

By: Representative Creekmore IV

To: Insurance

HOUSE BILL NO. 693

1 AN ACT TO AMEND SECTION 83-9-37, MISSISSIPPI CODE OF 1972, TO
2 CLARIFY CERTAIN TERMINOLOGY FOR HEALTH INSURANCE POLICY COVERAGE
3 FOR MENTAL ILLNESS; TO AMEND SECTION 83-9-39, MISSISSIPPI CODE OF
4 1972, TO ADD HEALTH INSURANCE ISSUER REPORTING REQUIREMENTS ABOUT
5 MENTAL ILLNESS COVERAGE PARITY; AND FOR RELATED PURPOSES.

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

7 **SECTION 1.** Section 83-9-37, Mississippi Code of 1972, is
8 amended as follows:

9 83-9-37. As used in Sections 83-9-37 through 83-9-43,
10 Mississippi Code of 1972:

11 (a) "Alternative delivery system" means a health
12 maintenance organization (HMO), preferred provider organization
13 (PPO), exclusive provider organization (EPO), individual practice
14 association (IPA), medical staff hospital organization (MESH),
15 physician hospital organization (PHO), and any other plan or
16 organization which provides health care services through a
17 mechanism other than insurance and is regulated by the State of
18 Mississippi.



19 (b) "Covered benefits" means the health care services
20 or treatment available to an insured party under a health
21 insurance policy for which the insurer will pay part or all of the
22 costs.

23 (c) "Health insurance issuer" means any entity that
24 offers health insurance coverage through a health benefit plan,
25 policy, or certificate of insurance subject to state law that
26 regulates the business of insurance. "Health insurance issuer"
27 also includes a health maintenance organization, as defined and
28 regulated under Section 83-41-301 et seq.

29 (* * *d) "Hospital" means a facility licensed as a
30 hospital by the Mississippi Department of Health.

31 (* * *e) "Health service provider" means a physician
32 or psychologist who is authorized by the facility in which
33 services are delivered to provide mental health services in an
34 inpatient or outpatient setting, within his or her scope of
35 licensure.

36 (* * *f) "Inpatient services" means therapeutic
37 services which are available twenty-four (24) hours a day in a
38 hospital or other treatment facility licensed by the State of
39 Mississippi.

40 (* * *g) "Mental illness" means any psychiatric
41 disease identified in the current edition of The International
42 Classification of Diseases or The American Psychiatric Association



43 Diagnostic and Statistical Manual, including substance use
44 disorders.

45 (h) "Nonquantitative treatment limitation" means any
46 limitation that is not expressed numerically, but otherwise limits
47 the scope or duration of benefits for treatment.

48 (* * *i) "Outpatient services" means therapeutic
49 services which are provided to a patient according to an
50 individualized treatment plan which does not require the patient's
51 full-time confinement to a hospital or other treatment facility
52 licensed by the State of Mississippi. The term "outpatient
53 services" refers to services which may be provided in a hospital,
54 an outpatient treatment facility or other appropriate setting
55 licensed by the State of Mississippi.

56 (* * *j) "Outpatient treatment facility" means (i) a
57 clinic or other similar location which is certified by the State
58 of Mississippi as a qualified provider of outpatient services for
59 the treatment of mental illness or (ii) the office of a health
60 service provider.

61 (* * *k) "Partial hospitalization" means inpatient
62 treatment, other than full twenty-four-hour programs, in a
63 treatment facility licensed by the State of Mississippi; the term
64 includes day, night and weekend treatment programs.

65 (* * *l) "Physician" means a physician licensed by the
66 State of Mississippi to practice therein.



67 (* * *m) "Psychologist" means a psychologist licensed
68 by the State of Mississippi to practice therein.

69 **SECTION 2.** Section 83-9-39, Mississippi Code of 1972, is
70 amended as follows:

71 83-9-39. (1) (a) Except as otherwise provided herein, all
72 alternative delivery systems and all group health insurance
73 policies, plans or programs regulated by the State of Mississippi
74 shall provide covered benefits for the treatment of mental
75 illness, except for policies which only provide coverage for
76 specified diseases and other limited benefit health insurance
77 policies and negotiated labor contracts.

