

By: Representatives Currie, Mickens

To: Public Health and Human Services

HOUSE BILL NO. 941

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND
2 CONTRACTS SHALL PROVIDE COVERAGE FOR PHYSICIAN-PRESCRIBED PROTON
3 BEAM THERAPY FOR THE TREATMENT OF CANCER AS RECOMMENDED BY THE
4 AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO); AN ACT TO AMEND
5 SECTION 25-15-9, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THE
6 STATE EMPLOYEES LIFE AND HEALTH INSURANCE PLAN SHALL PROVIDE
7 COVERAGE FOR PROTON THERAPY FOR THE TREATMENT OF CANCER AND
8 CERTAIN NONCANCEROUS TUMORS; AND FOR RELATED PURPOSES.

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

10 **SECTION 1.** (1) All individual and group health insurance
11 policies providing coverage on an expense-incurred basis,
12 individual and group service or indemnity type contracts issued by
13 a nonprofit corporation, individual and group service contracts
14 issued by a health maintenance organization, all self-insured
15 group arrangements to the extent not preempted by federal law and
16 all managed health care delivery entities of any type or
17 description that are delivered, issued for delivery, continued or
18 renewed on or after July 1, 2021, and providing coverage or
19 benefits to any resident of this state for radiation oncology
20 shall include coverage or benefits for physician-prescribed proton



21 beam therapy for the treatment of cancer as recommended by the
22 American Society for Radiation Oncology's most recent updates.

23 (2) The provisions of this section shall apply to the State
24 and School Employees Health Insurance Plan.

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

27 25-15-9. (1) (a) The board shall design a plan of health
28 insurance for state employees that provides benefits for
29 semiprivate rooms in addition to other incidental coverages that
30 the board deems necessary. The amount of the coverages shall be
31 in such reasonable amount as may be determined by the board to be
32 adequate, after due consideration of current health costs in
33 Mississippi. The plan shall also include major medical benefits
34 in such amounts as the board determines. The plan shall provide
35 coverage for proton therapy for the treatment of cancer as
36 required by Section 1 of this act. The plan shall provide for
37 coverage for telemedicine services as provided in Section
38 83-9-351. The board is also authorized to accept bids for such
39 alternate coverage and optional benefits as the board deems
40 proper. The board is authorized to accept bids for surgical
41 services that include assistance in locating a surgeon, setting up
42 initial consultation, travel, a negotiated single case rate bundle
43 and payment for orthopedic, spine, bariatric, cardiovascular and
44 general surgeries. The surgical services may only utilize
45 surgeons and facilities located in the State of Mississippi unless



46 otherwise provided by the board. Any contract for alternative
47 coverage and optional benefits shall be awarded by the board after
48 it has carefully studied and evaluated the bids and selected the
49 best and most cost-effective bid. The board may reject all of the
50 bids; however, the board shall notify all bidders of the rejection
51 and shall actively solicit new bids if all bids are rejected. The
52 board may employ or contract for such consulting or actuarial
53 services as may be necessary to formulate the plan, and to assist
54 the board in the preparation of specifications and in the process
55 of advertising for the bids for the plan. Those contracts shall
56 be solicited and entered into in accordance with Section 25-15-5.
57 The board shall keep a record of all persons, agents and
58 corporations who contract with or assist the board in preparing
59 and developing the plan. The board in a timely manner shall
60 provide copies of this record to the members of the advisory
61 council created in this section and those legislators, or their
62 designees, who may attend meetings of the advisory council. The
63 board shall provide copies of this record in the solicitation of
64 bids for the administration or servicing of the self-insured
65 program. Each person, agent or corporation that, during the
66 previous fiscal year, has assisted in the development of the plan
67 or employed or compensated any person who assisted in the
68 development of the plan, and that bids on the administration or
69 servicing of the plan, shall submit to the board a statement
70 accompanying the bid explaining in detail its participation with



71 the development of the plan. This statement shall include the
72 amount of compensation paid by the bidder to any such employee
73 during the previous fiscal year. The board shall make all such
74 information available to the members of the advisory council and
75 those legislators, or their designees, who may attend meetings of
76 the advisory council before any action is taken by the board on
77 the bids submitted. The failure of any bidder to fully and
78 accurately comply with this paragraph shall result in the
79 rejection of any bid submitted by that bidder or the cancellation
80 of any contract executed when the failure is discovered after the
81 acceptance of that bid. The board is authorized to promulgate
82 rules and regulations to implement the provisions of this
83 subsection.

