

By: Senator(s) Burton

To: Insurance;
Appropriations

SENATE BILL NO. 2394

1 AN ACT TO AMEND SECTION 83-9-209, MISSISSIPPI CODE OF 1972,
2 TO PROVIDE THAT COVERAGE BY THE COMPREHENSIVE HEALTH INSURANCE
3 RISK POOL ASSOCIATION SHALL BE AT LEAST COMPARABLE TO THE COVERAGE
4 PROVIDED BY THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN;
5 TO INCREASE THE MAXIMUM LIFETIME BENEFITS UNDER THE COMPREHENSIVE
6 HEALTH INSURANCE RISK POOL ASSOCIATION; AND FOR RELATED PURPOSES.

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

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

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

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

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

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

20 (2) The board shall develop a procedure for eligibility for
21 coverage by the association for any natural person who changes his
22 domicile to this state and who at the time domicile is established
23 in this state is insured by an organization similar to the
24 association. The eligible maximum lifetime benefits for such
25 covered person shall not exceed the lifetime benefits available
26 through the association, less any benefits received from a similar
27 organization in the former domiciliary state.

28 (3) Coverage by the association shall be at least comparable
29 to the coverage provided by the State and School Employees Health
30 Insurance Plan.

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

39 (5) A person shall not be eligible for coverage under this
40 plan if:

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

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

48 (ii) A person may maintain plan coverage for the
49 period of time the person is satisfying a preexisting condition
50 waiting period under another health insurance policy intended to
51 replace the plan policy.

52 (b) The person is determined to be eligible for health
53 care benefits under the Mississippi Medicaid Law, Section
54 43-13-101 et seq.

55 (c) The person previously terminated plan coverage
56 unless twelve (12) months have elapsed since the person's latest
57 termination.

58 (d) The plan has paid out One Million Dollars
59 (\$1,000,000.00) in benefits on behalf of the person. The lifetime
60 maximum shall be One Million Dollars (\$1,000,000.00).

61 (e) The person is an inmate or resident of a public
62 institution.

63 * * *

64 (6) The coverage of any person shall cease:

65 (a) On the date a person is no longer a resident of
66 this state;

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

68 (c) On the date state law requires cancellation of the
69 policy; or

70 (d) At the option of the association, thirty (30) days
71 after the association makes any inquiry concerning the person's
72 eligibility or place of residence to which the person does not
73 reply.

74 (7) The coverage of any person who ceases to meet the
75 eligibility requirements of this section may be terminated
76 immediately.

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

85 SECTION 2. This act shall take effect and be in force from
86 and after July 1, 2001.