

By: Representatives Busby, Barker, Brown
(20th), Chism, DeBar, DeLano, Lamar, Zuber,
Miles

To: Insurance;
Appropriations

HOUSE BILL NO. 952
(As Sent to Governor)

1 AN ACT TO CREATE NEW SECTION 83-9-24, MISSISSIPPI CODE OF
2 1972, TO PROHIBIT HEALTH PLANS AND POLICIES, INCLUDING THE STATE
3 HEALTH INSURANCE PLAN, THAT COVER INJECTED, INTRAVENOUSLY
4 ADMINISTERED AND ORAL ANTI-CANCER MEDICATIONS FROM REQUIRING A
5 HIGHER CO-PAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNT FOR
6 PATIENT-ADMINISTERED ANTI-CANCER MEDICATIONS THAN THEY REQUIRE FOR
7 ANTI-CANCER MEDICATIONS INJECTED OR INTRAVENOUSLY ADMINISTERED BY
8 A HEALTH CARE PROVIDER, REGARDLESS OF THE FORMULATION OR BENEFIT
9 CATEGORY DETERMINATION; TO PROVIDE THAT HEALTH PLANS AND POLICIES
10 MAY NOT COMPLY WITH THE PROHIBITION BY INCREASING THE CO-PAYMENT,
11 DEDUCTIBLE OR COINSURANCE AMOUNT FOR INJECTED OR INTRAVENOUS
12 ANTI-CANCER MEDICATIONS THAT ARE COVERED UNDER THE PLAN OR POLICY
13 OR BY RECLASSIFYING BENEFITS WITH RESPECT TO ANTI-CANCER
14 MEDICATIONS; TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF 1972,
15 TO CONFORM TO THE PRECEDING PROVISIONS; TO AUTHORIZE THE STATE AND
16 SCHOOL EMPLOYEES HEALTH INSURANCE MANAGEMENT BOARD TO ACCEPT BIDS
17 FOR THE STATE HEALTH INSURANCE PLAN FOR SURGICAL SERVICES THAT
18 INCLUDE A NEGOTIATED SINGLE CASE RATE BUNDLE AND PAYMENT FOR
19 ORTHOPEDIC, SPINE, BARIATRIC, CARDIOVASCULAR AND GENERAL
20 SURGERIES; AND FOR RELATED PURPOSES.

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

22 **SECTION 1.** The following shall be codified as Section
23 83-9-24, Mississippi Code of 1972:

24 83-9-24. (1) (a) As used in this section, the following
25 terms shall be defined as provided in this subsection:



26 (b) "Anti-cancer medication" means drugs and biologics
27 that are used to kill, slow, or prevent the growth of cancerous
28 cells.

29 (c) "Health plan or policy" means any hospital, health
30 or medical expense insurance policy, hospital or medical service
31 contract, employee welfare benefit plan, contract or agreement
32 with a health maintenance organization or a preferred provider
33 organization, health and accident insurance policy, or any other
34 insurance contract of this type, including a group insurance plan
35 and the State and School Employees Life and Health Insurance Plan.

36 (2) Any health plan or policy delivered, issued for delivery
37 or renewed in this state on or after January 1, 2016, that covers
38 anti-cancer medications that are injected or intravenously
39 administered by a health care provider and patient-administered
40 anti-cancer medications, including, but not limited to, those
41 orally administered or self-injected, may not require a higher
42 co-payment, deductible or coinsurance amount for
43 patient-administered anti-cancer medications than it requires for
44 injected or intravenously administered anti-cancer medications,
45 regardless of the formulation or benefit category determination by
46 the policy or plan.

47 (3) The health insurance policy or plan may not comply with
48 subsection (2) of this section by:

49 (a) Increasing the co-payment, deductible or
50 coinsurance amount required for injected or intravenously



51 administered anti-cancer medications that are covered under the
52 policy or plan; or

53 (b) Reclassifying benefits with respect to anti-cancer
54 medications.

