MISSISSIPPI LEGISLATURE

REGULAR SESSION 2018

By: Representative Foster

To: Insurance

HOUSE BILL NO. 1513

1 AN ACT TO BE KNOWN AS THE PATIENT CHOICE ACT OF 2018; TO 2 CREATE NEW SECTION 83-41-221, MISSISSIPPI CODE OF 1972, TO PROVIDE 3 THAT AN INSURED IS ENTITLED TO BENEFITS UNDER A HEALTH BENEFIT 4 PLAN IF THE HEALTH BENEFIT PLAN PROVIDES FOR REIMBURSEMENT FOR THE 5 SERVICE IF PERFORMED BY A DULY LICENSED PHYSICIAN OR PODIATRIST 6 AND THE SERVICE IS PERFORMED BY A DULY LICENSED PHYSICIAN OR 7 PODIATRIST; TO CREATE NEW SECTION 83-41-223, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT A HEALTH BENEFIT PLAN SHALL NOT DISCRIMINATE 8 9 AGAINST ANY PHYSICIAN WHO IS LOCATED WITHIN THE GEOGRAPHIC 10 COVERAGE AREA OF THE HEALTH BENEFIT PLAN AND WHO IS WILLING TO MEET THE TERMS AND CONDITIONS FOR PARTICIPATION ESTABLISHED BY THE 11 12 HEALTH BENEFIT PLAN; TO CREATE NEW SECTION 83-41-225, MISSISSIPPI 13 CODE OF 1972, TO PROVIDE THAT NOTHING IN THIS ARTICLE SHALL BE CONSTRUED TO REQUIRE OR PROHIBIT THE SAME REIMBURSEMENT TO 14 15 DIFFERENT TYPES OF PHYSICIANS WHOSE LICENSED SCOPE OF SPECIALTY 16 PRACTICE DIFFERS; TO PROVIDE THAT NOTHING IN THIS ARTICLE SHALL BE 17 CONSTRUED TO REQUIRE OR PROHIBIT COVERAGE OF THE SERVICES OF ANY 18 PARTICULAR TYPE OF PROVIDER; TO CREATE NEW SECTION 83-41-227, 19 MISSISSIPPI CODE OF 1972, TO PROVIDE THAT A HEALTH BENEFIT PLAN 20 SHALL NOT, DIRECTLY OR INDIRECTLY, PROHIBIT OR LIMIT A PHYSICIAN 21 THAT IS QUALIFIED UNDER THIS ARTICLE AND IS WILLING TO ACCEPT THE 22 HEALTH BENEFIT PLAN'S OPERATING TERMS AND CONDITIONS, SCHEDULE OF 23 FEES, COVERED EXPENSES AND UTILIZATION REGULATIONS AND QUALITY 24 STANDARDS, FROM THE OPPORTUNITY TO PARTICIPATE IN THAT PLAN; TO 25 PROVIDE THAT NOTHING IN THIS ARTICLE SHALL PREVENT A HEALTH 26 BENEFIT PLAN FROM INSTITUTING MEASURES DESIGNED TO MAINTAIN 27 QUALITY AND TO CONTROL COSTS, INCLUDING, BUT NOT LIMITED TO, THE UTILIZATION OF A GATEKEEPER SYSTEM, AS LONG AS SUCH MEASURES ARE 28 IMPOSED EQUALLY ON ALL PROVIDERS IN THE SAME CLASS; TO CREATE NEW 29 30 SECTION 83-41-229, MISSISSIPPI CODE OF 1972, TO CLARIFY HOW THE 31 ARTICLE SHOULD BE CONSTRUED; TO CREATE NEW SECTION 83-41-231, MISSISSIPPI CODE OF 1972, TO CLARIFY THE COMMISSIONER OF 32 33 INSURANCE'S POWERS AND DUTIES REGARDING ARTICLE 5, CHAPTER 41, 34 TITLE 83; TO AMEND SECTIONS 83-41-203, 83-41-211, 83-41-213 AND

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35 83-41-215, MISSISSIPPI CODE OF 1972, TO REVISE CERTAIN EXISTING 36 LAWS PROVIDING FOR CHOICE OF PRACTITIONER; AND FOR RELATED 37 PURPOSES.

38 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: 39 <u>SECTION 1.</u> This act shall be known and may be cited as the 40 Patient Choice Act of 2018.

41 **SECTION 2.** The following shall be codified as Section 42 83-41-221, Mississippi Code of 1972:

43 83-41-221. (1) From and after July 1, 2018, whenever any 44 health benefit plan provides for reimbursement for any service which is within the lawful scope of practice of a duly licensed 45 46 physician or podiatrist who is licensed under the Mississippi 47 Board of Medical Licensure, the insured or other person entitled to benefits under such health benefit plan shall be entitled to 48 49 reimbursement for such services if performed by a duly licensed 50 physician or podiatrist. Any duly licensed physician or podiatrist shall be entitled to participate in such health benefit 51 52 plan providing for reimbursement for any service which is within the lawful scope of practice of a duly licensed physician or 53 54 podiatrist.

