

SECOND REGULAR SESSION

HOUSE BILL NO. 1636

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE ARTHUR.

4786H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 376.811, RSMo, and to enact in lieu thereof one new section relating to health insurance coverage for medication-assisted treatment for substance abuse.

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

Section A. Section 376.811, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.811, to read as follows:

376.811. 1. Every insurance company and health services corporation doing business in this state shall offer in all health insurance policies benefits or coverage for chemical dependency meeting the following minimum standards:

(1) Coverage for outpatient treatment through a nonresidential treatment program, or through partial- or full-day program services, of not less than twenty-six days per policy benefit period;

(2) Coverage for residential treatment program of not less than twenty-one days per policy benefit period;

(3) Coverage for medical or social setting detoxification of not less than six days per policy benefit period;

(4) **Coverage for medication-assisted treatment for substance use disorders, using any drug approved for sale by the Food and Drug Administration for use in treating such patient's condition, including opioid-use and heroin-use disorders. No prior authorization, step therapy, or fail-first therapy shall be required for medication-assisted treatment;**

~~(4)~~ (5) The coverages set forth in this subsection may be subject to a separate lifetime frequency cap of not less than ten episodes of treatment, except that such separate lifetime frequency cap shall not apply to medical detoxification in a life-threatening situation as

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.

18 determined by the treating physician and subsequently documented within forty-eight hours of
19 treatment to the reasonable satisfaction of the insurance company or health services corporation;
20 and

21 ~~[(5)]~~ (6) The coverages set forth in this subsection:

22 (a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply
23 to physical illness;

24 (b) May be administered pursuant to a managed care program established by the
25 insurance company or health services corporation; and

26 (c) May deliver covered services through a system of contractual arrangements with one
27 or more providers, hospitals, nonresidential or residential treatment programs, or other mental
28 health service delivery entities certified by the department of mental health, or accredited by a
29 nationally recognized organization, or licensed by the state of Missouri.

30 2. In addition to the coverages set forth in subsection 1 of this section, every insurance
31 company, health services corporation and health maintenance organization doing business in this
32 state shall offer in all health insurance policies, benefits or coverages for recognized mental
33 illness, excluding chemical dependency, meeting the following minimum standards:

34 (1) Coverage for outpatient treatment, including treatment through partial- or full-day
35 program services, for mental health services for a recognized mental illness rendered by a
36 licensed professional to the same extent as any other illness;

37 (2) Coverage for residential treatment programs for the therapeutic care and treatment
38 of a recognized mental illness when prescribed by a licensed professional and rendered in a
39 psychiatric residential treatment center licensed by the department of mental health or accredited
40 by the Joint Commission on Accreditation of Hospitals to the same extent as any other illness;

41 (3) Coverage for inpatient hospital treatment for a recognized mental illness to the same
42 extent as for any other illness, not to exceed ninety days per year;

43 (4) The coverages set forth in this subsection shall be subject to the same coinsurance,
44 co-payment, deductible, annual maximum and lifetime maximum factors as apply to physical
45 illness; and

46 (5) The coverages set forth in this subsection may be administered pursuant to a
47 managed care program established by the insurance company, health services corporation or
48 health maintenance organization, and covered services may be delivered through a system of
49 contractual arrangements with one or more providers, community mental health centers,
50 hospitals, nonresidential or residential treatment programs, or other mental health service
51 delivery entities certified by the department of mental health, or accredited by a nationally
52 recognized organization, or licensed by the state of Missouri.

53 3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the
54 group or individual policyholder or contract holder and, if accepted, shall fully and completely
55 satisfy and substitute for the coverage under section 376.779. Nothing in sections 376.810 to
56 376.814 shall prohibit an insurance company, health services corporation or health maintenance
57 organization from including all or part of the coverages set forth in sections 376.810 to 376.814
58 as standard coverage in their policies or contracts issued in this state.

59 4. Every insurance company, health services corporation and health maintenance
60 organization doing business in this state shall offer in all health insurance policies mental health
61 benefits or coverage as part of the policy or as a supplement to the policy. Such mental health
62 benefits or coverage shall include at least two sessions per year to a licensed psychiatrist,
63 licensed psychologist, licensed professional counselor, licensed clinical social worker, or, subject
64 to contractual provisions, a licensed marital and family therapist, acting within the scope of such
65 license and under the following minimum standards:

66 (1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or
67 assessment, but not dependent upon findings; and

68 (2) Coverage and benefits in this subsection shall not be subject to any conditions of
69 preapproval, and shall be deemed reimbursable as long as the provisions of this subsection are
70 satisfied; and

71 (3) Coverage and benefits in this subsection shall be subject to the same coinsurance,
72 co-payment and deductible factors as apply to regular office visits under coverages and benefits
73 for physical illness.

74 5. If the group or individual policyholder or contract holder rejects the offer required by
75 this section, then the coverage shall be governed by the mental health and chemical dependency
76 insurance act as provided in sections 376.825 to 376.836.

77 6. This section shall not apply to a supplemental insurance policy, including a life care
78 contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily
79 benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care
80 policy, short-term major medical policy of six months or less duration, or any other supplemental
81 policy as determined by the director of the department of insurance, financial institutions and
82 professional registration.

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