

By: Senator(s) Dawkins

To: Insurance;
Appropriations

SENATE BILL NO. 2768

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND
 2 CONTRACTS SHALL PROVIDE COVERAGE FOR ALL COLORECTAL CANCER
 3 EXAMINATIONS AND LABORATORY TESTS SPECIFIED IN CURRENT AMERICAN
 4 CANCER SOCIETY (ACS) GUIDELINES FOR COLORECTAL CANCER SCREENING;
 5 TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF 1972, TO PROVIDE
 6 THAT THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN SHALL
 7 INCLUDE COVERAGE FOR ALL COLORECTAL CANCER EXAMINATIONS AND
 8 LABORATORY TESTS SPECIFIED IN CURRENT GUIDELINES; AND FOR RELATED
 9 PURPOSES.

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

11 **SECTION 1.** (1) All individual and group health insurance
 12 policies providing coverage on an expense-incurred basis,
 13 individual and group service or indemnity type contracts issued by
 14 a nonprofit corporation, individual and group service contracts
 15 issued by a health maintenance organization, all self-insured
 16 group arrangements to the extent not preempted by federal law and
 17 all managed health care delivery entities of any type or
 18 description that are delivered, issued for delivery, continued or
 19 renewed on or after July 1, 2017, and providing coverage to any
 20 resident of this state shall provide benefits or coverage for all
 21 colorectal cancer examinations and laboratory tests specified in



22 current American Cancer Society (ACS) guidelines for colorectal
23 cancer screening of asymptomatic individuals. Coverage of
24 benefits shall be provided for all such colorectal screening
25 examinations and tests that are administered at a frequency
26 identified in the current ACS guidelines for colorectal cancer.

27 Benefits are provided under this section for a covered
28 individual who is:

29 (a) At least fifty (50) years of age; or

30 (b) Less than fifty (50) years of age and at high risk
31 for colorectal cancer according to current colorectal cancer
32 screening guidelines of the American Cancer Society.

33 The coverage required under this section shall meet the
34 requirements set forth in subsection (2) of this section.

35 (2) To encourage colorectal cancer screenings, patients and
36 health care providers must not be required to meet burdensome
37 criteria or overcome significant obstacles to secure such
38 coverage. An individual shall not be required to pay an
39 additional deductible or coinsurance for testing that is greater
40 than an annual deductible or coinsurance established for similar
41 benefits. If the program or contract does not cover a similar
42 benefit, a deductible or coinsurance may not be set at a level
43 that materially diminishes the value of the colorectal cancer
44 benefit required. Reimbursement to health care providers for
45 colorectal cancer screenings provided under this section shall be



46 equal to or greater than reimbursement to health care providers
47 provided under Title XVII of the Social Security Act (Medicare).

48 (3) A group health plan or health insurance issuer is not
49 required under this section to provide for a referral to a
50 nonparticipating health care provider unless the plan or issuer
51 does not have an appropriate health care provider that is
52 available and accessible to administer the screening exam and that
53 is a participating health care provider with respect to such
54 treatment.

55 (4) If a plan or issuer refers an individual to a
56 nonparticipating health care provider in accordance with this
57 section, services provided pursuant to the approved screening exam
58 or resulting treatment (if any) shall be provided at no additional
59 cost to the individual beyond what the individual would otherwise
60 pay for services received by such a participating health care
61 provider.

62 (5) After the enactment of this law, the State Health
63 Officer of the state, in consultation with appropriate
64 organizations, may require coverage of additional medically
65 recognized screening tests for colorectal cancer, determine
66 frequency of screening if not specified by the American Cancer
67 Society and/or other medically recognized screening guidelines,
68 revise the list of screenings tests or screening interval based on
69 new evidence that has become available or expand the definition of
70 a high-risk individual, if it is so determined by medical science.



