

# COMMITTEE REPORT

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## MR. PRESIDENT:

The Senate Committee on Insurance and Financial Institutions, to which was referred Senate Bill No. 212, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

- 1 Page 1, line 3, after "(a)" insert "**As used in this section, "health**
- 2 **care plan" means:**
- 3 (1) **a self-insurance program established under section 7(b) of**
- 4 **this chapter to provide group health coverage; or**
- 5 (2) **a contract entered into under section 7(c) of this chapter**
- 6 **to provide health services through a prepaid health care**
- 7 **delivery plan.**
- 8 (b)".
- 9 Page 1, line 7, delete "(b)" and insert "(c)".
- 10 Page 2, line 3, delete "(c)" and insert "(d)".
- 11 Page 2, line 3, delete "consider offering" and insert "**provide**".
- 12 Page 2, line 4, delete ":" and insert "**a health care plan.**".
- 13 Page 2, delete lines 5 through 9.
- 14 Page 2, between lines 9 and 10, begin a new paragraph and insert:
- 15 "**(e) The coverage that must be provided under this section**
- 16 **includes surgical treatment of morbid obesity.**
- 17 (f) **If a health care plan requires prior authorization for the**
- 18 **treatment of morbid obesity, the covered individual must be**
- 19 **notified by a person who administers the health care plan of the**
- 20 **determination of coverage not more than twenty-one (21) days**
- 21 **after the date prior authorization is requested.**".

1 Page 3, between lines 6 and 7, begin a new paragraph and insert:  
2 "Sec. 5. The coverage that must be offered under this chapter  
3 includes surgical treatment of morbid obesity.  
4 Sec. 6. If an insurer that issues an accident and sickness  
5 insurance policy requires prior authorization for the treatment of  
6 morbid obesity, the insured must be notified of the insurer's  
7 determination of coverage not more than twenty-one (21) days  
8 after the date prior authorization is requested."

9 Page 3, between lines 30 and 31, begin a new paragraph and insert:  
10 "(d) The coverage that must be offered under this section  
11 includes surgical treatment of morbid obesity.  
12 (e) If a health maintenance organization contract requires prior  
13 authorization for the treatment of morbid obesity, the enrollee  
14 must be notified of the health maintenance organization's  
15 determination of coverage not more than twenty-one (21) days  
16 after the date prior authorization is requested."

(Reference is to SB 212 as introduced.)

**and when so amended that said bill do pass.**

Committee Vote: Yeas 7, Nays 2.

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**Senator Paul, Chairperson**