

By: Representative Currie

To: Insurance

HOUSE BILL NO. 433

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND
 2 CONTRACTS SHALL PROVIDE COVERAGE FOR ANNUAL PAP SMEARS AND
 3 BIENNIAL BONE DENSITY TESTS; TO AMEND SECTION 25-15-9, MISSISSIPPI
 4 CODE OF 1972, TO REQUIRE THE STATE AND SCHOOL EMPLOYEES HEALTH
 5 INSURANCE PLAN TO INCLUDE COVERAGE FOR ANNUAL PAP SMEARS AND
 6 BIENNIAL BONE DENSITY TESTS; 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 coverage or benefits for
 18 annual pap smears and biennial bone density tests. The coverage
 19 required under this section shall meet the requirements set forth
 20 in subsection (2) of this section.



21 (2) An individual shall not be required to pay an additional
22 deductible or coinsurance for screening or testing that is greater
23 than an annual deductible or coinsurance established for similar
24 benefits. If the program or contract does not cover a similar
25 benefit, a deductible or coinsurance may not be set at a level
26 that materially diminishes the value of the pap smear or bone
27 density test required. Reimbursement to health care providers for
28 pap smear or bone density test provided under this section shall
29 be equal to or greater than reimbursement to health care providers
30 provided under Title XVII of the Social Security Act (Medicare).

31 (3) A group health plan or health insurance issuer is not
32 required under this section to provide for a referral to a
33 nonparticipating health care provider unless the plan or issuer
34 does not have an appropriate health care provider that is
35 available and accessible to administer the screening or testing
36 exam and that is a participating health care provider with respect
37 to that treatment.

38 (4) If a plan or issuer refers an individual to a
39 nonparticipating health care provider in accordance with this
40 section, services provided according to the approved screening or
41 testing exam and resulting treatment, if any, shall be provided at
42 no additional cost to the individual beyond what the individual
43 would otherwise pay for services received by a participating
44 health care provider.



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

47 25-15-9. (1) (a) The board shall design a plan of health
48 insurance for state employees that provides benefits for
49 semiprivate rooms in addition to other incidental coverages that
50 the board deems necessary. The amount of the coverages shall be
51 in such reasonable amount as may be determined by the board to be
52 adequate, after due consideration of current health costs in
53 Mississippi. The plan shall also include major medical benefits
54 in such amounts as the board determines. The plan shall provide
55 for coverage for telemedicine services as provided in Section
56 83-9-351. The plan shall also include coverage for annual pap
57 smears and biennial bone density tests. The board is also
58 authorized to accept bids for such alternate coverage and optional
59 benefits as the board deems proper. The board is authorized to
60 accept bids for surgical services that include assistance in
61 locating a surgeon, setting up initial consultation, travel, a
62 negotiated single case rate bundle and payment for orthopedic,
63 spine, bariatric, cardiovascular and general surgeries. The
64 surgical services may only utilize surgeons and facilities located
65 in the State of Mississippi unless otherwise provided by the
66 board. Any contract for alternative coverage and optional
67 benefits shall be awarded by the board after it has carefully
68 studied and evaluated the bids and selected the best and most
69 cost-effective bid. The board may reject all of the bids;



70 however, the board shall notify all bidders of the rejection and
71 shall actively solicit new bids if all bids are rejected. The
72 board may employ or contract for such consulting or actuarial
73 services as may be necessary to formulate the plan, and to assist
74 the board in the preparation of specifications and in the process
75 of advertising for the bids for the plan. Those contracts shall
76 be solicited and entered into in accordance with Section 25-15-5.
77 The board shall keep a record of all persons, agents and
78 corporations who contract with or assist the board in preparing
79 and developing the plan. The board in a timely manner shall
80 provide copies of this record to the members of the advisory
81 council created in this section and those legislators, or their
82 designees, who may attend meetings of the advisory council. The
83 board shall provide copies of this record in the solicitation of
84 bids for the administration or servicing of the self-insured
85 program. Each person, agent or corporation that, during the
86 previous fiscal year, has assisted in the development of the plan
87 or employed or compensated any person who assisted in the
88 development of the plan, and that bids on the administration or
89 servicing of the plan, shall submit to the board a statement
90 accompanying the bid explaining in detail its participation with
91 the development of the plan. This statement shall include the
92 amount of compensation paid by the bidder to any such employee
93 during the previous fiscal year. The board shall make all such
94 information available to the members of the advisory council and



