

# HOUSE BILL NO. 3450

## 103RD GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE MANSUR.

7361H.011

JOSEPH ENGLER, Chief Clerk

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### AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage of preventive health care services.

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*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  
2 known as section 376.1180, to read as follows:

**376.1180. 1. As used in this section, the following terms mean:**

- 2 (1) "Cost-sharing requirement", the same meaning as in section 376.1183;
- 3 (2) "Health benefit plan", the same meaning as in section 376.1350;
- 4 (3) "Health carrier", the same meaning as in section 376.1350.

5 2. Each health carrier or health benefit plan that offers or issues health benefit  
6 plans that are delivered, issued for delivery, continued, or renewed in this state on or  
7 after January 1, 2026, shall provide coverage and shall not impose any cost-sharing  
8 requirement for:

9 (1) Evidence-based items or services that have in effect a rating of A or B in the  
10 recommendations of the United States Preventive Services Task Force with respect to  
11 the individual involved;

12 (2) Immunizations that have in effect a recommendation from the Advisory  
13 Committee on Immunization Practices of the Centers for Disease Control and  
14 Prevention with respect to the individual involved; and

15 (3) Preventive care and screening provided for in comprehensive guidelines  
16 supported by the federal Health Resources and Services Administration.

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           **3. To the extent otherwise permissible under federal or state law, a health carrier**  
18 **or health benefit plan that uses a network of providers may impose cost-sharing**  
19 **requirements on the coverage described in subsection 2 of this section for items or**  
20 **services delivered by an out-of-network provider.**

21           **4. If an insured or enrollee is covered under a high deductible health plan, as**  
22 **such term is defined in 26 U.S.C. Section 223(c)(2), a health carrier or health benefit**  
23 **plan may apply the deductible requirement of the high deductible health plan to the**  
24 **coverage required under subsection 2 of this section unless the director of the**  
25 **department of commerce and insurance determines that the coverage is included in the**  
26 **safe harbor provisions for preventive care under 26 U.S.C. Section 223(c)(2)(c).**

27           **5. The provisions of this section shall not be construed to prohibit a health**  
28 **carrier or health benefit plan from providing coverage for services in addition to those**  
29 **recommended by the United States Preventive Services Task Force or to deny coverage**  
30 **for services that are not recommended by the United States Preventive Services Task**  
31 **Force.**

32           **6. The director of the department of commerce and insurance shall enforce the**  
33 **provisions of this section consistent with the recommendations and guidelines in effect**  
34 **on December 31, 2025, set by the United States Preventive Services Task Force, the**  
35 **Advisory Committee on Immunization Practices of the Centers for Disease Control and**  
36 **Prevention, or the federal Health Resources and Services Administration, and related**  
37 **federal rules or guidance.**

38           **7. The director shall, by rule, adopt regulations to require health carriers and**  
39 **health benefit plans to provide coverage without cost-sharing requirements for any**  
40 **preventive health care services recommendations and guidelines issued after December**  
41 **31, 2025, by the United States Preventive Services Task Force, the Advisory Committee**  
42 **on Immunization Practices of the Centers for Disease Control and Prevention, or the**  
43 **federal Health Resources and Services Administration, and related federal rules or**  
44 **guidance.**

45           **8. (1) The department of commerce and insurance shall create an advisory**  
46 **committee to be known as the "Health Insurance Preventive Health Care Services**  
47 **Advisory Committee". This committee shall be composed of five members, with three**  
48 **representatives of health care providers and two representatives of health carriers and**  
49 **health benefit plans. All members of the committee shall be appointed by, and serve at**  
50 **the pleasure of, the director of the department. The committee members shall serve**  
51 **without compensation and shall not be reimbursed for their expenses.**

52           **(2) The committee shall meet at least once each year to make recommendations**  
53 **to the department, the general assembly, and the governor regarding any updates or**

54 **modifications, as necessary, to the preventive health care services described in**  
55 **subsection 2 of this section. The committee shall provide any recommendations for**  
56 **updates or modifications no later than November first each year to the department, the**  
57 **general assembly, and the governor.**

58 **9. Any rule or portion of a rule, as that term is defined in section 536.010, that is**  
59 **created under the authority delegated in this section shall become effective only if it**  
60 **complies with and is subject to all of the provisions of chapter 536 and, if applicable,**  
61 **section 536.028. This section and chapter 536 are nonseverable and if any of the powers**  
62 **vested with the general assembly pursuant to chapter 536 to review, to delay the**  
63 **effective date, or to disapprove and annul a rule are subsequently held unconstitutional,**  
64 **then the grant of rulemaking authority and any rule proposed or adopted after August**  
65 **28, 2026, shall be invalid and void.**

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