

HB 233 -- Health Insurance

Co-Sponsors: Holand, Riback Wilson (25), Moore, May, Page, Harris (23), Graham, Walker, Schaaf, Carnahan

Under current law, there are several exceptions to the requirement that health insurers who cover services for mental illness and addictive disorders provide the same coverage as they do for physical illness. These include exceptions that allow insurers to limit inpatient hospital treatment for mental illness to 90 days per year (Section 376.811, RSMo), place annual and lifetime limits on alcohol and drug abuse treatment services (Section 376.827), and exclude or apply different limits to certain specified services (Section 376.833).

This bill repeals the current law and requires health carriers that offer health benefit plans in this state on or after January 1, 2004, to provide coverage for mental health conditions. Mental health conditions are defined as those listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders. Coverage for mental health conditions cannot have rates, terms, or conditions that place a greater financial burden on an insured for mental health treatment than for physical health treatment.

The bill does not apply to supplemental insurance policies.