MISSISSIPPI LEGISLATURE

By: Senator(s) Carmichael

To: Insurance; Appropriations

SENATE BILL NO. 2121

AN ACT TO REQUIRE HEALTH INSURANCE POLICIES TO INCLUDE 1 COVERAGE FOR COGNITIVE REHABILITATION THERAPIES AND SERVICES 2 NECESSARY AS A RESULT OF AN ACQUIRED BRAIN INJURY; TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF 1972, TO REQUIRE SUCH 3 4 COVERAGE UNDER THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE 5 PLAN; AND FOR RELATED PURPOSES. 6 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: SECTION 1. Any hospital, health or medical expense insurance 8 policy, hospital or medical service contract, employee welfare 9 10 benefit plan, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan 11 and a self-insurance plan that provides medical and surgical 12 benefits for accident and health services, which is issued, 13 amended, delivered or renewed in this state or after January 1, 14 2003, shall include coverage for cognitive rehabilitation therapy, 15 cognitive communication therapy, neurocognitive therapy and 16 rehabilitation, neurobehavioral, neurophysiological, 17 neuropsychological, psychophysiological testing or treatment, 18 neurofeedback therapy, remediation, post-acute transition services 19 or community reintegration services necessary as a result of and 20 related to an acquired brain injury. Coverage required under this 21 section may be subject to deductibles, co-payments, coninsurance 22 and annual or maximum payment limits that are consistent with 23 deductibles, co-payments, coinsurance and annual or maximum 24 payment limits applicable to other similar coverage under the 25 policy. The Commissioner of Insurance shall adopt rules as 26 27 necessary to implement this section.

28 SECTION 2. Section 25-15-9, Mississippi Code of 1972, is 29 amended as follows: 5. B. No. 2121

(a) The board shall design a plan of health 30 25 - 15 - 9. (1) 31 insurance for state employees which provides benefits for semiprivate rooms in addition to other incidental coverages which 32 33 the board deems necessary. The amount of the coverages shall be 34 in such reasonable amount as may be determined by the board to be adequate, after due consideration of current health costs in 35 The plan shall also include major medical benefits 36 Mississippi. in such amounts as the board shall determine. The board is also 37 authorized to accept bids for such alternate coverage and optional 38 benefits as the board shall deem proper. Any contract for 39 40 alternative coverage and optional benefits shall be awarded by the board after it has carefully studied and evaluated the bids and 41 42 selected the best and most cost-effective bid. The board may reject all such bids; however, the board shall notify all bidders 43 of the rejection and shall actively solicit new bids if all bids 44 are rejected. The board may employ or contract for such 45 46 consulting or actuarial services as may be necessary to formulate 47 the plan, and to assist the board in the preparation of specifications and in the process of advertising for the bids for 48 49 the plan. Such contracts shall be solicited and entered into in accordance with Section 25-15-5. The board shall keep a record of 50 51 all persons, agents and corporations who contract with or assist the board in preparing and developing the plan. The board in a 52 timely manner shall provide copies of this record to the members 53 54 of the advisory council created in this section and those legislators, or their designees, who may attend meetings of the 55 56 advisory council. The board shall provide copies of this record in the solicitation of bids for the administration or servicing of 57 the self-insured program. Each person, agent or corporation 58 59 which, during the previous fiscal year, has assisted in the development of the plan or employed or compensated any person who 60 61 assisted in the development of the plan, and which bids on the administration or servicing of the plan, shall submit to the board 62

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a statement accompanying the bid explaining in detail its 63 64 participation with the development of the plan. This statement shall include the amount of compensation paid by the bidder to any 65 66 such employee during the previous fiscal year. The board shall 67 make all such information available to the members of the advisory 68 council and those legislators, or their designees, who may attend meetings of the advisory council before any action is taken by the 69 70 board on the bids submitted. The failure of any bidder to fully and accurately comply with this paragraph shall result in the 71 rejection of any bid submitted by that bidder or the cancellation 72 73 of any contract executed when the failure is discovered after the acceptance of that bid. The board is authorized to promulgate 74 75 rules and regulations to implement the provisions of this subsection. 76

The board shall develop plans for the insurance plan
authorized by this section in accordance with the provisions of
Section 25-15-5.

80 Any corporation, association, company or individual that contracts with the board for the third-party claims administration 81 82 of the self-insured plan shall prepare and keep on file an explanation of benefits for each claim processed. The explanation 83 84 of benefits shall contain such information relative to each processed claim which the board deems necessary, and, at a 85 minimum, each explanation shall provide the claimant's name, claim 86 87 number, provider number, provider name, service dates, type of services, amount of charges, amount allowed to the claimant and 88 89 reason codes. The information contained in the explanation of benefits shall be available for inspection upon request by the 90 board. The board shall have access to all claims information 91 utilized in the issuance of payments to employees and providers. 92 93 (b) There is created an advisory council to advise the

94 board in the formulation of the State and School Employees Health 95 Insurance Plan. The council shall be composed of the State