55 It is the intent of the Legislature by this section to 56 provide for increased access of health delivery services to the 57 underserved.

(2) Any duly licensed physician or podiatrist shall not be
entitled to participate in a health benefit plan described in
subsection (1) of this section if he or she is committing an act
of fraud or other illegal activity.

H. B. No. 1513 **~ OFFICIAL ~** 18/HR31/R290 PAGE 2 (RF\JAB) 62 SECTION 3. The following shall be codified as Section 63 83-41-223, Mississippi Code of 1972:

64 <u>83-41-223.</u> A health benefit plan shall not discriminate 65 against any physician who is located within the geographic 66 coverage area of the health benefit plan and who is willing to 67 meet the terms and conditions for participation established by the 68 health benefit plan. Therefore, notification of acceptance should 69 occur within sixty (60) days of completed application to such 70 health benefit plan.

71 SECTION 4. The following shall be codified as Section 72 83-41-225, Mississippi Code of 1972:

73 <u>83-41-225.</u> Nothing in this article shall be construed to 74 require or prohibit the same reimbursement to different types of 75 physicians whose licensed scope of specialty practice differs nor 76 shall anything in this article be construed to require or prohibit 77 coverage of the services of any particular type of provider.

78 SECTION 5. The following shall be codified as Section 79 83-41-227, Mississippi Code of 1972:

80 <u>83-41-227.</u> (1) A health benefit plan shall not, directly or 81 indirectly, prohibit or limit a physician that is qualified under 82 this article and is willing to accept the health benefit plan's 83 operating terms and conditions, schedule of fees, covered expenses 84 and utilization regulations and quality standards, from the 85 opportunity to participate in that plan.

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86 (2) Nothing in this article shall prevent a health benefit
87 plan from instituting measures designed to maintain quality, to
88 provide merit, shared savings, or monetary rewards through
89 controlling costs and to control costs, including, but not limited
90 to, the utilization of a gatekeeper system, as long as such
91 measures are imposed equally on all providers in the same class.

92 SECTION 6. The following shall be codified as Section
93 83-41-229, Mississippi Code of 1972:

94 <u>83-41-229.</u> (1) This article shall not be construed:

95 (a) To require all physicians or a percentage of
96 physicians in the state or a locale to participate in the
97 provision of services for a health benefit plan; or

98 (b) To take away the authority of health benefit plans 99 that provide coverage of physician services to set the terms and 100 conditions for participation by physicians, though health benefit 101 plans shall apply such terms and conditions in a nondiscriminatory 102 manner.

103

(2) This article shall apply to:

(a) All health benefit plans, regardless of whether
they are providing insurance, including pre-paid coverage, or
administering or contracting to provide provider networks; and

107 (b) All multiple employer welfare arrangements and108 multiple employer trusts.

SECTION 7. The following shall be codified as Section 83-41-231, Mississippi Code of 1972:

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(a) Enforce this article using powers granted to the commissioner in the Mississippi Insurance Code.

(b) Be entitled to seek an injunction against a health insurer in a court of competent jurisdiction.

SECTION 8. Section 83-41-203, Mississippi Code of 1972, is amended as follows:

119 83-41-203. (1) Whenever any policy of insurance or any 120 medical service plan or hospital service contract or hospital and 121 medical service contract issued, delivered, administered, 122 continued or renewed in this state (hereinafter referred to in 123 this article as "health benefit plan") provides for reimbursement for any visual service which is within the lawful scope of 124 125 practice of a duly licensed optometrist as defined in Section 126 73-19-1, * * * the insured or other person entitled to benefits 127 under such * * * health benefit plan shall be entitled to reimbursement for such services, whether such services are 128 129 performed by a duly licensed physician or by a duly licensed 130 optometrist, * * * plan or contract. Duly licensed optometrists 131 shall be entitled to participate in such policies, plans, or 132 contracts providing for visual services, as authorized by Sections 73-19-1 and 43-3-67, \star \star to the same extent as duly licensed 133 134 physicians.

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135 (2) Any duly licensed optometrist or duly licensed physician
136 shall not be entitled to participate in a health benefit plan
137 described in subsection (1) of this section if he or she is
138 committing an act of fraud or other illegal activity.

