

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, 2022, 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, 2022.

