

FIRST REGULAR SESSION

HOUSE BILL NO. 1040

101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE WALLINGFORD.

2198H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance, with a contingent effective date.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.459, to read as follows:

376.459. 1. For purposes of this section, the following terms mean:

(1) "Grandfathered health benefit plan", the same meaning given to the term in section 376.465;

(2) "Health benefit plan", the same meaning given to the term in section 376.1350; except that, the term "health benefit plan" shall not include excepted benefits, as defined in section 376.450, or any long-term care or Medicare supplement plan;

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

(4) "Preexisting condition exclusion", the same meaning given to the term in section 376.450.

2. A health benefit plan delivered, issued for delivery, continued, or renewed in this state, except a grandfathered health benefit plan, shall not impose a preexisting condition exclusion. The provisions of this section shall not limit a health carrier's ability to restrict enrollment in a health benefit plan to open enrollment and special enrollment periods.

3. A health benefit plan delivered, issued for delivery, continued, or renewed in this state that offers coverage for a dependent child, except a grandfathered health benefit plan, shall offer dependent coverage, at the option of the policyholder, until the dependent child

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.

17 attains the age of twenty-six. For purposes of this subsection, the term "health benefit
18 plan" shall also include a plan that provides dental and vision benefits.

19 4. A health benefit plan delivered, issued for delivery, continued, or renewed in this
20 state, except a grandfathered health benefit plan, shall not establish lifetime limits on the
21 dollar value of essential health benefits, as defined in 42 U.S.C. Section 18022.

22 5. A health benefit plan delivered, issued for delivery, continued, or renewed in this
23 state, except a grandfathered health benefit plan, shall not establish annual limits on the
24 dollar value of essential health benefits, as defined in 42 U.S.C. Section 18022.

25 6. (1) If a court of competent jurisdiction rules that the Patient Protection and
26 Affordable Care Act, Pub. L. 111-148, is unconstitutional and the judgment of that court
27 becomes final and definitive, the attorney general shall give written notification of the final
28 and definitive ruling to the governor, the speaker of the house of representatives, the
29 president pro tempore of the senate, and the director of the department of commerce and
30 insurance. Within thirty days of such notification, a task force composed of the following
31 members shall be convened:

32 (a) The director of the department of commerce and insurance, who shall serve as
33 chair of the task force;

34 (b) Two members of the house of representatives, appointed by the speaker of the
35 house of representatives;

36 (c) Two members of the senate, appointed by the president pro tempore of the
37 senate;

38 (d) An insurance producer who is licensed and currently selling comprehensive
39 health insurance in this state, appointed by the governor;

40 (e) A consumer representative, appointed by the governor;

41 (f) A member representing the interests of health care providers, appointed by the
42 governor;

43 (g) A member representing the interests of a health care advocacy organization,
44 appointed by the governor; and

45 (h) Four representatives of insurance companies licensed and actively writing
46 comprehensive medical expense insurance in this state, with the representatives from active
47 insurers in each of the insurance market segments, appointed by the governor as follows:

48 a. Two representatives shall be selected from the individual market;

49 b. One representative shall be selected from the small employer group market; and

50 c. One representative shall be selected from the large employer group market.

51 (2) The task force shall study the essential health benefits that are required under
52 the Patient Protection and Affordable Care Act, Pub. L. 111-148, and determine whether,

53 and to what extent, health carriers shall be required to provide certain essential health
54 benefits. If the task force recommends requiring health carriers to provide essential health
55 benefits, the task force shall also recommend the types of benefits that should be
56 considered essential health benefits.

57 (3) Within six months of the notification required under subdivision (1) of this
58 subsection, the task force shall submit a report with its recommendations to the governor,
59 the speaker of the house of representatives, and the president pro tempore of the senate.
60 The task force shall expire upon submission of its report.

61 (4) The members of the task force shall serve without compensation, but any actual
62 and necessary expenses incurred in the performance of the official duties of the task force
63 by the task force, its members, and any staff assigned to the task force shall be paid by the
64 department of commerce and insurance.

65 7. The department of commerce and insurance may promulgate rules to implement
66 the provisions of this section. Any rule or portion of a rule, as that term is defined in
67 section 536.010, that is created under the authority delegated in this section shall become
68 effective only if it complies with and is subject to all of the provisions of chapter 536 and,
69 if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any
70 of the powers vested with the general assembly pursuant to chapter 536 to review, to delay
71 the effective date, or to disapprove and annul a rule are subsequently held
72 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted
73 after the effective date of this section shall be invalid and void.

Section B. The enactment of section 376.459 of this act shall become effective following
2 notice to the revisor of statutes from the attorney general that the judgment of a court of
3 competent jurisdiction ruling the Patient Protection and Affordable Care Act, Pub. L. 111-148,
4 unconstitutional has become final and definitive.

✓