

By: Representative Chism

To: Insurance

COMMITTEE SUBSTITUTE  
FOR  
HOUSE BILL NO. 689

1 AN ACT TO AMEND SECTION 25-15-17, MISSISSIPPI CODE OF 1972,  
2 TO PROHIBIT THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN  
3 FROM RESTRICTING A COVERED EMPLOYEE'S ABILITY TO ASSIGN BENEFITS  
4 TO A LICENSED HEALTH CARE PROVIDER; TO PROVIDE THAT IF A COVERED  
5 EMPLOYEE PROVIDES THE PLAN BOARD WITH WRITTEN DIRECTIONS THAT THE  
6 BENEFITS PROVIDED BY THE PLAN BE PAID TO A HEALTH CARE PROVIDER  
7 RENDERING SERVICES, THEN THE PLAN SHALL PAY DIRECTLY THE HEALTH  
8 CARE PROVIDER; TO PROVIDE THAT THE PAYMENT SHALL BE CONSIDERED  
9 PAYMENT IN FULL TO THE PROVIDER, WHO MAY NOT BILL OR COLLECT FROM  
10 THE COVERED EMPLOYEE ANY AMOUNT ABOVE THAT PAYMENT, OTHER THAN THE  
11 DEDUCTIBLE, COINSURANCE, COPAYMENT OR OTHER CHARGES FOR EQUIPMENT  
12 OR SERVICES REQUESTED BY THE COVERED EMPLOYEE THAT ARE NONCOVERED  
13 BENEFITS; AND FOR RELATED PURPOSES.

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

15 **SECTION 1.** Section 25-15-17, Mississippi Code of 1972, is  
16 amended as follows:

17 25-15-17. (1) Any benefits payable under the plan may be  
18 made either directly to the attending physicians, hospitals,  
19 medical groups, or others furnishing the services upon which a  
20 claim is based, or to the covered employee, upon presentation of  
21 valid bills for such services, subject to subsection (3) of this  
22 section and such provisions to facilitate payment as may be made  
23 by the board. All benefits payable under this plan shall be



24 payable directly to the covered employee unless such covered  
25 employee shall make a valid assignment \* \* \* in accordance with  
26 subsection (3) of this section.

27 (2) The plan may not, by its terms, limit or restrict the  
28 covered employee's ability to assign the covered employee's  
29 benefits under the policy to a licensed health care provider that  
30 provides health care services to the covered employee. Any such  
31 plan provision in violation of this subsection shall be invalid.

32 (3) If the covered employee provides the board with written  
33 direction that all or a portion of any indemnities or benefits  
34 provided by the plan be paid to a licensed health care provider  
35 rendering hospital, nursing, medical or surgical services, then  
36 the plan shall pay directly the licensed health care provider  
37 rendering such services. That payment shall be considered payment  
38 in full to the provider, who may not bill or collect from the  
39 covered employee any amount above that payment, other than the  
40 deductible, coinsurance, copayment or other charges for equipment  
41 or services requested by the covered employee that are noncovered  
42 benefits after the signing of an explanatory document about the  
43 noncovered benefit by the covered employee.

44 **SECTION 2.** This act shall take effect and be in force from  
45 and after July 1, 2014.

