SENATE BILL NO. 2405

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

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

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

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

(3) A new uniform prescription drug information card or technology, as required under subsection (1) of this section shall be issued by a health benefit plan upon enrollment and reissued upon any change in the insured's coverage that impacts data.
contained on the card or upon any change in the NCPDP implementation guide. Newly issued cards or technology shall be updated with the latest coverage information and shall conform the NCPDP standards then in effect and to the implementation guide then in use.

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

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

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

(6) This act applies to health benefit plans that are delivered, issued for delivery, or renewed on and after July 1, 2001. For purposes of this act, renewal of a health benefit policy, contract, or plan is presumed to occur on each anniversary of the date on which coverage was first effective on the person or persons covered by the health benefit plan.

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