

By: Representatives McGee, Aguirre, Bennett, To: Insurance
Bounds, Lamar, Massengill, Sanford,
Steverson, Baria, Roberson

HOUSE BILL NO. 1478

1 AN ACT TO REQUIRE HEALTH INSURANCE POLICIES THAT PROVIDE
2 PREGNANCY RELATED BENEFITS TO PROVIDE COVERAGE FOR MEDICALLY
3 NECESSARY EXPENSES OF DIAGNOSIS AND TREATMENT OF INFERTILITY; TO
4 ESTABLISH A PILOT PROGRAM IN THE STATE AND SCHOOL EMPLOYEES HEALTH
5 INSURANCE PLAN THAT PROVIDES FOR COVERAGE FOR MEDICALLY NECESSARY
6 EXPENSES OF TESTS AND PROCEDURES FOR THE DIAGNOSIS AND TREATMENT
7 OF INFERTILITY; TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF
8 1972, TO CONFORM TO THE PRECEDING PROVISION; AND FOR RELATED
9 PURPOSES.

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

11 **SECTION 1.** (1) Except as otherwise provided in this
12 section, a health insurance policy covering persons residing in
13 Mississippi that provides pregnancy related benefits must provide,
14 coverage to the same extent as pregnancy-related procedures are
15 covered, coverage for medically necessary expenses of diagnosis
16 and treatment of infertility, including, but not limited to, the
17 following: artificial insemination; in vitro fertilization;
18 gamete intrafallopian transfer; sperm, egg and/or inseminated egg
19 procurement and processing; banking of sperm or inseminated eggs,
20 to the extent such costs are not covered by the patient's insurer,
21 if any; intra-cytoplasmic sperm injection; zygote intrafallopian



22 transfer; assisted hatching; and cryopreservation of eggs.
23 Procedures under this section must conform with the American
24 College of Obstetricians and Gynecologists and the American
25 Society for Reproductive Medicine guidelines.

26 (2) Coverage under this section shall be included in health
27 insurance policies that are delivered, executed, issued, amended,
28 adjusted, or renewed in this state, or outside this state if
29 insuring residents of this state, on or after July 1, 2019. No
30 insurer may terminate coverage, or refuse to deliver, execute,
31 issue, amend, adjust or renew coverage to an individual because
32 the individual is diagnosed with or has received treatment for
33 infertility.

34 (3) Coverage of procedures for the diagnosis and treatment
35 of infertility under this section may not exceed a lifetime
36 benefit of Twenty-five Thousand Dollars (\$25,000.00) per person.

37 (4) The benefits of coverage for infertility treatment shall
38 be subject to the same deductibles, coinsurance and out-of-pocket
39 limitations as under maternity benefit coverage.

40 (5) Coverage shall be provided only to married females and
41 males, except for the coverage provided under subsection (9) of
42 this section.

43 (6) Policies must provide coverage for diagnostic tests and
44 procedures that include, but are not limited to, the following:

45 (a) Hysterosalpingogram;

46 (b) Hysteroscopy;



- 47 (c) Endometrial biopsy;
- 48 (d) Laparoscopy;
- 49 (e) Sono-hysterogram;
- 50 (f) Postcoital tests;
- 51 (g) Testis biopsy;
- 52 (h) Semen analysis;
- 53 (i) Blood tests; and
- 54 (j) Ultrasounds.

55 In addition to the above tests and procedures, diagnostic and
56 exploratory procedures shall be covered, including surgical
57 procedures to correct a medically diagnosed disease or condition
58 of the reproductive organs, including but not limited to,
59 endometriosis, collapsed/clogged fallopian tubes and testicular
60 failure.

