

FIRST REGULAR SESSION

# SENATE BILL NO. 229

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR PEARCE.

Read 1st time February 8, 2011, and ordered printed.

TERRY L. SPIELER, Secretary.

1409S.011

## 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. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2012, shall provide coverage for the diagnosis and treatment of eating disorders.**

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

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

**(2) Deny coverage for treatment of eating disorders, including coverage for residential treatment of eating disorders, if such treatment is medically necessary in accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders, as most recently published by the American Psychiatric Association;**

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

**(4) Penalize or otherwise reduce or limit the reimbursement of a provider because such provider provided care to an individual participant or beneficiary in accordance with this section;**

**(5) Provide monetary or other incentives to a provider to induce such provider to provide care to an individual participant or**

23 beneficiary in a manner inconsistent with this section; or

24 (6) Deny continued eligibility to enroll or renew coverage under  
25 the terms of the plan to an individual participant or beneficiary solely  
26 because the individual was previously found to have an eating disorder  
27 or received treatment for an eating disorder.

28 3. The coverage required under this section shall provide access  
29 to psychiatric and medical treatment under the plan and shall provide  
30 coverage for integrated care and treatments as prescribed by medical  
31 and psychiatric health care professionals, including but not limited to  
32 nutrition counseling, physical therapy, dietician services, medical  
33 monitoring, and psychiatric monitoring.

34 4. For the purposes of this section, the following terms shall  
35 mean:

36 (1) "Eating disorders", anorexia nervosa, bulimia, binge eating,  
37 eating disorders nonspecified, and any other severe eating disorders  
38 contained in the most recent version of the Diagnostic and Statistical  
39 Manual of Mental Disorders published by the American Psychiatric  
40 Association;

41 (2) "Health benefit plan", shall have the same meaning ascribed  
42 to it in section 376.1350;

43 (3) "Health carrier", shall have the same meaning ascribed to it  
44 in section 376.1350.

45 5. Nothing in this section shall be construed as requiring a  
46 health carrier or health benefit plan to provide coverage of mental  
47 illness. No health carrier or health benefit plan shall require that such  
48 health benefits be provided in accordance with the requirements for  
49 coverage of mental illness under the health benefit plan.

50 6. The health care service required by this section shall not be  
51 subject to any greater deductible or co-payment than other health care  
52 services provided by the health benefit plan.

53 7. The provisions of this section shall not apply to a  
54 supplemental insurance policy, including a life care contract,  
55 accident-only policy, specified disease policy, hospital policy providing  
56 a fixed daily benefit only, Medicare supplement policy, long-term care  
57 policy, short-term major medical policies of six months' or less  
58 duration, or any other supplemental policy.

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