

FIRST REGULAR SESSION

[PERFECTED]

HOUSE BILL NO. 919

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES RUESTMAN (Sponsor), LIPKE, GRISAMORE, COX, ZERR, NOLTE, GATSCHENBERGER, GUERNSEY, DIECKHAUS, DENISON, ALLEN, WILSON (119), WRIGHT, NIEVES, WASSON, SATER, FUNDERBURK, WELLS, WETER, ATKINS, PACE, FAITH, MUNZLINGER, FLANIGAN, STEVENSON, SALVA, RICHARD AND EMERY (Co-sponsors).

1158L.01P

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 376.421, RSMo, and to enact in lieu thereof one new section relating to group health insurance.

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

Section A. Section 376.421, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.421, to read as follows:

376.421. 1. Except as provided in subsection 2 of this section, no policy of group health insurance shall be delivered in this state unless it conforms to one of the following descriptions:

(1) A policy issued to an employer, or to the trustees of a fund established by an employer, which employer or trustees shall be deemed the policyholder, to insure employees of the employer for the benefit of persons other than the employer, subject to the following requirements:

(a) The employees eligible for insurance under the policy shall be all of the employees of the employer, or all of any class or classes thereof. The policy may provide that the term "employees" shall include the employees of one or more subsidiary corporations, and the employees, individual proprietors, and partners of one or more affiliated corporations, proprietorships or partnerships, if the business of the employer and of such affiliated corporations, proprietorships or partnerships is under common control. The policy may provide that the term "employees" shall include the individual proprietor or partners if the employer is

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

14 an individual proprietorship or partnership. The policy may provide that the term "employees"
15 shall include retired employees, former employees and directors of a corporate employer. A
16 policy issued to insure the employees of a public body may provide that the term "employees"
17 shall include elected or appointed officials;

18 (b) The premium for the policy shall be paid either from the employer's funds or from
19 funds contributed by the insured employees, or from both. Except as provided in paragraph (c)
20 of this subdivision, a policy on which no part of the premium is to be derived from funds
21 contributed by the insured employees must insure all eligible employees, except those who reject
22 such coverage in writing; and

23 (c) An insurer may exclude or limit the coverage on any person as to whom evidence of
24 individual insurability is not satisfactory to the insurer in a policy insuring fewer than ten
25 employees and in a policy insuring ten or more employees if:

26 a. Application is not made within thirty-one days after the date of eligibility for
27 insurance; or

28 b. The person voluntarily terminated the insurance while continuing to be eligible for
29 insurance under the policy; or

30 c. After the expiration of an open enrollment period during which the person could have
31 enrolled for the insurance or could have elected another level of benefits under the policy;

32 (2) A policy issued to a creditor or its parent holding company or to a trustee or trustees
33 or agent designated by two or more creditors, which creditor, holding company, affiliate, trustee,
34 trustees or agent shall be deemed the policyholder, to insure debtors of the creditor or creditors
35 with respect to their indebtedness subject to the following requirements:

36 (a) The debtors eligible for insurance under the policy shall be all of the debtors of the
37 creditor or creditors, or all of any class or classes thereof. The policy may provide that the term
38 "debtors" shall include:

39 a. Borrowers of money or purchasers or lessees of goods, services, or property for which
40 payment is arranged through a credit transaction;

41 b. The debtors of one or more subsidiary corporations; and

42 c. The debtors of one or more affiliated corporations, proprietorships or partnerships if
43 the business of the policyholder and of such affiliated corporations, proprietorships or
44 partnerships is under common control;

45 (b) The premium for the policy shall be paid either from the creditor's funds or from
46 charges collected from the insured debtors, or from both. Except as provided in paragraph (c)
47 of this subdivision, a policy on which no part of the premium is to be derived from funds
48 contributed by insured debtors specifically for their insurance must insure all eligible debtors;

49 (c) An insurer may exclude any debtors as to whom evidence of individual insurability
50 is not satisfactory to the insurer in a policy insuring fewer than ten debtors and in a policy
51 insuring ten or more debtors if:

52 a. Application is not made within thirty-one days after the date of eligibility for
53 insurance; or

54 b. The person voluntarily terminated the insurance while continuing to be eligible for
55 insurance under the policy; or

56 c. After the expiration of an open enrollment period during which the person could have
57 enrolled for the insurance or could have elected another level of benefits under the policy;

