

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

Taken up for Perfection March 14, 2001.

House Substitute for House Committee Substitute for House Bill No. 762 ordered Perfected and printed, as amended.

TED WEDEL, Chief Clerk

1642L.10P

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
2 known as section 354.900, to read as follows:

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

**4 (1) Notwithstanding the provisions of subsection 4 of section 354.618, provide
5 enrollees with direct access to the services of a participating obstetrician, participating
6 gynecologist or participating obstetrician/gynecologist of her choice within the provider
7 network. The services covered by this subdivision shall be limited to those services defined
8 by the published recommendations of the accreditation council for graduate medical
9 education for training an obstetrician, gynecologist or obstetrician/gynecologist, including
10 but not limited to diagnosis, treatment and referral. A health carrier shall not impose a
11 surcharge or additional co-payments or deductibles upon any enrollee who seeks or
12 receives health care services pursuant to this subdivision, unless similar surcharges or
13 additional co-payments or deductibles are imposed for other types of health care services
14 received within the provider network. Nothing in this subsection shall be construed to
15 require a health carrier to perform, induce, pay for, reimburse, guarantee, arrange,**

16 provide any resources for or refer a patient for an abortion, as defined in section 188.015,
17 RSMo, other than a spontaneous abortion or to prevent the death of the female upon whom
18 the abortion is performed, or to supersede or conflict with section 376.805, RSMo; and

19 (2) Notify enrollees of cancer screenings at intervals consistent with current
20 American Cancer Society guidelines and that are covered by the enrollees' health benefit
21 plans. Such notification shall be provided in any manner consented to by the enrollee; and

22 (3) Include coverage for services related to diagnosis, treatment and appropriate
23 management of osteoporosis when such services are provided by a person licensed to
24 practice medicine and surgery in this state, for individuals with a condition or medical
25 history for which bone mass measurement is medically indicated for such individual. In
26 determining whether testing or treatment is medically appropriate, due consideration shall
27 be given to peer reviewed medical literature. A policy, provision, contract, plan or
28 agreement may apply to such services the same deductibles, coinsurance and other
29 limitations as apply to other covered services;

30 (4) If the health benefit plan also provides coverage for pharmaceutical benefits,
31 provide coverage for contraceptives either at no charge or at the same level of deductible
32 or co-payment as any other drug on the health benefit plan's formulary. As used in this
33 section, "contraceptive" shall include all prescription drugs and devices approved by the
34 federal Food and Drug Administration for use as a contraceptive, but shall exclude all
35 drugs and devices that are intended to induce an abortion, as defined in section 188.015,
36 RSMo, which shall be subject to section 376.805, RSMo. Nothing in this subdivision shall
37 be construed to exclude coverage for prescription contraceptive drugs or devices ordered
38 by a health care provider with prescriptive authority for reasons other than contraceptive
39 or abortion purposes.

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

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

45 4. Notwithstanding the provisions of subdivision (4) of subsection 1 of this section
46 to the contrary:

47 (1) Any health carrier may issue to any person or entity purchasing a health benefit
48 plan, a health benefit plan that excludes coverage for contraceptives if the use or provision
49 of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of such
50 person or entity;

51 (2) Upon request of an enrollee who is a member of a group health benefit plan and

52 who states that the use or provision of contraceptives is contrary to his or her moral,
53 ethical or religious beliefs, any health carrier shall issue to or on behalf of such enrollee:

- 54 (a) A health benefit plan that excludes coverage for contraceptives; or
55 (b) A rider to the health benefit plan that excludes coverage for contraceptives.

56

57 Any administrative costs to a group health benefit plan associated with such exclusion of
58 coverage not offset by the decreased costs of providing coverage shall be borne by the
59 group policyholder or plan holder;

60 (3) Any health carrier which is owned, operated or controlled in substantial part
61 by an entity that is operated pursuant to moral, ethical or religious tenets that are contrary
62 to the use or provision of contraceptives shall be exempt from the provisions of subdivision
63 (4) of subsection 1 of this section.

64 5. Except for a health carrier that is exempted from providing coverage for
65 contraceptives pursuant to this section, a health carrier shall allow enrollees in a health
66 benefit plan that excludes coverage for contraceptives pursuant to subsection 4 of this
67 section to purchase a rider to the health benefit plan that includes coverage for
68 contraceptives.

69 6. Any health benefit plan issued pursuant to subsection 1 of this section shall
70 provide clear and conspicuous written notice on the enrollment form and the group health
71 benefit plan contract:

72 (1) Whether coverage for contraceptives is or is not included;

73 (2) That an enrollee who is a member of a group health benefit plan with coverage
74 for contraceptives has the right to exclude coverage for contraceptives if such coverage is
75 contrary to his or her moral, ethical or religious beliefs; and

76 (3) That an enrollee who is a member of a group health benefit plan without
77 coverage for contraceptives has the right to purchase a rider that includes coverage for
78 contraceptives.

79 7. Health carriers shall not disclose to the person or entity who purchased the
80 health benefit plan the names of enrollees who exclude coverage for contraceptives in the
81 health benefit plan or who purchase a rider to the health benefit plan that includes
82 coverage for contraceptives. Health carriers and the person or entity who purchased the
83 health benefit plan shall not discriminate against an enrollee because the enrollee excluded
84 coverage for contraceptives in the health benefit plan or purchased a rider to the health
85 benefit plan that includes coverage for contraceptives.