

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed

SCS HB 604 _____ entitled:

AN ACT

To repeal sections 303.220, 319.131, 375.246, 379.120, and 507.184, RSMo, and to enact in lieu thereof seventeen new sections relating to insurance.

With SA 1, SA 2, SA 3, SSA 1 for SA 4, :

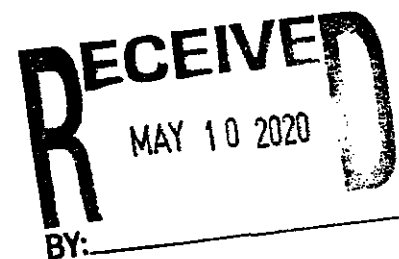
In which the concurrence of the House is respectfully requested.

Respectfully,

Adriane D. Crouse

Adriane D. Crouse

Secretary of the Senate



SENATE AMENDMENT NO. 1Offered by W. H. H. H. of 32Amend SCS/House Bill No. 604, Page 41, Section 379.120, Line 24,

2 by inserting after all of said line the following:

3 "379.140. [In all suits brought upon policies of
4 insurance against loss or damage by fire hereafter issued or
5 renewed, the defendant shall not be permitted to deny that
6 the property insured thereby was worth at the time of the
7 issuing of the policy the full amount insured therein on
8 said property; and in case of total loss of the property
9 insured, the measure of damage shall be the amount for which
10 the same was insured, less whatever depreciation in value,
11 below the amount for which the property is insured, the
12 property may have sustained between the time of issuing the
13 policy and the time of the loss, and the burden of proving
14 such depreciation shall be upon the defendant; and in case
15 of partial loss, the measure of damage shall be that portion
16 of the value of the whole property insured, ascertained in
17 the manner prescribed in this chapter, which the part
18 injured or destroyed bears to the whole property insured.]

19 1. When real property incurs a total loss caused by a peril
20 covered under an insurance policy and such total loss is a
21 covered loss under the insurance policy, then the liability
22 of the insurance company writing the policy shall be the
23 amount of money for which the real property was insured,
24 less any deductible, as specified in the policy.

25 2. This section shall not apply to:

26 (1) Any partial loss;

Offered 5/6/21
Adopted "

- 27 (2) Any personal property that is not scheduled;
28 (3) Any detached or appurtenant structure;
29 (4) Any builder's risk policy;
30 (5) Any policy of mortgage insurance;
31 (6) Two or more buildings insured under a blanket
32 basis or limit of insurance;
33 (7) Any loss in which the insured or one acting on the
34 insured's behalf engaged in any fraudulent or criminal
35 activity that contributed to the loss;
36 (8) Any loss to property if the insured increased the
37 risk of loss insured against within sixty days of the date
38 of the loss without the consent of the insurer and the
39 increase in the risk of loss was a cause of the loss;
40 (9) Any replacement cost coverage provided for in a
41 policy or by endorsement, except that this section shall not
42 be construed to prohibit an insured from recovering any
43 replacement cost coverage pursuant to the terms and
44 conditions of a policy or endorsement; or
45 (10) Any loss that is covered by two or more policies.
46 3. If two or more policies provide coverage for a
47 total loss of real property caused by a peril, then the
48 insureds may recover the face amount of the policy with the
49 highest limit of coverage, and each policy shall contribute
50 to the payment of the loss in proportion to the amount of
51 insurance mentioned in each policy.
52 4. For a total loss to a commercial building that is
53 insured on a blanket basis for a stated amount that covers
54 two or more commercial buildings, the settlement of the
55 claim shall be based on the initial value assigned to each
56 affected commercial building before the loss, with any
57 balance remaining being settled according to the terms and
58 conditions of the policy.