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

87 Any corporation, association, company or individual that
88 contracts with the board for the third-party claims administration
89 of the self-insured plan shall prepare and keep on file an
90 explanation of benefits for each claim processed. The explanation
91 of benefits shall contain such information relative to each
92 processed claim that the board deems necessary, and, at a minimum,
93 each explanation shall provide the claimant's name, claim number,
94 provider number, provider name, service dates, type of services,
95 amount of charges, amount allowed to the claimant and reason



96 codes. The information contained in the explanation of benefits
97 shall be available for inspection upon request by the board. The
98 board shall have access to all claims information utilized in the
99 issuance of payments to employees and providers.

100 (b) There is created an advisory council to advise the
101 board in the formulation of the State and School Employees Health
102 Insurance Plan. The council shall be composed of the State
103 Insurance Commissioner, or his designee, an
104 employee-representative of the institutions of higher learning
105 appointed by the board of trustees thereof, an
106 employee-representative of the Department of Transportation
107 appointed by the director thereof, an employee-representative of
108 the Department of Revenue appointed by the Commissioner of
109 Revenue, an employee-representative of the Mississippi Department
110 of Health appointed by the State Health Officer, an
111 employee-representative of the Mississippi Department of
112 Corrections appointed by the Commissioner of Corrections, and an
113 employee-representative of the Department of Human Services
114 appointed by the Executive Director of Human Services, two (2)
115 certificated public school administrators appointed by the State
116 Board of Education, two (2) certificated classroom teachers
117 appointed by the State Board of Education, a noncertificated
118 school employee appointed by the State Board of Education and a
119 community/junior college employee appointed by the Mississippi
120 Community College Board.



121 The Lieutenant Governor may designate the Secretary of the
122 Senate, the Chairman of the Senate Appropriations Committee, the
123 Chairman of the Senate Education Committee and the Chairman of the
124 Senate Insurance Committee, and the Speaker of the House of
125 Representatives may designate the Clerk of the House, the Chairman
126 of the House Appropriations Committee, the Chairman of the House
127 Education Committee and the Chairman of the House Insurance
128 Committee, to attend any meeting of the State and School Employees
129 Insurance Advisory Council. The appointing authorities may
130 designate an alternate member from their respective houses to
131 serve when the regular designee is unable to attend the meetings
132 of the council. Those designees shall have no jurisdiction or
133 vote on any matter within the jurisdiction of the council. For
134 attending meetings of the council, the legislators shall receive
135 per diem and expenses, which shall be paid from the contingent
136 expense funds of their respective houses in the same amounts as
137 provided for committee meetings when the Legislature is not in
138 session; however, no per diem and expenses for attending meetings
139 of the council will be paid while the Legislature is in session.
140 No per diem and expenses will be paid except for attending
141 meetings of the council without prior approval of the proper
142 committee in their respective houses.

143 (c) No change in the terms of the State and School
144 Employees Health Insurance Plan may be made effective unless the
145 board, or its designee, has provided notice to the State and



146 School Employees Health Insurance Advisory Council and has called
147 a meeting of the council at least fifteen (15) days before the
148 effective date of the change. If the State and School Employees
149 Health Insurance Advisory Council does not meet to advise the
150 board on the proposed changes, the changes to the plan shall
151 become effective at such time as the board has informed the
152 council that the changes shall become effective.

153 (d) **Medical benefits for retired employees and**
154 **dependents under age sixty-five (65) years and not eligible for**
155 **Medicare benefits.** For employees who retire before July 1, 2005,
156 and for employees retiring due to work-related disability under
157 the Public Employees' Retirement System, the same health insurance
158 coverage as for all other active employees and their dependents
159 shall be available to retired employees and all dependents under
160 age sixty-five (65) years who are not eligible for Medicare
161 benefits, the level of benefits to be the same level as for all
162 other active participants. For employees who retire on or after
163 July 1, 2005, and not retiring due to work-related disability
164 under the Public Employees' Retirement System, the same health
165 insurance coverage as for all other active employees and their
166 dependents shall be available to those retiring employees and all
167 dependents under age sixty-five (65) years who are not eligible
168 for Medicare benefits only if the retiring employees were
169 participants in the State and School Employees Health Insurance
170 Plan for four (4) years or more before their retirement, the level



171 of benefits to be the same level as for all other active
172 participants. This section will apply to those employees who
173 retire due to one hundred percent (100%) medical disability as
174 well as those employees electing early retirement.

