

By: Senator(s) Huggins

To: Public Health and
Welfare; Appropriations

SENATE BILL NO. 2990

1 AN ACT TO REENACT SECTIONS 41-86-1 THROUGH 41-86-17,
 2 MISSISSIPPI CODE OF 1972, WHICH CREATE THE MISSISSIPPI CHILDREN'S
 3 HEALTH CARE ACT, ESTABLISH A STATEWIDE CHILDREN'S HEALTH INSURANCE
 4 PROGRAM TO PROVIDE CHILD HEALTH CARE ASSISTANCE TO CERTAIN
 5 UNINSURED CHILDREN AND CREATE A CHILDREN'S HEALTH INSURANCE
 6 COMMISSION AND PRESCRIBE ITS POWERS AND DUTIES; TO AMEND SECTION
 7 10 OF CHAPTER 587, LAWS OF 1998, TO EXTEND THE DATE OF REPEAL ON
 8 THE REENACTED CODE SECTIONS FROM JULY 1, 2001, TO JULY 1, 2003;
 9 AND FOR RELATED PURPOSES.

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

11 SECTION 1. Section 41-86-1, Mississippi Code of 1972, is
 12 reenacted as follows:

13 41-86-1. This chapter shall be known as and may be cited as
 14 the Mississippi Children's Health Care Act.

15 SECTION 2. Section 41-86-3, Mississippi Code of 1972, is
 16 reenacted as follows:

17 41-86-3. (1) There is established a statewide Children's
 18 Health Insurance Program under Title XXI of the Social Security
 19 Act to provide child health care assistance to targeted,
 20 uninsured, low-income children to be administered by the Division
 21 of Medicaid in the Office of the Governor. The term "targeted,
 22 low-income child" means a child through age eighteen (18) who has
 23 been determined eligible for child health assistance and who is a
 24 low-income child, or is a child whose family income exceeds the
 25 Medicaid applicable income level, but does not exceed one hundred
 26 percent (100%) of the federal poverty level, and is not eligible
 27 for medical assistance under Title XIX or is not covered under a
 28 group health plan.

29 (2) The Children's Health Insurance Program shall provide
30 the same benefits to children enrolled in the program as are
31 provided to Medicaid recipients under the Mississippi Medicaid
32 Laws, Section 43-13-117.

33 (3) The Children's Health Insurance Program shall be
34 established subject to the availability of funds specifically
35 appropriated by the Legislature for this purpose and federal
36 matching funds as set forth in Title XXI of the Social Security
37 Act.

38 (4) In administering the Children's Health Insurance
39 Program, the Division of Medicaid shall have all the authority,
40 duties and responsibilities set forth in Section 43-13-101 et seq.

41 (5) This section authorizes the Division of Medicaid to
42 submit a temporary plan for children's health insurance to the
43 U.S. Department of Health and Human Services.

44 (6) From and after the full implementation of the permanent
45 State Child Health Plan authorized under Section 41-86-9, this
46 section shall have no force and effect.

47 SECTION 3. Section 41-86-5, Mississippi Code of 1972, is
48 reenacted as follows:

49 41-86-5. As used in Sections 41-86-5 through 41-86-17, the
50 following definitions shall have the meanings ascribed in this
51 section, unless the context indicates otherwise:

52 (a) "Act" means the Mississippi Children's Health Care
53 Act.

54 (b) "Administering agency" means the agency designated
55 by the Mississippi Children's Health Insurance Program Commission
56 to administer the program.

57 (c) "Board" means the State and Public School Employees
58 Health Insurance Management Board created under Section 25-15-303.

59 (d) "Child" means an individual who is under nineteen
60 (19) years of age who is not eligible for Medicaid benefits and is
61 not covered by other health insurance.

62 (e) "Commission" means the Mississippi Children's
63 Health Insurance Program Commission created by Section 41-86-7.

64 (f) "Covered benefits" means the types of health care
65 benefits and services provided to eligible recipients under the
66 Children's Health Care Program.

67 (g) "Division" means the Division of Medicaid in the
68 Office of the Governor.

69 (h) "Low-income child" means a child whose family
70 income does not exceed two hundred percent (200%) of the poverty
71 level for a family of the size involved.

72 (i) "Plan" means the State Child Health Plan.

73 (j) "Program" means the Children's Health Care Program
74 established by Sections 41-86-5 through 41-86-17.

75 (k) "Recipient" means a person who is eligible for
76 assistance under the program.

77 (l) "State Child Health Plan" means the permanent plan
78 that sets forth the manner and means by which the State of
79 Mississippi will provide health care assistance to eligible
80 uninsured, low-income children consistent with the provisions of
81 Title XXI of the federal Social Security Act, as amended.

82 SECTION 4. Section 41-86-7, Mississippi Code of 1972, is
83 reenacted as follows:

84 41-86-7. There is established a Children's Health Care
85 Program in Mississippi, which shall become effective upon the full
86 implementation of the permanent State Child Health Plan authorized
87 under Section 41-86-9. The program shall be financed by state
88 appropriations and federal matching funds received by the state
89 under the State Children's Health Insurance Program established by
90 Title XXI of the federal Social Security Act, as amended.

