

By: Representative Chism

To: Public Health and Human Services

HOUSE BILL NO. 1441

1 AN ACT TO AMEND SECTION 83-9-47, MISSISSIPPI CODE OF 1972, TO
2 PROVIDE THAT A HEALTH CARE PROVIDER SHALL HAVE A LIEN ON THE
3 PAYMENT MADE DIRECTLY TO THE PATIENT OR POLICYHOLDER BY ANY
4 THIRD-PARTY PAYOR FOR THE MEDICAL CARE OR SERVICES RENDERED BY
5 SUCH HEALTH CARE PROVIDER; AND FOR RELATED PURPOSES.

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

7 **SECTION 1.** Section 83-9-47, Mississippi Code of 1972, is
8 amended as follows:

9 83-9-47. (1) As used in this section, the following terms
10 shall be defined as follows:

11 (a) "Third-party payor" means any insurer, nonprofit
12 hospital service plan, health care service plan, health
13 maintenance organization, self-insurer or any person or other
14 entity which provides payment for medical and related services.

15 (b) "Health care provider" means a physician,
16 optometrist, chiropractor, dentist, podiatrist, pharmacist,
17 psychologist or hospital licensed by the State of Mississippi.

18 (c) "Patient" means any natural person who has received
19 medical care or services from any health care provider within the
20 State of Mississippi.

21 (2) Any third-party payor who pays a patient or policyholder
22 on behalf of a patient directly for medical care or services
23 rendered by a health care provider shall provide information
24 concerning the amount, date and nature of any such payment to the
25 provider of services. The information may be provided by
26 telephone, facsimile or by mailing a copy of the "explanation of
27 benefits" to the provider. If the information is provided by
28 sending a copy of the "explanation of benefits" to the provider,

29 then the third-party payor may require that the reasonable cost of
30 producing and mailing the information be paid by the provider. A
31 health care provider shall have a lien on the payment made
32 directly to the patient or policyholder by any third-party payor
33 for the medical care or services rendered by such health care
34 provider. The requirements of this subsection shall not apply to
35 the following: a fixed-indemnity policy, a limited benefit health
36 insurance policy, medical payment coverage or personal injury
37 protection coverage in a motor vehicle policy, coverage issued as
38 a supplement to liability insurance or workers' compensation.

39 **SECTION 2.** This act shall take effect and be in force from
40 and after July 1, 2006.