

## HB 2083 -- SHORT-TERM MAJOR MEDICAL POLICIES

SPONSOR: Helms

This bill exempts short-term major medical policies from several health insurance mandates in Chapter 376, RSMo, and allows such policies to have a term of less than one year. Currently, the term limit is up to six months duration.

The bill requires the fact page of all short-term major medical policies to include a disclosure stating, "This policy may not cover preexisting conditions, including conditions you may currently have and are unaware of but are not diagnosed until the policy's term. This policy may not cover certain essential health benefits, including prescription drugs, preventative care, and emergency services. Before you realize benefits under this policy, you may be responsible for a deductible and/or coinsurance. Be sure to discuss these items with your insurance broker before purchasing a short-term medical policy."

The bill also requires all prospective insureds to be given a benefit summary statement which outlines what is covered and not covered in the policy. The prescription drug coverage shall cover at least one drug in every therapy category and no drug shall be removed from the formulary during the policy term unless it is recalled from the market.

The bill requires all short-term major medical policies to be classified as one of the following plan levels:

- (1) Platinum (best plan);
- (2) Gold (second best);
- (3) Silver (third best);
- (4) Bronze (fourth best); or
- (5) Lead (fifth best);

Each plan has level requirements as outlined in the bill. Once an individual or family has been covered under a plan for 23 consecutive months, no denial of coverage or higher premium charge shall be applied as a result of preexisting conditions under a new plan.

This bill is similar to HB 1020 (2019).