55 **SECTION 2.** Section 25-15-9, Mississippi Code of 1972, is
56 amended as follows:

57 **[Through June 30 of the year in which Section 25-11-143**
58 **becomes effective as provided in subsection (1) of Section**
59 **25-11-143, this section shall read as follows:]**

60 25-15-9. (1) (a) The board shall design a plan of health
61 insurance for state employees that provides benefits for
62 semiprivate rooms in addition to other incidental coverages that
63 the board deems necessary. The amount of the coverages shall be
64 in such reasonable amount as may be determined by the board to be
65 adequate, after due consideration of current health costs in
66 Mississippi. The plan shall also include major medical benefits
67 in such amounts as the board determines. The plan shall provide
68 for coverage for telemedicine services as provided in Section
69 83-9-351. The board is also authorized to accept bids for such
70 alternate coverage and optional benefits as the board deems
71 proper. The board is authorized to accept bids for surgical
72 services that include assistance in locating a surgeon, setting up
73 initial consultation, travel, a negotiated single case rate bundle
74 and payment for orthopedic, spine, bariatric, cardiovascular and
75 general surgeries. The surgical services may only utilize



76 surgeons and facilities located in the State of Mississippi unless
77 otherwise provided by the board. Any contract for alternative
78 coverage and optional benefits shall be awarded by the board after
79 it has carefully studied and evaluated the bids and selected the
80 best and most cost-effective bid. The board may reject all of the
81 bids; however, the board shall notify all bidders of the rejection
82 and shall actively solicit new bids if all bids are rejected. The
83 board may employ or contract for such consulting or actuarial
84 services as may be necessary to formulate the plan, and to assist
85 the board in the preparation of specifications and in the process
86 of advertising for the bids for the plan. Those contracts shall
87 be solicited and entered into in accordance with Section 25-15-5.
88 The board shall keep a record of all persons, agents and
89 corporations who contract with or assist the board in preparing
90 and developing the plan. The board in a timely manner shall
91 provide copies of this record to the members of the advisory
92 council created in this section and those legislators, or their
93 designees, who may attend meetings of the advisory council. The
94 board shall provide copies of this record in the solicitation of
95 bids for the administration or servicing of the self-insured
96 program. Each person, agent or corporation that, during the
97 previous fiscal year, has assisted in the development of the plan
98 or employed or compensated any person who assisted in the
99 development of the plan, and that bids on the administration or
100 servicing of the plan, shall submit to the board a statement



101 accompanying the bid explaining in detail its participation with
102 the development of the plan. This statement shall include the
103 amount of compensation paid by the bidder to any such employee
104 during the previous fiscal year. The board shall make all such
105 information available to the members of the advisory council and
106 those legislators, or their designees, who may attend meetings of
107 the advisory council before any action is taken by the board on
108 the bids submitted. The failure of any bidder to fully and
109 accurately comply with this paragraph shall result in the
110 rejection of any bid submitted by that bidder or the cancellation
111 of any contract executed when the failure is discovered after the
112 acceptance of that bid. The board is authorized to promulgate
113 rules and regulations to implement the provisions of this
114 subsection.

115 The board shall develop plans for the insurance plan
116 authorized by this section in accordance with the provisions of
117 Section 25-15-5.

118 Any corporation, association, company or individual that
119 contracts with the board for the third-party claims administration
120 of the self-insured plan shall prepare and keep on file an
121 explanation of benefits for each claim processed. The explanation
122 of benefits shall contain such information relative to each
123 processed claim that the board deems necessary, and, at a minimum,
124 each explanation shall provide the claimant's name, claim number,
125 provider number, provider name, service dates, type of services,



126 amount of charges, amount allowed to the claimant and reason
127 codes. The information contained in the explanation of benefits
128 shall be available for inspection upon request by the board. The
129 board shall have access to all claims information utilized in the
130 issuance of payments to employees and providers.