78 (b) Health insurance policies, plans or programs of any
79 employer of one hundred (100) or fewer eligible employees and all
80 individual health insurance policies which are regulated by the
81 State of Mississippi which do not currently offer benefits for
82 treatment of mental illness shall offer covered benefits for the
83 treatment of mental illness, except for policies which only
84 provide coverage for specified diseases and other limited benefit
85 health insurance policies and negotiated labor contracts.

86 (2) Covered benefits for inpatient treatment of mental
87 illness in insurance policies and other contracts subject to
88 Sections 83-9-37 through 83-9-43 shall be limited to inpatient
89 services certified as necessary by a health service provider.

90 (3) Covered benefits for outpatient treatment of mental
91 illness in insurance policies and other contracts subject to



92 Sections 83-9-37 through 83-9-43 shall be limited to outpatient
93 services certified as necessary by a health service provider.

94 (4) Before an insured party may qualify to receive benefits
95 under Sections 83-9-37 through 83-9-43, a health service provider
96 shall certify that the individual is suffering from mental illness
97 and refer the individual for the appropriate treatment.

98 (5) All mental illness, treatment or services with respect
99 to such treatment eligible for health insurance coverage shall be
100 subject to professional utilization and peer review procedures.

101 (6) The provisions of this section shall apply only to
102 alternative delivery systems and individual and group health
103 insurance policies, plans or programs issued or renewed after July
104 1, 1991.

105 (7) The exclusion period for coverage of a preexisting
106 mental condition shall be the same period of time as that for
107 other medical illnesses covered under the same plan, program or
108 contract.

109 (8) Each health insurance issuer that provides covered
110 benefits for the treatment of mental illness must submit an annual
111 report to the Commissioner on or before July 1, that contains the
112 following information:

113 (a) A description of the process used to develop or
114 select the medical necessity criteria for mental illness benefits
115 and the process used to develop or select the medical necessity
116 criteria for medical and surgical benefits.



117 (b) Identification of all nonquantitative treatment
118 limitations (NQTLs) that are applied to both mental illness
119 benefits and medical and surgical benefits; there may be no
120 separate NQTLs that apply to mental illness benefits but do not
121 apply to medical and surgical benefits within any classification
122 of benefits.

123 (c) The results of an analysis that demonstrates that
124 for the medical necessity criteria described in paragraph (a) of
125 this subsection and for each NQTL identified in paragraph (b) of
126 this subsection, as written and in operation, the processes,
127 strategies, evidentiary standards, or other factors used to apply
128 the medical necessity criteria and each NQTL to mental illness
129 benefits are comparable to, and are applied no more stringently
130 than the processes, strategies, evidentiary standards, or other
131 factors used to apply the medical necessity criteria and each
132 NQTL, as written and in operation, to medical and surgical
133 benefits; at a minimum, the results of the analysis shall:

134 (i) Identify the factors used to determine that an
135 NQTL will apply to a benefit, including factors that were
136 considered but rejected;

137 (ii) Identify and define the specific evidentiary
138 standards used to define the factors and any other evidentiary
139 standards relied upon in designing each NQTL;

140 (iii) Identify and describe the methods and
141 analyses used, including the results of the analyses, to determine



142 that the processes and strategies used to design each NQTL, as
143 written, for mental illness benefits are comparable to and applied
144 no more stringently than the processes and strategies used to
145 design each NQTL, as written, for medical and surgical benefits;

146 (iv) Identify and describe the methods and
147 analyses used, including the results of the analyses, to determine
148 that processes and strategies used to apply each NQTL, in
149 operation, for mental illness benefits are comparable to and
150 applied no more stringently than the processes or strategies used
151 to apply each NQTL, in operation, for medical and surgical
152 benefits; and

153 (v) Disclose the specific findings and conclusions
154 reached by the issuer that the results of the analyses above
155 indicate that the issuer is in compliance with this section and
156 the Mental Health Parity and Addiction Equity Act of 2008 found at
157 42 USC 300gg-26 and its implementing regulations, which includes
158 45 CER 146.136 and 45 CER 147.160.

159 **SECTION 3.** This act shall take effect and be in force from
160 and after July 1, 2022.

