#### FIRST REGULAR SESSION

# **HOUSE BILL NO. 871**

### 103RD GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVE ZIMMERMANN.

1710H.01I JOSEPH ENGLER, Chief Clerk

## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage of medically necessary 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 one new section, to be 2 known as section 376.1284, to read as follows:

376.1284. 1. As used in this section, the following terms mean:

- 2 (1) "Health benefit plan", the same meaning given to the term in section 376.1350. The term "health benefit plan" shall also include MO HealthNet, the 4 children's health insurance program authorized under chapter 208, the Missouri 5 consolidated health care plan established under chapter 103, and any other state- 6 sponsored health insurance program;
- 7 (2) "Health care professional", the same meaning given to the term in section 8 376.1350:
- 9 (3) "Health care service", the same meaning given to the term in section 10 376.1350;
- 11 (4) "Health carrier", the same meaning given to the term in section 376.1350.
- 12 The term "health carrier" shall also include the MO HealthNet division and any 13 Medicaid managed care organization as defined in section 208.431:
- Medicaid managed care organization as defined in section 208.431;

  (5) "Medically necessary health care service", a health care service
- 14 (5) "Medically necessary health care service", a health care service that is 15 needed to diagnose, prevent, treat, cure, or relieve a health condition, illness, injury, or
- 16 disease.

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.

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2. Notwithstanding any provision of this chapter or any other law to the contrary, each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2026, and that provide coverage for a particular health care service 20 shall not deny coverage of the health care service if at least two health care professionals have determined that the health care service is a medically necessary health care service.

3. Excepted benefit plans, as defined in section 376.998, shall be subject to the requirements of this section.