131 (b) There is created an advisory council to advise the
132 board in the formulation of the State and School Employees Health
133 Insurance Plan. The council shall be composed of the State
134 Insurance Commissioner, or his designee, an
135 employee-representative of the institutions of higher learning
136 appointed by the board of trustees thereof, an
137 employee-representative of the Department of Transportation
138 appointed by the director thereof, an employee-representative of
139 the Department of Revenue appointed by the Commissioner of
140 Revenue, an employee-representative of the Mississippi Department
141 of Health appointed by the State Health Officer, an
142 employee-representative of the Mississippi Department of
143 Corrections appointed by the Commissioner of Corrections, and an
144 employee-representative of the Department of Human Services
145 appointed by the Executive Director of Human Services, two (2)
146 certificated public school administrators appointed by the State
147 Board of Education, two (2) certificated classroom teachers
148 appointed by the State Board of Education, a noncertificated
149 school employee appointed by the State Board of Education and a



150 community/junior college employee appointed by the Mississippi
151 Community College Board.

152 The Lieutenant Governor may designate the Secretary of the
153 Senate, the Chairman of the Senate Appropriations Committee, the
154 Chairman of the Senate Education Committee and the Chairman of the
155 Senate Insurance Committee, and the Speaker of the House of
156 Representatives may designate the Clerk of the House, the Chairman
157 of the House Appropriations Committee, the Chairman of the House
158 Education Committee and the Chairman of the House Insurance
159 Committee, to attend any meeting of the State and School Employees
160 Insurance Advisory Council. The appointing authorities may
161 designate an alternate member from their respective houses to
162 serve when the regular designee is unable to attend the meetings
163 of the council. Those designees shall have no jurisdiction or
164 vote on any matter within the jurisdiction of the council. For
165 attending meetings of the council, the legislators shall receive
166 per diem and expenses, which shall be paid from the contingent
167 expense funds of their respective houses in the same amounts as
168 provided for committee meetings when the Legislature is not in
169 session; however, no per diem and expenses for attending meetings
170 of the council will be paid while the Legislature is in session.
171 No per diem and expenses will be paid except for attending
172 meetings of the council without prior approval of the proper
173 committee in their respective houses.



174 (c) No change in the terms of the State and School
175 Employees Health Insurance Plan may be made effective unless the
176 board, or its designee, has provided notice to the State and
177 School Employees Health Insurance Advisory Council and has called
178 a meeting of the council at least fifteen (15) days before the
179 effective date of the change. If the State and School Employees
180 Health Insurance Advisory Council does not meet to advise the
181 board on the proposed changes, the changes to the plan shall
182 become effective at such time as the board has informed the
183 council that the changes shall become effective.

184 (d) **Medical benefits for retired employees and**
185 **dependents under age sixty-five (65) years and not eligible for**
186 **Medicare benefits.** For employees who retire before July 1, 2005,
187 and for employees retiring due to work-related disability under
188 the Public Employees' Retirement System, the same health insurance
189 coverage as for all other active employees and their dependents
190 shall be available to retired employees and all dependents under
191 age sixty-five (65) years who are not eligible for Medicare
192 benefits, the level of benefits to be the same level as for all
193 other active participants. For employees who retire on or after
194 July 1, 2005, and not retiring due to work-related disability
195 under the Public Employees' Retirement System, the same health
196 insurance coverage as for all other active employees and their
197 dependents shall be available to those retiring employees and all
198 dependents under age sixty-five (65) years who are not eligible



199 for Medicare benefits only if the retiring employees were
200 participants in the State and School Employees Health Insurance
201 Plan for four (4) years or more before their retirement, the level
202 of benefits to be the same level as for all other active
203 participants. This section will apply to those employees who
204 retire due to one hundred percent (100%) medical disability as
205 well as those employees electing early retirement.

206 (e) **Medical benefits for retired employees and**
207 **dependents over age sixty-five (65) years or otherwise eligible**
208 **for Medicare benefits.** For employees who retire before July 1,
209 2005, and for employees retiring due to work-related disability
210 under the Public Employees' Retirement System, the health
211 insurance coverage available to retired employees over age
212 sixty-five (65) years or otherwise eligible for Medicare benefits,
213 and all dependents over age sixty-five (65) years or otherwise
214 eligible for Medicare benefits, shall be the major medical
215 coverage. For employees retiring on or after July 1, 2005, and
216 not retiring due to work-related disability under the Public
217 Employees' Retirement System, the health insurance coverage
218 described in this paragraph (e) shall be available to those
219 retiring employees only if they were participants in the State and
220 School Employees Health Insurance Plan for four (4) years or more
221 and are over age sixty-five (65) years or otherwise eligible for
222 Medicare benefits, and to all dependents over age sixty-five (65)
223 years or otherwise eligible for Medicare benefits. Benefits shall



224 be reduced by Medicare benefits as though the Medicare benefits
225 were the base plan.