91 SECTION 5. Section 41-86-9, Mississippi Code of 1972, is
92 reenacted as follows:

93 41-86-9. (1) A Mississippi Children's Health Insurance
94 Program Commission is created to develop and adopt the permanent

95 State Child Health Plan. The commission shall be composed of the
96 following members:

97 (a) The Executive Director of the Division of Medicaid;

98 (b) The Executive Director of the State Department of
99 Health;

100 (c) The Mississippi Commissioner of Insurance;

101 (d) Two (2) members to be appointed by the Lieutenant
102 Governor, one (1) of whom shall be a nurse practitioner who
103 provides health care services to children, and one (1) of whom
104 shall be a person with experience in administering or working with
105 plans for reimbursement or payment of health care expenses;

106 (e) Two (2) members to be appointed by the Speaker of
107 the House of Representatives, one (1) of whom shall be a physician
108 who provides health care services to children, and one (1) of whom
109 shall be a person with experience in administering or working with
110 plans for reimbursement or payment of health care expenses; and

111 (f) Two (2) members to be appointed by the Governor,
112 one of whom shall be a physician who provides health care services
113 to children, and who shall serve as chairman of the commission,
114 and one (1) of whom shall be a person with experience in
115 administering or working with plans for reimbursement or payment
116 of health care expenses.

117 In making appointments to the commission, the appointing
118 authorities shall reflect the gender and racial composition of the
119 state.

120 Not later than May 1, 1998, the Governor, the Lieutenant
121 Governor and the Speaker shall appoint the members of the
122 commission. After the members are appointed, the commission shall
123 meet on a date designated by the chairman of the commission in
124 Jackson, Mississippi, to organize the commission and establish
125 rules for transacting its business and keeping records. A
126 majority of the members of the commission shall constitute a
127 quorum at all commission meetings. An affirmative vote of a

128 majority of the members shall be required in the adoption of
129 rules, resolutions and reports. All members of the commission
130 shall be notified in writing of all regular and special meetings
131 of the commission, which notices shall be mailed at least five (5)
132 days before the dates of the meetings. The commission may
133 establish any subcommittees that it deems desirable to study and
134 report to the commission with respect to any matter that is within
135 the scope of the commission.

136 The Division of Medicaid shall provide clerical and
137 administrative support for the Children's Health Insurance Program
138 Commission. In carrying out the provisions of this section, the
139 commission may utilize the services, facilities and personnel of
140 all departments, agencies, offices and institutions of the state.
141 In particular, the commission shall consult with the Division of
142 Medicaid, the Office of Insurance of the Department of Finance and
143 Administration, the State Department of Health and the Mississippi
144 Department of Insurance, and those agencies shall cooperate with
145 the commission and provide the commission with any information and
146 other assistance requested by the commission. The commission may
147 consult and seek advice from various groups in the state in order
148 to understand the effect of any existing laws or any changes in
149 law being considered by the commission. For attending meetings of
150 the commission, each member who is not a state official shall be
151 paid per diem compensation in the amount authorized by Section
152 25-3-69 and each member shall receive expense reimbursement as
153 authorized by Section 25-3-41. All expenses incurred by and on
154 behalf of the commission shall be paid from any funds appropriated
155 or otherwise made available for the purpose of this program, and
156 from any grants or contributions made to the commission for its
157 purpose. The commission shall be dissolved on August 1, 1998.

158 (2) The Children's Health Insurance Program Commission shall
159 develop the State Child Health Plan, which shall set forth the
160 manner and means by which the State of Mississippi will provide

161 health care assistance to eligible uninsured, low-income children
162 under the Children's Health Care Program. The commission shall
163 consider all options in developing the plan. The plan must be
164 consistent with and meet the applicable requirements of Title XXI
165 of the federal Social Security Act, as amended, and shall include:

166 (a) A designation of the agency of the state that will
167 be the administering agency for the program, which shall be either
168 the Division of Medicaid or the State and Public School Employees
169 Health Insurance Management Board created under Section 25-15-303;

170 (b) Whether the administering agency will have the
171 authority provided under Section 41-86-11(4);

172 (c) A description of the covered benefits and the
173 eligibility standards for recipients;

174 (d) The method by which health care benefits and
175 services provided under the program will be coordinated with other
176 sources of health benefits coverage for children; and

177 (e) Methods used to assure the quality and
178 appropriateness of care and access to covered benefits.

179 (3) The Division of Medicaid shall submit the permanent plan
180 adopted by the commission to the United States Secretary of Health
181 and Human Services for approval on or before August 1, 1998.

182 (4) After the permanent plan has been developed and
183 approved, the Children's Health Care Program shall be implemented
184 and administered by the administering agency designated by the
185 commission.