95 those legislators, or their designees, who may attend meetings of
96 the advisory council before any action is taken by the board on
97 the bids submitted. The failure of any bidder to fully and
98 accurately comply with this paragraph shall result in the
99 rejection of any bid submitted by that bidder or the cancellation
100 of any contract executed when the failure is discovered after the
101 acceptance of that bid. The board is authorized to promulgate
102 rules and regulations to implement the provisions of this
103 subsection.

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

107 Any corporation, association, company or individual that
108 contracts with the board for the third-party claims administration
109 of the self-insured plan shall prepare and keep on file an
110 explanation of benefits for each claim processed. The explanation
111 of benefits shall contain such information relative to each
112 processed claim that the board deems necessary, and, at a minimum,
113 each explanation shall provide the claimant's name, claim number,
114 provider number, provider name, service dates, type of services,
115 amount of charges, amount allowed to the claimant and reason
116 codes. The information contained in the explanation of benefits
117 shall be available for inspection upon request by the board. The
118 board shall have access to all claims information utilized in the
119 issuance of payments to employees and providers.



120 (b) There is created an advisory council to advise the
121 board in the formulation of the State and School Employees Health
122 Insurance Plan. The council shall be composed of the State
123 Insurance Commissioner, or his designee, an
124 employee-representative of the institutions of higher learning
125 appointed by the board of trustees thereof, an
126 employee-representative of the Department of Transportation
127 appointed by the director thereof, an employee-representative of
128 the Department of Revenue appointed by the Commissioner of
129 Revenue, an employee-representative of the Mississippi Department
130 of Health appointed by the State Health Officer, an
131 employee-representative of the Mississippi Department of
132 Corrections appointed by the Commissioner of Corrections, and an
133 employee-representative of the Department of Human Services
134 appointed by the Executive Director of Human Services, two (2)
135 certificated public school administrators appointed by the State
136 Board of Education, two (2) certificated classroom teachers
137 appointed by the State Board of Education, a noncertificated
138 school employee appointed by the State Board of Education and a
139 community/junior college employee appointed by the Mississippi
140 Community College Board.

141 The Lieutenant Governor may designate the Secretary of the
142 Senate, the Chairman of the Senate Appropriations Committee, the
143 Chairman of the Senate Education Committee and the Chairman of the
144 Senate Insurance Committee, and the Speaker of the House of



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

163 (c) No change in the terms of the State and School
164 Employees Health Insurance Plan may be made effective unless the
165 board, or its designee, has provided notice to the State and
166 School Employees Health Insurance Advisory Council and has called
167 a meeting of the council at least fifteen (15) days before the
168 effective date of the change. If the State and School Employees
169 Health Insurance Advisory Council does not meet to advise the



170 board on the proposed changes, the changes to the plan shall
171 become effective at such time as the board has informed the
172 council that the changes shall become effective.