226 All covered individuals shall be assumed to have full
227 Medicare coverage, Parts A and B; and any Medicare payments under
228 both Parts A and B shall be computed to reduce benefits payable
229 under this plan.

230 (f) Lifetime maximum: The lifetime maximum amount of
231 benefits payable under the health insurance plan for each
232 participant is Two Million Dollars (\$2,000,000.00).

233 (2) Nonduplication of benefits – reduction of benefits by
234 Title XIX benefits: When benefits would be payable under more
235 than one (1) group plan, benefits under those plans will be
236 coordinated to the extent that the total benefits under all plans
237 will not exceed the total expenses incurred.

238 Benefits for hospital or surgical or medical benefits shall
239 be reduced by any similar benefits payable in accordance with
240 Title XIX of the Social Security Act or under any amendments
241 thereto, or any implementing legislation.

242 Benefits for hospital or surgical or medical benefits shall
243 be reduced by any similar benefits payable by workers'
244 compensation.

245 No health care benefits under the state plan shall restrict
246 coverage for medically appropriate treatment prescribed by a
247 physician and agreed to by a fully informed insured, or if the
248 insured lacks legal capacity to consent by a person who has legal



249 authority to consent on his or her behalf, based on an insured's
250 diagnosis with a terminal condition. As used in this paragraph,
251 "terminal condition" means any aggressive malignancy, chronic
252 end-stage cardiovascular or cerebral vascular disease, or any
253 other disease, illness or condition which physician diagnoses as
254 terminal.

255 Not later than January 1, 2016, the state health plan shall
256 not require a higher co-payment, deductible or coinsurance amount
257 for patient-administered anti-cancer medications, including, but
258 not limited to, those orally administered or self-injected, than
259 it requires for anti-cancer medications that are injected or
260 intravenously administered by a health care provider, regardless
261 of the formulation or benefit category determination by the plan.
262 For the purposes of this paragraph, the term "anti-cancer
263 medications" has the meaning as defined in Section 83-9-24.

264 (3) (a) Schedule of life insurance benefits – group term:
265 The amount of term life insurance for each active employee of a
266 department, agency or institution of the state government shall
267 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
268 twice the amount of the employee's annual wage to the next highest
269 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
270 case less than Thirty Thousand Dollars (\$30,000.00), with a like
271 amount for accidental death and dismemberment on a
272 twenty-four-hour basis. The plan will further contain a premium
273 waiver provision if a covered employee becomes totally and



274 permanently disabled before age sixty-five (65) years. Employees
275 retiring after June 30, 1999, shall be eligible to continue life
276 insurance coverage in an amount of Five Thousand Dollars
277 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
278 Dollars (\$20,000.00) into retirement.

279 (b) Effective October 1, 1999, schedule of life
280 insurance benefits – group term: The amount of term life
281 insurance for each active employee of any school district,
282 community/junior college, public library or university-based
283 program authorized under Section 37-23-31 for deaf, aphasic and
284 emotionally disturbed children or any regular nonstudent bus
285 driver shall not be in excess of One Hundred Thousand Dollars
286 (\$100,000.00), or twice the amount of the employee's annual wage
287 to the next highest One Thousand Dollars (\$1,000.00), whichever
288 may be less, but in no case less than Thirty Thousand Dollars
289 (\$30,000.00), with a like amount for accidental death and
290 dismemberment on a twenty-four-hour basis. The plan will further
291 contain a premium waiver provision if a covered employee of any
292 school district, community/junior college, public library or
293 university-based program authorized under Section 37-23-31 for
294 deaf, aphasic and emotionally disturbed children or any regular
295 nonstudent bus driver becomes totally and permanently disabled
296 before age sixty-five (65) years. Employees of any school
297 district, community/junior college, public library or
298 university-based program authorized under Section 37-23-31 for



299 deaf, aphasic and emotionally disturbed children or any regular
300 nonstudent bus driver retiring after September 30, 1999, shall be
301 eligible to continue life insurance coverage in an amount of Five
302 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
303 Twenty Thousand Dollars (\$20,000.00) into retirement.