61 (7) Every policy that provides for prescription drug
62 coverage shall also include drugs approved by the FDA for use in
63 the diagnosis and treatment of infertility. Insurers shall not
64 impose any exclusions, limitations or other restrictions on
65 coverage of infertility drugs that are different from those
66 imposed on any other prescription drugs, nor shall they impose
67 deductibles, copayment, coinsurance, benefit maximums, waiting
68 periods or any other limitations on coverage for required
69 infertility benefits that are different from those imposed upon
70 benefits for services not related to infertility.



71 (8) Nothing in this section shall be construed to limit the
72 number of treatment cycles covered.

73 (9) Coverage shall include medically necessary expenses for
74 standard fertility preservation services when a necessary medical
75 treatment may directly or indirectly cause iatrogenic infertility
76 to a covered person. As used in this section, "iatrogenic
77 infertility" means an impairment of fertility by surgery,
78 radiation, chemotherapy or other medical treatment affecting
79 reproductive organs or processes. Subsection (5) of this section
80 does not apply to fertility preservation to avoid iatrogenic
81 infertility.

82 (10) As used in this section, "infertility" means a disease,
83 defined by the failure to achieve a successful pregnancy after
84 twelve (12) months or more appropriate, timed unprotected
85 intercourse or therapeutic donor insemination. Earlier evaluation
86 and treatment may be justified based on medical history and
87 physical findings and is warranted after six (6) months for women
88 over thirty-five (35) years of age.

89 (11) As used in this section, "health insurance policy"
90 includes all individual and group health insurance policies
91 providing coverage on an expense-incurred basis, individual and
92 group service or indemnity type contracts issued by a nonprofit
93 corporation, and individual and group service contracts issued by
94 a health maintenance organization or preferred provider
95 organization.



96 (12) This section does not apply to self-insured group
97 arrangements, including the State and School Employees Health
98 Insurance Plan, except as provided in Section 2 of this act.

99 (13) Coverage required under this section must be for the
100 policyholder and the spouse of the policyholder if the spouse is a
101 covered person under the policy.

102 (14) Fertilization covered under this section shall only
103 include fertilization of the covered person's eggs with the
104 spouse's sperm.

105 (15) Nothing in this section shall apply to nongrandfathered
106 plans in the individual and small group markets that are required
107 to include essential health benefits under the Patient Protection
108 and Affordable Care Act or to Medicare supplement, accident-only,
109 specified disease, hospital indemnity, disability income, long
110 term care, or other limited benefit hospital insurance policies.

111 **SECTION 2.** (1) There is established a pilot program
112 designed to help address the problem of infertility in
113 Mississippi, by providing for coverage in the State and School
114 Employees Health Insurance Plan (the "plan") for medically
115 necessary expenses of tests and procedures for the diagnosis and
116 treatment of infertility that meets the requirements of and is
117 subject to the limitations on the coverage required for health
118 insurance policies in Section 1 of this act.

119 (2) To be eligible for the pilot program, a person must have
120 been covered by the plan for at least one (1) year, and must have



121 symptoms of infertility, as defined in Section 1 of this act. The
122 pilot program shall be administered by the State and School
123 Employees Health Insurance Management Board (the "board"), and is
124 limited to one hundred (100) persons.

125 (3) Persons who meet the criteria for the pilot program
126 shall apply to the board for benefits for medically necessary
127 tests and procedures for the diagnosis and treatment of
128 infertility, and those benefits shall be provided to not more than
129 one hundred (100) applicants approved by the board on a
130 first-come, first-served basis.

131 (4) The pilot program shall be conducted for a period of one
132 (1) year, ending on July 1, 2020. After the end of the pilot
133 program, the board shall evaluate the program and provide a report
134 on the program to the members of the Legislature, with detailed
135 information about the participants in the program (with the
136 identities of those persons being confidential); the tests and
137 procedures used by those participants; the total costs to the plan
138 for those tests and procedures by each participant and by all
139 participants; and any other information determined to be relevant
140 by the board. The board shall submit its report to the
141 Legislature not later than December 1, 2020.

