

SENATE BILL NO. 1490

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR GREGORY (21).

5887S.011

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 376.427 and 376.1575, RSMo, and to enact in lieu thereof two new sections relating to athletic trainers.

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

Section A. Sections 376.427 and 376.1575, RSMo, are
2 repealed and two new sections enacted in lieu thereof, to be
3 known as sections 376.427 and 376.1575, 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

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

17 a liability or a workers' compensation policy, issued by an
18 insurer;

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, **athletic trainer**, pharmacy,
27 licensed ambulance service, or optometrist, licensed by this
28 state.

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

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

38 4. Except as provided in subsection 5 of this section,
39 this section shall not require any insurer, health services
40 corporation, prepaid dental plan as defined in section
41 354.700, health maintenance corporation or preferred
42 provider organization which directly contracts with certain
43 members of a class of providers for the delivery of health
44 care services to issue payment as provided pursuant to this
45 section to those members of the class which do not have a
46 contract with the insurer.

47 5. When a patient's health benefit plan does not
48 include or require payment to out-of-network providers for

all or most covered services, which would otherwise be covered if the patient received such services from a provider in the health benefit plan's network, including but not limited to health maintenance organization plans, as such term is defined in section 354.400, or a health benefit plan offered by a carrier consistent with subdivision (19) of section 376.426, payment for all services shall be made directly to the providers when the health carrier has authorized such services to be received from a provider outside the health benefit plan's network.

6. Payments made to providers under this section shall be subject to the provisions of section 376.383. Entities that are not currently subject to the provisions of section 376.383 shall have a delayed effective date of January 1, 2026 to be subject to such provisions.

376.1575. As used in sections 376.1575 to [376.1580] **376.1578**, the following terms shall mean:

(1) "Completed application", a practitioner's application to a health carrier that seeks the health carrier's authorization for the practitioner to provide patient care services as a member of the health carrier's network and does not omit any information which is clearly required by the application form and the accompanying instructions;

(2) "Credentialing", a health carrier's process of assessing and validating the qualifications of a practitioner to provide patient care services and act as a member of the health carrier's provider network;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350. The term health carrier shall also include any entity described in subdivision (4) of section 354.700;

- 18 (4) "Practitioner":
19 (a) A physician [or], physician assistant, **or athletic**
20 **trainer** eligible to provide treatment services under chapter
21 334;
22 (b) A pharmacist eligible to provide services under
23 chapter 338;
24 (c) A dentist eligible to provide services under
25 chapter 332;
26 (d) A chiropractor eligible to provide services under
27 chapter 331;
28 (e) An optometrist eligible to provide services under
29 chapter 336;
30 (f) A podiatrist eligible to provide services under
31 chapter 330;
32 (g) A psychologist or licensed clinical social worker
33 eligible to provide services under chapter 337; or
34 (h) An advanced practice nurse eligible to provide
35 services under chapter 335.

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