

HB 262 -- TREATMENT OF EATING DISORDERS

SPONSOR: Frederick

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Health Insurance by a vote of 10 to 0.

This bill requires all health benefit plans that are delivered, issued for delivery, continued or renewed, if written inside the State of Missouri, or written outside the State of Missouri but covering Missouri residents, to provide coverage for the diagnosis and treatment of eating disorders as required in Section 376.1550, RSMo.

Required coverage is limited to medically necessary treatment that is ordered by a licensed treating physician, psychologist, psychiatrist, or therapist in accordance with authority granted under the licensed physician's, psychologist's, psychiatrist's, or therapist's license and in accordance with a treatment plan. The treatment plan, upon request by the health benefit plan or health carrier, must include all elements necessary for the health benefit plan or health carrier to pay claims and necessary elements must include a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals. If the individual is receiving treatment for an eating disorder, a health carrier must have the right to review the treatment plan not more than once every six months unless the health carrier and the individual's treating physician, psychologist, psychiatrist, or therapist agree that a more frequent review is necessary. Any agreement regarding the right to review a treatment plan more frequently must only apply to a particular individual being treated for an eating disorder and cannot apply to all individuals being treated for eating disorders by a provider. The cost of obtaining any review or treatment plan must be borne by the health benefit plan or health carrier, as applicable. Required coverage must not be subject to any limits on the number of days of medically necessary treatment, except as provided in the treatment plan.

The bill specifies that medical necessity determinations for treatment of eating disorders must not be based solely upon a patient's weight or weight level and medical necessity determinations must consider the overall medical and psychological needs of the individual with an eating disorder. Coverage is required to include integrated modalities of the various types of treatments of eating disorders when treatment is deemed medically or psychiatrically necessary by the patient's licensed physician, psychologist, psychiatrist, or therapist in accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders adopted by the American Psychiatric Association.

By June 1, 2017, and every June 1 thereafter until 2022, the Department of Insurance, Financial Institutions and Professional Registration is required to submit a report to the General Assembly regarding the implementation of the coverage required under these provisions. The report must include:

- (1) The total number of insureds diagnosed with an eating disorder;
- (2) The total cost of all claims paid out in the immediately preceding calendar year for coverage required by the provisions of the bill;
- (3) The cost of the required coverage per insured per month; and
- (4) The average cost per insured for coverage of eating disorders.

The bill requires all health carriers and health benefit plans subject to these provisions to provide the department with the data requested by the department for inclusion in the annual report.

PROPOSERS: Supporters say that if individuals suffering from an eating disorder can get proper medical treatment early enough their lives can be saved. Eating disorders are the most fatal of all of the mental illnesses. The bill is not a mandate on insurance, rather it lays out how eating disorder coverage decisions must be made. Eating disorders are not about food or weight, it is much deeper than that. The bill is a defining bill, not a mandate. It just delineates what must be the existing criteria and what happens if the criteria isn't followed. Approximately 241% more expensive to not provide proper treatment of an eating disorder due to visits to the emergency department, transport, inpatient care, and so on. This figure doesn't consider persistent, chronic symptoms that require ongoing expenses as a result of damage from eating disorders. An eating disorder is a biologically-based illness. Individuals are already susceptible, then environmental issues cause the illness to occur. Typically death occurs between ages 24-34. The goal is just to get Missourians enough care and specialized care. Eating disorder outcomes are better than breast cancer treatment outcomes. Eating disorders are about control.

Testifying for the bill were Representative Frederick; Elaina Sculley; Suzanne Sculley; Annie Seal; Laura Wool; Anthem, Inc.; Rick Stream; Paul T. Graham; Missouri Psychological Association; National Eating Disorders Association; Missouri Eating Disorders Association; Missouri Academy Of Nutrition And Dietetics; and Missouri Psychiatric Society.

OPPONENTS: There was no opposition voiced to the committee.