142 **SECTION 3.** Section 25-15-9, Mississippi Code of 1972, is
143 amended as follows:

144 25-15-9. (1) (a) The board shall design a plan of health
145 insurance for state employees that provides benefits for



146 semiprivate rooms in addition to other incidental coverages that
147 the board deems necessary. The amount of the coverages shall be
148 in such reasonable amount as may be determined by the board to be
149 adequate, after due consideration of current health costs in
150 Mississippi. The plan shall also include major medical benefits
151 in such amounts as the board determines. The plan shall provide
152 for coverage for telemedicine services as provided in Section
153 83-9-351. The plan shall provide for coverage of procedures for
154 the diagnosis and treatment of infertility as provided in Section
155 2 of this act. The board is also authorized to accept bids for
156 such alternate coverage and optional benefits as the board deems
157 proper. The board is authorized to accept bids for surgical
158 services that include assistance in locating a surgeon, setting up
159 initial consultation, travel, a negotiated single case rate bundle
160 and payment for orthopedic, spine, bariatric, cardiovascular and
161 general surgeries. The surgical services may only utilize
162 surgeons and facilities located in the State of Mississippi unless
163 otherwise provided by the board. Any contract for alternative
164 coverage and optional benefits shall be awarded by the board after
165 it has carefully studied and evaluated the bids and selected the
166 best and most cost-effective bid. The board may reject all of the
167 bids; however, the board shall notify all bidders of the rejection
168 and shall actively solicit new bids if all bids are rejected. The
169 board may employ or contract for such consulting or actuarial
170 services as may be necessary to formulate the plan, and to assist



171 the board in the preparation of specifications and in the process
172 of advertising for the bids for the plan. Those contracts shall
173 be solicited and entered into in accordance with Section 25-15-5.
174 The board shall keep a record of all persons, agents and
175 corporations who contract with or assist the board in preparing
176 and developing the plan. The board in a timely manner shall
177 provide copies of this record to the members of the advisory
178 council created in this section and those legislators, or their
179 designees, who may attend meetings of the advisory council. The
180 board shall provide copies of this record in the solicitation of
181 bids for the administration or servicing of the self-insured
182 program. Each person, agent or corporation that, during the
183 previous fiscal year, has assisted in the development of the plan
184 or employed or compensated any person who assisted in the
185 development of the plan, and that bids on the administration or
186 servicing of the plan, shall submit to the board a statement
187 accompanying the bid explaining in detail its participation with
188 the development of the plan. This statement shall include the
189 amount of compensation paid by the bidder to any such employee
190 during the previous fiscal year. The board shall make all such
191 information available to the members of the advisory council and
192 those legislators, or their designees, who may attend meetings of
193 the advisory council before any action is taken by the board on
194 the bids submitted. The failure of any bidder to fully and
195 accurately comply with this paragraph shall result in the



196 rejection of any bid submitted by that bidder or the cancellation
197 of any contract executed when the failure is discovered after the
198 acceptance of that bid. The board is authorized to promulgate
199 rules and regulations to implement the provisions of this
200 subsection.

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

204 Any corporation, association, company or individual that
205 contracts with the board for the third-party claims administration
206 of the self-insured plan shall prepare and keep on file an
207 explanation of benefits for each claim processed. The explanation
208 of benefits shall contain such information relative to each
209 processed claim that the board deems necessary, and, at a minimum,
210 each explanation shall provide the claimant's name, claim number,
211 provider number, provider name, service dates, type of services,
212 amount of charges, amount allowed to the claimant and reason
213 codes. The information contained in the explanation of benefits
214 shall be available for inspection upon request by the board. The
215 board shall have access to all claims information utilized in the
216 issuance of payments to employees and providers.

