

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 791
94TH GENERAL ASSEMBLY

Reported from the Committee on Small Business, Insurance and Industrial Relations, April 26, 2007, with recommendation that the Senate Committee Substitute do pass.

1506S.03C

TERRY L. SPIELER, Secretary.

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to the provision of certain claims information by health carriers.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.435, to read as follows:

376.435. 1. Beginning January 1, 2008, a health carrier providing a group health benefit plan or plans as such terms are defined in section 376.1350, to an employer who meets the requirements specified in subsection 2 of this section shall, upon request by the employer or the employer's producer of record, provide a report of the total dollar amount and total number of claims paid under the plan or plans for each of the prior three years or for each year coverage was in place if less than three years at the time of the request. In the case of an employer with multiple plans, the total dollar amounts shall be aggregated into one report. The report shall be provided within thirty days of the request; however, a health carrier shall not be required to provide such report for the employer or the employer's producer of record more than twice in any calendar year. The information provided to the employer or the employer's producer of record shall be furnished in a manner that does not individually identify any employee or other person covered by the health benefit plan and shall comply with all applicable federal and state privacy laws regarding the disclosure of health records.

2. For purposes of subsection 1 of this section, an employer is one who:

21 **(1) Provides an employee health benefit plan with at least fifty-**
22 **one covered lives either at the time of the request or at the start of the**
23 **reporting period; and**

24 **(2) Has been insured continuously with the health carrier or a**
25 **carrier affiliated with the health carrier for at least the preceding**
26 **twenty-two months.**

27 **3. As used in this section, the term "covered lives" means**
28 **employees, their spouses, and dependents insured under the health**
29 **benefit plan for which a report is requested.**

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