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

73 25-15-9. (1) (a) The board shall design a plan of health
74 insurance for state employees that provides benefits for
75 semiprivate rooms in addition to other incidental coverages that
76 the board deems necessary. The amount of the coverages shall be
77 in such reasonable amount as may be determined by the board to be
78 adequate, after due consideration of current health costs in
79 Mississippi. The plan shall also include major medical benefits
80 in such amounts as the board determines. The plan shall also
81 include coverage of all colorectal cancer examinations and
82 laboratory tests at a frequency specified in current American
83 Cancer Society (ACS) guidelines for colorectal cancer screening of
84 asymptomatic individuals. The plan shall provide for coverage for
85 telemedicine services as provided in Section 83-9-351. The board
86 is also authorized to accept bids for such alternate coverage and
87 optional benefits as the board deems proper. The board is
88 authorized to accept bids for surgical services that include
89 assistance in locating a surgeon, setting up initial consultation,
90 travel, a negotiated single case rate bundle and payment for
91 orthopedic, spine, bariatric, cardiovascular and general
92 surgeries. The surgical services may only utilize surgeons and
93 facilities located in the State of Mississippi unless otherwise
94 provided by the board. Any contract for alternative coverage and
95 optional benefits shall be awarded by the board after it has



96 carefully studied and evaluated the bids and selected the best and
97 most cost-effective bid. The board may reject all of the bids;
98 however, the board shall notify all bidders of the rejection and
99 shall actively solicit new bids if all bids are rejected. The
100 board may employ or contract for such consulting or actuarial
101 services as may be necessary to formulate the plan, and to assist
102 the board in the preparation of specifications and in the process
103 of advertising for the bids for the plan. Those contracts shall
104 be solicited and entered into in accordance with Section 25-15-5.
105 The board shall keep a record of all persons, agents and
106 corporations who contract with or assist the board in preparing
107 and developing the plan. The board in a timely manner shall
108 provide copies of this record to the members of the advisory
109 council created in this section and those legislators, or their
110 designees, who may attend meetings of the advisory council. The
111 board shall provide copies of this record in the solicitation of
112 bids for the administration or servicing of the self-insured
113 program. Each person, agent or corporation that, during the
114 previous fiscal year, has assisted in the development of the plan
115 or employed or compensated any person who assisted in the
116 development of the plan, and that bids on the administration or
117 servicing of the plan, shall submit to the board a statement
118 accompanying the bid explaining in detail its participation with
119 the development of the plan. This statement shall include the
120 amount of compensation paid by the bidder to any such employee



121 during the previous fiscal year. The board shall make all such
122 information available to the members of the advisory council and
123 those legislators, or their designees, who may attend meetings of
124 the advisory council before any action is taken by the board on
125 the bids submitted. The failure of any bidder to fully and
126 accurately comply with this paragraph shall result in the
127 rejection of any bid submitted by that bidder or the cancellation
128 of any contract executed when the failure is discovered after the
129 acceptance of that bid. The board is authorized to promulgate
130 rules and regulations to implement the provisions of this
131 subsection.

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

135 Any corporation, association, company or individual that
136 contracts with the board for the third-party claims administration
137 of the self-insured plan shall prepare and keep on file an
138 explanation of benefits for each claim processed. The explanation
139 of benefits shall contain such information relative to each
140 processed claim that the board deems necessary, and, at a minimum,
141 each explanation shall provide the claimant's name, claim number,
142 provider number, provider name, service dates, type of services,
143 amount of charges, amount allowed to the claimant and reason
144 codes. The information contained in the explanation of benefits
145 shall be available for inspection upon request by the board. The



146 board shall have access to all claims information utilized in the
147 issuance of payments to employees and providers.

