

HCS HB 669 -- HEALTH CARE

SPONSOR: Molendorp

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Insurance by a vote of 9 to 0.

This substitute changes the laws regarding health care.

BARIATRIC HEALTH INSURANCE COVERAGE (Section 103.082, RSMo)

The Missouri Consolidated Health Care Plan Board of Trustees is required to develop a cost-neutral or cost-positive plan by January 1, 2013, to provide bariatric coverage for individuals insured under the plan.

STATE EMPLOYEES' HEALTH INSURANCE BENEFITS (Section 103.089)

Currently, the state employees' health insurance benefit plan must provide full health benefit plan coverage to participants who are also eligible for and covered by Medicare. The substitute requires the state employees' health insurance benefit plan to provide a health plan that offers substantially similar benefits to Medicare to participants who are eligible for and covered by Medicare as well as to participants who are eligible for but not covered by Medicare.

MEDICAL RECORDS REQUESTS (Section 191.227)

Currently, a health care provider must provide a copy of a patient's medical record within a reasonable time of the receipt of a written request. The substitute requires the copy of a medical record to be provided within 15 business days of the receipt of a request and the provider to give good cause for not complying within the 15-business-day requirement and to fulfill the request within a reasonable time based on the circumstances but not to exceed 90 days. Any provider failing to provide the requested medical record within the required time period or failing to notify the patient of a delay in providing the record will forfeit the provider's ability to charge a fee to copy the records. Any provider who is more than 30 days delinquent in providing the requested record within the established time periods will be liable to the patient for three times the allowable copying fee.

Upon the written request of a patient, a provider must furnish a statement of medical expenses incurred for services provided to the patient or his or her guardian or legal representative within 15 business days of the request. Failure to provide the statement of expenses within the required time period will result

in the provider being liable to the patient in an amount of three times the allowable fee for copying medical records.

TOBACCO USE IN STATE CORRECTIONAL CENTERS (Section 191.774)

An individual is prohibited from smoking or using tobacco products in any area or on the grounds of a state correctional center. Anyone violating this provision will be guilty of an infraction.

STANDARD OF CARE FOR BLEEDING DISORDER THERAPIES (Sections 208.152, 338.400, and 376.394)

The State Board of Pharmacy within the Department of Insurance, Financial Institutions and Professional Registration must establish rules governing the standard of care for pharmacies dispensing blood clotting therapies. The rules must include safeguards to ensure a pharmacy:

- (1) Has the ability to obtain and fill a prescription as written for all brands of blood clotting products approved by the federal Food and Drug Administration;
- (2) Ships a prescription within two business days for established patients and within three business days for new patients in nonemergency situations;
- (3) Provides an established patient access to a prescription within 12 hours of a physician's notification of the patient's emergent need;
- (4) Provides the necessary equipment and supplies for an established patient to administer blood clotting products;
- (5) Has a pharmacist available, onsite or on call, to fill a prescription 24 hours a day, seven days a week, every day of the year;
- (6) Provides a contact telephone number to a patient to report a delivery problem;
- (7) Notifies a patient of a prescription recall or product or equipment withdrawal within 24 hours of receiving the recall or withdrawal notification; and
- (8) Provides containers and instructions for the proper disposal of hazardous waste from blood clotting products.

Blood clotting product-related services are added to the list of services which are to be paid under MO HealthNet benefits.

CHIROPRACTIC SERVICES UNDER MO HEALTHNET (Section 208.960)

A licensed chiropractor must be reimbursed under MO HealthNet for providing services currently covered and within the scope of chiropractic practice.

REIMBURSEMENT FOR DIAGNOSTIC IMAGING SERVICES (Section 376.394)

Health carriers or benefit plans are prohibited from denying reimbursement to a licensed physician for providing or interpreting diagnostic imaging services based solely on the physician's specialty or professional board certification.

FEES FOR CERTAIN HEALTH CARE SERVICES (Sections 376.1226 and 376.1227)

A contract between a health carrier or health benefit plan and a dentist or optometrist cannot require the provider to provide services to an insured at a fee established by the carrier or plan if the services are not covered under the plan.

INSURANCE REIMBURSEMENT FOR PHYSICAL THERAPIST SERVICES (Section 376.1231)

A health insurance carrier is required to reimburse a physical therapist for any service or procedure within the scope of practice in the same amounts as paid to a licensed physical therapist performing the same or similar procedure regardless of the setting or venue in which the service or procedure is rendered.

PRESCRIPTION EYE DROP REFILLS (Section 376.1235)

A health carrier or health benefit plan that offers or issues plans which are delivered, issued, continued, or renewed on or after January 1, 2012, cannot deny coverage for a refill of prescription maintenance eye drops if the renewal is requested within 30 days of the original prescription or the date of the last renewal was dispensed or if the prescribing health care professional indicates on the original prescription that additional refills are needed. The coverage must not be subject to any greater deductible or co-payment than other similar health care services provided by the plan. Certain supplemental insurance policies are exempt from this provision.

The provisions of the substitute regarding the ban on smoking in a correctional center become effective July 1, 2012.

FISCAL NOTE: Estimated Net Cost on General Revenue Fund of Unknown in FY 2012, FY 2013, and FY 2014. Estimated Net Cost on

Other State Funds of Unknown exceeding \$45,000 in FY 2012, Unknown exceeding \$100,000 in FY 2013, and Unknown exceeding \$100,000 in FY 2014.

PROPOSERS: Supporters say that insurance contracts should not be allowed to restrict costs for services outside a health benefit plan or outside the contract.

Testifying for the bill were Representative Molendorp; Missouri Dental Association; Missouri Society of Oral and Maxillofacial Surgeons; and Missouri Optometric Association.

OPPOSERS: Those who oppose the bill say that it will inflict additional costs on consumers and increase out-of-pocket costs for those with dental contracts. A dentist agrees to the pricing for products and services when he or she enters into a contract.

Testifying against the bill were America's Health Insurance Plans; Missouri Insurance Coalition; and Metlife.