

FIRST REGULAR SESSION
[CORRECTED]
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 762
91ST GENERAL ASSEMBLY

Reported from the Committee on Children, Families and Health, March 1, 2001, with recommendation that the House Committee Substitute for House Bill No. 762 Do Pass.

TED WEDEL, Chief Clerk

1642L.08C

AN ACT

To amend chapter 354, RSMo, by adding thereto one new section relating to women's health services.

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

Section A. Chapter 354, RSMo, is amended by adding thereto one new section, to be known as section 354.1199, to read as follows:

354.1199. 1. Each health carrier that offers or issues benefit plans providing obstetrical/gynecological benefits and pharmaceutical coverage, which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, shall:

(1) Notwithstanding the provisions of subsection 4 of section 354.618, provide enrollees with direct access to the services of a participating obstetrician, participating gynecologist or participating obstetrician/gynecologist of her choice within the provider network. The services covered by this subdivision shall be limited to those services defined by the published recommendations of the accreditation council for graduate medical education for training an obstetrician, gynecologist or obstetrician/gynecologist, including but not limited to diagnosis, treatment and referral. A health carrier shall not impose a surcharge or additional co-payments or deductibles upon any enrollee who seeks or receives health care services pursuant to this subdivision, unless similar surcharges or additional co-payments or deductibles are imposed for other types of health care services received within the provider network. Nothing in this subsection shall be construed to conflict with section 376.805, RSMo; and

(2) Notify enrollees of cancer screenings at intervals consistent with current

17 American Cancer Society guidelines and that are covered by the enrollees' health benefit
18 plans. Such notification shall be provided in any manner consented to by the enrollee; and

19 (3) Provide coverage for a one-time baseline bone density test for a postmenopausal
20 woman as a part of her annual examination pursuant to subsection 4 of section 354.618;
21 and

22 (4) If the health benefit plan also provides coverage for pharmaceutical benefits,
23 provide coverage for contraceptives either at no charge or at the same level of deductible
24 or co-payment as any other drug on the health benefit plan's formulary. As used in this
25 subdivision, "contraceptive" shall only include those drugs, devices or methods that
26 prevent conception as defined in subdivision (3) of section 188.015, RSMo.

27 2. For the purposes of this section, "health carrier" and "health benefit plan" shall
28 have the same meaning as defined in section 376.1350, RSMo.

29 3. The provisions of this section shall not apply to a supplemental insurance policy,
30 including a life care contract, accident only policy, specified disease policy, hospital policy
31 providing a fixed daily benefit only, Medicare supplement policy or long-term care policy.

32 4. The provisions of subdivision (4) of subsection 1 of this section shall not require
33 any person or entity to provide contraceptive coverage if providing such coverage is
34 contrary to the religious beliefs:

35 (1) Sincerely held by a person who stands in a direct relationship to an entity as
36 described in subdivision (2) of this subsection; or

37 (2) Sincerely held by the entity, as documented by the ethical guidelines, mission
38 statement, constitution, bylaws, articles of incorporation, regulations or other documents
39 governing the entity's organization or operation.