148 (b) There is created an advisory council to advise the
149 board in the formulation of the State and School Employees Health
150 Insurance Plan. The council shall be composed of the State
151 Insurance Commissioner, or his designee, an
152 employee-representative of the institutions of higher learning
153 appointed by the board of trustees thereof, an
154 employee-representative of the Department of Transportation
155 appointed by the director thereof, an employee-representative of
156 the Department of Revenue appointed by the Commissioner of
157 Revenue, an employee-representative of the Mississippi Department
158 of Health appointed by the State Health Officer, an
159 employee-representative of the Mississippi Department of
160 Corrections appointed by the Commissioner of Corrections, and an
161 employee-representative of the Department of Human Services
162 appointed by the Executive Director of Human Services, two (2)
163 certificated public school administrators appointed by the State
164 Board of Education, two (2) certificated classroom teachers
165 appointed by the State Board of Education, a noncertificated
166 school employee appointed by the State Board of Education and a
167 community/junior college employee appointed by the Mississippi
168 Community College Board.

169 The Lieutenant Governor may designate the Secretary of the
170 Senate, the Chairman of the Senate Appropriations Committee, the



171 Chairman of the Senate Education Committee and the Chairman of the
172 Senate Insurance Committee, and the Speaker of the House of
173 Representatives may designate the Clerk of the House, the Chairman
174 of the House Appropriations Committee, the Chairman of the House
175 Education Committee and the Chairman of the House Insurance
176 Committee, to attend any meeting of the State and School Employees
177 Insurance Advisory Council. The appointing authorities may
178 designate an alternate member from their respective houses to
179 serve when the regular designee is unable to attend the meetings
180 of the council. Those designees shall have no jurisdiction or
181 vote on any matter within the jurisdiction of the council. For
182 attending meetings of the council, the legislators shall receive
183 per diem and expenses, which shall be paid from the contingent
184 expense funds of their respective houses in the same amounts as
185 provided for committee meetings when the Legislature is not in
186 session; however, no per diem and expenses for attending meetings
187 of the council will be paid while the Legislature is in session.
188 No per diem and expenses will be paid except for attending
189 meetings of the council without prior approval of the proper
190 committee in their respective houses.

191 (c) No change in the terms of the State and School
192 Employees Health Insurance Plan may be made effective unless the
193 board, or its designee, has provided notice to the State and
194 School Employees Health Insurance Advisory Council and has called
195 a meeting of the council at least fifteen (15) days before the



196 effective date of the change. If the State and School Employees
197 Health Insurance Advisory Council does not meet to advise the
198 board on the proposed changes, the changes to the plan shall
199 become effective at such time as the board has informed the
200 council that the changes shall become effective.

201 (d) **Medical benefits for retired employees and**
202 **dependents under age sixty-five (65) years and not eligible for**
203 **Medicare benefits.** For employees who retire before July 1, 2005,
204 and for employees retiring due to work-related disability under
205 the Public Employees' Retirement System, the same health insurance
206 coverage as for all other active employees and their dependents
207 shall be available to retired employees and all dependents under
208 age sixty-five (65) years who are not eligible for Medicare
209 benefits, the level of benefits to be the same level as for all
210 other active participants. For employees who retire on or after
211 July 1, 2005, and not retiring due to work-related disability
212 under the Public Employees' Retirement System, the same health
213 insurance coverage as for all other active employees and their
214 dependents shall be available to those retiring employees and all
215 dependents under age sixty-five (65) years who are not eligible
216 for Medicare benefits only if the retiring employees were
217 participants in the State and School Employees Health Insurance
218 Plan for four (4) years or more before their retirement, the level
219 of benefits to be the same level as for all other active
220 participants. This section will apply to those employees who



221 retire due to one hundred percent (100%) medical disability as
222 well as those employees electing early retirement.