59 379.150. [Whenever there is a partial destruction or
60 damage to property covered by insurance, it shall be the
61 duty of the party writing the policies to pay the assured a
62 sum of money equal to the damage done to the property, or
63 repair the same to the extent of such damage, not exceeding
64 the amount written in the policy, so that said property
65 shall be in as good condition as before the fire, at the
66 option of the insured.] Any fire insurance policy issued or
67 renewed on or after August 28, 2021, shall be construed to
68 require that a partial loss caused by fire be adjusted in
69 accordance with the following language which shall be
70 considered part of the standard fire insurance policy for
71 Missouri under the provisions of section 379.160: "It shall
72 be optional with the company to settle the loss at the
73 actual cash value or to repair, rebuild or replace the
74 property destroyed or damaged with other of like kind or
75 quality within a reasonable time, on giving notice of its
76 intention within thirty days or after the receipt of the
77 proof of loss herein required." However, if any fire policy
78 provides coverage for a partial loss caused by fire, in a
79 policy form determined and approved by the director to be at
80 least as favorable to the insured as the standard fire
81 insurance policy for Missouri, then the insurer issuing the
82 policy shall adjust the loss in accordance with the policy
83 form. Notwithstanding any administrative rule to the
84 contrary, nothing in this section shall be construed to
85 create a general contractor relationship by the company to
86 the insured.

87 379.160. 1. Each fire insurance company doing
88 business in the state of Missouri is hereby required to file
89 the form of policy for use by it in the state of Missouri,
90 covering the responsibilities of the companies as well as
91 the duties of the assured, to be classed and known as the

92 standard fire insurance policy. Said policy form may be
93 approved by the director of the department of commerce and
94 insurance of the state, and no policy shall be issued in
95 this state carrying risks by fire or lightning by any
96 company which does not embrace the form filed and approved
97 of, as herein provided. There may be printed upon such
98 policy the words "Standard Fire Insurance Policy for
99 Missouri" and there may be inserted before and after the
100 word "Missouri" a designation of any state or states or
101 territory in which such form is standard.

102 2. All such policies shall have an address of the
103 company in the United States fully printed thereon, to
104 which, in case of loss, the assured may send notice of such
105 loss, and to which notice shall be given within sixty days
106 after the loss.

107 3. The appearance of an adjuster of any company at the
108 place of fire and loss in which said company is interested
109 by reason of an insurance on such property, shall be
110 considered evidence of notice and to be held as a waiver of
111 the same on the part of the company; provided, that on any
112 policies issued upon property, real or personal, or real and
113 personal, there may be attached a coinsurance clause; and
114 provided further, that when a coinsurance clause is attached
115 to any policy a reduction in rate shall be given therefor,
116 in accordance with coinsurance credits that are now or may
117 hereafter be filed as a part of the public rating record in
118 the office of the director of the department of commerce and
119 insurance in this state, by fire insurance companies, that
120 have been or shall hereafter be approved by the director of
121 the department of commerce and insurance; provided further,
122 that in all suits brought upon policies of insurance against
123 loss or damage by fire hereafter issued or renewed, the
124 defendant shall not be permitted to deny that the real

125 property insured thereby was worth at the time of the
126 issuing of the policy the full amount insured therein on
127 said real property [covering both real and personal
128 property]; and provided further, that nothing in this
129 section shall be construed to repeal or change the
130 provisions of section 379.140."; and

131 Further amend said bill, page 59, section 507.184, line
132 34, by inserting after all of said line the following:

133 "[379.145. 1. When fire insurance
134 policies shall be hereafter issued or renewed by
135 more than one company upon the same property,
136 and suit shall be brought upon any of said
137 policies, the defendant shall not be permitted
138 to deny that the property insured was worth the
139 aggregate of the several amounts for which it
140 was insured at the time the policy was issued or
141 renewed thereon, unless willful fraud or
142 misrepresentation is shown on part of the
143 insured in obtaining such additional insurance;
144 and in such suit the measure of damage shall be
145 as provided in section 379.140; provided, that
146 whatever depreciation in value below the amount
147 for which the property is insured may be shown,
148 as provided in section 379.140, shall be
149 deducted from the amount insured in each policy,
150 in the proportion which the amount in each such
151 policy bears to the aggregate of all the amounts
152 so insured on such property.

153 2. This and section 379.140 shall apply
154 only to real property insured.

