FIRST REGULAR SESSION

SENATE BILL NO. 168

99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHAAF.

Pre-filed December 1, 2016, and ordered printed.

0211S.01I

ADRIANE D. CROUSE, Secretary.

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Section A. Section 376.451, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.451, to read as follows: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

SB 168 2

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

- (3) For purposes of subdivision (1) of this subsection, rules for eligibility to enroll include rules defining any applicable waiting or affiliation period for such enrollment, and rules relating to late and special enrollments.
- 2. A health insurance issuer offering group health insurance coverage shall comply with the following standards prohibiting discrimination as to premium contributions based upon health status:
- (1) A health insurance issuer offering health insurance coverage in connection with a group health plan shall not require any individual, as a condition of enrollment or continued enrollment under the plan, to pay a premium or contribution that is greater than the premium or contribution for a similarly situated individual enrolled in the group health plan on the basis of any health status-related factor in relation to the individual or to an individual enrolled under the plan as a dependent of the individual;
 - (2) Nothing in subdivision (1) of this subsection shall be construed to:
- (a) Restrict the amount that any employer may be charged for coverage under a group health plan, other than as provided in sections 379.930 to 379.952, for health insurance coverage provided in the small group market; or
- (b) Prevent a health insurance issuer offering group health insurance coverage from establishing premium discounts or rebates or modifying otherwise applicable co-payments or deductibles in return for adherence to programs of health promotion and disease prevention. Premium discount or rebates established under this subsection shall not be included when computing a small group rate band under section 379.936.

/