

SECOND REGULAR SESSION

SENATE BILL NO. 965

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHAAF.

Read 1st time January 25, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

6076S.011

AN ACT

To repeal section 376.451, RSMo, and to enact in lieu thereof one new section relating to health insurance discrimination.

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

Section A. Section 376.451, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 376.451, to read as follows:

376.451. 1. A health insurance issuer offering group health insurance
2 coverage shall comply with the following standards prohibiting discrimination as
3 to eligibility based upon health status:

4 (1) A health insurance issuer offering group health insurance coverage
5 shall not establish rules for eligibility, including continued eligibility, of any
6 individual to enroll under the terms of the group health plan based on any of the
7 following health status-related factors of the individual or a dependent of the
8 individual:

- 9 (a) Health status;
- 10 (b) Medical condition, including both physical and mental illness;
- 11 (c) Claims experience;
- 12 (d) Receipt of health care;
- 13 (e) Medical history;
- 14 (f) Genetic information;
- 15 (g) Evidence of insurability, including conditions arising out of acts of
16 domestic violence; [or]
- 17 (h) Disability;
- 18 **(i) Participation in employee wellness programs; or**
- 19 **(j) Blood testing;**

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

20 (2) This subsection does not require a health insurance issuer offering
21 group health insurance coverage to provide particular benefits other than those
22 provided under the terms of the group health insurance coverage, or prevent the
23 issuer from establishing limitations or restrictions on the amount, level, extent,
24 or nature of the benefits or coverage for similarly situated individuals enrolled
25 in the group health insurance coverage;

26 (3) For purposes of subdivision (1) of this subsection, rules for eligibility
27 to enroll include rules defining any applicable waiting or affiliation period for
28 such enrollment, and rules relating to late and special enrollments.

29 2. A health insurance issuer offering group health insurance coverage
30 shall comply with the following standards prohibiting discrimination as to
31 premium contributions based upon health status:

32 (1) A health insurance issuer offering health insurance coverage in
33 connection with a group health plan shall not require any individual, as a
34 condition of enrollment or continued enrollment under the plan, to pay a premium
35 or contribution that is greater than the premium or contribution for a similarly
36 situated individual enrolled in the group health plan on the basis of any health
37 status-related factor in relation to the individual or to an individual enrolled
38 under the plan as a dependent of the individual;

39 (2) Nothing in subdivision (1) of this subsection shall be construed to:

40 (a) Restrict the amount that any employer may be charged for coverage
41 under a group health plan, other than as provided in sections 379.930 to 379.952,
42 for health insurance coverage provided in the small group market; or

43 (b) Prevent a health insurance issuer offering group health insurance
44 coverage from establishing premium discounts or rebates or modifying otherwise
45 applicable co-payments or deductibles in return for adherence to programs of
46 health promotion and disease prevention. Premium discount or rebates
47 established under this subsection shall not be included when computing a small
48 group rate band under section 379.936.

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