304 (4) Any eligible employee who on March 1, 1971, was
305 participating in a group life insurance program that has
306 provisions different from those included in this article and for
307 which the State of Mississippi was paying a part of the premium
308 may, at his discretion, continue to participate in that plan. The
309 employee shall pay in full all additional costs, if any, above the
310 minimum program established by this article. Under no
311 circumstances shall any individual who begins employment with the
312 state after March 1, 1971, be eligible for the provisions of this
313 subsection.

314 (5) The board may offer medical savings accounts as defined
315 in Section 71-9-3 as a plan option.

316 (6) Any premium differentials, differences in coverages,
317 discounts determined by risk or by any other factors shall be
318 uniformly applied to all active employees participating in the
319 insurance plan. It is the intent of the Legislature that the
320 state contribution to the plan be the same for each employee
321 throughout the state.

322 (7) On October 1, 1999, any school district,
323 community/junior college district or public library may elect to



324 remain with an existing policy or policies of group life insurance
325 with an insurance company approved by the State and School
326 Employees Health Insurance Management Board, in lieu of
327 participation in the State and School Life Insurance Plan. On or
328 after July 1, 2004, until October 1, 2004, any school district,
329 community/junior college district or public library may elect to
330 choose a policy or policies of group life insurance existing on
331 October 1, 1999, with an insurance company approved by the State
332 and School Employees Health Insurance Management Board in lieu of
333 participation in the State and School Life Insurance Plan. The
334 state's contribution of up to fifty percent (50%) of the active
335 employee's premium under the State and School Life Insurance Plan
336 may be applied toward the cost of coverage for full-time employees
337 participating in the approved life insurance company group plan.
338 For purposes of this subsection (7), "life insurance company group
339 plan" means a plan administered or sold by a private insurance
340 company. After October 1, 1999, the board may assess charges in
341 addition to the existing State and School Life Insurance Plan
342 rates to such employees as a condition of enrollment in the State
343 and School Life Insurance Plan. In order for any life insurance
344 company group plan to be approved by the State and School
345 Employees Health Insurance Management Board under this subsection
346 (7), it shall meet the following criteria:

347 (a) The insurance company offering the group life
348 insurance plan shall be rated "A-" or better by A.M. Best state



349 insurance rating service and be licensed as an admitted carrier in
350 the State of Mississippi by the Mississippi Department of
351 Insurance.

352 (b) The insurance company group life insurance plan
353 shall provide the same life insurance, accidental death and
354 dismemberment insurance and waiver of premium benefits as provided
355 in the State and School Life Insurance Plan.

356 (c) The insurance company group life insurance plan
357 shall be fully insured, and no form of self-funding life insurance
358 by the company shall be approved.

359 (d) The insurance company group life insurance plan
360 shall have one (1) composite rate per One Thousand Dollars
361 (\$1,000.00) of coverage for active employees regardless of age and
362 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
363 coverage for all retirees regardless of age or type of retiree.

364 (e) The insurance company and its group life insurance
365 plan shall comply with any administrative requirements of the
366 State and School Employees Health Insurance Management Board. If
367 any insurance company providing group life insurance benefits to
368 employees under this subsection (7) fails to comply with any
369 requirements specified in this subsection or any administrative
370 requirements of the board, the state shall discontinue providing
371 funding for the cost of that insurance.



