

SECOND REGULAR SESSION

HOUSE BILL NO. 2752

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE MESSENGER.

6831H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 376.1232, RSMo, and to enact in lieu thereof one new section relating to prosthetic devices, with a delayed effective date.

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

Section A. Section 376.1232, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1232, to read as follows:

376.1232. 1. Each health carrier [or] , health benefit plan, **or multi-employer health plan** that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, [2010] **2017**, shall offer coverage for prosthetic devices [and] , services, **and supplies medically necessary for the effective use of a prosthetic device that, at a minimum, equals the coverage provided under the federal Medicare program under 42 U.S.C. Sections 1395k, 1395l, and 1395m and 42 CFR 414.100, 414.202, 414.210, and 414.228, and shall reimburse for such prosthetic devices, services, and supplies at no less than the fee schedule amount for such prosthetic devices, services, and supplies under the current federal Medicare reimbursement schedule**, including original and replacement devices, as prescribed by a physician acting within the scope of his or her practice.

2. For the purposes of this section, [health carrier and health benefit plan shall have the same meaning as defined in section 376.1350] **the following terms shall mean:**

(1) **"Health benefit plan"**, the same meaning as such term is defined under section 376.1350;

(2) **"Health carrier"**, the same meaning as such term is defined under section 376.1350;

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.

17 **(3) "Multi-employer health plan", an employee health benefit plan maintained in**
18 **accordance with a collective bargaining agreement that includes employees of two or more**
19 **employers.**

20 3. The amount of the benefit for prosthetic devices and services under this section shall
21 be no less than the annual and lifetime benefit maximums applicable to the basic health care
22 services required to be provided under the health benefit plan **or multi-employer health plan.**
23 If the health benefit plan **or multi-employer health plan** does not include any annual or lifetime
24 maximums applicable to basic health care services, the amount of the benefit for prosthetic
25 devices and services shall not be subject to an annual or lifetime maximum benefit level. Any
26 co-payment, coinsurance, deductible, and maximum out-of-pocket amount [applied to the benefit
27 for prosthetic devices and services] shall be no more than the most common amounts applied to
28 the basic health care services required to be provided under the health benefit plan **or multi-**
29 **employer health plan.**

30 4. The provisions of this section shall not apply to a supplemental insurance policy,
31 including a life care contract, accident-only policy, specified disease policy, hospital policy
32 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
33 short-term major medical policies of six months or less duration, or any other supplemental
34 policy as determined by the director of the department of insurance, financial institutions and
35 professional registration.

Section B. This act shall become effective January 1, 2017.

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