175 (e) **Medical benefits for retired employees and**
176 **dependents over age sixty-five (65) years or otherwise eligible**
177 **for Medicare benefits.** For employees who retire before July 1,
178 2005, and for employees retiring due to work-related disability
179 under the Public Employees' Retirement System, the health
180 insurance coverage available to retired employees over age
181 sixty-five (65) years or otherwise eligible for Medicare benefits,
182 and all dependents over age sixty-five (65) years or otherwise
183 eligible for Medicare benefits, shall be the major medical
184 coverage. For employees retiring on or after July 1, 2005, and
185 not retiring due to work-related disability under the Public
186 Employees' Retirement System, the health insurance coverage
187 described in this paragraph (e) shall be available to those
188 retiring employees only if they were participants in the State and
189 School Employees Health Insurance Plan for four (4) years or more
190 and are over age sixty-five (65) years or otherwise eligible for
191 Medicare benefits, and to all dependents over age sixty-five (65)
192 years or otherwise eligible for Medicare benefits. Benefits shall
193 be reduced by Medicare benefits as though the Medicare benefits
194 were the base plan.



195 All covered individuals shall be assumed to have full
196 Medicare coverage, Parts A and B; and any Medicare payments under
197 both Parts A and B shall be computed to reduce benefits payable
198 under this plan.

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

202 (2) Nonduplication of benefits – reduction of benefits by
203 Title XIX benefits: When benefits would be payable under more
204 than one (1) group plan, benefits under those plans will be
205 coordinated to the extent that the total benefits under all plans
206 will not exceed the total expenses incurred.

207 Benefits for hospital or surgical or medical benefits shall
208 be reduced by any similar benefits payable in accordance with
209 Title XIX of the Social Security Act or under any amendments
210 thereto, or any implementing legislation.

211 Benefits for hospital or surgical or medical benefits shall
212 be reduced by any similar benefits payable by workers'
213 compensation.

214 No health care benefits under the state plan shall restrict
215 coverage for medically appropriate treatment prescribed by a
216 physician and agreed to by a fully informed insured, or if the
217 insured lacks legal capacity to consent by a person who has legal
218 authority to consent on his or her behalf, based on an insured's
219 diagnosis with a terminal condition. As used in this paragraph,



220 "terminal condition" means any aggressive malignancy, chronic
221 end-stage cardiovascular or cerebral vascular disease, or any
222 other disease, illness or condition which physician diagnoses as
223 terminal.

224 Not later than January 1, 2016, the state health plan shall
225 not require a higher co-payment, deductible or coinsurance amount
226 for patient-administered anti-cancer medications, including, but
227 not limited to, those orally administered or self-injected, than
228 it requires for anti-cancer medications that are injected or
229 intravenously administered by a health care provider, regardless
230 of the formulation or benefit category determination by the plan.
231 For the purposes of this paragraph, the term "anti-cancer
232 medications" has the meaning as defined in Section 83-9-24.

233 (3) (a) Schedule of life insurance benefits – group term:
234 The amount of term life insurance for each active employee of a
235 department, agency or institution of the state government shall
236 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
237 twice the amount of the employee's annual wage to the next highest
238 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
239 case less than Thirty Thousand Dollars (\$30,000.00), with a like
240 amount for accidental death and dismemberment on a
241 twenty-four-hour basis. The plan will further contain a premium
242 waiver provision if a covered employee becomes totally and
243 permanently disabled before age sixty-five (65) years. Employees
244 retiring after June 30, 1999, shall be eligible to continue life



245 insurance coverage in an amount of Five Thousand Dollars
246 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
247 Dollars (\$20,000.00) into retirement.

