

SECOND REGULAR SESSION

HOUSE BILL NO. 1997

91ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES COOPER, HANAWAY (Co-sponsors),
PURGASON AND HOHULIN.

Read 1st time February 20, 2002, and 1000 copies ordered printed.

TED WEDEL, Chief Clerk

4217L.011

AN ACT

To repeal sections 103.003 and 103.005, RSMo, and to enact in lieu thereof two new sections relating to state health insurance plan.

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

Section A. Sections 103.003 and 103.005, RSMo, are repealed and two new sections
2 enacted in lieu thereof, to be known as sections 103.003 and 103.005, to read as follows:

103.003. As used in sections 103.003 to 103.175, the following terms mean:

2 (1) "Actuarial reserves", the necessary funding required to pay all the medical expenses
3 for services provided to members of the plan but for which the claims have not yet been received
4 by the claims administrator;

5 (2) "Actuary", a member of the American Academy of Actuaries or who is an enrolled
6 actuary under the Employee Retirement Income Security Act of 1974;

7 (3) "Agency", a state-sponsored institution of higher learning, political subdivision or
8 governmental entity or instrumentality;

9 (4) "Alternative delivery health care program", a plan of covered benefits that pays
10 medical expenses through an alternate mechanism rather than on a fee-for-service basis. This
11 includes, but is not limited to, health maintenance organizations and preferred provider
12 organizations, all of which shall include chiropractic physicians licensed under chapter 331,
13 RSMo, in the provider networks or organizations;

14 (5) "Board", the board of trustees of the Missouri consolidated health care plan;

15 (6) "Claims administrator", an agency contracted to process medical claims submitted
16 from providers or members of the plan and their dependents;

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

- 17 (7) "Coordination of benefits", to work with another group-sponsored health care plan
18 which also covers a member of the plan to ensure that both plans pay their appropriate amount
19 of the health care expenses incurred by the member;
- 20 (8) "Covered benefits", a schedule of covered services, including chiropractic services,
21 which are payable under the plan;
- 22 (9) "Employee", any person employed full time by the state or a participating member
23 agency, or a person eligible for coverage by a state-sponsored retirement system or a retirement
24 system sponsored by a participating member agency of the plan. **Employee shall not include**
25 **an elected official of the state of Missouri;**
- 26 (10) "Evidence of good health", medical information supplied by a potential member of
27 the plan that is reviewed to determine the financial risk the person represents to the plan and the
28 corresponding determination of whether or not he or she should be accepted into the plan;
- 29 (11) "Health care plan", any group medical benefit plan providing coverage on an
30 expense-incurred basis, any HMO, any group service or indemnity contract issued by a health
31 plan of any type or description;
- 32 (12) "Medical benefits coverages" shall include services provided by chiropractic
33 physicians as well as physicians licensed under chapter 334, RSMo;
- 34 (13) "Medical expenses", costs for services performed by a provider and covered under
35 the plan;
- 36 (14) "Missouri consolidated health care plan benefit fund account", the benefit trust fund
37 account containing all payroll deductions, payments, and income from all sources for the plan;
- 38 (15) "Officer", an elected official of the state of Missouri;
- 39 (16) "Participating member agency", a state-sponsored institution of higher learning,
40 political subdivision or governmental entity that has elected to join the plan and has been
41 accepted by the board;
- 42 (17) "Plan year", a twelve-month period designated by the board which is used to
43 calculate the annual rate categories and the appropriate coverage;
- 44 (18) "Provider", a physician, hospital, pharmacist, psychologist, chiropractic physician
45 or other licensed practitioner who or which provides health care services within the respective
46 scope of practice of such practitioner pursuant to state law and regulation;
- 47 (19) "Retiree", a person who is not an employee and is receiving or is entitled to receive
48 an annuity benefit from a state-sponsored retirement system or a retirement system of a
49 participating member agency of the plan or becomes eligible for retirement benefits because of
50 service with a participating member agency.

103.005. For the purpose of covering medical expenses of the [officers,] employees and
2 retirees, the eligible dependents of [officers,] employees and retirees and to the surviving spouses

3 and children of deceased [officers,] employees and retirees of the state and participating member
4 agencies of the state, there is hereby created and established a health care plan which shall be a
5 body corporate, which shall be under the management of the board of trustees herein described,
6 and shall be known as the "Missouri Consolidated Health Care Plan". Notwithstanding any
7 provision of law to the contrary, such plan may sue and be sued, transact business, contract,
8 invest funds and hold cash, securities and other property and shall be vested with such other
9 powers as may be necessary or proper to enable it, its officers, employees, and agents to carry
10 out fully and effectively all the purposes of sections 103.003 to 103.175.