372 **[From and after July 1 of the year in which Section 25-11-143**
373 **becomes effective as provided in subsection (1) of Section**
374 **25-11-143, this section shall read as follows:]**

375 25-15-9. (1) (a) The board shall design a plan of health
376 insurance for state employees that provides benefits for
377 semiprivate rooms in addition to other incidental coverages that
378 the board deems necessary. The amount of the coverages shall be
379 in such reasonable amount as may be determined by the board to be
380 adequate, after due consideration of current health costs in
381 Mississippi. The plan shall also include major medical benefits
382 in such amounts as the board determines. The plan shall provide
383 for coverage for telemedicine services as provided in Section
384 83-9-351. The board is also authorized to accept bids for such
385 alternate coverage and optional benefits as the board deems
386 proper. The board is authorized to accept bids for surgical
387 services that include assistance in locating a surgeon, setting up
388 initial consultation, travel, a negotiated single case rate bundle
389 and payment for orthopedic, spine, bariatric, cardiovascular and
390 general surgeries. The surgical services may only utilize
391 surgeons and facilities located in the State of Mississippi unless
392 otherwise provided by the board. Any contract for alternative
393 coverage and optional benefits shall be awarded by the board after
394 it has carefully studied and evaluated the bids and selected the
395 best and most cost-effective bid. The board may reject all of the
396 bids; however, the board shall notify all bidders of the rejection



397 and shall actively solicit new bids if all bids are rejected. The
398 board may employ or contract for such consulting or actuarial
399 services as may be necessary to formulate the plan, and to assist
400 the board in the preparation of specifications and in the process
401 of advertising for the bids for the plan. Those contracts shall
402 be solicited and entered into in accordance with Section 25-15-5.
403 The board shall keep a record of all persons, agents and
404 corporations who contract with or assist the board in preparing
405 and developing the plan. The board in a timely manner shall
406 provide copies of this record to the members of the advisory
407 council created in this section and those legislators, or their
408 designees, who may attend meetings of the advisory council. The
409 board shall provide copies of this record in the solicitation of
410 bids for the administration or servicing of the self-insured
411 program. Each person, agent or corporation that, during the
412 previous fiscal year, has assisted in the development of the plan
413 or employed or compensated any person who assisted in the
414 development of the plan, and that bids on the administration or
415 servicing of the plan, shall submit to the board a statement
416 accompanying the bid explaining in detail its participation with
417 the development of the plan. This statement shall include the
418 amount of compensation paid by the bidder to any such employee
419 during the previous fiscal year. The board shall make all such
420 information available to the members of the advisory council and
421 those legislators, or their designees, who may attend meetings of



422 the advisory council before any action is taken by the board on
423 the bids submitted. The failure of any bidder to fully and
424 accurately comply with this paragraph shall result in the
425 rejection of any bid submitted by that bidder or the cancellation
426 of any contract executed when the failure is discovered after the
427 acceptance of that bid. The board is authorized to promulgate
428 rules and regulations to implement the provisions of this
429 subsection.

430 The board shall develop plans for the insurance plan
431 authorized by this section in accordance with the provisions of
432 Section 25-15-5.

433 Any corporation, association, company or individual that
434 contracts with the board for the third-party claims administration
435 of the self-insured plan shall prepare and keep on file an
436 explanation of benefits for each claim processed. The explanation
437 of benefits shall contain such information relative to each
438 processed claim that the board deems necessary, and, at a minimum,
439 each explanation shall provide the claimant's name, claim number,
440 provider number, provider name, service dates, type of services,
441 amount of charges, amount allowed to the claimant and reason
442 codes. The information contained in the explanation of benefits
443 shall be available for inspection upon request by the board. The
444 board shall have access to all claims information utilized in the
445 issuance of payments to employees and providers.



446 (b) There is created an advisory council to advise the
447 board in the formulation of the State and School Employees Health
448 Insurance Plan. The council shall be composed of the State
449 Insurance Commissioner, or his designee, an
450 employee-representative of the state institutions of higher
451 learning appointed by the board of trustees thereof, an
452 employee-representative of the Mississippi Department of
453 Transportation appointed by the director thereof, an
454 employee-representative of the Department of Revenue appointed by
455 the Commissioner of Revenue, an employee-representative of the
456 State Department of Health appointed by the State Health Officer,
457 an employee-representative of the Mississippi Department of
458 Corrections appointed by the Commissioner of Corrections, and an
459 employee-representative of the Mississippi Department of Human
460 Services appointed by the Executive Director of Human Services,
461 two (2) certificated public school administrators appointed by the
462 State Board of Education, two (2) certificated classroom teachers
463 appointed by the State Board of Education, a noncertificated
464 school employee appointed by the State Board of Education and a
465 community/junior college employee appointed by the Mississippi
466 Community College Board.

