

FIRST REGULAR SESSION

SENATE BILL NO. 145

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR PEARCE.

Pre-filed December 12, 2014, and ordered printed.

ADRIANE D. CROUSE, Secretary.

0796S.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 section, to be known as section 376.845, to read as follows:

376.845. 1. For the purposes of this section the following terms shall mean:

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

(2) "Health benefit plan", shall have the same meaning as such term is defined in section 376.1350; however, for purposes of this section "health benefit plan" does not include a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months or less duration, or any other supplemental policy;

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

(4) "Medical care", health care services needed to diagnose, prevent, treat, cure, or relieve physical manifestations of an eating disorder, and shall include inpatient hospitalization, partial hospitalization, residential care, intensive outpatient treatment, follow-

22 up outpatient care and counseling;

23 (5) "Nutritional care", counseling and consultation services
24 provided by a licensed and registered dietitian;

25 (6) "Pharmacy care", counseling and consultation services
26 provided by a licensed and Registered Dietitian. "Pharmacy care"
27 includes medications used to address symptoms of an eating disorder
28 prescribed by a licensed physician, and any health-related services
29 deemed medically necessary to determine the need or effectiveness of
30 the medications, but only to the extent that such medications are
31 included in the insured's health benefit plan;

32 (7) "Psychiatric care", direct or consultative services provided by
33 a psychiatrist licensed in the state in which the psychiatrist practices,
34 and shall include inpatient hospitalization, partial hospitalization,
35 residential care, intensive outpatient treatment, follow-up outpatient
36 care and counseling;

37 (8) "Therapy", behavioral interventions provided by a therapist
38 licensed in the state in which the therapist practices;

39 (9) "Treatment of eating disorders", care prescribed or ordered
40 for an individual diagnosed with an eating disorder by a licensed
41 physician, psychologist, psychiatrist, or therapist, pursuant to the
42 powers granted under such licensed physician's, psychologist's,
43 psychiatrist's, or therapist's license, including, but not limited to:

44 (a) Medical care;

45 (b) Psychological care;

46 (c) Psychiatric care;

47 (d) Nutritional care;

48 (e) Therapy;

49 (f) Pharmacy care.

50 2. In accordance with the provisions of section 376.1550, all
51 health benefit plans that are delivered, issued for delivery, continued
52 or renewed, if written inside the state of Missouri, or written outside
53 the state of Missouri but covering Missouri residents, shall provide
54 coverage for the diagnosis and treatment of eating disorders as
55 required in section 376.2550.

56 3. (1) Coverage provided under this section is limited to
57 medically necessary treatment that is ordered by a licensed treating
58 physician, psychologist, psychiatrist, or therapist, pursuant to the

59 powers granted under such licensed physician's, psychologist's,
60 psychiatrist's, or therapist's license, in accordance with a treatment
61 plan.

62 (2) The treatment plan, upon request by the health benefit plan
63 or health carrier, shall include all elements necessary for the health
64 benefit plan or health carrier to pay claims. Such elements include, but
65 are not limited to, a diagnosis, proposed treatment by type, frequency
66 and duration of treatment, and goals.

67 (3) If the individual is receiving treatment for an eating
68 disorder, a health carrier shall have the right to review the treatment
69 plan not more than once every six months unless the health carrier and
70 the individual's treating physician, psychologist, psychiatrist, or
71 therapist agree that a more frequent review is necessary. Any such
72 agreement regarding the right to review a treatment plan more
73 frequently shall only apply to a particular individual being treated for
74 an eating disorder and shall not apply to all individuals being treated
75 for eating disorders by a provider. The cost of obtaining any review or
76 treatment plan shall be borne by the health benefit plan or health
77 carrier, as applicable.

78 (4) Coverage provided under this section shall not be subject to
79 any limits on the number of days of medically necessary treatment,
80 except as provided in the treatment plan.

81 4. The provisions of sections 376.1350 to 376.1399 shall apply to
82 this section. Medical necessity determinations for treatment of eating
83 disorders shall not solely be based upon a patient's weight or weight
84 level. Medical necessity determinations shall consider the overall
85 medical and psychological needs of the individual with an eating
86 disorder. Coverage shall include integrated modalities of the various
87 types of treatments of eating disorders as defined in this section, when
88 such treatment is deemed medically or psychiatrically necessary by the
89 patient's licensed physician, psychologist, psychiatrist, or therapist in
90 accordance with the Practice Guidelines for the Treatment of Patients
91 with Eating Disorders adopted by the American Psychiatric
92 Association.

93 5. (1) By June 1, 2017, and every June first thereafter until 2022,
94 the department of insurance, financial institutions and professional
95 registration shall submit a report to the general assembly regarding the

96 **implementation of the coverage required under this section. The report**
97 **shall include, but shall not be limited to, the following:**

98 **(a) The total number of insureds diagnosed with an eating**
99 **disorder;**

100 **(b) The total cost of all claims paid out in the immediately**
101 **preceding calendar year for coverage required by this section;**

102 **(c) The cost of such coverage per insured per month; and**

103 **(d) The average cost per insured for coverage of eating**
104 **disorders;**

105 **(2) All health carriers and health benefit plans subject to the**
106 **provisions of this section shall provide the department with the data**
107 **requested by the department for inclusion in the annual report.**

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