155 3. Any condition in any policy of
156 insurance contrary to the provisions of this
157 chapter shall be illegal and void.]; and

158 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 2Offered by WIELAND of 22NDAmend SCS/House Bill No. 604, Page 1, Section A, Line 6,

2 by inserting after all of said line the following:

3 "287.170. 1. For temporary total disability the
4 employer shall pay compensation for not more than four
5 hundred weeks during the continuance of such disability at
6 the weekly rate of compensation in effect under this section
7 on the date of the injury for which compensation is being
8 made. The amount of such compensation shall be computed as
9 follows:

10 (1) For all injuries occurring on or after September
11 28, 1983, but before September 28, 1986, the weekly
12 compensation shall be an amount equal to sixty-six and two-
13 thirds percent of the injured employee's average weekly
14 earnings as of the date of the injury; provided that the
15 weekly compensation paid under this subdivision shall not
16 exceed an amount equal to seventy percent of the state
17 average weekly wage, as such wage is determined by the
18 division of employment security, as of the July first
19 immediately preceding the date of injury;

20 (2) For all injuries occurring on or after September
21 28, 1986, but before August 28, 1990, the weekly
22 compensation shall be an amount equal to sixty-six and two-
23 thirds percent of the injured employee's average weekly
24 earnings as of the date of the injury; provided that the
25 weekly compensation paid under this subdivision shall not
26 exceed an amount equal to seventy-five percent of the state

Offered 5/6/21
Adapted "

27 average weekly wage, as such wage is determined by the
28 division of employment security, as of the July first
29 immediately preceding the date of injury;

30 (3) For all injuries occurring on or after August 28,
31 1990, but before August 28, 1991, the weekly compensation
32 shall be an amount equal to sixty-six and two-thirds percent
33 of the injured employee's average weekly earnings as of the
34 date of the injury; provided that the weekly compensation
35 paid under this subdivision shall not exceed an amount equal
36 to one hundred percent of the state average weekly wage;

37 (4) For all injuries occurring on or after August 28,
38 1991, the weekly compensation shall be an amount equal to
39 sixty-six and two-thirds percent of the injured employee's
40 average weekly earnings as of the date of the injury;
41 provided that the weekly compensation paid under this
42 subdivision shall not exceed an amount equal to one hundred
43 five percent of the state average weekly wage;

44 (5) For all injuries occurring on or after September
45 28, 1981, the weekly compensation shall in no event be less
46 than forty dollars per week.

47 2. Temporary total disability payments shall be made
48 to the claimant by check or other negotiable [instruments
49 approved by the director which will not result in delay in
50 payment] instrument, or by electronic transfer or other
51 manner authorized by the claimant, and shall be forwarded
52 directly to the claimant without intervention, or, when
53 requested, to claimant's attorney if represented, except as
54 provided in section 454.517, by any other party except by
55 order of the division of workers' compensation.

56 3. An employee is disqualified from receiving
57 temporary total disability during any period of time in
58 which the claimant applies and receives unemployment
59 compensation.

60 4. If the employee is terminated from post-injury
61 employment based upon the employee's post-injury misconduct,
62 neither temporary total disability nor temporary partial
63 disability benefits under this section or section 287.180
64 are payable. As used in this section, the phrase "post-
65 injury misconduct" shall not include absence from the
66 workplace due to an injury unless the employee is capable of
67 working with restrictions, as certified by a physician.

68 5. If an employee voluntarily separates from
69 employment with an employer at a time when the employer had
70 work available for the employee that was in compliance with
71 any medical restriction imposed upon the employee within a
72 reasonable degree of medical certainty as a result of the
73 injury that is the subject of a claim for benefits under
74 this chapter, neither temporary total disability nor
75 temporary partial disability benefits available under this
76 section or section 287.180 shall be payable.

77 287.180. 1. For temporary partial disability,
78 compensation shall be paid during such disability but not
79 for more than one hundred weeks, and shall be sixty-six and
80 two-thirds percent of the difference between the average
81 earnings prior to the accident and the amount which the
82 employee, in the exercise of reasonable diligence, will be
83 able to earn during the disability, to be determined in view
84 of the nature and extent of the injury and the ability of
85 the employee to compete in an open labor market. The amount
86 of such compensation shall be computed as follows:

87 (1) For all injuries occurring on or after September
88 28, 1983, but before September 28, 1986, the weekly
89 compensation shall be an amount equal to sixty-six and two-
90 thirds percent of the injured employee's average weekly
91 earnings as of the date of injury; provided that the weekly
92 compensation paid under this subdivision shall not exceed an

93 amount equal to seventy percent of the state average weekly
94 wage, as such wages are determined by the division of
95 employment security, as of the July first immediately
96 preceding the date of injury;