467 The Lieutenant Governor may designate the Secretary of the
468 Senate, the Chairman of the Senate Appropriations Committee, the
469 Chairman of the Senate Education Committee and the Chairman of the
470 Senate Insurance Committee, and the Speaker of the House of



471 Representatives may designate the Clerk of the House, the Chairman
472 of the House Appropriations Committee, the Chairman of the House
473 Education Committee and the Chairman of the House Insurance
474 Committee, to attend any meeting of the State and School Employees
475 Insurance Advisory Council. The appointing authorities may
476 designate an alternate member from their respective houses to
477 serve when the regular designee is unable to attend the meetings
478 of the council. Those designees shall have no jurisdiction or
479 vote on any matter within the jurisdiction of the council. For
480 attending meetings of the council, the legislators shall receive
481 per diem and expenses, which shall be paid from the contingent
482 expense funds of their respective houses in the same amounts as
483 provided for committee meetings when the Legislature is not in
484 session; however, no per diem and expenses for attending meetings
485 of the council will be paid while the Legislature is in session.
486 No per diem and expenses will be paid except for attending
487 meetings of the council without prior approval of the proper
488 committee in their respective houses.

489 (c) No change in the terms of the State and School
490 Employees Health Insurance Plan may be made effective unless the
491 board, or its designee, has provided notice to the State and
492 School Employees Health Insurance Advisory Council and has called
493 a meeting of the council at least fifteen (15) days before the
494 effective date of the change. If the State and School Employees
495 Health Insurance Advisory Council does not meet to advise the



496 board on the proposed changes, the changes to the plan will become
497 effective at such time as the board has informed the council that
498 the changes will become effective.

499 (d) Lifetime maximum: The lifetime maximum amount of
500 benefits payable under the health insurance plan for each
501 participant is Two Million Dollars (\$2,000,000.00).

502 (2) Nonduplication of benefits – reduction of benefits by
503 Title XIX benefits: When benefits would be payable under more
504 than one (1) group plan, benefits under those plans will be
505 coordinated to the extent that the total benefits under all plans
506 will not exceed the total expenses incurred.

507 Benefits for hospital or surgical or medical benefits shall
508 be reduced by any similar benefits payable in accordance with
509 Title XIX of the Social Security Act or under any amendments
510 thereto, or any implementing legislation.

511 Benefits for hospital or surgical or medical benefits shall
512 be reduced by any similar benefits payable by workers'
513 compensation.

514 No health care benefits under the state plan shall restrict
515 coverage for medically appropriate treatment prescribed by a
516 physician and agreed to by a fully informed insured, or if the
517 insured lacks legal capacity to consent by a person who has legal
518 authority to consent on his or her behalf, based on an insured's
519 diagnosis with a terminal condition. As used in this paragraph,
520 "terminal condition" means any aggressive malignancy, chronic



521 end-stage cardiovascular or cerebral vascular disease, or any
522 other disease, illness or condition which physician diagnoses as
523 terminal.

524 Not later than January 1, 2016, the state health plan shall
525 not require a higher co-payment, deductible or coinsurance amount
526 for patient-administered anti-cancer medications, including, but
527 not limited to, those orally administered or self-injected, than
528 it requires for anti-cancer medications that are injected or
529 intravenously administered by a health care provider, regardless
530 of the formulation or benefit category determination by the plan.
531 For the purposes of this paragraph, the term "anti-cancer
532 medications" has the meaning as defined in Section 83-9-24.

533 (3) (a) Schedule of life insurance benefits – group term:
534 The amount of term life insurance for each active employee of a
535 department, agency or institution of the state government shall
536 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
537 twice the amount of the employee's annual wage to the next highest
538 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
539 case less than Thirty Thousand Dollars (\$30,000.00), with a like
540 amount for accidental death and dismemberment on a
541 twenty-four-hour basis.

