

SECOND REGULAR SESSION

# HOUSE BILL NO. 2231

## 97TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES ALLEN (Sponsor), STREAM, LICHTENEGGER, HAEFNER,  
FLANIGAN AND ZERR (Co-sponsors).

6459H.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To repeal section 376.1218, RSMo, and to enact in lieu thereof one new section relating to insurance payments for early intervention services.

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

Section A. Section 376.1218, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1218, to read as follows:

376.1218. 1. Any health carrier or health benefit plan that offers or issues health benefit plans, other than Medicaid health benefit plans, which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2006, shall provide coverage for early intervention services described in this section that are delivered by early intervention specialists who are health care professionals licensed by the state of Missouri and acting within the scope of their professions for children from birth to age three identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Such coverage shall be limited to three thousand dollars for each covered child per policy per calendar year, with a maximum of nine thousand dollars per child.

2. As used in this section, "health carrier" and "health benefit plan" shall have the same meaning as such terms are defined in section 376.1350.

3. In the event that any health benefit plan is found not to be required to provide coverage under subsection 1 of this section because of preemption by a federal law, including but not limited to the act commonly known as ERISA contained in Title 29 of the United States Code, or in the event that subsection 1 of this section is found to be unconstitutional, then the

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.

16 lead agency shall be responsible for payment and provision of any benefit provided under this  
17 section.

18 4. For purposes of this section, "early intervention services" means medically necessary  
19 speech and language therapy, occupational therapy, physical therapy, and assistive technology  
20 devices for children from birth to age three who are identified by the Part C early intervention  
21 system as eligible for services under Part C of the Individuals with Disabilities Education Act,  
22 20 U.S.C. Section 1431, et seq. Early intervention services shall include services under an active  
23 individualized family service plan that enhance functional ability without effecting a cure. An  
24 individualized family service plan is a written plan for providing early intervention services to  
25 an eligible child and the child's family that is adopted in accordance with 20 U.S.C. Section  
26 1436. The Part C early intervention system, on behalf of its contracted regional Part C early  
27 intervention system centers and providers, shall be considered the rendering provider of services  
28 for purposes of this section.

29 5. No payment made for specified early intervention services shall be applied by the  
30 health carrier or health benefit plan against any maximum lifetime aggregate specified in the  
31 policy or health benefit plan [if the carrier opts to satisfy its obligations under this section under  
32 subdivision (2) of subsection 7 of this section]. [A health benefit plan shall be billed at the  
33 applicable Medicaid rate at the time the covered benefit is delivered, and the health benefit plan  
34 shall pay the Part C early intervention system at such rate for benefits covered by this section.]  
35 Services under the Part C early intervention system shall be delivered as prescribed by the  
36 individualized family service plan and an electronic claim filed in accordance with the carrier's  
37 or plan's standard format. [Beginning January 1, 2007, such claims' payments shall be made in  
38 accordance with the provisions of sections 376.383 and 376.384.]

39 6. The health care service required by this section shall not be subject to any greater  
40 deductible, co-payment, or coinsurance than other similar health care services provided by the  
41 health benefit plan.

42 7. [(1) Subject to the provisions of this section, payments made during a calendar year  
43 by a health carrier or group of carriers affiliated by or under common ownership or control to the  
44 Part C early intervention system for services provided to children covered by the Part C early  
45 intervention system shall not exceed one-half of one percent of the direct written premium for  
46 health benefit plans as reported to the department of insurance, financial institutions and  
47 professional registration on the health carrier's most recently filed annual financial statement.

48 (2) In lieu of reimbursing claims under this section,] A carrier or group of carriers  
49 affiliated by or under common ownership or control [may] **shall**, on behalf of all of the carrier's  
50 or carriers' health benefit plan or plans providing coverage under this section, directly pay the  
51 Part C early intervention system by January thirty-first of the calendar year an amount equal to

52 one-half of one percent of the direct written premium for health benefit plans as reported to the  
53 department of insurance, financial institutions and professional registration on the health carrier's  
54 most recently filed annual financial statement, or five hundred thousand dollars, whichever is  
55 less, and such payment shall constitute full and complete satisfaction of the health benefit plan's  
56 obligation for the calendar year. Nothing in this subsection shall require a health carrier or health  
57 benefit plan providing coverage under this section to amend or modify any provision of an  
58 existing policy or plan relating to the payment or reimbursement of claims by the health carrier  
59 or health benefit plan.

60 8. This section shall not apply to a supplemental insurance policy, including a life care  
61 contract, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare  
62 supplement policy, hospitalization-surgical care policy, policy that is individually underwritten  
63 or provides such coverage for specific individuals and members of their families, long-term care  
64 policy, or short-term major medical policies of six months or less duration.

65 9. [Except for health carriers or health benefit plans making payments under subdivision  
66 (2) of subsection 7 of this section, the department of insurance, financial institutions and  
67 professional registration shall collect data related to the number of children receiving private  
68 insurance coverage under this section and the total amount of moneys paid on behalf of such  
69 children by private health carriers or health benefit plans. The department shall report to the  
70 general assembly regarding the department's findings no later than January 30, 2007, and  
71 annually thereafter.

72 10.] Notwithstanding the provisions of section 23.253 to the contrary, the provisions of  
73 this section shall not sunset.

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