HB 2398 -- Insure Missouri Plan

Sponsor: Schaaf

This bill changes the laws regarding health care services and establishes the Insure Missouri Plan in the MO HealthNet Division within the Department of Social Services.

MISSOURI HEALTH FACILITIES REVIEW COMMITTEE

Currently, the Missouri Health Facilities Review Committee for the Certificate of Need Program is composed of two members of the Senate, two members of the House of Representatives, and five members appointed by the Governor. The bill changes the membership of the committee to:

(1) One member who is professionally qualified in health insurance plan sales and administration;

(2) One member who has professionally qualified experience in commercial development, financing, and lending;

(3) Two members with a doctorate of philosophy in economics;

(4) Two members who are professionally qualified as medical doctors or doctors of osteopathy, but who are not employees of a hospital or consultants to a hospital;

(5) Two members who are professionally experienced in hospital administration, but are not employed by a hospital or as consultants to a hospital; and

(6) One member who is a registered nurse, but who is not an employee of a hospital or a consultant to a hospital.

All members will be appointed by the Governor with the advice and consent of the Senate and serve a four-year term. No more than five members can be from the same political party.

For all hearings held by the committee, the bill:

(1) Requires all testimony and other evidence taken during the hearings to be under oath and subject to the penalty of perjury;

(2) Specifies that the committee can, upon a majority vote of the committee, subpoena witnesses and require the attendance of witnesses, the giving of testimony, and the production of records;

(3) Prohibits all ex parte communications between members of the

committee and any interested party or witness regarding the subject matter of the hearing at any time prior to, during, or after the hearing;

(4) Requires any party opposing the issuance of a certificate of need to show by clear and convincing evidence that the need does not exist or that the new facility will cause a substantial and continuing loss of medical services within the affected region or community;

(5) Specifies that all committee hearings will be governed by rules adopted by the committee but not be bound by the technical rules of evidence; and

(6) Authorizes the committee, upon a majority vote, to assess the costs of court reporting transcription or the issuance of subpoenas to one or both of the involved parties.

MO HEALTHNET OVERSIGHT COMMITTEE

The bill increases from 18 to 22 the number of members on the MO HealthNet Oversight Committee by adding two representatives of rural health clinics, one licensed podiatrist, and one licensed nurse.

The oversight committee is required to approve health insurance plans for the Insure Missouri Plan.

INSURE MISSOURI PLAN

The bill:

(1) Requires the Department of Insurance, Financial Institutions, and Professional Registration and the MO HealthNet Division within the Department of Social to oversee the marketing practices of the plan;

(2) Requires the division to promote the plan, provide information to eligible individuals, ensure that enrollment is distributed throughout the state, and establish standards for consumer protection;

(3) Requires the plan to provide participants with a health care home;

(4) Specifies covered, medically necessary services;

(5) Requires the plan to provide, at no cost to a participant, $500 of qualifying preventative care services per year. The plan must consult with the federal Centers for Disease Control and

Prevention for a list of recommended preventative care services. Any additional preventative care services covered under the plan will be subject to the deductible and payment requirements of the plan;

(6) Specifies that at least 85% of the moneys appropriated by the General Assembly for the plan must be used to pay for health care services;

(7) Specifies that the plan is not an entitlement program for noncustodial parents, custodial parents, or other participants with incomes over 85% of the federal poverty level. The maximum enrollment of plan participants is dependent on the moneys appropriated by the General Assembly, and eligibility for the plan can be phased in incrementally based on appropriations;

(8) Lists eligibility requirements for plan participants and requires them to be subject to approval by the United States Department of Health and Human Services;

(9) Establishes a health care account for an individual with an income over 85% of the federal poverty level into which payments for his or her participation can be made by the participant, an employer, the state, or any philanthropic or charitable contributor. The account will be used to pay the individual's deductible under the plan;

(10) Specifies that an individual's participation in the plan does not begin until the participant makes an initial payment of at least one-twelfth of the annual required payment;

(11) Specifies that a participant's annual required payment is the lesser of $1,000 less any payments under the MO HealthNet Program, the Children's Health Insurance Program, and the federal Medicare Program or a certain percentage of his or her household income as determined by the department;

(12) Requires the state to contribute the difference to the participant's account if his or her annual required payment is less than $1,000;

(13) Specifies that a participant can be terminated from participation in the plan if his or her required payment is not made within 60 days after the required date. Written notice must be given before a participant can be terminated from the plan;

(14) Specifies that approved participants are eligible for a 12-month plan period but must file a renewal application to remain in the plan;

(15) Requires any moneys remaining in the health care account to be used to reduce the participant's payments for the subsequent plan period if the individual renews his or her participation. The division must refund any amount remaining in the health care account to a participant who is no longer eligible, has not renewed participation, or is terminated from the plan;

(16) Prohibits the deductible for any qualified plan under the Insure Missouri Plan from exceeding $2,500;

(17) Specifies that a participant who is medically uninsurable will receive health insurance coverage through the Missouri Health Insurance Pool; and

(18) Requires the division to apply to the United States Department of Health and Human Services for a waiver to develop and implement the plan and to submit the proposed waiver application to the Joint Committee on MO HealthNet for its review and recommendations prior to submitting the application for the waiver.

STANDARDIZED INSURANCE APPLICATIONS

The Director of the Department of Insurance, Financial Institutions, and Professional Registration must establish by rule uniform insurance application forms to be used by all insurers.

RECOMMENDATIONS FOR SWITCHING MEDICATIONS

The Department of Health and Senior Services is required to establish rules governing switch communications from health benefit plans and specifies that the term “switch communication” is a communication that recommends a patient’s medication be switched to a different medication than originally prescribed by the primary health care professional.

The department's rules must include:

(1) Requirements for the review and approval of the switch communication by the department;

(2) Procedures for verifying the accuracy of the switch communication;

(3) A requirement that all switch communications contain a statement that the message is a promotional announcement from the participant’s health care insurer; and

(4) A requirement that if the switch communication contains

information regarding potential therapeutic substitution, the communication must explain that medications in the same therapeutic class have different risks and benefits and may work differently on different patients.

All switch communications must clearly disclose any financial interest that the health care insurer, pharmacy benefits manager, prescriber, or their agent has in the patient's decision to switch medications. Any person who issues or delivers or causes to be issued or delivered a switch communication that has not been approved, provides a misrepresentation or false statement in a switch communication, or commits any other material violation of the provisions of the bill will be subject to a fine of up to $25,000.