186 SECTION 6. Section 41-86-11, Mississippi Code of 1972, is
187 reenacted as follows:

188 41-86-11. (1) The administering agency shall adopt, in
189 accordance with Section 25-43-1 et seq., rules and regulations for
190 the implementation of the program, and for the coordination of the
191 program with the state's other medical assistance programs.

192 (2) If the Division of Medicaid is designated as the
193 administering agency for the program, the division shall have all
194 of the authority set forth in Section 43-13-101 et seq.

195 (3) The administering agency shall make reports to the
196 federal government and to the Legislature on the providing of
197 benefits to those children under the program.

198 (4) (a) If the commission provides that the administering
199 agency will have such authority, the administering agency shall
200 execute a contract or contracts to provide the health care
201 coverage and services under the program, after first receiving
202 bids. The contract or contracts may be executed with one or more
203 corporations or associations authorized to do business in
204 Mississippi. All of the coverage and services to be provided
205 under the program may be included in one or more similar
206 contracts, or the coverage and services may be classified into
207 different types with each type included under one or more similar
208 contracts issued by the same or different corporations or
209 associations.

210 (b) The administering agency shall execute a contract
211 or contracts with one or more corporations or associations that
212 have submitted the best and most cost-effective bids, or shall
213 reject all bids. If the administering agency rejects all bids, it
214 shall notify all bidders of the rejection and shall actively
215 solicit new bids.

216 SECTION 7. Section 41-86-13, Mississippi Code of 1972, is
217 reenacted as follows:

218 41-86-13. (1) The Division of Medicaid shall receive state
219 appropriations for the program and federal matching funds under
220 the State Children's Health Insurance Program established by Title
221 XXI of the federal Social Security Act, as amended, and the
222 division shall provide those funds to the administering agency for
223 the administration of the program. The Legislature shall include

224 those funds as a line item in the appropriation to the Division of
225 Medicaid.

226 (2) The program is subject to the availability of state
227 funds specifically appropriated by the Legislature for the purpose
228 of the program and federal matching funds under the State
229 Children's Health Insurance Program established by Title XXI of
230 the federal Social Security Act, as amended. The division may
231 limit enrollment as necessary to ensure that the costs of the
232 program do not exceed the total amount of state and federal funds
233 appropriated by the Legislature for that purpose.

234 SECTION 8. Section 41-86-15, Mississippi Code of 1972, is
235 reenacted as follows:

236 41-86-15. (1) Persons eligible to receive covered benefits
237 under Sections 41-86-5 through 41-86-17 shall be low-income
238 children who meet the eligibility standards set forth in the plan.
239 Any person who is eligible for benefits under the Mississippi
240 Medicaid Law, Section 43-13-101 et seq., shall not be eligible to
241 receive benefits under Sections 41-86-5 through 41-86-17. A
242 person who is without insurance coverage at the time of
243 application for the program and who meets the other eligibility
244 criteria in the plan shall be eligible to receive covered benefits
245 under the program, if federal approval is obtained to allow
246 eligibility with no waiting period of being without insurance
247 coverage. If federal approval is not obtained for the preceding
248 provision, the Division of Medicaid shall seek federal approval to
249 allow eligibility after the shortest waiting period of being
250 without insurance coverage for which approval can be obtained.
251 After federal approval is obtained to allow eligibility after a
252 certain waiting period of being without insurance coverage, a
253 person who has been without insurance coverage for the approved
254 waiting period and who meets the other eligibility criteria in the
255 plan shall be eligible to receive covered benefits under the
256 program. If the plan includes any waiting period of being without

257 insurance coverage before eligibility, the State and School
258 Employees Health Insurance Management Board shall adopt
259 regulations to provide exceptions to the waiting period for
260 families who have lost insurance coverage for good cause or
261 through no fault of their own.

262 (2) The eligibility of children for covered benefits under
263 the program shall be determined annually by the same agency or
264 entity that determines eligibility under Section 43-13-115(9) and
265 shall cover twelve (12) continuous months under the program.

266 SECTION 9. Section 41-86-17, Mississippi Code of 1972, is
267 reenacted as follows:

268 41-86-17. The covered benefits under the program shall
269 include all health care benefits and services required to be
270 included as covered benefits under Title XXI of the federal Social
271 Security Act, as amended, and shall include early and periodic
272 screening and diagnosis services at least equal to those provided
273 under the Medicaid program. The benefits and services offered and
274 available to state employees under the State Employees Health
275 Insurance Plan shall be used as the benchmark for benefits and
276 services under the program, with an emphasis on preventive and
277 primary care. Benefits and services to be provided under the
278 program shall include: vision and hearing screening, eyeglasses
279 and hearing aids, preventive dental care and routine dental
280 fillings. No deductibles, coinsurance or any other cost-sharing
281 shall be allowed for any of the benefits and services named in the
282 preceding sentence.

283 SECTION 10. Section 10, Chapter 572, Laws of 1998, is
284 amended as follows:

285 Section 10. This act shall take effect and be in force from
286 and after its passage, and shall stand repealed on July 1, 2003.

287 SECTION 11. This act shall take effect and be in force from
288 and after July 1, 2001.