

# SENATE BILL NO. 1705

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR LEWIS.

6182S.02I

KRISTINA MARTIN, Secretary

## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage of preventative health care services.

*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 376.1180, to read as  
3 follows:

**376.1180. 1. As used in this section, the following  
2 terms mean:**

3 (1) "Cost-sharing requirement", the same meaning as in  
4 section 376.1183;

5 (2) "Health benefit plan", the same meaning as in  
6 section 376.1350;

7 (3) "Health carrier", the same meaning as in section  
8 376.1350.

9 2. Each health carrier or health benefit plan that  
10 offers or issues health benefit plans that are delivered,  
11 issued for delivery, continued, or renewed in this state on  
12 or after January 1, 2026, shall provide coverage, and shall  
13 not impose any cost-sharing requirement for:

14 (1) Evidence-based items or services that have in  
15 effect a rating of A or B in the recommendations of the U.S.  
16 Preventative Services Task Force with respect to the  
17 individual involved;

18           (2) Immunizations that have in effect a recommendation  
19 from the Advisory Committee on Immunization Practices of the  
20 Centers for Disease Control and Prevention with respect to  
21 the individual involved; and

22           (3) Preventative care and screening provided for in  
23 comprehensive guidelines supported by the Health Resources  
24 and Services Administration.

25           3. To the extent otherwise permissible under federal  
26 or state law, a health carrier or health benefit plan that  
27 uses a network of providers may impose cost-sharing  
28 requirements on the coverage described in subsection 2 of  
29 this section for items or services delivered by an out-of-  
30 network provider.

31           4. If an insured or enrollee is covered under a high  
32 deductible health plan, as such term is defined in 26 U.S.C.  
33 Section 223 (c) (2), a health carrier or health benefit plan  
34 may apply the deductible requirement of the high deductible  
35 health plan to the coverage required under subsection 2 of  
36 this section, unless the director of the department of  
37 commerce and insurance determines that the coverage is  
38 included in the safe harbor provisions for preventative care  
39 under 26 U.S.C. Section 223 (c) (2) (c).

40           5. The provisions of this section shall not be  
41 construed to prohibit a health carrier or health benefit  
42 plan from providing coverage for services in addition to  
43 those recommended by the U.S. Preventative Services Task  
44 Force or to deny coverage for services that are not  
45 recommended by the Task Force.

46           6. The director of the department of commerce and  
47 insurance shall enforce the provisions of this section  
48 consistent with the recommendations and guidelines in effect  
49 on December 31, 2025, set by the U.S. Preventative Services

50 Task Force, the Advisory Committee on Immunization Practices  
51 of the Centers for Disease Control and Prevention, or the  
52 Health Resources and Services Administration, and related  
53 federal rules or guidance.

54 7. The director shall, by rule, adopt regulations to  
55 require health carriers and health benefit plans to provide  
56 coverage without cost-sharing requirement for any  
57 preventative health care services recommendations and  
58 guidelines issued after December 31, 2025, by the U.S.  
59 Preventative Services Task Force, the Advisory Committee on  
60 Immunization Practices of the Centers for Disease Control  
61 and Prevention, or the Health Resources and Services  
62 Administration, and relating federal rules or guidance.

63 8. (1) The department of commerce and insurance shall  
64 create an advisory committee to be known as the "Health  
65 Insurance Preventative Health Care Services Advisory  
66 Committee". This committee shall be comprised of five  
67 members, with three representatives of health care providers  
68 and two representatives of health carriers and health  
69 benefit plans. All members of the committee shall be  
70 appointed by, and serve at the pleasure of, the director of  
71 the department. The committee members shall serve without  
72 compensation and shall not be reimbursed for their expenses.

73 (2) The committee shall meet at least once a year to  
74 make recommendations to the department, the general  
75 assembly, and the governor regarding any updates or  
76 modifications, as necessary, to the preventative health care  
77 services described in subsection 2 of this section. The  
78 committee shall provide any recommendations for updates or  
79 modifications no later than November first each year to the  
80 department, the general assembly, and the governor.

81           9. Any rule or portion of a rule, as that term is  
82 defined in section 536.010, that is created under the  
83 authority delegated in this section shall become effective  
84 only if it complies with and is subject to all of the  
85 provisions of chapter 536 and, if applicable, section  
86 536.028. This section and chapter 536 are nonseverable and  
87 if any of the powers vested with the general assembly  
88 pursuant to chapter 536 to review, to delay the effective  
89 date, or to disapprove and annul a rule are subsequently  
90 held unconstitutional, then the grant of rulemaking  
91 authority and any rule proposed or adopted after August 28,  
92 2026, shall be invalid and void.

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