

SENATE BILL NO. 1500

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHROER.

6243S.011

KRISTINA MARTIN, Secretary

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to long-term care insurance.

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

Section A. Chapter 376, RSMo, is amended by adding thereto
2 one new section, to be known as section 376.1135, to read as
3 follows:

376.1135. 1. For purposes of this section, the
2 following terms mean:

3 (1) "Department", the department of commerce and
4 insurance;

5 (2) "Director", the director of the department or his
6 or her designee;

7 (3) "Long-term care insurance", as such term is
8 defined in section 376.1100.

9 2. (1) The provisions of this section shall apply to
10 all policies delivered or issued for delivery in this state
11 for long-term care insurance on or after August 28, 2026.

12 (2) To the extent a conflict arises between the
13 provisions in this chapter relating to the filing and
14 submission of policy forms for approval by the director and
15 this section relating to the long-term care insurance
16 premium rates filed with the director, the provisions of
17 this section and rules promulgated hereunder shall govern

18 all policies delivered or issued in this state for long-term
19 care insurance, on or after August 28, 2026.

20 (3) This section is not intended to supersede the
21 obligations of entities subject to the provisions of
22 sections 376.1100 to 376.1130 to comply with the substance
23 of other applicable insurance laws insofar as they do not
24 conflict with the provisions of sections 376.1100 to
25 376.1130 and this section, except that laws and regulations
26 designed and intended to apply to Medicare supplement
27 insurance policies shall not be applied to long-term care
28 insurance.

29 (4) Any policy or rider advertised, marketed, or
30 offered as long-term care or nursing home insurance on or
31 after August 28, 2026, shall comply with the provisions of
32 sections 376.1100 to 376.1130 and this section.

33 3. (1) All premium rate schedules for long-term care
34 insurance shall be filed by the insurer with the department
35 and shall be subject to the prior approval of the director
36 before such rates can be implemented by the insurer.

37 (2) An insurer shall not charge a premium to an
38 insured under a policy or contract of long-term care
39 insurance before the applicable premium rate is filed with
40 and approved by the director.

41 (3) An insurer shall not change the premium charged to
42 an insured under a policy or contract of long-term care
43 insurance until the applicable premium rate change has been
44 filed with and approved by the director.

45 4. (1) The director shall disapprove or modify
46 premium rates submitted by an insurer if:

47 (a) It is determined that the benefits provided are
48 unreasonable in relation to the premiums charged;

49 (b) The premium rates appear to be inadequate,
50 unfairly discriminatory, or excessive in relation to
51 benefits; or

52 (c) The premium rate appears to be based on
53 assumptions that are unreasonable in the aggregate or for
54 each assumption individually.

55 (2) When requesting a rate increase, insurers shall
56 submit their distribution of business rate increase data
57 approved to date, including, but not limited to, policy
58 count, annualized premiums, and paid claims, for each
59 referenced series, for all states. If the annualized rate
60 increase for this state is found to be higher than that of
61 other states, then the rate increase shall be denied, even
62 if such increase is actuarially justified.

63 (3) The director shall notify the insurer of his or
64 her decision in writing as soon as is practicable but not
65 later than ninety days from the date of receiving the filing
66 of the premium rate for long-term care insurance.

67 (4) If the director disapproves the premium rate filed
68 by the insurer, the notice shall contain the director's
69 reasons for disapproval and inform the insurer that the
70 insurer is entitled to appeal the decision or determination
71 of disapproval by filing an appeal in the same manner as
72 appeals are filed under the insurance laws of this state.

73 5. If no action is taken by the director within ninety
74 days to approve or disapprove the premium rates after they
75 have been filed by the insurer, the premium rates shall be
76 deemed to be approved.

77 6. (1) If additional time is needed to review and
78 make a determination on the premium rate filing, the
79 director shall provide written notice to the insurer that an
80 additional time period or periods, not to exceed ninety days

81 per period, are needed to complete a review of the premium
82 rate filing.

83 (2) Upon written application by the insurer, the
84 director may authorize a premium rate filing that has been
85 reviewed to become effective before the expiration of the
86 additional time period indicated in subdivision (1) of this
87 subsection.

88 7. The director may disapprove a previously approved
89 premium rate filing at any time after providing written
90 notice to the insurer and as provided in rules promulgated
91 by the department.

92 8. Any applicable premium rate or premium rate change
93 of an insurer shall be filed with the director in accordance
94 with the guidance issued by the director by bulletin,
95 regulation, or other method.

96 9. In addition to the factors set forth in this
97 chapter and applicable regulations, and subsection 4 of this
98 section, the director shall consider the following to the
99 extent appropriate when determining whether to disapprove or
100 modify a premium rate filing of an insurer:

101 (1) Past and prospective loss experience within and
102 outside the state;

103 (2) Underwriting practice and judgment;

104 (3) A reasonable margin for reserve needs;

105 (4) Past and prospective expenses, both nationwide and
106 those specifically applicable to this state;

107 (5) Prior approved rate changes; and

108 (6) Any other relevant factors necessary, including
109 the factors set forth in the regulation.

110 10. (1) The director shall hold a public hearing or
111 solicit public comments as a part of the process to review
112 long-term care insurance rate filings submitted by insurers

113 under this section. The director shall provide all persons
114 present at a public hearing held under this section an
115 opportunity to offer testimony or written comments. The
116 director may place time limits on the testimony.

117 (2) Notwithstanding the provisions of subdivision (1)
118 of this subsection to the contrary, if the director holds a
119 public hearing or solicits public comments on a premium rate
120 filing under this subsection, some or all portions of the
121 filing that are subject to disclosure as a part of the
122 public hearing or solicitation of public comments may be
123 open to public inspection as authorized by applicable
124 federal and state law.

125 11. Each premium rate decision of the director made
126 under this section is subject to judicial review in
127 accordance with the insurance laws of this state.

128 12. The director shall promulgate all necessary rules
129 and regulations for the administration of this section. Any
130 rule or portion of a rule, as that term is defined in
131 section 536.010, that is created under the authority
132 delegated in this section shall become effective only if it
133 complies with and is subject to all of the provisions of
134 chapter 536 and, if applicable, section 536.028. This
135 section and chapter 536 are nonseverable and if any of the
136 powers vested with the general assembly pursuant to chapter
137 536 to review, to delay the effective date, or to disapprove
138 and annul a rule are subsequently held unconstitutional,
139 then the grant of rulemaking authority and any rule proposed
140 or adopted after August 28, 2026, shall be invalid and void.

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