173 (d) **Medical benefits for retired employees and**
174 **dependents under age sixty-five (65) years and not eligible for**
175 **Medicare benefits.** For employees who retire before July 1, 2005,
176 and for employees retiring due to work-related disability under
177 the Public Employees' Retirement System, the same health insurance
178 coverage as for all other active employees and their dependents
179 shall be available to retired employees and all dependents under
180 age sixty-five (65) years who are not eligible for Medicare
181 benefits, the level of benefits to be the same level as for all
182 other active participants. For employees who retire on or after
183 July 1, 2005, and not retiring due to work-related disability
184 under the Public Employees' Retirement System, the same health
185 insurance coverage as for all other active employees and their
186 dependents shall be available to those retiring employees and all
187 dependents under age sixty-five (65) years who are not eligible
188 for Medicare benefits only if the retiring employees were
189 participants in the State and School Employees Health Insurance
190 Plan for four (4) years or more before their retirement, the level
191 of benefits to be the same level as for all other active
192 participants. This section will apply to those employees who
193 retire due to one hundred percent (100%) medical disability as
194 well as those employees electing early retirement.



195 (e) **Medical benefits for retired employees and**
196 **dependents over age sixty-five (65) years or otherwise eligible**
197 **for Medicare benefits.** For employees who retire before July 1,
198 2005, and for employees retiring due to work-related disability
199 under the Public Employees' Retirement System, the health
200 insurance coverage available to retired employees over age
201 sixty-five (65) years or otherwise eligible for Medicare benefits,
202 and all dependents over age sixty-five (65) years or otherwise
203 eligible for Medicare benefits, shall be the major medical
204 coverage. For employees retiring on or after July 1, 2005, and
205 not retiring due to work-related disability under the Public
206 Employees' Retirement System, the health insurance coverage
207 described in this paragraph (e) shall be available to those
208 retiring employees only if they were participants in the State and
209 School Employees Health Insurance Plan for four (4) years or more
210 and are over age sixty-five (65) years or otherwise eligible for
211 Medicare benefits, and to all dependents over age sixty-five (65)
212 years or otherwise eligible for Medicare benefits. Benefits shall
213 be reduced by Medicare benefits as though the Medicare benefits
214 were the base plan.

215 All covered individuals shall be assumed to have full
216 Medicare coverage, Parts A and B; and any Medicare payments under
217 both Parts A and B shall be computed to reduce benefits payable
218 under this plan.



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

222 (2) Nonduplication of benefits – reduction of benefits by
223 Title XIX benefits: When benefits would be payable under more
224 than one (1) group plan, benefits under those plans will be
225 coordinated to the extent that the total benefits under all plans
226 will not exceed the total expenses incurred.

227 Benefits for hospital or surgical or medical benefits shall
228 be reduced by any similar benefits payable in accordance with
229 Title XIX of the Social Security Act or under any amendments
230 thereto, or any implementing legislation.

231 Benefits for hospital or surgical or medical benefits shall
232 be reduced by any similar benefits payable by workers'
233 compensation.

234 No health care benefits under the state plan shall restrict
235 coverage for medically appropriate treatment prescribed by a
236 physician and agreed to by a fully informed insured, or if the
237 insured lacks legal capacity to consent by a person who has legal
238 authority to consent on his or her behalf, based on an insured's
239 diagnosis with a terminal condition. As used in this paragraph,
240 "terminal condition" means any aggressive malignancy, chronic
241 end-stage cardiovascular or cerebral vascular disease, or any
242 other disease, illness or condition which physician diagnoses as
243 terminal.



244 Not later than January 1, 2016, the state health plan shall
245 not require a higher co-payment, deductible or coinsurance amount
246 for patient-administered anti-cancer medications, including, but
247 not limited to, those orally administered or self-injected, than
248 it requires for anti-cancer medications that are injected or
249 intravenously administered by a health care provider, regardless
250 of the formulation or benefit category determination by the plan.
251 For the purposes of this paragraph, the term "anti-cancer
252 medications" has the meaning as defined in Section 83-9-24.

253 (3) (a) Schedule of life insurance benefits – group term:
254 The amount of term life insurance for each active employee of a
255 department, agency or institution of the state government shall
256 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
257 twice the amount of the employee's annual wage to the next highest
258 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
259 case less than Thirty Thousand Dollars (\$30,000.00), with a like
260 amount for accidental death and dismemberment on a
261 twenty-four-hour basis. The plan will further contain a premium
262 waiver provision if a covered employee becomes totally and
263 permanently disabled before age sixty-five (65) years. Employees
264 retiring after June 30, 1999, shall be eligible to continue life
265 insurance coverage in an amount of Five Thousand Dollars
266 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
267 Dollars (\$20,000.00) into retirement.



