

By: Representative Smith (39th)

To: Insurance

HOUSE BILL NO. 308

1 AN ACT TO REQUIRE HEALTH BENEFIT PLANS TO APPLY THE SAME
 2 FACTORS WITHIN THE SAME EMPLOYEE GROUP TO ALL DRUG PRESCRIPTIONS
 3 FILLED BY PHARMACY PROVIDERS; TO PROHIBIT HEALTH BENEFIT PLANS
 4 FROM SETTING A LIMIT ON THE QUANTITY OF DRUGS THAT AN ENROLLEE MAY
 5 OBTAIN AT ANY ONE TIME WITH A PRESCRIPTION, UNLESS THE LIMIT IS
 6 APPLIED UNIFORMLY TO ALL PHARMACY PROVIDERS; TO PROVIDE THAT THE
 7 PRECEDING PROVISIONS WILL APPLY TO THOSE PHARMACY PROVIDERS WHO
 8 COMPLY WITH THE SAME TERMS, CONDITIONS, SERVICES AND PRICE AS MAIL
 9 SERVICE PHARMACY PROVIDERS; AND FOR RELATED PURPOSES.

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

11 **SECTION 1.** (1) For the purposes of this section, the
 12 following words shall have the following meanings:

13 (a) "Enrollee" means a person enrolled in a health
 14 benefit plan.

15 (b) "Health benefit plan" means any individual or group
 16 plan, policy, or contract for health care services issued,
 17 delivered, issued for delivery, renewed in this state by a health
 18 care insurer, accident and sickness insurer, health maintenance
 19 organization, fraternal benefit society, nonprofit hospital
 20 service corporation, nonprofit medical service corporation, health
 21 care service plan, or any other person, firm, corporation, joint
 22 venture, or other similar business entity that pays for,
 23 purchases, or furnishes health care services to patients,
 24 insureds, or beneficiaries in this state. The term does not
 25 include any collective bargaining agreement or any employee
 26 welfare benefit plan as defined in 29 USCS Section 1002(1) or any
 27 third party administrator to the extent it provides services to an
 28 employee welfare benefit plan. For the purposes of this section,
 29 a health benefit plan located or domiciled outside of the State of
 30 Mississippi is deemed to be subject to the provisions of this



31 section if it receives, processes, adjudicates, pays, or denies
32 claims for health care services submitted by or on behalf of
33 patients, insureds, or beneficiaries who reside in the State of
34 Mississippi or who receive health care services in the State of
35 Mississippi.

36 (2) Each health benefit plan shall apply the same
37 coinsurance, copayment, deductible, and quantity limit factors
38 within the same employee group and other plan-sponsored group
39 factors to all drug prescriptions filled by a pharmacy provider,
40 whether by a retail provider or a mail service provider, provided
41 the retail provider complies with the same terms, conditions,
42 services, and price as a mail service provider. Nothing in this
43 section shall be construed to prohibit the health benefit plan
44 from applying different coinsurance, copayment, and deductible
45 factors within the same employer group and other plan-sponsored
46 group between generic and brand name drugs, nor prohibit an
47 employer or other plan-sponsored group from offering multiple
48 options or choices of health benefit plans, including, but not
49 limited to, cafeteria benefit plans.

50 (3) A health benefit plan shall not set a limit on the
51 quantity of drugs that an enrollee may obtain at any one time with
52 a prescription, unless the limit is applied uniformly to all
53 pharmacy providers who comply with the same terms, conditions,
54 services, and price as mail service providers.

55 **SECTION 2.** This act shall take effect and be in force from
56 and after July 1, 2003.

