

SS#2 SB 79 -- HEALTH CARE

This bill modifies several provisions relating to health care.

SEXUALLY TRANSMITTED INFECTIONS (Section 191.648)

Currently, a physician can utilize expedited partner therapy, meaning the practice of treating the sex partners of persons with chlamydia or gonorrhea without an intervening medical evaluation or professional prevention counseling, to prescribe and dispense medications for the treatment of chlamydia or gonorrhea even without an established physician/patient relationship.

Under this bill, physicians and certain health care professionals can use expedited partner therapy and such therapy can be used for designated sexually transmitted infections beyond chlamydia and gonorrhea. This bill repeals the requirement that antibiotic medications prescribed and dispensed through expedited partner therapy for the treatment of chlamydia or gonorrhea be in pill form.

These provisions are the same as provisions in SCS SB 178 (2025), and similar to a provision in SCS SB 317 (2025), and HCS/HB 943 (2025).

TELEHEALTH SERVICES (Section 191.1145)

Under this bill, "telehealth" or "telemedicine" will include the delivery of health care services through audiovisual and audio-only technologies and will not be limited only to services delivered via select third-party corporate platforms.

These provisions are the same as SB 94 (2025).

FORENSIC EXAMINATIONS OF VICTIMS OF SEXUAL OFFENSES (Section 192.2521)

Under this bill, a specialty hospital, meaning a hospital other than a general acute care hospital, will not be required to comply with certain statutory provisions relating to forensic examinations of victims of sexual assault if such hospital has in place a policy for the transfer of such victims to an appropriate hospital with an emergency department.

These provisions are the same as provisions in SCS SB 178 (2025).

MO HEALTHNET COVERAGE OF HEARING-RELATED DEVICES (Section 208.152)

Currently, reimbursable MO HealthNet services include hearing aids for eligible needy children, pregnant women, and blind persons. This bill mandates MO HealthNet coverage of medically necessary cochlear implants and hearing instruments for all eligible participants.

These provisions are the same as SB 419 (2025).

PRENATAL TESTS FOR CERTAIN DISEASES (Section 210.030)

Currently, a physician or other health care provider must, with her consent, draw and test a pregnant woman's blood, at or soon after her first prenatal examination, for syphilis, hepatitis B, or other similar diseases. Under this bill, the testing of the pregnant woman's blood will also occur at the 28th week of her pregnancy and immediately after birth. Additionally, the test will include hepatitis C and HIV. If a mother tests positive for syphilis, hepatitis B, hepatitis C, or HIV, the physician or other health care provider must treat the mother in accordance with the most recent accepted medical practice.

Current law requires the Department of Health and Senior Services to work in consultation with the Missouri Genetic Disease Advisory Committee to make rules pertaining to these blood tests. This bill repeals the requirement to work with the Committee and requires that the tests be approved or accepted by the U.S. Food and Drug Administration.

All persons providing care under this provision must do so in accordance with State laws regarding consent to medical treatment.

These provisions are the same as provisions in SCS SB 178 (2025), and similar to provisions in SCS SB 317 (2025), and HCS/HB 943 (2025).

EXAMINATION OF HEALTH MAINTENANCE ORGANIZATIONS (Section 354.465)

This bill repeals the requirement that the Department of Commerce and Insurance examine health maintenance organizations at least once every five years.

INSURANCE COVERAGE OF SELF-ADMINISTERED HORMONAL CONTRACEPTIVES (Section 376.1240)

This bill requires health benefit plans issued or renewed on or after January 1, 2026, that provide coverage for self-administered hormonal contraceptives, as defined in the bill, to cover a supply of the contraceptives which is intended to last up to 90 days, or

up to 180 days for a generic self-administered hormonal contraceptive.

These provisions are similar to provisions in SCS SB 178 (2025).

CONTRACTS FOR HEALTH BENEFITS PROVIDED BY CERTAIN MEMBERSHIP ORGANIZATIONS (Section 376.1850)

This bill provides that statutes governing health insurance will not apply to contracts for health care benefits provided by a qualified membership organization, as such terms are defined in the bill, to its members who have been members for at least 30 days, and that the qualified membership organization must not be considered to be engaging in the business of insurance. Qualified membership organizations providing the contracts will register with the Department, as specified in the bill.

Contracts for health services under the bill must be sold, solicited, or negotiated only by insurance producers licensed to produce accident and health or sickness coverage. A qualified membership organization providing contracts, as specified in the bill, will use the services of a licensed third-party administrator, and must agree in the contract with the administrator to be subject to certain processes for benefit determinations and claims payment procedures applicable to health carriers and health benefit plans, as specified in the bill. Contracts for health care benefits must not be subject to the insurance laws of the State except as provided in the bill.

Financial risk under the contracts can be reinsured as provided by law. The contracts and related applications and renewal forms will bear a disclaimer, as specified in the bill, which must be signed by the organization member.

Contracts under the bill will not be subject to individual post-claim medical underwriting while coverage remains in effect, and members covered by the contracts must not be subject to cancellation, nonrenewal, modification, or increase in premium for reason of a medical event.

The Division of Consumer Affairs within the Department of Commerce and insurance will receive and review complaints and inquiries from members of qualified membership organizations, and qualified membership organizations providing contracts under the bill will annually pay a fee to the Department, as described in the bill.

Lastly, the bill requires the qualified membership organizations to pay to the Department of Commerce and insurance a fee equal to 1% of the Missouri claims paid under the contracts during the

preceding year, prohibits the organizations from referring to or marketing the contracts as insurance, and requires the contracts to include certain coverage.

MAMMOGRAMS (repeal of Section 192.769)

This bill repeals a provision of current law requiring the provision of a specific notice to patients upon the completion of a mammogram.

These provisions are the same as provisions in SCS SB 178 (2025).