SENATE SUBSTITUTE

FOR

HOUSE BILL NO. 1713

AN ACT

To repeal sections 376.427 and 376.816, RSMo, and to enact in lieu thereof two new sections relating to health insurance.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

Section A. Sections 376.427 and 376.816, RSMo, are repealed
 and two new sections enacted in lieu thereof, to be known as
 sections 376.427 and 376.816, to read as follows:

4 376.427. 1. As used in this section, the following terms 5 mean:

6 (1) "Health care services", medical, surgical, dental,
7 podiatric, pharmaceutical, chiropractic, licensed ambulance
8 service, and optometric services;

9 (2) "Insured", any person entitled to benefits under a 10 contract of accident and sickness insurance, or medical-payment 11 insurance issued as a supplement to liability insurance but not 12 including any other coverages contained in a liability or a 13 workers' compensation policy, issued by an insurer;

(3) "Insurer", any person, reciprocal exchange,
interinsurer, fraternal benefit society, health services
corporation, self-insured group arrangement to the extent not
prohibited by federal law, or any other legal entity engaged in
the business of insurance;

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(4) "Provider", a physician, hospital, dentist, podiatrist,

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chiropractor, pharmacy, licensed ambulance service, or
 optometrist, licensed by this state.

2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid [within thirty days of the receipt by the insurer of all documents reasonably needed to determine the claim] <u>in accordance with section</u> 376.383.

Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of payment in the single name of the provider.

4. [This section shall not require] Any insurer, health services corporation, health maintenance corporation or preferred provider organization which directly contracts with certain members of a class of providers for the delivery of health care services [to] <u>shall</u> issue payment as provided pursuant to this section <u>directly</u> to those members of the class which do not have a contract with the insurer.

20 376.816. 1. No [individual or group insurance policy 21 providing coverage on an expense-incurred basis, no individual or 22 group service or indemnity contract issued by a not-for-profit health services corporation, no health maintenance organization 23 24 nor any self-insured group health benefit plan of any type or 25 description shall be offered, issued or renewed in this state on 26 or after July 10, 1991, unless the policy, plan or contract] 27 health carrier or health benefit plan that offers or issues 28 health benefit plans, other than Medicaid health benefit plans,

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shall deliver, issue for delivery, continue, or renew a health
benefit plan to a Missouri resident on or after January 1, 2011,
unless the health benefit plan covers adopted children of the
insured, subscriber or enrollee on the same basis as other
dependents.

6 2. The coverage required by subsection 1 of this section is7 effective:

8 (1) From the date of birth if a petition for adoption is 9 filed within thirty days of the birth of such child; or

10 (2) From the date of placement for the purpose of adoption 11 if a petition for adoption is filed within thirty days of 12 placement of such child.

Such coverage shall continue unless the placement is disrupted prior to legal adoption and the child is removed from placement. Coverage shall include the necessary care and treatment of medical conditions existing prior to the date of placement.

- 3. As used in this section, <u>the following terms shall mean:</u>
 (1) "Health benefit plan", the same meaning as such term is
 defined in section 376.1350;
- 20 (2) "Health carrier", the same meaning as such term is
- 21 defined in section 376.1350;

22 (3) "Placement" [means], in the physical custody of the 23 adoptive parent.

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