217 (b) There is created an advisory council to advise the
218 board in the formulation of the State and School Employees Health
219 Insurance Plan. The council shall be composed of the State
220 Insurance Commissioner, or his designee, an



221 employee-representative of the institutions of higher learning
222 appointed by the board of trustees thereof, an
223 employee-representative of the Department of Transportation
224 appointed by the director thereof, an employee-representative of
225 the Department of Revenue appointed by the Commissioner of
226 Revenue, an employee-representative of the Mississippi Department
227 of Health appointed by the State Health Officer, an
228 employee-representative of the Mississippi Department of
229 Corrections appointed by the Commissioner of Corrections, and an
230 employee-representative of the Department of Human Services
231 appointed by the Executive Director of Human Services, two (2)
232 certificated public school administrators appointed by the State
233 Board of Education, two (2) certificated classroom teachers
234 appointed by the State Board of Education, a noncertificated
235 school employee appointed by the State Board of Education and a
236 community/junior college employee appointed by the Mississippi
237 Community College Board.

238 The Lieutenant Governor may designate the Secretary of the
239 Senate, the Chairman of the Senate Appropriations Committee, the
240 Chairman of the Senate Education Committee and the Chairman of the
241 Senate Insurance Committee, and the Speaker of the House of
242 Representatives may designate the Clerk of the House, the Chairman
243 of the House Appropriations Committee, the Chairman of the House
244 Education Committee and the Chairman of the House Insurance
245 Committee, to attend any meeting of the State and School Employees



246 Insurance Advisory Council. The appointing authorities may
247 designate an alternate member from their respective houses to
248 serve when the regular designee is unable to attend the meetings
249 of the council. Those designees shall have no jurisdiction or
250 vote on any matter within the jurisdiction of the council. For
251 attending meetings of the council, the legislators shall receive
252 per diem and expenses, which shall be paid from the contingent
253 expense funds of their respective houses in the same amounts as
254 provided for committee meetings when the Legislature is not in
255 session; however, no per diem and expenses for attending meetings
256 of the council will be paid while the Legislature is in session.
257 No per diem and expenses will be paid except for attending
258 meetings of the council without prior approval of the proper
259 committee in their respective houses.

260 (c) No change in the terms of the State and School
261 Employees Health Insurance Plan may be made effective unless the
262 board, or its designee, has provided notice to the State and
263 School Employees Health Insurance Advisory Council and has called
264 a meeting of the council at least fifteen (15) days before the
265 effective date of the change. If the State and School Employees
266 Health Insurance Advisory Council does not meet to advise the
267 board on the proposed changes, the changes to the plan shall
268 become effective at such time as the board has informed the
269 council that the changes shall become effective.



270 (d) **Medical benefits for retired employees and**
271 **dependents under age sixty-five (65) years and not eligible for**
272 **Medicare benefits.** For employees who retire before July 1, 2005,
273 and for employees retiring due to work-related disability under
274 the Public Employees' Retirement System, the same health insurance
275 coverage as for all other active employees and their dependents
276 shall be available to retired employees and all dependents under
277 age sixty-five (65) years who are not eligible for Medicare
278 benefits, the level of benefits to be the same level as for all
279 other active participants. For employees who retire on or after
280 July 1, 2005, and not retiring due to work-related disability
281 under the Public Employees' Retirement System, the same health
282 insurance coverage as for all other active employees and their
283 dependents shall be available to those retiring employees and all
284 dependents under age sixty-five (65) years who are not eligible
285 for Medicare benefits only if the retiring employees were
286 participants in the State and School Employees Health Insurance
287 Plan for four (4) years or more before their retirement, the level
288 of benefits to be the same level as for all other active
289 participants. This section will apply to those employees who
290 retire due to one hundred percent (100%) medical disability as
291 well as those employees electing early retirement.