139 SECTION 9. Section 83-41-211, Mississippi Code of 1972, is 140 amended as follows:

83-41-211. (1) Whenever any * * * health benefit plan 141 142 provides for reimbursement for any diagnosis and treatment of 143 mental, nervous or emotional disorders only which are within the lawful scope of practice of a duly licensed psychologist as 144 defined in Section 73-31-3, within the lawful scope of practice of 145 146 a duly licensed professional counselor as defined in Section 147 73-30-3, within the lawful scope of practice of a duly licensed clinical social worker as defined in Section 73-53-3, or within 148 the lawful scope of practice of a duly licensed marriage and 149 150 family therapist as defined in Section 73-54-5, the insured or other person entitled to benefits under such * * * health benefit 151 152 plan shall be entitled to reimbursement for such services, whether 153 such services are performed by a duly licensed physician or by a 154 duly licensed psychologist, by a duly licensed professional counselor, by a duly licensed clinical social worker or by a duly 155 licensed marriage and family therapist * * *. Duly licensed 156 157 psychologists shall be entitled to participate in such * * * 158 health benefit plans providing for the diagnosis and treatment of mental, nervous or emotional disorders only as authorized by 159

160 Section 73-31-3. A duly licensed professional counselor shall be 161 entitled to participate in such * * * health benefit plans 162 providing for the diagnosis and treatment of mental, nervous or 163 emotional disorders only as authorized by Section 73-30-3. A duly 164 licensed clinical social worker shall be entitled to participate 165 in such * * * health benefit plans providing for the diagnosis and 166 treatment of mental, nervous or emotional disorders only as authorized by Section 73-53-3. A duly licensed marriage and 167 168 family therapist shall be entitled to participate in such * * * health benefit plans providing for the diagnosis and treatment of 169 170 mental, nervous or emotional disorders only as authorized by 171 Section 73-54-5 et seq. The addition of marriage and family 172 therapists as providers herein is intended to only allow them to treat mental, nervous or emotional disorders as treated by other 173 providers, to the extent that marriage and family therapists are 174 175 qualified to treat such disorders. Notwithstanding anything in 176 this section to the contrary, the scope or definition of mental, nervous or emotional disorders shall remain the same and shall not 177 178 be expanded by the addition of marriage and family therapists as 179 allowable providers. 180 (2) Any duly licensed psychologist, duly licensed

181 professional counselor, duly licensed clinical social worker, duly 182 licensed marriage and family therapist or duly licensed physician 183 shall not be entitled to participate in a health benefit plan

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184 described in subsection (1) of this section if he or she is

185 committing an act of fraud or other illegal activity.

186 SECTION 10. Section 83-41-213, Mississippi Code of 1972, is 187 amended as follows:

188 83-41-213. (1) From and after January 1, 1999, whenever 189 any *** * *** health benefit plan provides for reimbursement for any 190 service which is within the lawful scope of practice of a 191 duly * * * licensed nurse practitioner as provided for by rules 192 and regulations implemented by the Mississippi Board of Nursing 193 under Section 73-15-5(2), the insured or other person entitled to benefits under such * * * health benefit plan shall be entitled to 194 reimbursement for such services, whether such services are 195 196 performed by a duly licensed physician or by a duly * * * licensed 197 nurse practitioner * * *. Duly * * * licensed nurse practitioners shall be entitled to participate in such * * * health benefit 198 plans providing for the services of nurse practitioners, as 199 200 authorized by the rules and regulations implemented by the 201 Mississippi Board of Nursing under Section 73-15-5(2). 202 Reimbursement shall be based on services rendered by a duly * * * 203 licensed nurse practitioner.

It is the intent of the Legislature by this section to provide for increased access of health delivery services to the underserved.

207 (2) Any duly licensed nurse practitioner or duly licensed
 208 physician shall not be entitled to participate in a health benefit

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209 plan described in subsection (1) of this section if he or she is 210 committing an act of fraud or other illegal activity.

211 SECTION 11. Section 83-41-215, Mississippi Code of 1972, is 212 amended as follows:

213 83-41-215. (1) Whenever any * * * health benefit plan provides for reimbursement for any service which is within the 214 lawful scope of practice of a duly licensed chiropractor as 215 216 defined in Section 73-6-1, Mississippi Code of 1972, then such 217 service may be performed by a duly licensed chiropractor, and the insured or other person entitled to benefits under such * * * 218 219 health benefit plan shall be entitled to reimbursement for such 220 services. The insured shall have the right to choose the place 221 where the service is to be performed as well as the chiropractor 222 to perform such service, provided that such service shall be 223 performed in the chiropractor's office, clinic or regular place of 224 business. Any duly licensed chiropractor shall be entitled to 225 participate in such health benefit plan providing for 226 reimbursement for any service which is within the lawful scope of 227 practice of a duly licensed chiropractor. 228 (2) Any duly licensed chiropractor shall not be entitled to 229 participate in a health benefit plan described in subsection (1)

230 of this section if he or she is committing an act of fraud or

231 other illegal activity.

232 SECTION 12. This act shall take effect and be in force from 233 and after July 1, 2018.

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