248 (b) Effective October 1, 1999, schedule of life
249 insurance benefits – group term: The amount of term life
250 insurance for each active employee of any school district,
251 community/junior college, public library or university-based
252 program authorized under Section 37-23-31 for deaf, aphasic and
253 emotionally disturbed children or any regular nonstudent bus
254 driver shall not be in excess of One Hundred Thousand Dollars
255 (\$100,000.00), or twice the amount of the employee's annual wage
256 to the next highest One Thousand Dollars (\$1,000.00), whichever
257 may be less, but in no case less than Thirty Thousand Dollars
258 (\$30,000.00), with a like amount for accidental death and
259 dismemberment on a twenty-four-hour basis. The plan will further
260 contain a premium waiver provision if a covered employee of any
261 school district, community/junior college, public library or
262 university-based program authorized under Section 37-23-31 for
263 deaf, aphasic and emotionally disturbed children or any regular
264 nonstudent bus driver becomes totally and permanently disabled
265 before age sixty-five (65) years. Employees of any school
266 district, community/junior college, public library or
267 university-based program authorized under Section 37-23-31 for
268 deaf, aphasic and emotionally disturbed children or any regular
269 nonstudent bus driver retiring after September 30, 1999, shall be



270 eligible to continue life insurance coverage in an amount of Five
271 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
272 Twenty Thousand Dollars (\$20,000.00) into retirement.

273 (4) Any eligible employee who on March 1, 1971, was
274 participating in a group life insurance program that has
275 provisions different from those included in this article and for
276 which the State of Mississippi was paying a part of the premium
277 may, at his discretion, continue to participate in that plan. The
278 employee shall pay in full all additional costs, if any, above the
279 minimum program established by this article. Under no
280 circumstances shall any individual who begins employment with the
281 state after March 1, 1971, be eligible for the provisions of this
282 subsection.

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

285 (6) Any premium differentials, differences in coverages,
286 discounts determined by risk or by any other factors shall be
287 uniformly applied to all active employees participating in the
288 insurance plan. It is the intent of the Legislature that the
289 state contribution to the plan be the same for each employee
290 throughout the state.

291 (7) On October 1, 1999, any school district,
292 community/junior college district or public library may elect to
293 remain with an existing policy or policies of group life insurance
294 with an insurance company approved by the State and School



295 Employees Health Insurance Management Board, in lieu of
296 participation in the State and School Life Insurance Plan. On or
297 after July 1, 2004, until October 1, 2004, any school district,
298 community/junior college district or public library may elect to
299 choose a policy or policies of group life insurance existing on
300 October 1, 1999, with an insurance company approved by the State
301 and School Employees Health Insurance Management Board in lieu of
302 participation in the State and School Life Insurance Plan. The
303 state's contribution of up to fifty percent (50%) of the active
304 employee's premium under the State and School Life Insurance Plan
305 may be applied toward the cost of coverage for full-time employees
306 participating in the approved life insurance company group plan.
307 For purposes of this subsection (7), "life insurance company group
308 plan" means a plan administered or sold by a private insurance
309 company. After October 1, 1999, the board may assess charges in
310 addition to the existing State and School Life Insurance Plan
311 rates to such employees as a condition of enrollment in the State
312 and School Life Insurance Plan. In order for any life insurance
313 company group plan to be approved by the State and School
314 Employees Health Insurance Management Board under this subsection
315 (7), it shall meet the following criteria:

316 (a) The insurance company offering the group life
317 insurance plan shall be rated "A-" or better by A.M. Best state
318 insurance rating service and be licensed as an admitted carrier in



319 the State of Mississippi by the Mississippi Department of
320 Insurance.

321 (b) The insurance company group life insurance plan
322 shall provide the same life insurance, accidental death and
323 dismemberment insurance and waiver of premium benefits as provided
324 in the State and School Life Insurance Plan.

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

328 (d) The insurance company group life insurance plan
329 shall have one (1) composite rate per One Thousand Dollars
330 (\$1,000.00) of coverage for active employees regardless of age and
331 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
332 coverage for all retirees regardless of age or type of retiree.

333 (e) The insurance company and its group life insurance
334 plan shall comply with any administrative requirements of the
335 State and School Employees Health Insurance Management Board. If
336 any insurance company providing group life insurance benefits to
337 employees under this subsection (7) fails to comply with any
338 requirements specified in this subsection or any administrative
339 requirements of the board, the state shall discontinue providing
340 funding for the cost of that insurance.

341 **SECTION 3.** This act shall take effect and be in force from
342 and after July 1, 2021.