97 (2) For all injuries occurring on or after September
98 28, 1986, but before August 28, 1990, the weekly
99 compensation shall be an amount equal to sixty-six and two-
100 thirds percent of the injured employee's average weekly
101 earnings as of the date of the injury; provided that the
102 weekly compensation paid under this subdivision shall not
103 exceed an amount equal to seventy-five percent of the state
104 average weekly wage, as such wage is determined by the
105 division of employment security, as of the July first
106 immediately preceding the date of injury;

107 (3) For all injuries occurring on or after August 28,
108 1990, but before August 28, 1991, the weekly compensation
109 shall be an amount equal to sixty-six and two-thirds percent
110 of the injured employee's average weekly earnings as of the
111 date of the injury; provided that the weekly compensation
112 paid under this subdivision shall not exceed an amount equal
113 to one hundred percent of the state average weekly wage;

114 (4) For all injuries occurring on or after August 28,
115 1991, the weekly compensation shall be an amount equal to
116 sixty-six and two-thirds percent of the injured employee's
117 average weekly earnings as of the date of the injury;
118 provided that the weekly compensation paid under this
119 subdivision shall not exceed an amount equal to one hundred
120 five percent of the state average weekly wage.

121 2. Temporary partial disability payments shall be made
122 to the claimant by check, or other negotiable instrument
123 [approved by the director which will not result in delay in
124 payment], or by electronic transfer or other manner
125 authorized by the claimant.

126 287.715. 1. For the purpose of providing for revenue
127 for the second injury fund, every authorized self-insurer,
128 and every workers' compensation policyholder insured
129 pursuant to the provisions of this chapter, shall be liable
130 for payment of an annual surcharge in accordance with the
131 provisions of this section. The annual surcharge imposed
132 under this section shall apply to all workers' compensation
133 insurance policies and self-insurance coverages which are
134 written or renewed on or after April 26, 1988, including the
135 state of Missouri, including any of its departments,
136 divisions, agencies, commissions, and boards or any
137 political subdivisions of the state who self-insure or hold
138 themselves out to be any part self-insured. Notwithstanding
139 any law to the contrary, the surcharge imposed pursuant to
140 this section shall not apply to any reinsurance or
141 retrocessional transaction.

142 2. Beginning October 31, 2005, and each year
143 thereafter, the director of the division of workers'
144 compensation shall estimate the amount of benefits payable
145 from the second injury fund during the following calendar
146 year and shall calculate the total amount of the annual
147 surcharge to be imposed during the following calendar year
148 upon all workers' compensation policyholders and authorized
149 self-insurers. The amount of the annual surcharge
150 percentage to be imposed upon each policyholder and self-
151 insured for the following calendar year commencing with the
152 calendar year beginning on January 1, 2006, shall be set at
153 and calculated against a percentage, not to exceed three
154 percent, of the policyholder's or self-insured's workers'
155 compensation net deposits, net premiums, or net assessments
156 for the previous policy year, rounded up to the nearest one-
157 half of a percentage point, that shall generate, as nearly
158 as possible, one hundred ten percent of the moneys to be

159 paid from the second injury fund in the following calendar
160 year, less any moneys contained in the fund at the end of
161 the previous calendar year. All policyholders and self-
162 insurers shall be notified by the division of workers'
163 compensation within ten calendar days of the determination
164 of the surcharge percent to be imposed for, and paid in, the
165 following calendar year. The net premium equivalent for
166 individual self-insured employers shall be based on average
167 rate classifications calculated by the department of
168 commerce and insurance as taken from premium rates filed by
169 the twenty insurance companies providing the greatest volume
170 of workers' compensation insurance coverage in this state.
171 For employers qualified to self-insure their liability
172 pursuant to this chapter, the rates filed by such group of
173 employers in accordance with subsection 4 of section 287.280
174 shall be the net premium equivalent. Any group of political
175 subdivisions of this state qualified to self-insure their
176 liability pursuant to this chapter as authorized by section
177 537.620 may choose either the average rate classification
178 method or the filed rate method, provided that the method
179 used may only be changed once without receiving the consent
180 of the director of the division of workers' compensation.
181 The director may advance funds from the workers'
182 compensation fund to the second injury fund if surcharge
183 collections prove to be insufficient. Any funds advanced
184 from the workers' compensation fund to the second injury
185 fund must be reimbursed by the second injury fund no later
186 than December thirty-first of the year following the
187 advance. The surcharge shall be collected from
188 policyholders by each insurer at the same time and in the
189 same manner that the premium is collected, but no insurer or
190 its agent shall be entitled to any portion of the surcharge

191 as a fee or commission for its collection. The surcharge is
192 not subject to any taxes, licenses or fees.

