

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 1635

AN ACT

To repeal section 376.1190, RSMo, and to enact in lieu thereof two new sections relating to state health plans.

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

Section A. Section 376.1190, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 103.180 and 376.1190, to read as follows:

103.180. 1. Beginning January 1, 2027, pursuant to the provisions of section 376.1190, the board of the Missouri consolidated health care plan shall implement any new health care benefit mandate enacted by the general assembly. Such mandates shall include requirements for the provision of specific health care services, specific diseases, or for certain health care providers. Coverage of a new health care benefit mandate under the Missouri consolidated health care plan shall be effective for a period of thirty-six consecutive months.

2. No later than July first of the year following the first full calendar year of coverage for a new health care benefit mandate and quarterly thereafter, the board of the Missouri consolidated health care plan shall submit to the director of the department of commerce and insurance data outlining the impact of the new health care benefit mandate. Such data shall not include personal health information of any enrollee and shall be given confidential treatment and not be subject to subpoena, nor be made publicly available by the director or any other person. The

contents of the report shall include, but not be limited to the following data:

(1) Number of covered individuals utilizing the benefit mandate;

(2) Overall cost to the plan to provide the services required by the benefit mandate;

(3) The operational costs to the plan associated with the implementation of the benefit mandate;

(4) The cost to provide the services required by the benefit mandate on a per insured per month basis, and on the basis of the total average cost of such coverage per insured per month.

3. No later than March first of the year following the second full calendar year of coverage for a new health benefit mandate, the director of the department of commerce and insurance shall submit to the president pro tempore of the senate and the speaker of the house of representatives a final report outlining the impact of the new health care benefit mandate on the Missouri consolidated health care plan, including data on utilization and costs of such new mandate, containing the same set of data elements required by subsection 2 of this section.

376.1190. 1. Any new health care benefit mandate [proposed] enacted after August 28, [2011,] 2026, which would require a health carrier to provide coverage under a health benefit plan for specific health care services, specific diseases, or for certain health care providers shall [be subject to review by the oversight division of the joint committee on legislative research. The oversight division shall perform an actuarial analysis of the cost impact to private and public payers of any new or revised mandated health care benefit proposed by the general assembly after August 28, 2011, and a recommendation shall

be delivered to the speaker and the president pro tem prior to mandate being enacted] only apply to the Missouri consolidated health care plan established in chapter 103. Such coverage under the Missouri consolidated health care plan shall be effective for a period of thirty-six consecutive months and shall remain in effect until the general assembly takes action pursuant to subsection 2 of this section or expires pursuant to subsection 3 of this section.

2. Prior to continuing the mandate for the Missouri consolidated health care plan or extending the applicability of any new health care benefit mandate to health benefit plans offered by health carriers in this state pursuant to the provisions of this chapter, the general assembly shall conduct a thorough review of the report prepared pursuant to section 103.180 and take legislative action. Any such legislation to extend the applicability of a new mandate shall include whether to extend the new health care benefit mandate to health benefit plans as defined in section 376.1350, the health care plan as defined in section 103.003, or both.

3. Absent legislative action taken by the general assembly to extend the new mandate to health benefit plans offered by health carriers in this state or continuation of the mandate for the health care plan as defined in section 103.003, the new health care benefit mandate shall automatically expire.