HOUSE BILL NO. 98

AN ACT TO CREATE THE "GENETIC INFORMATION NONDISCRIMINATION IN HEALTH INSURANCE ACT OF 2001"; TO PROVIDE DEFINITIONS; TO PROVIDE THAT NO HEALTH BENEFIT PLAN MAY DENY, CANCEL OR REFUSE TO RENEW BENEFITS OR COVERAGE ON THE BASIS OF GENETIC INFORMATION; AND FOR RELATED PURPOSES.

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

SECTION 1. This act shall be known and may be cited as the "Genetic Information Nondiscrimination in Health Insurance Act of 2001."

SECTION 2. As used in this act, the following words and phrases shall have the meanings ascribed herein unless the context clearly requires otherwise:

(a) "Genetic information" means information about genes, gene products or inherited characteristics that may derive from an individual or a family member of the individual.

(b) "Genetic services" means health services provided to obtain, assess and interpret genetic information for diagnostic and therapeutic purposes and for genetic education and counseling.

(c) "Family member" means, with respect to an individual, another individual related by blood to that individual or a spouse or adopted child of the individual.

(d) "Health benefit plan" means a plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident or sickness and that is offered by any insurance company, group hospital service corporation or health maintenance organization that delivers or issues for delivery an individual, group, blanket or franchise insurance policy or insurance agreement, a group hospital service contract.
or an evidence of coverage or, to the extent permitted, by the
Employee Retirement Income Security Act of 1974 (29 USCS Section
1001 et seq.), by a multiple employer welfare arrangement as
defined by Section 3, Employee Retirement Income Security Act of
1974 (29 USCS Section 1002), a Medicare supplemental policy as
defined by Section 1882(g)(1), Social Security Act (42 USCS
Section 1395) or any other analogous benefit arrangement.

SECTION 3. (1) No health benefit plan may deny, cancel or
refuse to renew benefits or coverage or vary the premiums, terms
or conditions for benefits or coverage for any participant or
beneficiary under the plan on the basis of genetic information or
on the basis that the participant or beneficiary has requested or
received genetic services.

(2) No health benefit plan may request or require a plan
participant or beneficiary or an applicant for coverage as a plan
participant or beneficiary to disclose to the plan genetic
information about the plan participant, beneficiary or applicant.

(3) No health benefit plan may disclose genetic information
about a plan participant or beneficiary or an applicant for
coverage as a plan participant or beneficiary without the prior
written authorization of the plan participant, beneficiary or
applicant or of the legal representative thereof. Such
authorization is required for each disclosure and shall include an
identification of the person to whom the disclosure may be made.

(4) Any health benefit plan that fails to meet the
requirements of this section may be liable to the plan
participant, beneficiary or applicant for compensatory,
consequential and punitive damages.

SECTION 4. This act shall take effect and be in force from
and after July 1, 2001.