to the same coinsurance,
70 co-payment and deductible factors as apply to regular office visits under coverages and benefits
71 for physical illness.

72 5. **Any person visiting a health care provider, as defined in section 376.1350, for the**
73 **purpose of receiving health care services, as defined in section 376.1350, who is determined**
74 **to have a possible mental disorder or mental illness, as defined in section 630.005, shall be**
75 **allowed coverage for the purpose of diagnosing or assessing the extent such mental**
76 **disorder or mental illness is affecting such person and shall not be subject to any conditions**
77 **of preapproval.**

78 6. If the group or individual policyholder or contract holder rejects the offer required by
79 this section, then the coverage shall be governed by the mental health and chemical dependency
80 insurance act as provided in sections 376.825 to 376.836.

81 ~~[6-]~~ 7. This section shall not apply to a supplemental insurance policy, including a life
82 care contract, accident-only policy, specified disease policy, hospital policy providing a fixed
83 daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical
84 care policy, short-term major medical policy of six months or less duration, or any other
85 supplemental policy as determined by the director of the department of insurance, financial
86 institutions and professional registration.

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