Insurance Commissioner or his designee, an employee-representative 96 of the institutions of higher learning appointed by the board of 97 trustees thereof, an employee-representative of the Department of 98 99 Transportation appointed by the director thereof, an 100 employee-representative of the State Tax Commission appointed by the Commissioner of Revenue, an employee-representative of the 101 Mississippi Department of Health appointed by the State Health 102 Officer, an employee-representative of the Mississippi Department 103 104 of Corrections appointed by the Commissioner of Corrections, and an employee-representative of the Department of Human Services 105 106 appointed by the Executive Director of Human Services, two (2) certificated public school administrators appointed by the State 107 Board of Education, two (2) certificated classroom teachers 108 appointed by the State Board of Education, a noncertificated 109 school employee appointed by the State Board of Education and a 110 community/junior college employee appointed by the State Board for 111 112 Community and Junior Colleges.

113 The Lieutenant Governor may designate the Secretary of the Senate, the Chairman of the Senate Appropriations Committee, the 114 115 Chairman of the Senate Education Committee and the Chairman of the Senate Insurance Committee, and the Speaker of the House of 116 117 Representatives may designate the Clerk of the House, the Chairman of the House Appropriations Committee, the Chairman of the House 118 Education Committee and the Chairman of the House Insurance 119 120 Committee, to attend any meeting of the State and School Employees Insurance Advisory Council. The appointing authorities may 121 designate an alternate member from their respective houses to 122 serve when the regular designee is unable to attend such meetings 123 of the council. Such designees shall have no jurisdiction or vote 124 125 on any matter within the jurisdiction of the council. For attending meetings of the council, such legislators shall receive 126 127 per diem and expenses which shall be paid from the contingent expense funds of their respective houses in the same amounts as 128

provided for committee meetings when the Legislature is not in session; however, no per diem and expenses for attending meetings of the council will be paid while the Legislature is in session. No per diem and expenses will be paid except for attending meetings of the council without prior approval of the proper committee in their respective houses.

No change in the terms of the State and School 135 (C) Employees Health Insurance Plan may be made effective unless the 136 board, or its designee, has provided notice to the State and 137 School Employees Health Insurance Advisory Council and has called 138 139 a meeting of the council at least fifteen (15) days before the effective date of such change. In the event that the State and 140 141 School Employees Health Insurance Advisory Council does not meet to advise the board on the proposed changes, the changes to the 142 plan shall become effective at such time as the board has informed 143 144 the council that the changes shall become effective.

Medical benefits for retired employees and 145 (d) 146 dependents under age sixty-five (65) years and not eligible for Medicare benefits. The same health insurance coverage as for all 147 other active employees and their dependents shall be available to 148 retired employees and all dependents under age sixty-five (65) 149 150 years who are not eligible for Medicare benefits, the level of benefits to be the same level as for all other active 151 participants. This section will apply to those employees who 152 153 retire due to one hundred percent (100%) medical disability as well as those employees electing early retirement. 154

(e) Medical benefits for retired employees and
dependents over age sixty-five (65) years or otherwise eligible
for Medicare benefits. The health insurance coverage available to
retired employees over age sixty-five (65) years or otherwise
eligible for Medicare benefits, and all dependents over age
sixty-five (65) years or otherwise eligible for Medicare benefits,
shall be the major medical coverage with the lifetime maximum of

S. B. No. 2121 02/SS01/R336.1 PAGE 5 162 One Million Dollars (\$1,000,000.00). Benefits shall be reduced by 163 Medicare benefits as though such Medicare benefits were the base 164 plan.

All covered individuals shall be assumed to have full Medicare coverage, Parts A and B; and any Medicare payments under both Parts A and B shall be computed to reduce benefits payable under this plan.

169 (2) Nonduplication of benefits--reduction of benefits by
170 Title XIX benefits: When benefits would be payable under more
171 than one (1) group plan, benefits under those plans will be
172 coordinated to the extent that the total benefits under all plans
173 will not exceed the total expenses incurred.

Benefits for hospital or surgical or medical benefits shall be reduced by any similar benefits payable in accordance with Title XIX of the Social Security Act or under any amendments thereto, or any implementing legislation.

Benefits for hospital or surgical or medical benefits shall be reduced by any similar benefits payable by workers' compensation.

181 (3) <u>Beginning on July 1, 2002, the board shall provide that</u>
 182 <u>the plan include coverage for cognitive rehabilitation therapy,</u>
 183 <u>cognitive communication therapy, neurocognitive therapy and</u>

184 rehabilitation, neurobehavioral, neurophysiological,

185 <u>neuropsychological</u>, psychophysiological testing or treatment,

186 <u>neurofeedback therapy, remediation, post-acute transition services</u>

187 or community reintegration services necessary as a result of and

188 related to an acquired brain injury. The benefit provided in this

189 subsection shall be subject to the same annual deductibles or

190 <u>co-insurance established for all other covered benefits within the</u> 191 plan.