268 (b) Effective October 1, 1999, schedule of life
269 insurance benefits – group term: The amount of term life
270 insurance for each active employee of any school district,
271 community/junior college, public library or university-based
272 program authorized under Section 37-23-31 for deaf, aphasic and
273 emotionally disturbed children or any regular nonstudent bus
274 driver shall not be in excess of One Hundred Thousand Dollars
275 (\$100,000.00), or twice the amount of the employee's annual wage
276 to the next highest One Thousand Dollars (\$1,000.00), whichever
277 may be less, but in no case less than Thirty Thousand Dollars
278 (\$30,000.00), with a like amount for accidental death and
279 dismemberment on a twenty-four-hour basis. The plan will further
280 contain a premium waiver provision if a covered employee of any
281 school district, community/junior college, public library or
282 university-based program authorized under Section 37-23-31 for
283 deaf, aphasic and emotionally disturbed children or any regular
284 nonstudent bus driver becomes totally and permanently disabled
285 before age sixty-five (65) years. Employees of any school
286 district, community/junior college, public library or
287 university-based program authorized under Section 37-23-31 for
288 deaf, aphasic and emotionally disturbed children or any regular
289 nonstudent bus driver retiring after September 30, 1999, shall be
290 eligible to continue life insurance coverage in an amount of Five
291 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
292 Twenty Thousand Dollars (\$20,000.00) into retirement.



293 (4) Any eligible employee who on March 1, 1971, was
294 participating in a group life insurance program that has
295 provisions different from those included in this article and for
296 which the State of Mississippi was paying a part of the premium
297 may, at his discretion, continue to participate in that plan. The
298 employee shall pay in full all additional costs, if any, above the
299 minimum program established by this article. Under no
300 circumstances shall any individual who begins employment with the
301 state after March 1, 1971, be eligible for the provisions of this
302 subsection.

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

305 (6) Any premium differentials, differences in coverages,
306 discounts determined by risk or by any other factors shall be
307 uniformly applied to all active employees participating in the
308 insurance plan. It is the intent of the Legislature that the
309 state contribution to the plan be the same for each employee
310 throughout the state.

311 (7) On October 1, 1999, any school district,
312 community/junior college district or public library may elect to
313 remain with an existing policy or policies of group life insurance
314 with an insurance company approved by the State and School
315 Employees Health Insurance Management Board, in lieu of
316 participation in the State and School Life Insurance Plan. On or
317 after July 1, 2004, until October 1, 2004, any school district,



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

336 (a) The insurance company offering the group life
337 insurance plan shall be rated "A-" or better by A.M. Best state
338 insurance rating service and be licensed as an admitted carrier in
339 the State of Mississippi by the Mississippi Department of
340 Insurance.

341 (b) The insurance company group life insurance plan
342 shall provide the same life insurance, accidental death and



343 dismemberment insurance and waiver of premium benefits as provided
344 in the State and School Life Insurance Plan.

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

348 (d) The insurance company group life insurance plan
349 shall have one (1) composite rate per One Thousand Dollars
350 (\$1,000.00) of coverage for active employees regardless of age and
351 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
352 coverage for all retirees regardless of age or type of retiree.

353 (e) The insurance company and its group life insurance
354 plan shall comply with any administrative requirements of the
355 State and School Employees Health Insurance Management Board. If
356 any insurance company providing group life insurance benefits to
357 employees under this subsection (7) fails to comply with any
358 requirements specified in this subsection or any administrative
359 requirements of the board, the state shall discontinue providing
360 funding for the cost of that insurance.

361 **SECTION 3.** This act shall take effect and be in force from
362 and after July 1, 2018.