292 (e) **Medical benefits for retired employees and**
293 **dependents over age sixty-five (65) years or otherwise eligible**
294 **for Medicare benefits.** For employees who retire before July 1,



295 2005, and for employees retiring due to work-related disability
296 under the Public Employees' Retirement System, the health
297 insurance coverage available to retired employees over age
298 sixty-five (65) years or otherwise eligible for Medicare benefits,
299 and all dependents over age sixty-five (65) years or otherwise
300 eligible for Medicare benefits, shall be the major medical
301 coverage. For employees retiring on or after July 1, 2005, and
302 not retiring due to work-related disability under the Public
303 Employees' Retirement System, the health insurance coverage
304 described in this paragraph (e) shall be available to those
305 retiring employees only if they were participants in the State and
306 School Employees Health Insurance Plan for four (4) years or more
307 and are over age sixty-five (65) years or otherwise eligible for
308 Medicare benefits, and to all dependents over age sixty-five (65)
309 years or otherwise eligible for Medicare benefits. Benefits shall
310 be reduced by Medicare benefits as though the Medicare benefits
311 were the base plan.

312 All covered individuals shall be assumed to have full
313 Medicare coverage, Parts A and B; and any Medicare payments under
314 both Parts A and B shall be computed to reduce benefits payable
315 under this plan.

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



319 (2) Nonduplication of benefits – reduction of benefits by
320 Title XIX benefits: When benefits would be payable under more
321 than one (1) group plan, benefits under those plans will be
322 coordinated to the extent that the total benefits under all plans
323 will not exceed the total expenses incurred.

324 Benefits for hospital or surgical or medical benefits shall
325 be reduced by any similar benefits payable in accordance with
326 Title XIX of the Social Security Act or under any amendments
327 thereto, or any implementing legislation.

328 Benefits for hospital or surgical or medical benefits shall
329 be reduced by any similar benefits payable by workers'
330 compensation.

331 No health care benefits under the state plan shall restrict
332 coverage for medically appropriate treatment prescribed by a
333 physician and agreed to by a fully informed insured, or if the
334 insured lacks legal capacity to consent by a person who has legal
335 authority to consent on his or her behalf, based on an insured's
336 diagnosis with a terminal condition. As used in this paragraph,
337 "terminal condition" means any aggressive malignancy, chronic
338 end-stage cardiovascular or cerebral vascular disease, or any
339 other disease, illness or condition which physician diagnoses as
340 terminal.

341 Not later than January 1, 2016, the state health plan shall
342 not require a higher co-payment, deductible or coinsurance amount
343 for patient-administered anti-cancer medications, including, but



344 not limited to, those orally administered or self-injected, than
345 it requires for anti-cancer medications that are injected or
346 intravenously administered by a health care provider, regardless
347 of the formulation or benefit category determination by the plan.
348 For the purposes of this paragraph, the term "anti-cancer
349 medications" has the meaning as defined in Section 83-9-24.

350 (3) (a) Schedule of life insurance benefits – group term:
351 The amount of term life insurance for each active employee of a
352 department, agency or institution of the state government shall
353 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
354 twice the amount of the employee's annual wage to the next highest
355 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
356 case less than Thirty Thousand Dollars (\$30,000.00), with a like
357 amount for accidental death and dismemberment on a
358 twenty-four-hour basis. The plan will further contain a premium
359 waiver provision if a covered employee becomes totally and
360 permanently disabled before age sixty-five (65) years. Employees
361 retiring after June 30, 1999, shall be eligible to continue life
362 insurance coverage in an amount of Five Thousand Dollars
363 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
364 Dollars (\$20,000.00) into retirement.

365 (b) Effective October 1, 1999, schedule of life
366 insurance benefits – group term: The amount of term life
367 insurance for each active employee of any school district,
368 community/junior college, public library or university-based