223 (e) **Medical benefits for retired employees and**
224 **dependents over age sixty-five (65) years or otherwise eligible**
225 **for Medicare benefits.** For employees who retire before July 1,
226 2005, and for employees retiring due to work-related disability
227 under the Public Employees' Retirement System, the health
228 insurance coverage available to retired employees over age
229 sixty-five (65) years or otherwise eligible for Medicare benefits,
230 and all dependents over age sixty-five (65) years or otherwise
231 eligible for Medicare benefits, shall be the major medical
232 coverage. For employees retiring on or after July 1, 2005, and
233 not retiring due to work-related disability under the Public
234 Employees' Retirement System, the health insurance coverage
235 described in this paragraph (e) shall be available to those
236 retiring employees only if they were participants in the State and
237 School Employees Health Insurance Plan for four (4) years or more
238 and are over age sixty-five (65) years or otherwise eligible for
239 Medicare benefits, and to all dependents over age sixty-five (65)
240 years or otherwise eligible for Medicare benefits. Benefits shall
241 be reduced by Medicare benefits as though the Medicare benefits
242 were the base plan.

243 All covered individuals shall be assumed to have full
244 Medicare coverage, Parts A and B; and any Medicare payments under



245 both Parts A and B shall be computed to reduce benefits payable
246 under this plan.

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

250 (2) Nonduplication of benefits – reduction of benefits by
251 Title XIX benefits: When benefits would be payable under more
252 than one (1) group plan, benefits under those plans will be
253 coordinated to the extent that the total benefits under all plans
254 will not exceed the total expenses incurred.

255 Benefits for hospital or surgical or medical benefits shall
256 be reduced by any similar benefits payable in accordance with
257 Title XIX of the Social Security Act or under any amendments
258 thereto, or any implementing legislation.

259 Benefits for hospital or surgical or medical benefits shall
260 be reduced by any similar benefits payable by workers'
261 compensation.

262 No health care benefits under the state plan shall restrict
263 coverage for medically appropriate treatment prescribed by a
264 physician and agreed to by a fully informed insured, or if the
265 insured lacks legal capacity to consent by a person who has legal
266 authority to consent on his or her behalf, based on an insured's
267 diagnosis with a terminal condition. As used in this paragraph,
268 "terminal condition" means any aggressive malignancy, chronic
269 end-stage cardiovascular or cerebral vascular disease, or any



270 other disease, illness or condition which physician diagnoses as
271 terminal.

272 Not later than January 1, 2016, the state health plan shall
273 not require a higher co-payment, deductible or coinsurance amount
274 for patient-administered anti-cancer medications, including, but
275 not limited to, those orally administered or self-injected, than
276 it requires for anti-cancer medications that are injected or
277 intravenously administered by a health care provider, regardless
278 of the formulation or benefit category determination by the plan.
279 For the purposes of this paragraph, the term "anti-cancer
280 medications" has the meaning as defined in Section 83-9-24.

281 (3) (a) Schedule of life insurance benefits – group term:
282 The amount of term life insurance for each active employee of a
283 department, agency or institution of the state government shall
284 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
285 twice the amount of the employee's annual wage to the next highest
286 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
287 case less than Thirty Thousand Dollars (\$30,000.00), with a like
288 amount for accidental death and dismemberment on a
289 twenty-four-hour basis. The plan will further contain a premium
290 waiver provision if a covered employee becomes totally and
291 permanently disabled before age sixty-five (65) years. Employees
292 retiring after June 30, 1999, shall be eligible to continue life
293 insurance coverage in an amount of Five Thousand Dollars



294 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
295 Dollars (\$20,000.00) into retirement.

296 (b) Effective October 1, 1999, schedule of life
297 insurance benefits – group term: The amount of term life
298 insurance for each active employee of any school district,
299 community/junior college, public library or university-based
300 program authorized under Section 37-23-31 for deaf, aphasic and
301 emotionally disturbed children or any regular nonstudent bus
302 driver shall not be in excess of One Hundred Thousand Dollars
303 (\$100,000.00), or twice the amount of the employee's annual wage
304 to the next highest One Thousand Dollars (\$1,000.00), whichever
305 may be less, but in no case less than Thirty Thousand Dollars
306 (\$30,000.00), with a like amount for accidental death and
307 dismemberment on a twenty-four-hour basis. The plan will further
308 contain a premium waiver provision if a covered employee of any
309 school district, community/junior college, public library or
310 university-based program authorized under Section 37-23-31 for
311 deaf, aphasic and emotionally disturbed children or any regular
312 nonstudent bus driver becomes totally and permanently disabled
313 before age sixty-five (65) years. Employees of any school
314 district, community/junior college, public library or
315 university-based program authorized under Section 37-23-31 for
316 deaf, aphasic and emotionally disturbed children or any regular
317 nonstudent bus driver retiring after September 30, 1999, shall be
318 eligible to continue life insurance coverage in an amount of Five