58 (d) The total amount of insurance payable with respect to an indebtedness shall not
59 exceed the greater of the scheduled or actual amount of unpaid indebtedness to the creditor. The
60 insurer may exclude any payments which are delinquent on the date the debtor becomes disabled
61 as defined in the policy;

62 (e) The insurance may be payable to the creditor or to any successor to the right, title,
63 and interest of the creditor. Such payment or payments shall reduce or extinguish the unpaid
64 indebtedness of the debtor to the extent of each such payment and any excess of insurance shall
65 be payable to the insured or the estate of the insured;

66 (f) Notwithstanding the preceding provisions of this subdivision, insurance on
67 agricultural credit transaction commitments may be written up to the amount of the loan
68 commitment, and insurance on educational credit transaction commitments may be written up
69 to the amount of the loan commitment less the amount of any repayments made on the loan;

70 (3) A policy issued to a labor union or similar employee organization, which shall be
71 deemed to be the policyholder, to insure members of such union or organization for the benefit
72 of persons other than the union or organization or any of its officials, representatives, or agents,
73 subject to the following requirements:

74 (a) The members eligible for insurance under the policy shall be all of the members of
75 the union or organization, or all of any class or classes thereof;

76 (b) The premium for the policy shall be paid either from funds of the union or
77 organization or from funds contributed by the insured members specifically for their insurance,
78 or from both. Except as provided in paragraph (c) of this subdivision, a policy on which no part
79 of the premium is to be derived from funds contributed by the insured members specifically for
80 their insurance must insure all eligible members, except those who reject such coverage in
81 writing;

82 (c) An insurer may exclude or limit the coverage on any person as to whom evidence of
83 individual insurability is not satisfactory to the insurer in a policy insuring fewer than ten
84 members and in a policy insuring ten or more members if:

85 a. Application is not made within thirty-one days after the date of eligibility for
86 insurance; or

87 b. The person voluntarily terminated the insurance while continuing to be eligible for
88 insurance under the policy; or

89 c. After the expiration of an open enrollment period during which the person could have
90 enrolled for the insurance or could have elected another level of benefits under the policy;

91 (4) A policy issued to a trust, or to the trustee of a fund, established or adopted by two
92 or more employers, or by one or more labor unions or similar employee organizations, or by one
93 or more employers and one or more labor unions or similar employee organizations, which trust
94 or trustee shall be deemed the policyholder, to insure employees of the employers or members
95 of the unions or organizations for the benefit of persons other than the employers or the unions
96 or organizations, subject to the following requirements:

97 (a) The persons eligible for insurance shall be all of the employees of the employers or
98 all of the members of the unions or organizations, or all of any class or classes thereof. The
99 policy may provide that the term "employees" shall include the employees of one or more
100 subsidiary corporations, and the employees, individual proprietors, and partners of one or more
101 affiliated corporations, proprietorships or partnerships if the business of the employer and of such
102 affiliated corporations, proprietorships or partnerships is under common control. The policy may
103 provide that the term "employees" shall include the individual proprietor or partners if the
104 employer is an individual proprietorship or partnership. The policy may provide that the term
105 "employees" shall include retired employees, former employees and directors of a corporate
106 employer. The policy may provide that the term "employees" shall include the trustees or their
107 employees, or both, if their duties are principally connected with such trusteeship;

108 (b) The premium for the policy shall be paid from funds contributed by the employer or
109 employers of the insured persons or by the union or unions or similar employee organizations,
110 or by both, or from funds contributed by the insured persons or from both the insured persons
111 and the employer or union or similar employee organization. Except as provided in paragraph
112 (c) of this subdivision, a policy on which no part of the premium is to be derived from funds
113 contributed by the insured persons specifically for their insurance, must insure all eligible
114 persons except those who reject such coverage in writing;

115 (c) An insurer may exclude or limit the coverage on any person as to whom evidence of
116 individual insurability is not satisfactory to the insurer;

117 (5) A policy issued to an association or to a trust or to the trustees of a fund established,
118 created and maintained for the benefit of members of one or more associations. The association
119 or associations shall have at the outset a minimum of fifty members; shall have been organized
120 and maintained in good faith for purposes other than that of obtaining insurance; shall have been

121 in active existence for at least two years; shall have a constitution and bylaws which provide that
122 the association or associations shall hold regular meetings not less than annually to further the
123 purposes of the members; shall, except for credit unions, collect dues or solicit contributions
124 from members; and shall provide the members with voting privileges and representation on the
125 governing board and committees. The policy shall be subject to the following requirements:

126 (a) The policy may insure members of such association or associations, employees
127 thereof, or employees of members, or one or more of the preceding, or all of any class or classes
128 thereof for the benefit of persons other than the employee's employer;

129 (b) The premium for the policy shall be paid from funds contributed by the association
130 or associations or by employer members, or by both, or from funds contributed by the covered
131 persons or from both the covered persons and the association, associations, or employer
132 members;

133 (c) Except as provided in paragraph (d) of this subdivision, a policy on which no part of
134 the premium is to be derived from funds contributed by the covered persons specifically for their
135 insurance must insure all eligible persons, except those who reject such coverage in writing;

136 (d) An insurer may exclude or limit the coverage on any person as to whom evidence of
137 individual insurability is not satisfactory to the insurer;

138 (e) If the health benefit plan, as defined in section 376.1350, is delivered, issued for
139 delivery, continued or renewed, is providing coverage to any resident of this state, and is
140 providing coverage to **[both] sole proprietors, self-employed persons**, small employers as
141 defined in subsection 2 of section 379.930, RSMo, and large employers, the insurer providing
142 the coverage to the association or trust or trustees of a fund established, created, and maintained
143 for the benefit of members of one or more associations may be exempt from subdivision (1) of
144 subsection 1 of section 379.936, RSMo, as it relates to the association plans established under
145 this section. The director shall find that an exemption would be in the public interest and
146 approved and that additional classes of business may be approved under subsection 4 of section
147 379.934, RSMo, if the director determines that the health benefit plan:

148 a. Is underwritten and rated as a single employer;

149 b. Has a uniform health benefit plan design option or options for all participating
150 association members or employers;

151 c. Has guarantee issue to all association members and all eligible employees, as defined
152 in subsection 2 of section 379.930, RSMo, of any participating association member company;
153 and

154 d. Complies with all other federal and state insurance requirements, including but not
155 limited to the small employer health insurance and availability act under sections 379.930 to
156 379.952, RSMo;

(6) A policy issued to a credit union or to a trustee or trustees or agent designated by two or more credit unions, which credit union, trustee, trustees or agent shall be deemed the policyholder, to insure members of such credit union or credit unions for the benefit of persons other than the credit union or credit unions, trustee or trustees, or agent or any of their officials, subject to the following requirements:

(a) The members eligible for insurance shall be all of the members of the credit union or credit unions, or all of any class or classes thereof;

(b) The premium for the policy shall be paid by the policyholder from the credit union's funds and, except as provided in paragraph (c) of this subdivision, must insure all eligible members;

(c) An insurer may exclude or limit the coverage on any member as to whom evidence of individual insurability is not satisfactory to the insurer;

(7) A policy issued to cover persons in a group where that group is specifically described by a law of this state as one which may be covered for group life insurance. The provisions of such law relating to eligibility and evidence of insurability shall apply.

2. Group health insurance offered to a resident of this state under a group health insurance policy issued to a group other than one described in subsection 1 of this section shall be subject to the following requirements:

(1) No such group health insurance policy shall be delivered in this state unless the director finds that:

(a) The issuance of such group policy is not contrary to the best interest of the public;

(b) The issuance of the group policy would result in economies of acquisition or administration; and

(c) The benefits are reasonable in relation to the premiums charged;

(2) No such group health insurance coverage may be offered in this state by an insurer under a policy issued in another state unless this state or another state having requirements substantially similar to those contained in subdivision (1) of this subsection has made a determination that such requirements have been met;

(3) The premium for the policy shall be paid either from the policyholder's funds, or from funds contributed by the covered persons, or from both;

(4) An insurer may exclude or limit the coverage on any person as to whom evidence of individual insurability is not satisfactory to the insurer.

3. As used in this section, insurer shall have the same meaning as the definition of health carrier under section 376.1350, and "class" means a predefined group of persons eligible for coverage under a group insurance policy where members of a class represent the same or essentially the same hazard; except that, an insurer may offer a policy to an employer that

193 charges a reduced premium rate or deductible for employees who do not smoke or use tobacco
194 products as authorized under section 290.145, RSMo, and such insurer shall not be considered
195 to be in violation of any unfair trade practice, as defined in section 379.936, RSMo, even if only
196 some employers elect to purchase such a policy and other employers do not.

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