542 (b) Effective October 1, 1999, schedule of life
543 insurance benefits – group term: The amount of term life
544 insurance for each active employee of any school district,
545 community/junior college, public library, university-based program



546 authorized under Section 37-23-31 for deaf, aphasic and
547 emotionally disturbed children, or any regular nonstudent bus
548 driver shall not be in excess of One Hundred Thousand Dollars
549 (\$100,000.00), or twice the amount of the employee's annual wage
550 to the next highest One Thousand Dollars (\$1,000.00), whichever
551 may be less, but in no case less than Thirty Thousand Dollars
552 (\$30,000.00), with a like amount for accidental death and
553 dismemberment on a twenty-four-hour basis. The plan will further
554 contain a premium waiver provision if a covered employee of any
555 school district, community/junior college, public library,
556 university-based program authorized under Section 37-23-31 for
557 deaf, aphasic and emotionally disturbed children, or any regular
558 nonstudent bus driver becomes totally and permanently disabled
559 before age sixty-five (65) years.

560 (4) Any eligible employee who on March 1, 1971, was
561 participating in a group life insurance program that has
562 provisions different from those included in this article and for
563 which the State of Mississippi was paying a part of the premium
564 may, at his discretion, continue to participate in that plan. The
565 employee shall pay in full all additional costs, if any, above the
566 minimum program established by this article. Under no
567 circumstances shall any individual who begins employment with the
568 state after March 1, 1971, be eligible for the provisions of this
569 subsection.



570 (5) The board may offer medical savings accounts as defined
571 in Section 71-9-3 as a plan option.

572 (6) Any premium differentials, differences in coverages,
573 discounts determined by risk or by any other factors shall be
574 uniformly applied to all active employees participating in the
575 insurance plan. It is the intent of the Legislature that the
576 state contribution to the plan be the same for each employee
577 throughout the state.

578 (7) On October 1, 1999, any school district,
579 community/junior college district or public library may elect to
580 remain with an existing policy or policies of group life insurance
581 with an insurance company approved by the State and School
582 Employees Health Insurance Management Board, in lieu of
583 participation in the State and School Life Insurance Plan. On or
584 after July 1, 2004, until October 1, 2004, any school district,
585 community/junior college district or public library may elect to
586 choose a policy or policies of group life insurance existing on
587 October 1, 1999, with an insurance company approved by the State
588 and School Employees Health Insurance Management Board in lieu of
589 participation in the State and School Life Insurance Plan. The
590 state's contribution of up to fifty percent (50%) of the active
591 employee's premium under the State and School Life Insurance Plan
592 may be applied toward the cost of coverage for full-time employees
593 participating in the approved life insurance company group plan.
594 For purposes of this subsection (7), "life insurance company group



595 plan" means a plan administered or sold by a private insurance
596 company. After October 1, 1999, the board may assess charges in
597 addition to the existing State and School Life Insurance Plan
598 rates to those employees as a condition of enrollment in the State
599 and School Life Insurance Plan. In order for any life insurance
600 company group plan to be approved by the State and School
601 Employees Health Insurance Management Board under this subsection
602 (7), it shall meet the following criteria:

603 (a) The insurance company offering the group life
604 insurance plan shall be rated "A-" or better by A.M. Best state
605 insurance rating service and be licensed as an admitted carrier in
606 the State of Mississippi by the Mississippi Department of
607 Insurance.

608 (b) The insurance company group life insurance plan
609 shall provide the same life insurance, accidental death and
610 dismemberment insurance and waiver of premium benefits as provided
611 in the State and School Life Insurance Plan.

612 (c) The insurance company group life insurance plan
613 shall be fully insured, and no form of self-funding life insurance
614 by the company shall be approved.

615 (d) The insurance company group life insurance plan
616 shall have one (1) composite rate per One Thousand Dollars
617 (\$1,000.00) of coverage for active employees regardless of age.

618 (e) The insurance company and its group life insurance
619 plan shall comply with any administrative requirements of the



620 State and School Employees Health Insurance Management Board. If
621 any insurance company providing group life insurance benefits to
622 employees under this subsection (7) fails to comply with any
623 requirements specified in this subsection or any administrative
624 requirements of the board, the state shall discontinue providing
625 funding for the cost of that insurance.

626 **SECTION 3.** This act shall take effect and be in force from
627 and after July 1, 2015.

