

By: Burton

To: Insurance

SENATE BILL NO. 2853

1 AN ACT TO PROVIDE THAT EVERY HEALTH INSURANCE PLAN SHALL
2 ISSUE TO ITS INSUREDS A UNIFORM PRESCRIPTION DRUG INFORMATION CARD
3 CONFORMING TO THE MOST RECENT TECHNOLOGY STANDARDS; AND FOR
4 RELATED PURPOSES.

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

6 SECTION 1. (1) It is the intent of the Legislature to
7 lessen patient's waiting times, decrease administrative burdens
8 for pharmacies and improve care to patients by minimizing
9 confusion, eliminating unnecessary paperwork and streamlining
10 dispensing of prescription products paid for by third-party
11 payors. This act should be broadly applied and interpreted to
12 effectuate this purpose.

13 (2) Every health benefit plan that provides coverage for
14 prescription drugs or devices, or administers such a plan,
15 including, but not limited to, third-party administrators for
16 self-insured plans and state-administered plans, shall issue to
17 its insureds a card or other technology containing uniform
18 prescription drug information. The uniform prescription drug
19 information card or technology shall be in the format approved by
20 the National Council for Prescription Drug Programs (NCPDP) and
21 shall include all of the required and conditional or situational
22 fields and conform to the most recent pharmacy ID card or
23 technology implementation guide produced by NCPDP or conform to a
24 national format acceptable to the Commissioner of Insurance.

25 (3) A new uniform prescription drug information card or
26 technology, as required under subsection (1) of this section shall
27 be issued by a health benefit plan upon enrollment and reissued

28 upon any change in the insured's coverage that impacts data
29 contained on the card or upon any change in the NCPDP
30 implementation guide. Newly issued cards or technology shall be
31 updated with the latest coverage information and shall conform the
32 NCPDP standards then in effect and to the implementation guide
33 then in use.

34 (4) As used in this section, "health benefit plan" means an
35 accident and health insurance policy or certificate; a nonprofit
36 hospital or medical service corporation contract; a health
37 maintenance organization subscriber contract, a plan provided by a
38 multiple employer welfare arrangement, or a plan provided by
39 another benefit arrangement, to the extent permitted by the
40 Employee Retirement Income Security Act of 1974, as amended, or by
41 any waiver of or other exception to that act provided under
42 federal law or regulation. Without limitation, "health benefit
43 plan" does not mean any of the following types of insurance:

- 44 (a) Accident;
- 45 (b) Credit;
- 46 (c) Disability income;
- 47 (d) Long-term or nursing home care;
- 48 (e) Specified disease;
- 49 (f) Dental or vision;
- 50 (g) Coverage issued as a supplement to liability
51 insurance;
- 52 (h) Medical payments under automobile or homeowners;
- 53 (i) Insurance under which benefits are payable with or
54 without regard to fault and this is statutorily required to be
55 contained in any liability policy or equivalent self-insurance;
56 and
- 57 (j) Hospital income or indemnity.

58 (5) Enforcement of this act shall be the responsibility of
59 the Mississippi Commissioner of Insurance. The commissioner shall
60 promulgate rules necessary to effectuate this act. No health
61 benefit plan will be permitted to conduct business in this state
62 if they are in violation of this section.

63 (6) This act applies to health benefit plans that are
64 delivered, issued for delivery, or renewed on and after July 1,

65 2000. For purposes of this act, renewal of a health benefit
66 policy, contract, or plan is presumed to occur on each anniversary
67 of the date on which coverage was first effective on the person or
68 persons covered by the health benefit plan.

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