193 3. All surcharge amounts imposed by this section shall
194 be deposited to the credit of the second injury fund.

195 4. Such surcharge amounts shall be paid quarterly by
196 insurers and self-insurers, and insurers shall pay the
197 amounts not later than the thirtieth day of the month
198 following the end of the quarter in which the amount is
199 received from policyholders. If the director of the
200 division of workers' compensation fails to calculate the
201 surcharge by the thirty-first day of October of any year for
202 the following year, any increase in the surcharge ultimately
203 set by the director shall not be effective for any calendar
204 quarter beginning less than sixty days from the date the
205 director makes such determination.

206 5. If a policyholder or self-insured fails to make
207 payment of the surcharge or an insurer fails to make timely
208 transfer to the division of surcharges actually collected
209 from policyholders, as required by this section, a penalty
210 of one-half of one percent of the surcharge unpaid, or
211 untransferred, shall be assessed against the liable
212 policyholder, self-insured or insurer. Penalties assessed
213 under this subsection shall be collected in a civil action
214 by a summary proceeding brought by the director of the
215 division of workers' compensation.

216 6. Notwithstanding subsection 2 of this section to the
217 contrary, the director of the division of workers'
218 compensation shall collect a supplemental surcharge not to
219 exceed three percent for calendar years 2014 to [2021] 2022
220 of the policyholder's or self-insured's workers'
221 compensation net deposits, net premiums, or net assessments
222 for the previous policy year, rounded up to the nearest one-
223 half of a percentage point. For calendar year 2023, the

224 director of the division of workers' compensation shall
225 collect a supplemental surcharge not to exceed two and one-
226 half percent of the policyholder's or self-insured's
227 workers' compensation net deposits, net premiums, or net
228 assessments for the previous policy year, rounded up to the
229 nearest one-half of a percentage point. All policyholders
230 and self-insurers shall be notified by the division of the
231 supplemental surcharge percentage to be imposed for such
232 period of time as part of the notice provided in subsection
233 2 of this section. The provisions of this subsection shall
234 expire on December 31, [2021] 2023.

235 7. Funds collected under the provisions of this
236 chapter shall be the sole funding source of the second
237 injury fund."; and
238 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 3Offered by Eigel of 23rdAmend SCS/House Bill No. 604, Page 1, Section A, Line 6,

2 by inserting after all of said line the following:

3 "135.096. 1. In order to promote personal financial
4 responsibility for long-term health care in this state, [for
5 all taxable years beginning after December 31, 1999, a
6 resident individual may deduct from such individual's
7 Missouri taxable income an amount equal to fifty percent of
8 all nonreimbursed amounts paid by such individual for
9 qualified long-term care insurance premiums to the extent
10 such amounts are not included the individual's itemized
11 deductions.] for all taxable years beginning after December
12 31, [2006] 2020, a resident individual may deduct from each
13 individual's Missouri taxable income an amount equal to one
14 hundred percent of all nonreimbursed amounts paid by such
15 individuals for qualified long-term care insurance premiums
16 to the extent such amounts are not included in the
17 individual's itemized deductions. A married individual
18 filing a Missouri income tax return separately from his or
19 her spouse shall be allowed to make a deduction pursuant to
20 this section in an amount equal to the proportion of such
21 individual's payment of all qualified long-term care
22 insurance premiums. The director of the department of
23 revenue shall place a line on all Missouri individual income
24 tax returns for the deduction created by this section.

25 2. For purposes of this section, "qualified long-term
26 care insurance" means any insurance policy which meets or

Offered 5/6/21
Adopted "

27 exceeds the provisions of sections 376.1100 to 376.1118 and
28 the rules and regulations promulgated pursuant to such
29 sections for long-term care insurance, or any insurance
30 policy considered an asset or resource for purposes of
31 eligibility for long-term care benefits under MO HealthNet.

