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To: Insurance

By: Senator(s) Canon, Gollott, Little, White To: (29th), Dearing, Chaney, Michel, Johnson (19th), Kirby, Hyde-Smith, King, Mettetal, Chamberlin, Smith, Minor, Williamson, Carmichael, Scoper, Moffatt, Harvey, Furniss, Hamilton, Turner, Hewes, Huggins, Dickerson, Lee, Jackson

> COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 2412

AN ACT TO REQUIRE HEALTH BENEFIT PLANS THAT COVER 1 PRESCRIPTION DRUGS TO ISSUE UNIFORM PRESCRIPTION IDENTIFICATION 2 CARDS; TO CREATE A NEW SECTION TO BE CODIFIED WITHIN CHAPTER 15, 3 4 TITLE 25, MISSISSIPPI CODE OF 1972, TO REQUIRE THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE MANAGEMENT BOARD TO ISSUE, OR 5 CAUSE TO BE ISSUED, SUCH CARDS; AND FOR RELATED PURPOSES. 6 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: **SECTION 1.** (1) Every health benefit plan that provides 8 coverage for prescription drugs or devices, or that administers 9 10 such a plan, including, but not limited to, health maintenance organizations and third party administrators for self-insured 11 plans, shall issue to each insured a card or other technology 12 containing standardized pharmacy benefit identification 13 information. The card shall contain at a minimum the following 14 information: 15 The card issuer's name or logo on the front of the 16 (a) 17 card; (b) The cardholder's name and identification number, 18 which shall be displayed on the front side of the card; 19 (C) The American National Standards Institute Issuer 20 Identification Number assigned to the administrator or pharmacy 21 benefit manager of the plan, when required for proper claims 22 adjudication; 23 24 (d) The processor's control number, when required for proper claims adjudication; 25 The insured's group number, when required for 26 (e) 27 proper claims adjudication; The name and address of the benefits administrator (f) 28 or other entity responsible for prescription claims submission, 29 S. B. No. 2412 G1/2 02/SS02/R780CS

30 adjudication or pharmacy provider correspondence for prescription31 benefits; and

32 (g) A help desk telephone number that pharmacy33 providers may call for pharmacy benefit claims assistance.

34 (2) This section does not require a health benefit plan to
35 issue an identification card separate from any identification card
36 issued to an enrollee to evidence coverage under the health
37 benefit plan if the identification card contains the elements
38 required by subsection (1) of this section.

39 (3) In order to ensure that insurance identification cards
40 issued under this section contain accurate and updated
41 information, each health benefit plan shall provide each
42 subscriber with a new insurance identification card within a
43 reasonable time after any information required for proper claims
44 adjudication is changed.

As used in this section, "health benefit plan" means any (4) 45 46 hospital or medical policy or certificate, hospital or medical 47 service contract or health maintenance organization, a plan provided by a fully insured multiple employer welfare arrangement 48 49 or any other entity providing a plan of health insurance subject to the jurisdiction of the Commissioner of Insurance and to the 50 51 extent permitted by the Employee Retirement Income Security Act of 1974, as amended, or by the Health Insurance Portability and 52 Accountability Act of 1996. A health benefit plan does not 53 54 include the following: (a) 55 Accident;

56 (b) Credit;

57 (c) Disability income;

58 (d) Long-term or nursing home care;

59 (e) Specified disease;

60 (f) Dental or vision;

61 (g) Coverage issued as a supplement to liability

62 insurance;

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Medical payments under automobile or homeowners; (h) Insurance under which benefits are payable with or 64 (i) without regard to fault and that is required statutorily to be 65 contained in any liability or equivalent self-insurance; and 66

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(j) Hospital income or indemnity.

The Commissioner of Insurance may issue any rules or 68 (5) regulations necessary to implement the provisions of this act, and 69 70 he may use the standards produced by the National Council for Prescription Drugs Programs as a guide in developing such rules 71 72 and regulations.

73 (6) This act applies to plans that are delivered, issued for delivery or renewed on or after January 1, 2003. For purposes of 74 75 this act, renewal of a health benefit policy, contract or plan is presumed to occur on the anniversary date. 76

77 SECTION 2. The following provision shall be codified within 78 Chapter 15, Title 25, Mississippi Code of 1972:

(1) The State and School Employees Health 79 25-15- . 80 Insurance Management Board shall issue, or cause to be issued, to each insured under the plan a card or other technology containing 81 82 standardized pharmacy benefit identification information. The card shall contain at a minimum the following information: 83

84 (a) The card issuer's name or logo on the front of the 85 card;

(b) The cardholder's name and identification number, 86 87 which shall be displayed on the front side of the card;

(C) The American National Standards Institute Issuer 88 Identification Number assigned to the administrator or pharmacy 89 benefit manager of the plan, when required for proper claims 90 adjudication; 91

(d) The processor's control number, when required for 92 93 proper claims adjudication;

94 (e) The insured's group number, when required for proper claims adjudication; 95

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96 (f) The name and address of the benefits administrator
97 or other entity responsible for prescription claims submission,
98 adjudication or pharmacy provider correspondence for prescription
99 benefits; and

100 (g) A help desk telephone number that pharmacy101 providers may call for pharmacy benefit claims assistance.

(2) In order to ensure that insurance identification cards
issued under this section contain accurate and updated
information, each subscriber shall receive a new insurance
identification card within a reasonable time after any information
required for proper claims adjudication is changed.

107 SECTION 3. This act shall take effect and be in force from 108 and after January 1, 2003.