

CCS HCS SB 161 -- HEALTH INSURANCE COVERAGE

This bill requires, beginning September 1, 2013, the Oversight Division of the Joint Committee on Legislative Research to conduct an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if state mandates were enacted to provide health benefit plan coverages for the following:

(1) Orally administered anticancer medication charged at the same co-payment or deductible as intravenously administered or injected cancer medication; and

(2) Diagnosis and treatment of eating disorders, including residential treatment and access to psychiatric and medical treatments.

By December 31, 2013, the division director must submit a report of the actuarial findings to the Speaker of the House of Representatives; President Pro Tem of the Senate; and the chairs of the House Committee on Health Insurance and the Senate Small Business, Insurance and Industry Committee or the committees having jurisdiction over health insurance issues if the committees no longer exist. The actuarial analysis must assume that the mandated coverage will not be subject to any greater deductible or co-payment than other health care services provided by the health benefit plan and will not apply to a supplemental insurance policy. The cost for each analysis cannot exceed \$30,000, and the joint committee may utilize any actuary contracted to perform services for the Missouri Consolidated Health Care Plan to perform the required analysis.

The provisions of the bill will expire December 31, 2013.