32 3. Notwithstanding any other provision of law to the
33 contrary, two or more insurers issuing a qualified long-term
34 care insurance policy shall not act in concert with each
35 other and with others with respect to any matters pertaining
36 to the making of rates or rating systems."; and

37 Further amend said bill, page 39, section 375.246, line
38 915, by inserting after all of said line the following:

39 "376.1109. 1. The director may adopt regulations that
40 include standards for full and fair disclosure setting forth
41 the manner, content and required disclosures for the sale of
42 long-term care insurance policies, terms of renewability,
43 initial and subsequent conditions of eligibility,
44 nonduplication of coverage provisions, coverage of
45 dependents, preexisting conditions, termination of
46 insurance, continuation or conversion, probationary periods,
47 limitations, exceptions, reductions, elimination periods,
48 requirements for replacement, recurrent conditions and
49 definitions of terms. Regulations adopted pursuant to
50 sections 376.1100 to 376.1130 shall be in accordance with
51 the provisions of chapter 536.

52 2. No long-term care insurance policy may:

53 (1) Be cancelled, nonrenewed or otherwise terminated
54 on the grounds of the age or the deterioration of the mental
55 or physical health of the insured individual or certificate
56 holder; or

57 (2) Contain a provision establishing a new waiting
58 period in the event existing coverage is converted to or
59 replaced by a new or other form within the same company,

except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder; or

(3) Provide coverage for skilled nursing care only or provide significantly more coverage for skilled care in a facility than for lower levels of care.

3. No long-term care insurance policy or certificate other than a policy or certificate thereunder issued to a group as defined in paragraph (a) of subdivision (4) of subsection 2 of section 376.1100:

(1) Shall use a definition of preexisting condition which is more restrictive than the following: "Preexisting condition" means a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services, within six months preceding the effective date of coverage of an insured person;

(2) May exclude coverage for a loss or confinement which is the result of a preexisting condition unless such loss or confinement begins within six months following the effective date of coverage of an insured person.

4. The director may extend the limitation periods set forth in subdivisions (1) and (2) of subsection 3 of this section as to specific age group categories in specific policy forms upon findings that the extension is in the best interest of the public.

5. The definition of preexisting condition provided in subsection 3 of this section does not prohibit an insurer from using an application form designed to elicit the complete health history of an applicant, and, on the basis of the answers on that application, from underwriting in accordance with that insurer's established underwriting standards. Unless otherwise provided in the policy or certificate, a preexisting condition, regardless of whether it is disclosed on the application, need not be covered

93 until the waiting period described in subdivision (2) of
94 subsection 3 of this section expires. No long-term care
95 insurance policy or certificate may exclude or use waivers
96 or riders of any kind to exclude, limit or reduce coverage
97 or benefits for specifically named or described preexisting
98 diseases or physical conditions beyond the waiting period
99 described in subdivision (2) of subsection 3 of this section.

100 6. No long-term care insurance policy may be delivered
101 or issued for delivery in this state if such policy:

102 (1) Conditions eligibility for any benefits on a prior
103 hospitalization requirement; or

104 (2) Conditions eligibility for benefits provided in an
105 institutional care setting on the receipt of a higher level
106 of institutional care; or

107 (3) Conditions eligibility for any benefits other than
108 waiver of premium, post-confinement, post-acute care or
109 recuperative benefits on a prior institutionalization
110 requirement.

111 7. A long-term care insurance policy containing post-
112 confinement, post-acute care or recuperative benefits shall
113 clearly label in a separate paragraph of the policy or
114 certificate entitled "Limitations or Conditions on
115 Eligibility for Benefits" such limitations or conditions,
116 including any required number of days of confinement.

117 8. A long-term care insurance policy or rider which
118 conditions eligibility of noninstitutional benefits on the
119 prior receipt of institutional care shall not require a
120 prior institutional stay of more than thirty days.

121 9. No long-term care insurance policy or rider which
122 provides benefits only following institutionalization shall
123 condition such benefits upon admission to a facility for the
124 same or related conditions within a period of less than
125 thirty days after discharge from the institution.

126 10. The director may adopt regulations establishing
127 loss ratio standards for long-term care insurance policies
128 provided that a specific reference to long-term care
129 insurance policies is contained in the regulation.

