



DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 12-03

Implementation of Senate Bill 749

Issued October 12, 2012

To: All insurers authorized to conduct health insurance business in Missouri.
All insurers delivering policies covering Missouri residents.
All producers and all other interested parties.

From: John W. Huff, Director

Rescinded and Inoperative

Re: Implementation of SB 749

On Sept. 12, 2012, the Missouri General Assembly voted to override Governor Nixon's veto of [CCS HCS SS SB 749](#). The bill includes an emergency clause that made the provisions of Section 191.724, RSMo, effective upon passage and approval. The provisions of Section 376.1199, RSMo, became effective today.

Missouri law requires that health insurance policies, contracts, and forms be filed with the Department. These materials can only be approved by the Department if they comply with the statutory requirements contained in SB 749. Note that the bill requires, with one narrow exception, that "each carrier or health benefit plan that offers or issues health benefit plans providing obstetrical/gynecological benefits and pharmaceutical coverage, which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002," (1) to "offer and issue to any person or entity purchasing a health benefit plan, a health benefit plan that excludes coverage for contraceptives if the use or provision of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of such person or entity;" and (2) shall "upon request of an enrollee who is a member of a group health benefit plan and who states that the use or provision of contraceptives is contrary to his or her moral, ethical or religious beliefs, any health carrier shall issue to or on behalf of such enrollee a policy form that excludes coverage for contraceptives."

Further note that any health benefit plan issued pursuant to 376.1199.1 “shall provide *clear and conspicuous written notice* on the enrollment form or any accompanying materials to the enrollment form and the group health benefit plan application and contract: (1) whether coverage for contraceptives is or is not included; (2) that an enrollee who is a member of a group health benefit plan with coverage for contraceptives has the right to exclude coverage for contraceptives if such coverage is contrary to his or her moral, ethical or religious beliefs; (3) that an enrollee who is a member of a group health benefit plan without coverage for contraceptives has the right to purchase coverage for contraceptives; (4) whether an optional rider for elective abortions has been purchased by the group contract holder pursuant to section 376.805; and (5) that an enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical, or religious beliefs.”

As has long been the case, the Department may only approve those filings that are in compliance with the insurance laws of this state and which contain such words, phraseology, conditions and provisions which are specific, certain and unambiguous and are reasonably adequate to protect consumers.

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