

SECOND REGULAR SESSION

SENATE BILL NO. 1108

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR CURLS.

Read 1st time February 29, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

6665S.011

AN ACT

To repeal sections 103.003 and 103.079, RSMo, and to enact in lieu thereof two new sections relating to higher education entity participation in Missouri consolidated health care plan.

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

Section A. Sections 103.003 and 103.079, RSMo, are repealed and two new
2 sections enacted in lieu thereof, to be known as sections 103.003 and 103.079, to
3 read as follows:

103.003. As used in sections 103.003 to 103.175, the following terms
2 mean:

3 (1) "Actuarial reserves", the necessary funding required to pay all the
4 medical expenses for services provided to members of the plan but for which the
5 claims have not yet been received by the claims administrator;

6 (2) "Actuary", a member of the American Academy of Actuaries or who is
7 an enrolled actuary under the Employee Retirement Income Security Act of 1974;

8 (3) "Agency", a state-sponsored institution of higher learning, political
9 subdivision or governmental entity or instrumentality;

10 (4) "Alternative delivery health care program", a plan of covered benefits
11 that pays medical expenses through an alternate mechanism rather than on a
12 fee-for-service basis. This includes, but is not limited to, health maintenance
13 organizations and preferred provider organizations, all of which shall include
14 chiropractic physicians licensed under chapter 331, in the provider networks or
15 organizations;

16 (5) "Board", the board of trustees of the Missouri consolidated health care
17 plan;

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 (6) "Claims administrator", an agency contracted to process medical claims
19 submitted from providers or members of the plan and their dependents;

20 (7) "Coordination of benefits", to work with another group-sponsored
21 health care plan which also covers a member of the plan to ensure that both
22 plans pay their appropriate amount of the health care expenses incurred by the
23 member;

24 (8) "Covered benefits", a schedule of covered services, including
25 chiropractic services, which are payable under the plan;

26 (9) "Employee", any person employed full time by the state or a
27 participating member agency, or a person eligible for coverage by a
28 state-sponsored retirement system or a retirement system sponsored by a
29 participating member agency of the plan;

30 (10) "Evidence of good health", medical information supplied by a
31 potential member of the plan that is reviewed to determine the financial risk the
32 person represents to the plan and the corresponding determination of whether or
33 not he or she should be accepted into the plan;

34 (11) "Health care plan", any group medical benefit plan providing coverage
35 on an expense-incurred basis, any HMO, any group service or indemnity contract
36 issued by a health plan of any type or description;

37 (12) "Medical benefits coverages" shall include services provided by
38 chiropractic physicians as well as physicians licensed under chapter 334;

39 (13) "Medical expenses", costs for services performed by a provider and
40 covered under the plan;

41 (14) "Missouri consolidated health care plan benefit fund account", the
42 benefit trust fund account containing all payroll deductions, payments, and
43 income from all sources for the plan;

44 (15) "Officer", an elected official of the state of Missouri;

45 (16) **"Participating higher education entity", a state-sponsored**
46 **institution of higher learning;**

47 (17) "Participating member agency", a [state-sponsored institution of
48 higher learning,] political subdivision or governmental entity that has elected to
49 join the plan and has been accepted by the board;

50 [(17)] (18) "Plan year", a twelve-month period designated by the board
51 which is used to calculate the annual rate categories and the appropriate
52 coverage;

53 [(18)] (19) "Provider", a physician, hospital, pharmacist, psychologist,

54 chiropractic physician or other licensed practitioner who or which provides health
55 care services within the respective scope of practice of such practitioner pursuant
56 to state law and regulation;

57 [(19)] **(20)** "Retiree", a person who is not an employee and is receiving
58 or is entitled to receive an annuity benefit from a state-sponsored retirement
59 system or a retirement system of a participating member agency of the plan or
60 becomes eligible for retirement benefits because of service with a participating
61 member agency.

103.079. **1.** The health care programs sponsored by the departments of
2 transportation and conservation shall become a part of this plan only upon
3 request to and acceptance by the board of trustees by the highways and
4 transportation commission or the conservation commission and any such transfer
5 into this plan shall be deemed reviewable by such department every three
6 years. Such department may withdraw from the plan upon approval by such
7 department's commission and by providing the board a minimum of six months'
8 notice prior to the end of the then current plan year and termination of coverage
9 will become effective at the end of the then current plan year. For any of the
10 foregoing state agencies choosing to participate, the plan shall not assume
11 responsibility for any liabilities incurred by the agency or its eligible employees,
12 retirees, or dependents prior to its effective date.

**2. Any participating higher education entity may, by their own
14 election, become part of this plan. The board of trustees shall accept
15 the participating higher education entity. The board of trustees may
16 request the participating higher education entity pay a first year
17 adjustment if the population being brought into the plan is actuarially
18 substantial and materially different than the current population in the
19 state plan. Once a participating higher education entity comes into the
20 plan, they may not leave the plan for a period of five years. Such
21 participating higher education entity may withdraw from the plan upon
22 approval by such participating higher education entity governing
23 board and by providing the board a minimum of six month's notice
24 prior to the end of the then current plan year and termination of
25 coverage will become effective at the end of the then current plan
26 year. For any of the foregoing participating higher education entities
27 choosing to participate, the plan shall not assume responsibility for any
28 liabilities incurred by the participating higher education entity or its**

29 **eligible employees, retirees, or dependents prior to its effective date.**

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