130 11. Long-term care insurance applicants shall have the
131 right to return the policy or certificate within thirty days
132 of its delivery and to have the premium refunded if, after
133 examination of the policy or certificate, the applicant is
134 not satisfied for any reason. Long-term care insurance
135 policies and certificates shall have a notice prominently
136 printed on the first page or attached thereto stating in
137 substance that the applicant shall have the right to return
138 the policy or certificate within thirty days of its delivery
139 and to have the premium refunded if, after examination of
140 the policy or certificate, other than a certificate issued
141 pursuant to a policy issued to a group defined in paragraph
142 (a) of subdivision (4) of subsection 2 of section 376.1100,
143 the applicant is not satisfied for any reason. This
144 subsection shall also apply to denials of applications and
145 any refund must be made within thirty days of the return or
146 denial.

147 12. (1) If a long-term care insurance policy issued,
148 delivered, or renewed in this state on or after January 1,
149 2011, is cancelled for any reason, the insurer shall refund
150 the unearned portion of any premium paid beyond the month in
151 which the cancellation is effective. Any refund shall be
152 returned to the policyholder within twenty days from the
153 date the insurer receives notice of the cancellation. Long-
154 term care insurance policies and certificates shall have a
155 notice prominently printed on the first page or attached
156 thereto stating in substance that the applicant shall be
157 entitled to a refund of the unearned premium if the policy
158 is cancelled for any reason.

159 (2) The policyholder may notify the insurer of
160 cancellation of such long-term care insurance policy at any
161 time by sending written or electronic notification.

162 13. No long-term care insurance policy shall increase
163 premium rates, measured annually, in excess of the amount
164 that is actuarially justified based on credible experience,
165 and on the rate basis in effect in this state without
166 recognition of rates that may be in effect in other
167 states."; and

168 Further amend the title and enacting clause accordingly.

SSA 1
for
SENATE AMENDMENT NO. 4

Offered by

RAZER

of

7Amend SCS/House Bill No. 604, Page 39, Section 375.246, Line 915,

2 by inserting after all of said line the following:

3 "376.1551. 1. As used in this section, the following
4 terms mean:

5 (1) "Health benefit plan", the same meaning given to
6 the term in section 376.1350;

7 (2) "Health carrier", the same meaning given to the
8 term in section 376.1350;

9 (3) "Mental health condition", the same meaning given
10 to the term in section 376.1550.

11 2. Notwithstanding any other provision of law to the
12 contrary, each health carrier that offers or issues health
13 benefit plans that are delivered, issued for delivery,
14 continued, or renewed in this state on or after January 1,
15 2022, and that provide coverage for a mental health
16 condition shall meet the requirements of the Mental Health
17 Parity and Addiction Equity Act of 2008, 42 U.S.C. Section
18 300gg-26, as amended, and the regulations promulgated
19 thereunder. The director may enforce such requirements
20 subject to the provisions of this section.

21 3. The provisions of this section shall not apply to a
22 supplemental insurance policy, including a life care
23 contract, accident-only policy, specified disease policy,
24 hospital policy providing a fixed daily benefit only,
25 Medicare supplement policy, long-term care policy,
26 hospitalization-surgical care policy, short-term major

Offered 5/6/21
Adopted "

27 medical policy of twelve months' or less duration, a health
28 benefit plan in the small group market that was issued
29 before January 1, 2014, or a health benefit plan in the
30 individual market that was purchased before January 1, 2014,
31 or any other supplemental policy as determined by the
32 director of the department of commerce and insurance.

33 4. The director may promulgate rules to effectuate the
34 provisions of this section. Any rule or portion of a rule,
35 as that term is defined in section 536.010, that is created
36 under the authority delegated in this section shall become
37 effective only if it complies with and is subject to all of
38 the provisions of chapter 536 and, if applicable, section
39 536.028. This section and chapter 536 are nonseverable, and
40 if any of the powers vested with the general assembly
41 pursuant to chapter 536 to review, to delay the effective
42 date, or to disapprove and annul a rule are subsequently
43 held unconstitutional, then the grant of rulemaking
44 authority and any rule proposed or adopted after August 28,
45 2021, shall be invalid and void."; and

46 Further amend the title and enacting clause accordingly.