

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
CONFERENCE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2596
103RD GENERAL ASSEMBLY

5996H.04T

2026

AN ACT

To repeal sections 376.1000, 376.1012, 376.1017, and 376.1240, RSMo, and to enact in lieu thereof five new sections relating to health benefit plans.

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

Section A. Sections 376.1000, 376.1012, 376.1017, and 376.1240, RSMo, are
2 repealed and five new sections enacted in lieu thereof, to be known as sections 376.1000,
3 376.1012, 376.1017, 376.1240, and 1, to read as follows:

376.1000. 1. As used in sections 376.1000 to 376.1045, a "multiple employer self-
2 insured health plan" is any plan or arrangement which is not fully insured and which is either:
3 (1) Offered by a staff or employee leasing company; or
4 (2) Established or maintained for the purpose of offering or providing health, dental
5 or short-term disability benefits to employees of two or more employers **and to two or more**
6 **self-employed individuals, each with at least one common-law employee, and their**
7 **dependents.**

8 2. A plan or arrangement is considered fully insured only if an insurer licensed to
9 transact business in this state retains the ultimate responsibility for all benefits payable by a
10 contract or policy of insurance.

376.1012. Funds collected from the participating employers under multiple employer
2 self-insured health plans shall be held in trust subject to the following requirements:

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.

3 (1) A board of trustees elected by participating employers shall serve as fund
4 managers on behalf of participants. Trustees shall be plan participants. No participating
5 employer may be represented by more than one trustee. No trustee may represent more than
6 one employer. A minimum of three and a maximum of seven trustees may be elected.
7 Trustees may not receive remuneration but they may be reimbursed for actual and reasonable
8 expenses incurred in connection with duties as trustee. A trustee may not be an agent, or
9 broker for or an owner, officer or employee of any third-party administrator, insurance agency
10 or insurer utilized by the plan. The trustees shall have the authority to approve applications of
11 association members for participation in the arrangement and to contract with a licensed
12 third-party administrator to administer the day-to-day affairs of the plan;

13 (2) Each trustee shall be bonded in an amount of not less than one hundred fifty
14 thousand dollars by a licensed insurer;

15 (3) Investment of plan funds is subject to the same restrictions which are applicable to
16 insurers pursuant to sections 376.291 to 376.307; provided, however, that no foreign plan
17 shall be exempt under section 376.310 from the investment laws of this state unless such plan
18 is subject to laws in its state of domicile which are substantially similar to sections 376.1032
19 to 376.1045. All investments shall be managed by a bank or other investment entity licensed
20 to operate in Missouri;

21 (4) Trustees, on behalf of the plan, shall file an annual report with the director of the
22 department of commerce and insurance by March first ~~[showing the condition and affairs of~~
23 ~~the plan as of the preceding thirty first day of December. The report shall be made on forms~~
24 ~~prescribed by the director. The report shall summarize the financial condition of the fund,~~
25 ~~itemize collections from participating employers, detail all fund expenditures and provide any~~
26 ~~additional information which the director requires]~~ **in compliance with section 375.041.**
27 More frequent reports may be required at the discretion of the director. **The plan shall also**
28 **prepare and file a report with the director in compliance with section 375.1252 as it**
29 **applies to health organizations, and the provisions of section 375.1267 shall apply to**
30 **such reports.**

376.1017. 1. A plan shall establish loss reserves for all incurred losses, both reported
2 and unreported, and for unearned premiums.

3 2. A plan also shall establish a surplus account equal to the greater of the following:

4 (1) ~~[Three times the average paid monthly premium during the plan's most recent~~
5 ~~fund year;~~

6 (2) ~~For plans which do not yet have one fund year's experience, three times estimated~~
7 ~~monthly premium; or~~

8 (3) Six hundred thousand dollars; **or**

9 **(2) An amount equal to two times the authorized control level risk-based capital,**
10 **as that term is defined in section 375.1250.**

376.1240. 1. For purposes of this section, terms shall have the same meanings as
2 ascribed to them in section 376.1350, and the term "self-administered hormonal
3 contraceptive" shall mean a drug that is composed of one or more hormones and that is
4 approved by the Food and Drug Administration to prevent pregnancy, excluding emergency
5 contraception. Nothing in this section shall be construed to apply to medications approved by
6 the Food and Drug Administration to terminate an existing pregnancy.

7 **(1) Any health benefit plan delivered, issued for delivery, continued, or renewed in**
8 **this state on or after January 1, 2026, that provides coverage for self-administered hormonal**
9 **contraceptives shall provide coverage to reimburse a health care provider or dispensing entity**
10 **for the dispensing of a supply of self-administered hormonal contraceptives intended to last**
11 **up to ninety days, or intended to last up to one hundred eighty days for generic self-**
12 **administered hormonal contraceptives. The provisions of this subdivision shall no longer**
13 **be in effect after December 31, 2026.**

14 **(2) Any health benefit plan delivered, issued for delivery, continued, or renewed**
15 **in this state on or after January 1, 2027, that provides coverage for self-administered**
16 **hormonal contraceptives shall provide coverage to reimburse a health care provider or**
17 **dispensing entity for the dispensing of a supply of self-administered hormonal**
18 **contraceptives, including generic and brand-name contraceptives, intended to last up**
19 **to one year.**

20 3. The coverage required under this section shall not be subject to any greater
21 deductible or co-payment than other similar health care services provided by the health
22 benefit plan.

Section 1. If any provision of sections 376.1000, 376.1012, 376.1017, and 376.1240
2 **or the application thereof to any person or circumstance is held invalid, such**
3 **determination shall not affect the provisions or applications of sections 376.1000,**
4 **376.1012, 376.1017, and 376.1240 which may be given effect without the invalid**
5 **provision or application, and to that end the provisions of sections 376.1000, 376.1012,**
6 **376.1017, and 376.1240 are severable.**

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