SECOND REGULAR SESSION

SENATE BILL NO. 912

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR EIGEL.

AN ACT

To repeal section 376.1109, RSMo, and to enact in lieu thereof one new section relating to long-term care insurance.

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

Section A. Section 376.1109, RSMo, is repealed and one

- 2 new section enacted in lieu thereof, to be known as section
- 3 376.1109, to read as follows:

376.1109. 1. The director may adopt regulations that

- 2 include standards for full and fair disclosure setting forth
- 3 the manner, content and required disclosures for the sale of
- 4 long-term care insurance policies, terms of renewability,
- 5 initial and subsequent conditions of eligibility,
- 6 nonduplication of coverage provisions, coverage of
- 7 dependents, preexisting conditions, termination of
- 8 insurance, continuation or conversion, probationary periods,
- 9 limitations, exceptions, reductions, elimination periods,
- 10 requirements for replacement, recurrent conditions and
- 11 definitions of terms. Regulations adopted pursuant to
- 12 sections 376.1100 to 376.1130 shall be in accordance with
- the provisions of chapter 536.
- 14 2. No long-term care insurance policy may:
- 15 (1) Be cancelled, nonrenewed or otherwise terminated
- on the grounds of the age or the deterioration of the mental
- 17 or physical health of the insured individual or certificate
- 18 holder; or

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ADRIANE D. CROUSE, Secretary

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- 19 (2) Contain a provision establishing a new waiting 20 period in the event existing coverage is converted to or 21 replaced by a new or other form within the same company, except with respect to an increase in benefits voluntarily 22 selected by the insured individual or group policyholder; or 23
- 24 Provide coverage for skilled nursing care only or 25 provide significantly more coverage for skilled care in a 26 facility than for lower levels of care.
- 27 3. No long-term care insurance policy or certificate other than a policy or certificate thereunder issued to a group as defined in paragraph (a) of subdivision (4) of subsection 2 of section 376.1100:
- 31 Shall use a definition of preexisting condition which is more restrictive than the following: "Preexisting 32 condition" means a condition for which medical advice or 33 treatment was recommended by, or received from, a provider 34 of health care services, within six months preceding the 35 effective date of coverage of an insured person; 36
 - May exclude coverage for a loss or confinement which is the result of a preexisting condition unless such loss or confinement begins within six months following the effective date of coverage of an insured person.
 - The director may extend the limitation periods set forth in subdivisions (1) and (2) of subsection 3 of this section as to specific age group categories in specific policy forms upon findings that the extension is in the best interest of the public.
- 5. The definition of preexisting condition provided in 46 subsection 3 of this section does not prohibit an insurer 47 from using an application form designed to elicit the 48 complete health history of an applicant, and, on the basis 49 of the answers on that application, from underwriting in 50

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51 accordance with that insurer's established underwriting 52 standards. Unless otherwise provided in the policy or 53 certificate, a preexisting condition, regardless of whether it is disclosed on the application, need not be covered 54 55 until the waiting period described in subdivision (2) of subsection 3 of this section expires. No long-term care 56 57 insurance policy or certificate may exclude or use waivers or riders of any kind to exclude, limit or reduce coverage 58 or benefits for specifically named or described preexisting 59 60 diseases or physical conditions beyond the waiting period described in subdivision (2) of subsection 3 of this section. 61

- 6. No long-term care insurance policy may be delivered or issued for delivery in this state if such policy:
- (1) Conditions eligibility for any benefits on a prior hospitalization requirement; or
- (2) Conditions eligibility for benefits provided in an institutional care setting on the receipt of a higher level of institutional care; or
- (3) Conditions eligibility for any benefits other than waiver of premium, post-confinement, post-acute care or recuperative benefits on a prior institutionalization requirement.
- 73 7. A long-term care insurance policy containing post74 confinement, post-acute care or recuperative benefits shall
 75 clearly label in a separate paragraph of the policy or
 76 certificate entitled "Limitations or Conditions on
 77 Eligibility for Benefits" such limitations or conditions,
 78 including any required number of days of confinement.
- 8. A long-term care insurance policy or rider which conditions eligibility of noninstitutional benefits on the prior receipt of institutional care shall not require a prior institutional stay of more than thirty days.

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- 9. No long-term care insurance policy or rider which provides benefits only following institutionalization shall condition such benefits upon admission to a facility for the same or related conditions within a period of less than thirty days after discharge from the institution.
- 10. The director may adopt regulations establishing loss ratio standards for long-term care insurance policies provided that a specific reference to long-term care insurance policies is contained in the regulation.
- 92 Long-term care insurance applicants shall have the right to return the policy or certificate within thirty days 93 of its delivery and to have the premium refunded if, after 94 95 examination of the policy or certificate, the applicant is not satisfied for any reason. Long-term care insurance 96 97 policies and certificates shall have a notice prominently 98 printed on the first page or attached thereto stating in 99 substance that the applicant shall have the right to return the policy or certificate within thirty days of its delivery 100 and to have the premium refunded if, after examination of 101 the policy or certificate, other than a certificate issued 102 103 pursuant to a policy issued to a group defined in paragraph 104 (a) of subdivision (4) of subsection 2 of section 376.1100, the applicant is not satisfied for any reason. 105 106 subsection shall also apply to denials of applications and 107 any refund must be made within thirty days of the return or 108 denial.
- 12. (1) If a long-term care insurance policy issued,
 110 delivered, or renewed in this state on or after January 1,
 111 2011, is cancelled for any reason, the insurer shall refund
 112 the unearned portion of any premium paid beyond the month in
 113 which the cancellation is effective. Any refund shall be
 114 returned to the policyholder within twenty days from the

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- date the insurer receives notice of the cancellation. Longterm care insurance policies and certificates shall have a notice prominently printed on the first page or attached
- 118 thereto stating in substance that the applicant shall be
- 119 entitled to a refund of the unearned premium if the policy
- is cancelled for any reason.
- 121 (2) The policyholder may notify the insurer of 122 cancellation of such long-term care insurance policy at any 123 time by sending written or electronic notification.
- 124 13. No long-term care insurance policy shall increase premium rates, measured annually, in excess of the least of the following:
- 127 (1) The amount that is actuarially justified based on
 128 credible experience, and on the rate basis in effect in this
 129 state without recognition of rates that may be in effect in
 130 other states;
- 131 (2) The percentage change in the Consumer Price Index 132 for All Urban Consumers or its successor index, as published 133 by the federal Bureau of Labor Statistics or its successor 134 agency; or
- 135 (3) Five percent.

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