

HOUSE BILL NO. 3452

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BUSH.

7404H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

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

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 U.S. Preventative Services Task Force with respect to the
11 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) Preventative care and screening provided for in comprehensive guidelines
16 supported by the 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 preventative 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 U.S. Preventative Services Task Force or to deny coverage for**
30 **services that are not recommended by the Task Force.**

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

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

44 **8. (1) The department of commerce and insurance shall create an advisory**
45 **committee to be known as the "Health Insurance Preventative Health Care Services**
46 **Advisory Committee". This committee shall be comprised of five members, with three**
47 **representatives of health care providers and two representatives of health carriers and**
48 **health benefit plans. All members of the committee shall be appointed by, and serve at**
49 **the pleasure of, the director of the department. The committee members shall serve**
50 **without compensation and shall not be reimbursed for their expenses.**

51 **(2) The committee shall meet at least once a year to make recommendations to**
52 **the department, the general assembly, and the governor regarding any updates or**
53 **modifications, as necessary, to the preventative health care services described in**

54 subsection 2 of this section. The committee shall provide any recommendations for
55 updates or modifications no later than November first each year to the department, the
56 general assembly, and the governor.

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

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