

By: Evans

To: Insurance

HOUSE BILL NO. 915

1 AN ACT TO AMEND SECTION 83-9-209, MISSISSIPPI CODE OF 1972,
2 TO REVISE ELIGIBILITY REQUIREMENTS FOR COVERAGE UNDER THE
3 COMPREHENSIVE HEALTH INSURANCE RISK POOL ASSOCIATION'S HEALTH
4 INSURANCE PLAN; AND FOR RELATED PURPOSES.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

6 SECTION 1. Section 83-9-209, Mississippi Code of 1972, is
7 amended as follows:

8 83-9-209. (1) Any individual who is and continues to be a
9 resident shall be eligible for coverage under this plan if
10 evidence is provided of:

11 (a) A notice of rejection or refusal to issue
12 substantially similar insurance for health reasons by one (1)
13 insurer;

14 (b) A refusal by an insurer to issue insurance except
15 with material underwriting restriction; or

16 (c) A refusal by an insurer to issue insurance except
17 at a rate exceeding the plan rate.

18 (2) The board shall develop a procedure for eligibility for
19 coverage by the association for any natural person who changes his
20 domicile to this state and who at the time domicile is established
21 in this state is insured by an organization similar to the
22 association. The eligible maximum lifetime benefits for such

23 covered person shall not exceed the lifetime benefits available
24 through the association, less any benefits received from a similar
25 organization in the former domiciliary state.

26 (3) The board shall promulgate a list of medical or health
27 conditions for which a person shall be eligible for plan coverage
28 without applying for health insurance under subsection (1) of this
29 section. Persons who can demonstrate the existence or history of
30 any medical or health conditions on the list promulgated by the
31 board shall not be required to provide the evidence specified in
32 subsection (1) of this section. The list may be amended by the
33 board from time to time as may be appropriate.

34 (4) A person shall not be eligible for coverage under this
35 plan if:

36 (a) The person has or obtains health insurance coverage
37 substantially similar to or more comprehensive than a plan policy,
38 or would be eligible to have coverage if the person elected to
39 obtain it; except that:

40 (i) A person may maintain other coverage for the
41 period of time the person is satisfying a preexisting condition
42 waiting period under a plan policy; and

43 (ii) A person may maintain plan coverage for the
44 period of time the person is satisfying a preexisting condition
45 waiting period under another health insurance policy intended to
46 replace the plan policy.

47 (b) The person is determined to be eligible for health
48 care benefits under the Mississippi Medicaid Law, Section
49 43-13-101 et seq.

50 (c) The person previously terminated plan coverage
51 unless twelve (12) months have elapsed since the person's latest
52 termination.

53 (d) The plan has paid out Five Hundred Thousand Dollars

54 (\$500,000.00) in benefits on behalf of the person. The lifetime
55 maximum shall be Five Hundred Thousand Dollars (\$500,000.00).

56 (e) The person is an inmate or resident of a public
57 institution.

58 * * *

59 (5) The coverage of any person shall cease:

60 (a) On the date a person is no longer a resident of
61 this state;

62 (b) Upon the death of the covered person;

63 (c) On the date state law requires cancellation of the
64 policy; or

65 (d) At the option of the association, thirty (30) days
66 after the association makes any inquiry concerning the person's
67 eligibility or place of residence to which the person does not
68 reply.

69 (6) The coverage of any person who ceases to meet the
70 eligibility requirements of this section may be terminated
71 immediately.

72 (7) It shall constitute an unfair trade practice for any
73 insurer, insurance agent or broker, employer or third party
74 administrator to refer an individual employee or a dependent of an
75 individual employee to the association, or to arrange for an
76 individual employee or a dependent of an individual employee to
77 apply to the program, for the purpose of separating such employee
78 or dependent from a group health benefits plan provided in
79 connection with the employee's employment.

80 SECTION 2. This act shall take effect and be in force from
81 and after July 1, 2000.