(4) (a) Schedule of life insurance benefits--group term:
The amount of term life insurance for each active employee of a
department, agency or institution of the state government shall

not be in excess of One Hundred Thousand Dollars (\$100,000.00), or 195 twice the amount of the employee's annual wage to the next highest 196 One Thousand Dollars (\$1,000.00), whichever may be less, but in no 197 198 case less than Thirty Thousand Dollars (\$30,000.00), with a like 199 amount for accidental death and dismemberment on a twenty-four-hour basis. The plan will further contain a premium 200 waiver provision if a covered employee becomes totally and 201 permanently disabled prior to age sixty-five (65) years. 202 Employees retiring after June 30, 1999, shall be eligible to 203 continue life insurance coverage in an amount of Five Thousand 204 205 Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand Dollars (\$20,000.00) into retirement. 206

207 (b) Effective October 1, 1999, schedule of life 208 insurance benefits--group term: The amount of term life insurance for each active employee of any school district, community/junior 209 210 college, public library or university-based program authorized under Section 37-23-31 for deaf, aphasic and emotionally disturbed 211 212 children or any regular nonstudent bus driver shall not be in excess of One Hundred Thousand Dollars (\$100,000.00), or twice the 213 214 amount of the employee's annual wage to the next highest One Thousand Dollars (\$1,000.00), whichever may be less, but in no 215 216 case less than Thirty Thousand Dollars (\$30,000.00), with a like amount for accidental death and dismemberment on a 217 twenty-four-hour basis. The plan will further contain a premium 218 219 waiver provision if a covered employee of any school district, community/junior college, public library or university-based 220 program authorized under Section 37-23-31 for deaf, aphasic and 221 emotionally disturbed children or any regular nonstudent bus 222 driver becomes totally and permanently disabled prior to age 223 sixty-five (65) years. Employees of any school district, 224 community/junior college, public library or university-based 225 226 program authorized under Section 37-23-31 for deaf, aphasic and 227 emotionally disturbed children or any regular nonstudent bus

driver retiring after September 30, 1999, shall be eligible to continue life insurance coverage in an amount of Five Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand Dollars (\$20,000.00) into retirement.

232 (5) Any eligible employee who on March 1, 1971, was 233 participating in a group life insurance program which has provisions different from those included herein and for which the 234 State of Mississippi was paying a part of the premium may, at his 235 236 discretion, continue to participate in such plan. Such employee shall pay in full all additional costs, if any, above the minimum 237 238 program established by this article. Under no circumstances shall any individual who begins employment with the state after March 1, 239 240 1971, be eligible for the provisions of this paragraph.

241 <u>(6)</u> The board may offer medical savings accounts as defined 242 in Section 71-9-3 as a plan option.

243 (7) Any premium differentials, differences in coverages, 244 discounts determined by risk or by any other factors shall be 245 uniformly applied to all active employees participating in the 246 insurance plan. It is the intent of the Legislature that the 247 state contribution to the plan be the same for each employee 248 throughout the state.

(8) On October 1, 1999, any school district, 249 250 community/junior college district or public library may elect to remain with an existing policy or policies of group life insurance 251 252 with an insurance company approved by the State and School Employees Health Insurance Management Board, in lieu of 253 participation in the State and School Life Insurance Plan. 254 The 255 state's contribution of up to fifty percent (50%) of the active employee's premium under the State and School Life Insurance Plan 256 257 may be applied toward the cost of coverage for full-time employees participating in the approved life insurance company group plan. 258 259 For purposes of this subsection (8), "life insurance company group 260 plan" means a plan administered or sold by a private insurance

company. After October 1, 1999, the board may assess charges in 261 addition to the existing State and School Life Insurance Plan 262 rates to such employees as a condition of enrollment in the State 263 264 and School Life Insurance Plan. In order for any life insurance 265 company group plan existing as of October 1, 1999, to be approved by the State and School Employees Health Insurance Management 266 267 Board under this subsection (8), it shall meet the following 268 criteria:

(a) The insurance company offering the group life
insurance plan shall be rated "A-" or better by A.M. Best state
insurance rating service and be licensed as an admitted carrier in
the State of Mississippi by the Mississippi Department of
Insurance.

(b) The insurance company group life insurance plan shall provide the same life insurance, accidental death and dismemberment insurance and waiver of premium benefits as provided in the State and School Life Insurance Plan.

(c) The insurance company group life insurance plan
shall be fully insured, and no form of self-funding life insurance
by such company shall be approved.

(d) The insurance company group life insurance plan
shall have one (1) composite rate per One Thousand Dollars
(\$1,000.00) of coverage for active employees regardless of age and
one (1) composite rate per One Thousand Dollars (\$1,000.00) of
coverage for all retirees regardless of age or type of retiree.

The insurance company and its group life insurance 286 (e) 287 plan shall comply with any administrative requirements of the State and School Employees Health Insurance Management Board. 288 In 289 the event any insurance company providing group life insurance benefits to employees under this subsection (8) fails to comply 290 with any requirements specified herein or any administrative 291 292 requirements of the board, the state shall discontinue providing 293 funding for the cost of such insurance.

294 **SECTION 3.** This act shall take effect and be in force from 295 and after July 1, 2002.