SENATE BILL NO. 2394

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

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

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

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

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

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

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

(2) The board shall develop a procedure for eligibility for coverage by the association for any natural person who changes his domicile to this state and who at the time domicile is established in this state is insured by an organization similar to the association. The eligible maximum lifetime benefits for such covered person shall not exceed the lifetime benefits available through the association, less any benefits received from a similar organization in the former domiciliary state.
(3) Coverage by the association shall be at least comparable to the coverage provided by the State and School Employees Health Insurance Plan.

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

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

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

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

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

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

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

(d) The plan has paid out One Million Dollars $(1,000,000.00) in benefits on behalf of the person. The lifetime maximum shall be One Million Dollars $(1,000,000.00).
61 (e) The person is an inmate or resident of a public
62 institution.
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65 (6) The coverage of any person shall cease:
66 (a) On the date a person is no longer a resident of
67 this state;
68 (b) Upon the death of the covered person;
69 (c) On the date state law requires cancellation of the
70 policy; or
71 (d) At the option of the association, thirty (30) days
72 after the association makes any inquiry concerning the person's
73 eligibility or place of residence to which the person does not
74 reply.
75 (7) The coverage of any person who ceases to meet the
76 eligibility requirements of this section may be terminated
77 immediately.
78 (8) It shall constitute an unfair trade practice for any
79 insurer, insurance agent or broker, employer or third party
80 administrator to refer an individual employee or a dependent of an
81 individual employee to the association, or to arrange for an
82 individual employee or a dependent of an individual employee to
83 apply to the program, for the purpose of separating such employee
84 or dependent from a group health benefits plan provided in
85 connection with the employee's employment.
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87 SECTION 2. This act shall take effect and be in force from
88 and after July 1, 2001.