

SS SCS SB 145 -- TREATMENT OF EATING DISORDERS

SPONSOR: Pearce (Frederick)

COMMITTEE ACTIONS: Voted "Do Pass" by the Standing Committee on Health Insurance by a vote of 11 to 0. Voted "Do Pass" by the Select Committee on Insurance by a vote of 9 to 0.

This bill requires all health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2017, in accordance with current law requirements for coverage of mental health disorders, to provide coverage for the diagnosis and treatment of eating disorders. The bill requires that the provided coverage include a broad array of specialist services as proscribed as necessary by the patient's treatment team. Coverage under the bill is limited to medically necessary treatment, and the treatment plan must include all elements necessary for a health benefit plan to pay claims. Medical necessity determinations and care management for the treatment of eating disorders must consider the overall medical and mental health needs of the individual with the eating disorder, must not be based solely on weight, and must take into consideration the most recent specified guideline adopted by the American Psychiatric Association in addition to current standards based upon the medical literature generally recognized as authoritative in the medical community. Coverage may be subject to other general exclusions and limitations of the contract or benefit plan not in conflict with the provisions of the bill.

PROPONENTS: 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. It is 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.

Testifying for the bill were Senator Pearce; Missouri Academy of Nutrition and Dietetics; Missouri Insurance Coalition; America's Health Insurance Plans; Missouri Psychiatric Society; National Eating Disorders Association; Missouri Eating Disorders Association; and Missouri Psychological Association.

OPPONENTS: There was no opposition voiced to the committee.