319 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
320 Twenty Thousand Dollars (\$20,000.00) into retirement.

321 (4) Any eligible employee who on March 1, 1971, was
322 participating in a group life insurance program that has
323 provisions different from those included in this article and for
324 which the State of Mississippi was paying a part of the premium
325 may, at his discretion, continue to participate in that plan. The
326 employee shall pay in full all additional costs, if any, above the
327 minimum program established by this article. Under no
328 circumstances shall any individual who begins employment with the
329 state after March 1, 1971, be eligible for the provisions of this
330 subsection.

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

333 (6) Any premium differentials, differences in coverages,
334 discounts determined by risk or by any other factors shall be
335 uniformly applied to all active employees participating in the
336 insurance plan. It is the intent of the Legislature that the
337 state contribution to the plan be the same for each employee
338 throughout the state.

339 (7) On October 1, 1999, any school district,
340 community/junior college district or public library may elect to
341 remain with an existing policy or policies of group life insurance
342 with an insurance company approved by the State and School
343 Employees Health Insurance Management Board, in lieu of



344 participation in the State and School Life Insurance Plan. On or
345 after July 1, 2004, until October 1, 2004, any school district,
346 community/junior college district or public library may elect to
347 choose a policy or policies of group life insurance existing on
348 October 1, 1999, with an insurance company approved by the State
349 and School Employees Health Insurance Management Board in lieu of
350 participation in the State and School Life Insurance Plan. The
351 state's contribution of up to fifty percent (50%) of the active
352 employee's premium under the State and School Life Insurance Plan
353 may be applied toward the cost of coverage for full-time employees
354 participating in the approved life insurance company group plan.
355 For purposes of this subsection (7), "life insurance company group
356 plan" means a plan administered or sold by a private insurance
357 company. After October 1, 1999, the board may assess charges in
358 addition to the existing State and School Life Insurance Plan
359 rates to such employees as a condition of enrollment in the State
360 and School Life Insurance Plan. In order for any life insurance
361 company group plan to be approved by the State and School
362 Employees Health Insurance Management Board under this subsection
363 (7), it shall meet the following criteria:

364 (a) The insurance company offering the group life
365 insurance plan shall be rated "A-" or better by A.M. Best state
366 insurance rating service and be licensed as an admitted carrier in
367 the State of Mississippi by the Mississippi Department of
368 Insurance.



369 (b) The insurance company group life insurance plan
370 shall provide the same life insurance, accidental death and
371 dismemberment insurance and waiver of premium benefits as provided
372 in the State and School Life Insurance Plan.

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

376 (d) The insurance company group life insurance plan
377 shall have one (1) composite rate per One Thousand Dollars
378 (\$1,000.00) of coverage for active employees regardless of age and
379 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
380 coverage for all retirees regardless of age or type of retiree.

381 (e) The insurance company and its group life insurance
382 plan shall comply with any administrative requirements of the
383 State and School Employees Health Insurance Management Board. If
384 any insurance company providing group life insurance benefits to
385 employees under this subsection (7) fails to comply with any
386 requirements specified in this subsection or any administrative
387 requirements of the board, the state shall discontinue providing
388 funding for the cost of that insurance.

389 **SECTION 3.** This act shall take effect and be in force from
390 and after July 1, 2017.

