MISSISSIPPI LEGISLATURE

By: Senator(s) King

To: Insurance

## SENATE BILL NO. 2729

1 AN ACT TO AMEND SECTION 83-9-221, MISSISSIPPI CODE OF 1972, 2 TO PROVIDE THAT THE PREEXISTING CONDITION EXCLUSION IN 3 COMPREHENSIVE HEALTH INSURANCE RISK POOL ASSOCIATION POLICIES 4 SHALL NOT APPLY TO CERTAIN PERSONS WHOSE COVERAGE WAS TERMINATED 5 BECAUSE THE INSURER DISCONTINUED ITS BUSINESS IN THE STATE OF 6 MISSISSIPPI; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:
8 SECTION 1. Section 83-9-221, Mississippi Code of 1972, is
9 amended as follows:

10 83-9-221. (1) Coverage offered.

(a) The plan shall offer in an annually renewable
policy the coverage specified in this section for each eligible
person.

(b) If an eligible person is also eligible for Medicare
coverage, the plan shall not pay or reimburse any person for
expenses paid by Medicare.

(c) Any person whose health insurance coverage is involuntarily terminated for any reason other than nonpayment of premium may apply for coverage under the plan. If such coverage is applied for within sixty-three (63) days after the involuntary termination and if premiums are paid for the entire period of coverage, the effective date of the coverage shall be the date of termination of the previous coverage.

(2) Major medical expense coverage. The plan shall offer major medical expense coverage to every eligible person who is not eligible for Medicare. The coverage to be issued by the plan, its schedule of benefits, exclusions and other limitations shall be established by the board and may be amended from time to time subject to the approval of the commissioner.

S. B. No. 2729 02/SS03/R849 PAGE 1

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30 (3) In establishing the plan coverage, the board shall take 31 into consideration the levels of health insurance provided in the 32 state and medical economic factors as may be deemed appropriate; 33 and promulgate benefit levels, deductibles, coinsurance factors, 34 exclusions and limitations determined to be generally reflective 35 of and commensurate with health insurance provided through a 36 representative number of large employers in the state.

37 (4) Rates for coverages issued by the association may not be
38 unreasonable in relation to the benefits provided, the risk
39 experience and the reasonable expenses of providing the coverage.

40 (a) Separate schedules of premium rates based on age41 may apply for individual risks.

42 (b) Rates are subject to approval by the State43 Department of Insurance.

44 (c) Standard risk rates for coverages issued by the
45 association shall be established by the association, subject to
46 approval by the department, using reasonable actuarial techniques,
47 and shall reflect anticipated experiences and expenses of such
48 coverages for standard risks.

(d) The rating plan established by the association
shall initially provide for rates equal to one hundred fifty
percent (150%) of the average standard risk rates. Any changes in
the initial rates shall be based on experience of the plan and
shall reflect reasonably anticipated losses and expenses.

54 (e) No rate shall exceed one hundred seventy-five 55 percent (175%) of the standard risk rate.

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Preexisting conditions.

57 <u>(a)</u> An association policy may contain provisions under 58 which coverage is excluded during a period of twelve (12) months 59 following the effective date of coverage with respect to a given 60 covered individual for any preexisting condition, as long as:

61 <u>(i)</u> The condition manifested itself within a 62 period of six (6) months before the effective date of coverage;

S. B. No. 2729 02/SS03/R849 PAGE 2

(5)

63 (ii) Medical advice or treatment was recommended 64 or received within a period of six (6) months before the effective 65 date of coverage.

66 (b) However, no preexisting condition exclusion shall 67 apply to any person if:

68 (i) On the date the person seeks coverage from the association, the aggregate of the periods of prior insurance 69 coverage is twelve (12) months or more; and 70

(ii) The most recent coverage within the period 71 described in item (i) of this paragraph was terminated because the 72 73 insurer discontinued its business in the State of Mississippi. 74 (6)

Other sources primary.

The association shall be payer of last resort of 75 (a) benefits whenever any other benefit or source of third party 76 77 payment is available. The coverage provided by the association shall be considered excess coverage, and benefits otherwise 78 payable under association coverage shall be reduced by all amounts 79 80 paid or payable through any other health insurance and by all hospital and medical expense benefits paid or payable under any 81 82 short-term, accident, dental-only, vision-only, fixed indemnity, limited benefit or credit insurance, coverage issued as a 83 84 supplement to liability insurance, workers' compensation coverage, automobile medical payment or liability insurance whether provided 85 on the basis of fault or nonfault, and by any hospital or medical 86 87 benefits paid or payable by any insurer or insurance arrangement or any hospital or medical benefits paid or payable under or 88 89 provided pursuant to any state or federal law or program.

No amounts paid or payable by Medicare or any other 90 (b) governmental program or any other insurance, or self-insurance 91 maintained in lieu of otherwise statutorily required insurance, 92 93 may be made or recognized as claims under such policy or be 94 recognized as or towards satisfaction of applicable deductibles or

S. B. No. 2729 02/SS03/R849 PAGE 3

95 out-of-pocket maximums or to reduce the limits of benefits 96 available.

97 (c) The association shall have a cause of action 98 against a participant for the recovery of the amount of any 99 benefits paid to the participant which should not have been 100 claimed or recognized as claims because of the provisions of this 101 subsection or because otherwise not covered. Benefits due from 102 the association may be reduced or refused as a setoff against any 103 amount recoverable under this paragraph.

SECTION 2. This act shall take effect and be in force from and after its passage.