369 program authorized under Section 37-23-31 for deaf, aphasic and
370 emotionally disturbed children or any regular nonstudent bus
371 driver shall not be in excess of One Hundred Thousand Dollars
372 (\$100,000.00), or twice the amount of the employee's annual wage
373 to the next highest One Thousand Dollars (\$1,000.00), whichever
374 may be less, but in no case less than Thirty Thousand Dollars
375 (\$30,000.00), with a like amount for accidental death and
376 dismemberment on a twenty-four-hour basis. The plan will further
377 contain a premium waiver provision if a covered employee of any
378 school district, community/junior college, public library or
379 university-based program authorized under Section 37-23-31 for
380 deaf, aphasic and emotionally disturbed children or any regular
381 nonstudent bus driver becomes totally and permanently disabled
382 before age sixty-five (65) years. Employees of any school
383 district, community/junior college, public library or
384 university-based program authorized under Section 37-23-31 for
385 deaf, aphasic and emotionally disturbed children or any regular
386 nonstudent bus driver retiring after September 30, 1999, shall be
387 eligible to continue life insurance coverage in an amount of Five
388 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
389 Twenty Thousand Dollars (\$20,000.00) into retirement.

390 (4) Any eligible employee who on March 1, 1971, was
391 participating in a group life insurance program that has
392 provisions different from those included in this article and for
393 which the State of Mississippi was paying a part of the premium



394 may, at his discretion, continue to participate in that plan. The
395 employee shall pay in full all additional costs, if any, above the
396 minimum program established by this article. Under no
397 circumstances shall any individual who begins employment with the
398 state after March 1, 1971, be eligible for the provisions of this
399 subsection.

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

402 (6) Any premium differentials, differences in coverages,
403 discounts determined by risk or by any other factors shall be
404 uniformly applied to all active employees participating in the
405 insurance plan. It is the intent of the Legislature that the
406 state contribution to the plan be the same for each employee
407 throughout the state.

408 (7) On October 1, 1999, any school district,
409 community/junior college district or public library may elect to
410 remain with an existing policy or policies of group life insurance
411 with an insurance company approved by the State and School
412 Employees Health Insurance Management Board, in lieu of
413 participation in the State and School Life Insurance Plan. On or
414 after July 1, 2004, until October 1, 2004, any school district,
415 community/junior college district or public library may elect to
416 choose a policy or policies of group life insurance existing on
417 October 1, 1999, with an insurance company approved by the State
418 and School Employees Health Insurance Management Board in lieu of



419 participation in the State and School Life Insurance Plan. The
420 state's contribution of up to fifty percent (50%) of the active
421 employee's premium under the State and School Life Insurance Plan
422 may be applied toward the cost of coverage for full-time employees
423 participating in the approved life insurance company group plan.
424 For purposes of this subsection (7), "life insurance company group
425 plan" means a plan administered or sold by a private insurance
426 company. After October 1, 1999, the board may assess charges in
427 addition to the existing State and School Life Insurance Plan
428 rates to such employees as a condition of enrollment in the State
429 and School Life Insurance Plan. In order for any life insurance
430 company group plan to be approved by the State and School
431 Employees Health Insurance Management Board under this subsection
432 (7), it shall meet the following criteria:

433 (a) The insurance company offering the group life
434 insurance plan shall be rated "A-" or better by A.M. Best state
435 insurance rating service and be licensed as an admitted carrier in
436 the State of Mississippi by the Mississippi Department of
437 Insurance.

438 (b) The insurance company group life insurance plan
439 shall provide the same life insurance, accidental death and
440 dismemberment insurance and waiver of premium benefits as provided
441 in the State and School Life Insurance Plan.



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

445 (d) The insurance company group life insurance plan
446 shall have one (1) composite rate per One Thousand Dollars
447 (\$1,000.00) of coverage for active employees regardless of age and
448 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
449 coverage for all retirees regardless of age or type of retiree.

450 (e) The insurance company and its group life insurance
451 plan shall comply with any administrative requirements of the
452 State and School Employees Health Insurance Management Board. If
453 any insurance company providing group life insurance benefits to
454 employees under this subsection (7) fails to comply with any
455 requirements specified in this subsection or any administrative
456 requirements of the board, the state shall discontinue providing
457 funding for the cost of that insurance.

458 **SECTION 4.** This act shall take effect and be in force from
459 and after July 1, 2019.

