

CONFERENCE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

HOUSE BILL NO. 2596

AN ACT

To repeal sections 376.1000, 376.1012, 376.1017, and 376.1240, RSMo, and to enact in lieu thereof five new sections relating to health benefit plans.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

Section A. Sections 376.1000, 376.1012, 376.1017, and 376.1240, RSMo, are repealed and five new sections enacted in lieu thereof, to be known as sections 376.1000, 376.1012, 376.1017, 376.1240, and 1, to read as follows:

376.1000. 1. As used in sections 376.1000 to 376.1045, a "multiple employer self-insured health plan" is any plan or arrangement which is not fully insured and which is either:

(1) Offered by a staff or employee leasing company; or

(2) Established or maintained for the purpose of offering or providing health, dental or short-term disability benefits to employees of two or more employers and to two or more self-employed individuals, each with at least one common-law employee, and their dependents.

2. A plan or arrangement is considered fully insured only if

11 an insurer licensed to transact business in this state retains the
12 ultimate responsibility for all benefits payable by a contract or
13 policy of insurance.

376.1012. Funds collected from the participating employers
2 under multiple employer self-insured health plans shall be held in
3 trust subject to the following requirements:

4 (1) A board of trustees elected by participating employers
5 shall serve as fund managers on behalf of participants. Trustees
6 shall be plan participants. No participating employer may be
7 represented by more than one trustee. No trustee may represent
8 more than one employer. A minimum of three and a maximum of seven
9 trustees may be elected. Trustees may not receive remuneration but
10 they may be reimbursed for actual and reasonable expenses incurred
11 in connection with duties as trustee. A trustee may not be an
12 agent, or broker for or an owner, officer or employee of any third-
13 party administrator, insurance agency or insurer utilized by the
14 plan. The trustees shall have the authority to approve
15 applications of association members for participation in the
16 arrangement and to contract with a licensed third-party
17 administrator to administer the day-to-day affairs of the plan;

18 (2) Each trustee shall be bonded in an amount of not less
19 than one hundred fifty thousand dollars by a licensed insurer;

20 (3) Investment of plan funds is subject to the same
21 restrictions which are applicable to insurers pursuant to sections
22 376.291 to 376.307; provided, however, that no foreign plan shall
23 be exempt under section 376.310 from the investment laws of this
24 state unless such plan is subject to laws in its state of domicile

25 which are substantially similar to sections 376.1032 to 376.1045.
26 All investments shall be managed by a bank or other investment
27 entity licensed to operate in Missouri;

28 (4) Trustees, on behalf of the plan, shall file an annual
29 report with the director of the department of commerce and
30 insurance by March first ~~[showing the condition and affairs of the~~
31 ~~plan as of the preceding thirty first day of December. The report~~
32 ~~shall be made on forms prescribed by the director. The report~~
33 ~~shall summarize the financial condition of the fund, itemize~~
34 ~~collections from participating employers, detail all fund~~
35 ~~expenditures and provide any additional information which the~~
36 ~~director requires] in compliance with section 375.041. More~~
37 frequent reports may be required at the discretion of the director.
38 The plan shall also prepare and file a report with the director in
39 compliance with section 375.1252 as it applies to health
40 organizations, and the provisions of section 375.1267 shall apply
41 to such reports.

376.1017. 1. A plan shall establish loss reserves for all
2 incurred losses, both reported and unreported, and for unearned
3 premiums.

4 2. A plan also shall establish a surplus account equal to the
5 greater of the following:

6 (1) ~~[Three times the average paid monthly premium during the~~
7 ~~plan's most recent fund year;~~

8 ~~(2) For plans which do not yet have one fund year's~~
9 ~~experience, three times estimated monthly premium; or~~

10 ~~(3)] Six hundred thousand dollars; or~~

11 (2) An amount equal to two times the authorized control level
12 risk-based capital, as that term is defined in section 375.1250.

 376.1240. 1. For purposes of this section, terms shall have
2 the same meanings as ascribed to them in section 376.1350, and the
3 term "self-administered hormonal contraceptive" shall mean a drug
4 that is composed of one or more hormones and that is approved by
5 the Food and Drug Administration to prevent pregnancy, excluding
6 emergency contraception. Nothing in this section shall be
7 construed to apply to medications approved by the Food and Drug
8 Administration to terminate an existing pregnancy.

9 2. (1) Any health benefit plan delivered, issued for
10 delivery, continued, or renewed in this state on or after January
11 1, 2026, that provides coverage for self-administered hormonal
12 contraceptives shall provide coverage to reimburse a health care
13 provider or dispensing entity for the dispensing of a supply of
14 self-administered hormonal contraceptives intended to last up to
15 ninety days, or intended to last up to one hundred eighty days for
16 generic self-administered hormonal contraceptives. The provisions
17 of this subdivision shall no longer be in effect after December 31,
18 2026.

19 (2) Any health benefit plan delivered, issued for delivery,
20 continued, or renewed in this state on or after January 1, 2027,
21 that provides coverage for self-administered hormonal
22 contraceptives shall provide coverage to reimburse a health care
23 provider or dispensing entity for the dispensing of a supply of
24 self-administered hormonal contraceptives, including generic and
25 brand-name contraceptives, intended to last up to one year.

26 3. The coverage required under this section shall not be
27 subject to any greater deductible or co-payment than other similar
28 health care services provided by the health benefit plan.

Section 1. If any provision of sections 376.1000, 376.1012,
2 376.1017, and 376.1240 or the application thereof to any person or
3 circumstance is held invalid, such determination shall not affect
4 the provisions or applications of sections 376.1000, 376.1012,
5 376.1017, and 376.1240 which may be given effect without the
6 invalid provision or application, and to that end the provisions of
7 sections 376.1000, 376.1012, 376.1017, and 376.1240 are severable.

Representative Peggy McGaugh

Senator Sandy Crawford