

SECOND REGULAR SESSION

HOUSE BILL NO. 2084

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE NEWMAN.

5207H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 376.1199, RSMo, and to enact in lieu thereof one new section relating to insurance coverage for contraceptives.

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

Section A. Section 376.1199, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1199, to read as follows:

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

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

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 of the female upon whom the abortion is performed, or to supersede or conflict with section
19 376.805; ~~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;
25 ~~and~~

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

33 (4) If the health benefit plan also provides coverage for pharmaceutical benefits, provide
34 coverage for contraceptives ~~either~~ at no charge ~~or at the same level of deductible, coinsurance~~
35 ~~or co-payment as any other covered drug~~. **Subject to appropriation, individuals without**
36 **insurance coverage or whose insurance coverage does not include contraceptives due to the**
37 **religious beliefs or sincerely held moral convictions of the health carrier or health benefit**
38 **plan shall be reimbursed by the state for the costs of such contraceptives.**

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40 No such deductible, coinsurance or co-payment shall be greater than any drug on the health
41 benefit plan's formulary. As used in this section, "contraceptive" shall include all prescription
42 drugs and devices approved by the federal Food and Drug Administration for use as a
43 contraceptive, but shall exclude all drugs and devices that are intended to induce an abortion, as
44 defined in section 188.015, which shall be subject to section 376.805. Nothing in this
45 subdivision shall be construed to exclude coverage for prescription contraceptive drugs or
46 devices ordered by a health care provider with prescriptive authority for reasons other than
47 contraceptive or abortion purposes.

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

50 3. The provisions of this section shall not apply to a supplemental insurance policy,
51 including a life care contract, accident-only policy, specified disease policy, hospital policy
52 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
53 short-term major medical policies of six months or less duration, or any other supplemental

54 policy as determined by the director of the department of insurance, financial institutions and
55 professional registration.

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

58 (1) Any health carrier shall offer and issue to any person or entity purchasing a health
59 benefit plan, a health benefit plan that excludes coverage for contraceptives if the use or
60 provision of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of
61 such person or entity;

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

68 (3) Any health carrier which is owned, operated or controlled in substantial part by an
69 entity that is operated pursuant to moral, ethical or religious tenets that are contrary to the use
70 or provision of contraceptives shall be exempt from the provisions of subdivision (4) of
71 subsection 1 of this section. For purposes of this subsection, if new premiums are charged for
72 a contract, plan or policy, it shall be determined to be a new contract, plan or policy.

73 5. Except for a health carrier that is exempted from providing coverage for
74 contraceptives pursuant to this section, a health carrier shall allow enrollees in a health benefit
75 plan that excludes coverage for contraceptives pursuant to subsection 4 of this section to
76 purchase a health benefit plan that includes coverage for contraceptives.

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

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

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

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

86 (4) Whether an optional rider for elective abortions has been purchased by the group
87 contract holder pursuant to section 376.805; and

88 (5) That an enrollee who is a member of a group health plan with coverage for elective
89 abortions has the right to exclude and not pay for coverage for elective abortions if such coverage
90 is contrary to his or her moral, ethical, or religious beliefs.

91

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

94 7. Health carriers shall not disclose to the person or entity who purchased the health
95 benefit plan the names of enrollees who exclude coverage for contraceptives in the health benefit
96 plan or who purchase a health benefit plan that includes coverage for contraceptives. Health
97 carriers and the person or entity who purchased the health benefit plan shall not discriminate
98 against an enrollee because the enrollee excluded coverage for contraceptives in the health
99 benefit plan or purchased a health benefit plan that includes coverage for contraceptives.

100 8. The departments of health and senior services and insurance, financial institutions and
101 professional registration may promulgate rules necessary to implement the provisions of this
102 section. No rule or portion of a rule promulgated pursuant to this section shall become effective
103 unless it has been promulgated pursuant to chapter 536. Any rule or portion of a rule, as that
104 term is defined in section 536.010, that is created under the authority delegated in this section
105 shall become effective only if it complies with and is subject to all of the provisions of chapter
106 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any
107 of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
108 effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the
109 grant of rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be
110 invalid and void.

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