

# SENATE BILL NO. 1180

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR HOUGH.

5756S.011

ADRIANE D. CROUSE, Secretary

## AN ACT

To repeal section 376.427, RSMo, and to enact in lieu thereof one new section relating to prepaid dental plans.

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

Section A. Section 376.427, RSMo, is repealed and one new  
2 section enacted in lieu thereof, to be known as section 376.427,  
3 to read as follows:

376.427. 1. As used in this section, the following  
2 terms mean:

3 (1) "Health benefit plan", as such term is defined in  
4 section 376.1350. **The term "health benefit plan" shall also**  
5 **include a prepaid dental plan, as defined in section 354.700;**

6 (2) "Health care services", medical, surgical, dental,  
7 podiatric, pharmaceutical, chiropractic, licensed ambulance  
8 service, and optometric services;

9 (3) "Health carrier" or "carrier", as such term is  
10 defined in section 376.1350. **The term "health carrier" or**  
11 **"carrier" shall also include a prepaid dental plan**  
12 **corporation, as defined in section 354.700;**

13 (4) "Insured", any person entitled to benefits under a  
14 contract of accident and sickness insurance, or medical-  
15 payment insurance issued as a supplement to liability  
16 insurance but not including any other coverages contained in  
17 a liability or a workers' compensation policy, issued by an  
18 insurer;

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

19           (5) "Insurer", any person, reciprocal exchange,  
20 interinsurer, fraternal benefit society, health services  
21 corporation, self-insured group arrangement to the extent  
22 not prohibited by federal law, **prepaid dental plan**  
23 **corporation as defined in section 354.700**, or any other  
24 legal entity engaged in the business of insurance;

25           (6) "Provider", a physician, hospital, dentist,  
26 podiatrist, chiropractor, pharmacy, licensed ambulance  
27 service, or optometrist, licensed by this state.

28           2. Upon receipt of an assignment of benefits made by  
29 the insured to a provider, the insurer shall issue the  
30 instrument of payment for a claim for payment for health  
31 care services in the name of the provider. All claims shall  
32 be paid within thirty days of the receipt by the insurer of  
33 all documents reasonably needed to determine the claim.

34           3. Nothing in this section shall preclude an insurer  
35 from voluntarily issuing an instrument of payment in the  
36 single name of the provider.

37           4. Except as provided in subsection 5 of this section,  
38 this section shall not require any insurer, health services  
39 corporation, health maintenance corporation or preferred  
40 provider organization which directly contracts with certain  
41 members of a class of providers for the delivery of health  
42 care services to issue payment as provided pursuant to this  
43 section to those members of the class which do not have a  
44 contract with the insurer.

45           5. When a patient's health benefit plan does not  
46 include or require payment to out-of-network providers for  
47 all or most covered services, which would otherwise be  
48 covered if the patient received such services from a  
49 provider in the **[carrier's] health benefit plan's** network,  
50 including but not limited to health maintenance organization

51 plans, as such term is defined in section 354.400, or a  
52 health benefit plan offered by a carrier consistent with  
53 subdivision (19) of section 376.426, payment for all  
54 services shall be made directly to the providers when the  
55 health carrier has authorized such services to be received  
56 from a provider outside the [carrier's] **health benefit**  
57 **plan's** network.

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