FIRST REGULAR SESSION HOUSE BILL NO. 1049

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE WOOD.

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 454.600 and 454.603, RSMo, and to enact in lieu thereof two new sections relating to health benefit plans.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 454.600 and 454.603, RSMo, are repealed and two new sections 2 enacted in lieu thereof, to be known as sections 454.600 and 454.603, to read as follows:

454.600. As used in sections 454.600 to 454.645, the following terms mean:

- 2 (1) "Court", any circuit court establishing a support obligation pursuant to an action
 3 under this chapter, chapter 210, chapter 211 or chapter 452;
- 4 (2) "Director", the director of the family support division of the department of social 5 services;
 - (3) "Division", the family support division of the department of social services;
- 7 (4) "Employer", any individual, organization, agency, business or corporation hiring an
 8 obligor for pay;
- 9 (5) "Health benefit plan", any benefit plan or combination of plans[, other than public assistance programs,] providing medical or dental care or benefits through insurance or otherwise, including but not limited to health service corporations, as defined in section 354.010; prepaid dental plans, as defined in section 354.700; health maintenance organization plans, as defined in section 354.400; and self-insurance plans, to the extent allowed by federal law; (6) "Minor child", a child for whom a support obligation exists under law;
 - (7) "Obligee", a person to whom a duty of support is owed or a person, including any

16 division of the department of social services, who has commenced a proceeding for enforcement

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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of an alleged duty of support or for registration of a support order, regardless of whether theperson to whom a duty of support is owed is a recipient of public assistance;

(8) "Obligor", a person owing a duty of support or against whom a proceeding for theenforcement of a duty of support or registration of a support order is commenced;

(9) "IV-D case", a case in which support rights have been assigned to the state of
Missouri pursuant to section 208.040, or in which the family support division is providing
support enforcement services pursuant to section 454.425.

454.603. 1. At any state of a proceeding in which the circuit court or the division has
jurisdiction to establish or modify an order for child support, including but not limited to actions
brought pursuant to this chapter, chapters 210, 211, and 452, the court or the division shall
determine whether to require a parent to provide medical care for the child through a health
benefit plan.

6 2. [With or without the agreement of the parents,] The court or the division may require 7 that a child be covered under a health benefit plan **that is accessible to the child**. Such a 8 requirement shall be imposed **in any IV-D case**. The court or division shall require that a 9 **child be covered under a private health benefit plan** whenever **such** a health benefit plan is 10 available at reasonable cost through a parent's employer or union [or in any IV-D case]. If [such] 11 a **private health benefit** plan is not available at reasonable cost through an employer or union

12 [and the case is not a IV-D case], the court in determining whether to require a parent to provide13 such coverage, shall consider:

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(1) The best interests of the child;

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(2) The child's present and anticipated needs for medical care;

16 (3) The financial ability of the parents to afford the cost of a health benefit plan; and

17 (4) The extent to which the cost of the health benefit plan is subsidized or reduced by18 participation on a group basis or otherwise.

3. To the extent that such options are available under the terms of the health benefit plan,an order may specify required terms of the health benefit plan, including:

21 (1) Minimum required policy limits;

22 (2) Minimum required coverage;

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(3) Maximum terms for deductibles or required co-payments; or

(4) Other significant terms, including, but not limited to, any provision required for a
health benefit plan under the federal Employee Retirement Income Security Act of 1974, as
amended.

4. If the child is not covered by a **private** health benefit plan but such a plan is available
to one of the parents **at a reasonable cost**, the court or the division shall order that coverage
under the health benefit plan be provided for the child unless there is available to the other parent

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30 a **private** health benefit plan with comparable or better benefits at comparable or reduced cost.

If **private** health benefit plans are available to both parents upon terms which provide comparable benefits and costs, the court or the division shall determine which health benefit plan, if any, shall be required, giving due regard to the possible advantages of each plan.

5. The court shall require the obligor to be liable for all or a portion of the medical or dental expenses of the minor child that are not covered by the required health benefit plan coverage if:

(1) The court finds that the health benefit plan coverage required to be obtained by the
 obligor or available to the obligee does not pay all the reasonable and necessary medical or dental
 expenses of the minor child; and

40 (2) The court finds that the obligor has the financial resources to contribute to the 41 payment of these medical or dental expenses; and

42 (3) The court finds the obligee has substantially complied with the terms of the health43 benefit coverage.

6. The cost of health benefit plan employee contributions or premiums shall not be a direct offset to child support awards established pursuant to this chapter, chapters 210, 211, and 452, but it shall be considered when determining the amount of child support to be paid by the obligor.

48 7. If two or more health benefit plans are available to one or both parents that are 49 complementary to one another or are compatible as primary and secondary coverage for the 50 child, the court or the division may order each parent to maintain one or more health benefit 51 plans for the child.

8. Prior to terminating enrollment in a health benefit plan or changing from one health benefit plan to another, consideration by the court or division shall be given to the child's medical condition and best interests and whether there is reason to believe that a new health benefit plan would omit or limit benefits because of a preexisting condition.

9. An abatement of a parent's child support obligation shall not automatically abate that parent's duty to provide for the child's health care needs. Unless an order of the court or the division specifically provides for abatement or termination of health care coverage, an order to maintain health benefits or otherwise provide for a child's health care needs shall continue in force until further order of the court or the division, or until the child's right to parental support terminates.

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