

SECOND REGULAR SESSION

HOUSE BILL NO. 1691

93RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES BAKER (25) (Sponsor), WHORTON, JOHNSON (90), BLAND, WALSH, BOGETTO, JOLLY, SANDERS BROOKS, CHAPPELLE NADAL, STORCH, HUGHES, SCHOEMEHL, WITTE, LAMPE, PARKER, LeVOTA, PAGE, SHOEMYER, LOW (39), FRASER, LOWE (44) AND HARRIS (23) (Co-sponsors).

Read 1st time February 7, 2006 and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

4774L.011

AN ACT

To repeal section 376.1199, RSMo, and to enact in lieu thereof two new sections relating to women's preventive health services.

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

Section A. Section 376.1199, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 191.710 and 376.1199, to read as follows:

- 191.710. 1. There is hereby established within the department of health and senior services the "Women's Preventive Health Services Program" to provide preventive health care services, education, and screenings, and to serve as an entry point into primary health care for uninsured women.**
- 2. For purposes of this section, women's health services shall include, but are not limited to:**
- (1) Physical examination of heart, lungs, abdomen, pelvic area, skin, height, weight, and blood pressure;**
 - (2) Medical, surgical, reproductive, psycho-social and family health history;**
 - (3) Clinical breast examinations to screen for cancer;**
 - (4) Laboratory tests for cervical cancer, including liquid Pap tests and human papillomavirus (HPV) tests;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

- 13 **(5) Procedures to prevent cervical cancer, including colonoscopies, cryosurgeries,**
14 **and loop electro-surgical excision procedures (LEEP);**
- 15 **(6) Laboratory tests for anemia, high blood sugar, and cholesterol;**
- 16 **(7) Education on and provision of a contraceptive method suited to the woman's**
17 **individual needs and health history, including all Food and Drug Administration-approved**
18 **methods of birth control and natural family planning;**
- 19 **(8) Assessment for risk for human immunodeficiency virus (HIV) or sexually**
20 **transmitted disease (STD);**
- 21 **(9) Sexually transmitted disease testing;**
- 22 **(10) Treatment for sexually transmitted diseases and other reproductive infections;**
- 23 **(11) Pregnancy testing;**
- 24 **(12) Client-focused health education and counseling, such as:**
- 25 **(a) Preconception planning;**
- 26 **(b) How to perform a breast self-examination;**
- 27 **(c) The importance of calcium intake; and**
- 28 **(d) Sexually transmitted disease prevention; and**
- 29 **(13) Referrals to other health care providers based on client need, such as mental**
30 **health conditions, substance abuse, sexual abuse and domestic violence, infertility, prenatal**
31 **services, dental care, diet, nutrition, and physical activity.**

376.1199. 1. Each health carrier or health benefit plan that offers or issues health benefit
2 plans providing obstetrical/gynecological benefits and pharmaceutical coverage, which are
3 delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002,
4 shall:

- 5 (1) Notwithstanding the provisions of subsection 4 of section 354.618, RSMo, provide
6 enrollees with direct access to the services of a participating [obstetrician, participating
7 gynecologist or participating obstetrician/gynecologist] **provider** of her choice within the
8 provider network for covered services. The services covered by this subdivision shall be limited
9 to those services defined by the published recommendations of the accreditation council for
10 graduate medical education for training an obstetrician, gynecologist or obstetrician/gynecologist,
11 including but not limited to diagnosis, treatment and referral for such services. A health carrier
12 shall not impose additional co-payments, coinsurance or deductibles upon any enrollee who
13 seeks or receives health care services pursuant to this subdivision, unless similar additional
14 co-payments, coinsurance or deductibles are imposed for other types of health care services
15 received within the provider network. Nothing in this subsection shall be construed to require
16 a health carrier to perform, induce, pay for, reimburse, guarantee, arrange, provide any resources
17 for or refer a patient for an abortion, as defined in section 188.015, RSMo, other than a

18 spontaneous abortion or to prevent the death of the female upon whom the abortion is performed,
19 or to supersede or conflict with section 376.805; and

20 (2) Notify enrollees annually of cancer screenings covered by the enrollees' health benefit
21 plan and the current American Cancer Society guidelines for all cancer screenings or notify
22 enrollees at intervals consistent with current American Cancer Society guidelines of cancer
23 screenings which are covered by the enrollees' health benefit plans. The notice shall be delivered
24 by mail unless the enrollee and health carrier have agreed on another method of notification; and

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

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

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

44 3. The provisions of this section shall not apply to a supplemental insurance policy,
45 including a life care contract, accident-only policy, specified disease policy, hospital policy
46 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
47 short-term major medical policies of six months or less duration, or any other supplemental
48 policy as determined by the director of the department of insurance.

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

51 (1) Any health carrier may issue to any person or entity purchasing a health benefit plan,
52 a health benefit plan that excludes coverage for contraceptives if the use or provision of such

53 contraceptives is contrary to the moral, ethical or religious beliefs or tenets of such person or
54 entity;

55 (2) Upon request of an enrollee who is a member of a group health benefit plan and who
56 states that the use or provision of contraceptives is contrary to his or her moral, ethical or
57 religious beliefs, any health carrier shall issue to or on behalf of such enrollee a policy form that
58 excludes coverage for contraceptives. Any administrative costs to a group health benefit plan
59 associated with such exclusion of coverage not offset by the decreased costs of providing
60 coverage shall be borne by the group policyholder or group plan holder;

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

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66 For purposes of this subsection, if new premiums are charged for a contract, plan or policy, it
67 shall be determined to be a new contract, plan or policy.

68 5. Except for a health carrier that is exempted from providing coverage for
69 contraceptives pursuant to this section, a health carrier shall allow enrollees in a health benefit
70 plan that excludes coverage for contraceptives pursuant to subsection 4 of this section to
71 purchase a health benefit plan that includes coverage for contraceptives.

72 6. Any health benefit plan issued pursuant to subsection 1 of this section shall provide
73 clear and conspicuous written notice on the enrollment form or any accompanying materials to
74 the enrollment form and the group health benefit plan contract:

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

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

79 (3) That an enrollee who is a member of a group health benefit plan without coverage
80 for contraceptives has the right to purchase coverage for contraceptives.

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

87 8. The departments of health and senior services and insurance may promulgate rules
88 necessary to implement the provisions of this section. No rule or portion of a rule promulgated

89 pursuant to this section shall become effective unless it has been promulgated pursuant to chapter
90 536, RSMo. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that
91 is created under the authority delegated in this section shall become effective only if it complies
92 with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section
93 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers
94 vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the
95 effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the
96 grant of rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be
97 invalid and void.

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