

By: Representative Moak

To: Insurance

HOUSE BILL NO. 258

1 AN ACT TO CREATE THE "GENETIC INFORMATION NONDISCRIMINATION
2 IN HEALTH INSURANCE ACT OF 2002"; TO PROVIDE DEFINITIONS; TO
3 PROVIDE THAT NO HEALTH BENEFIT PLAN MAY DENY, CANCEL OR REFUSE TO
4 RENEW BENEFITS OR COVERAGE ON THE BASIS OF GENETIC INFORMATION;
5 AND FOR RELATED PURPOSES.

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

7 **SECTION 1.** This act shall be known and may be cited as the
8 "Genetic Information Nondiscrimination in Health Insurance Act of
9 2002."

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

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

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

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

22 (d) "Health benefit plan" means a plan that provides
23 benefits for medical or surgical expenses incurred as a result of
24 a health condition, accident or sickness and that is offered by
25 any insurance company, group hospital service corporation or
26 health maintenance organization that delivers or issues for
27 delivery an individual, group, blanket or franchise insurance
28 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, 2002.

