

By: Representative Clark

To: Insurance

HOUSE BILL NO. 309

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND  
2 CONTRACTS SHALL PROVIDE COVERAGE FOR OBESITY TREATMENT FOR AN  
3 INDIVIDUAL WHO HAS A BODY MASS INDEX THAT IS THIRTY PERCENT OR  
4 MORE ABOVE HIS OR HER IDEAL BODY WEIGHT AND WHEN A WRITTEN ORDER  
5 IS PROVIDED BY A PHYSICIAN THAT STATES THE TREATMENT IS MEDICALLY  
6 NECESSARY; AND FOR RELATED PURPOSES.

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

8 **SECTION 1.** (1) All individual and group health insurance  
9 policies providing coverage on an expense-incurred basis,  
10 individual and group service or indemnity type contracts issued by  
11 a nonprofit corporation, individual and group service contracts  
12 issued by a health maintenance organization, all self-insured  
13 group arrangements to the extent not preempted by federal law and  
14 all managed health care delivery entities of any type or  
15 description that are delivered, issued for delivery, continued or  
16 renewed on or after July 1, 2018, and providing coverage to any  
17 resident of this state shall provide benefits or coverage for all  
18 the diseases and ailments caused by obesity and morbid obesity and  
19 treatment for those diseases and ailments, including bariatric,  
20 gastric bypass and lap band surgeries and prescriptions. Coverage



21 or benefits shall be provided when the prescribing physician has  
22 issued a written order stating that the individual has a body mass  
23 index that is thirty percent (30%) or more above his or her ideal  
24 body weight and that the treatment is medically necessary.  
25 Coverage or benefits shall be provided for all the obesity  
26 screening examinations and tests that are administered. The  
27 coverage required under this section shall meet the requirements  
28 set forth in subsection (2) of this section.

29 (2) An individual shall not be required to pay an additional  
30 deductible or coinsurance for testing that is greater than an  
31 annual deductible or coinsurance established for similar benefits.  
32 If the program or contract does not cover a similar benefit, a  
33 deductible or coinsurance may not be set at a level that  
34 materially diminishes the value of the obesity treatment required.  
35 Reimbursement to health care providers for obesity treatment  
36 provided under this section shall be equal to or greater than  
37 reimbursement to health care providers provided under Title XVII  
38 of the Social Security Act (Medicare).

39 (3) A group health plan or health insurance issuer is not  
40 required under this section to provide for a referral to a  
41 nonparticipating health care provider unless the plan or issuer  
42 does not have an appropriate health care provider that is  
43 available and accessible to administer the screening exam and that  
44 is a participating health care provider with respect to that  
45 treatment.



46           (4) If a plan or issuer refers an individual to a  
47 nonparticipating health care provider in accordance with this  
48 section, services provided according to the approved screening  
49 exam and resulting treatment, if any, shall be provided at no  
50 additional cost to the individual beyond what the individual would  
51 otherwise pay for services received by a participating health care  
52 provider.

53           **SECTION 2.** This act shall take effect and be in force from  
54 and after July 1, 2018.

