HOUSE BILL No. 2276

By Committee on Insurance

2-10

AN ACT concerning health insurance; relating to mandate lite health benefits plans; commissions; specially designed policies.

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Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) This section shall apply to all insurers transacting business in the state offering individual or group sickness and accident insurance. Such insurers also may offer a mandate lite health benefit plan. A group or individual carrier may also offer a mandate lite health benefit plan.

- (b) A mandate lite health benefit plan means an individual or group sickness and accident insurance plan that does not contain one or more of the Kansas-mandated benefits other than K.S.A. 40-2,100 and 40-2,166, and amendments thereto.
- (c) The mandate lite health benefit plan shall contain the definitions of group or individual sickness and accident insurance with respect to major medical benefits and standard provisions or rights of coverage.
- (d) The mandate lite health benefit plan may be issued on a group or individual basis.
- (e) The insured shall be provided with a written notice that one or more of the state- mandated benefits are not included in the mandate lite health benefit plan.
- (1) The mandate lite health benefit plan shall specify the health services that are included and shall specifically list the health services that will be limited or not covered from the list of state-mandated coverage other than K.S.A. 40-2,100 and 40-2,166, and amendments thereto.
- (2) The insurer is required to retain a signed copy of this notice on file as a part of the original application as evidence that the insured has acknowledged such notice.
- (3) Such signed copy may be in original form, electronic file form or in any other reproducible file form as may be consistent with the insurer's method of retaining application copies.
- (f) The definition of preexisting conditions may not be more restrictive than the definition of preexisting conditions normally used for the corresponding regular individual or group insurance contracts.
 - (g) (1) A mandate lite health benefit plan shall not be required to

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include coverage for drugs.

- (2) The mandate lite health benefit plan may offer:
- (A) Various optional combinations of coverage for generic, formular
- (B) drug discount plans.
- (h) A mandate lite health benefit plan may charge additional premiums for each optional benefit offered. Optional benefits may include mandated benefits that are not included in the mandate lite health benefit plan.
- (i) This section shall be known and may be cited as the mandate lite health benefit plan act.
- Sec. 2. (a) Any portion of the health insurance premiums paid by consumers that are in fact passed through as commissions shall not be considered a part of administrative expenses and shall be excluded from all determinations of the medical loss ratio calculations when totaling the ratio of premiums paid by a consumer used for claims versus administrative expenses for a policy. Any portion of premiums identified as commissions must be paid to a nonemployee in order to be excluded. Any portion of the premiums retained by the insurance company or its employees must be considered as a part of the calculation of the medical loss ratio as administrative related income.
- (b) For the purposes of this section, "commission" means commissions to agents, consultation fees, counseling fees, consultant fees, and similar advising or sales compensation to a nonemployee licensed agent.
 - Sec. 3. (a) For the purposes of this section:
- (1) "Specially designed policy" means an insurance policy that by design may not meet all or part of the definitions of a group or individual sickness and accident insurance policy and includes temporary sickness and accident insurance on a short-term basis.
- (2) "Short-term" means an insurance policy period of six months or 12 months, based upon policy design, which offers not more than one renewal period with or without a requirement of medical re-underwriting or medical requalification.
- (A) Because a short-term policy addresses the special needs for temporary coverage, a short-term policy is not subject to continuation provisions of the health insurance portability and accountability act of 1996 (Public Law 104-191).
- (B) Because a short-term policy addresses the special needs for temporary coverage, a short-term policy shall be exempt from medical loss ratio calculations associated with individual sickness and accident insurance issued within the state unless such calculation excludes any monthly administration fee associated with the sale of such policy.
 - (b) Specially designed policies shall include policies designed to

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provide sickness and accident insurance for specific coverage of benefits or services that may be excluded as benefits or services cited under section 1, and amendments thereto. Specially designed policies may include the following stand-alone policies and coverages:

- (1) Chiropractic plans;
- (2) acupuncture coverage plans;
- (3) holistic medical treatment plans;
- (4) podiatrist plans;
- 9 (5) pharmacy plans;

- (6) psychiatric plans;
 - (7) allergy plans; and
 - (8) such other stand-alone plans or combinations of plans of accepted traditional and nontraditional medical practice as shall be allowable for exclusion from group or individual plans under section 1, and amendments thereto.
 - (c) No specially designed policy shall be deemed to be included under the definition of group sickness and accident insurance, including short-term, limited-duration health insurance, issued or renewed inside or outside of this state and covering persons residing in this state.
 - Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.