

By: Representative Arnold

To: Insurance

HOUSE BILL NO. 1380

1 AN ACT TO AMEND SECTION 83-9-3, MISSISSIPPI CODE OF 1972, TO  
 2 PROHIBIT HEALTH INSURANCE POLICIES FROM INCLUDING PREMIUM  
 3 SURCHARGES OR OTHER PREMIUM DIFFERENTIALS BASED ON THE VACCINATION  
 4 OR NONVACCINATION OF AN INDIVIDUAL FOR THE PREVENTION OF  
 5 CORONAVIRUS DISEASE 2019 (COVID-19); TO AMEND SECTION 25-15-15,  
 6 MISSISSIPPI CODE OF 1972, TO AMEND THE STATE AND SCHOOL EMPLOYEES'  
 7 HEALTH INSURANCE PLAN TO PROHIBIT THE BOARD FROM INCLUDING PREMIUM  
 8 SURCHARGES OR OTHER PREMIUM DIFFERENTIALS BASED ON THE VACCINATION  
 9 OR NONVACCINATION OF AN INDIVIDUAL FOR THE PREVENTION OF  
 10 CORONAVIRUS DISEASE 2019 (COVID-19); AND FOR RELATED PURPOSES.

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

12 **SECTION 1.** Section 83-9-3, Mississippi Code of 1972, is  
 13 amended as follows:

14 83-9-3. (1) No policy of accident and sickness insurance  
 15 shall be delivered or issued for delivery to any person in this  
 16 state unless:

17 (a) The entire money and other considerations therefor  
 18 are expressed therein; and

19 (b) The time at which the insurance takes effect and  
 20 terminates is expressed therein; and

21 (c) It purports to insure only one (1) person, except  
 22 that a policy may insure, originally or by subsequent amendment,



23 upon the application of an adult member of a family who shall be  
24 deemed the policyholder, any two (2) or more eligible members of  
25 that family, including husband, wife, dependent children or any  
26 children under a specified age which shall not exceed nineteen  
27 (19) years, and any other person dependent upon the policyholder;  
28 and

29 (d) The style, arrangement and overall appearance of  
30 the policy give no undue prominence to any portion of the text,  
31 and unless every printed portion of the text of the policy and of  
32 any endorsements or attached papers is plainly printed in  
33 lightfaced type of a style in general use, the size of which shall  
34 be uniform and not less than ten-point with a lowercase unspaced  
35 alphabet length not less than one-hundred-twenty-point (the "text"  
36 shall include all printed matter except the name and address of  
37 the insurer, name or title of the policy, the brief description if  
38 any, and captions and subcaptions); and

39 (e) The exceptions and reductions of indemnity are set  
40 forth in the policy and, except those which are set forth in  
41 Section 83-9-5, are printed, at the insurer's option, either with  
42 the benefit provision to which they apply, or under an appropriate  
43 caption such as "Exceptions" or "Exceptions and Reductions,"  
44 provided that if an exception or reduction specifically applies  
45 only to a particular benefit of the policy, a statement of such  
46 exception or reduction shall be included with the benefit  
47 provision to which it applies; and



48 (f) Each such form, including riders and endorsements,  
49 shall be identified by a form number in the lower left-hand corner  
50 of the first page thereof; and

51 (g) It contains no provision purporting to make any  
52 portion of the charter, rules, constitution or bylaws of the  
53 insurer a part of the policy unless such portion is set forth in  
54 full in the policy, except in the case of the incorporation of, or  
55 reference to, a statement of rates or classification of risks, or  
56 short-rate table filed with the commissioner.

57 (2) No individual or group policy covering health and  
58 accident insurance (including experience-rated insurance  
59 contracts, indemnity contracts, self-insured plans and self-funded  
60 plans), or any group combinations of these coverages, shall be  
61 issued by any commercial insurer doing business in this state  
62 which, by the terms of such policy, limits or excludes payment  
63 because the individual or group insured is eligible for or is  
64 being provided medical assistance under the Mississippi Medicaid  
65 Law. Any such policy provision in violation of this section shall  
66 be invalid.

67 (3) No individual or group policy covering health and  
68 accident insurance (including experience-rated insurance  
69 contracts, indemnity contracts, self-insured plans and self-funded  
70 plans) or any group combinations of these coverages, shall be  
71 issued by any commercial insurer doing business in this state,  
72 which, by the terms of such policy, limits or restricts the



73 insured's ability to assign the insured's benefits under the  
74 policy to a licensed health care provider that provides health  
75 care services to the insured. Commercial insurers doing business  
76 in this state shall honor an assignment for a period of one (1)  
77 year starting from the initial date of an assignment. Any such  
78 policy provision in violation of this subsection shall be invalid.

79 (4) If any policy is issued by an insurer domiciled in this  
80 state for delivery to a person residing in another state, and if  
81 the official having responsibility for the administration of the  
82 insurance laws of such other state shall have advised the  
83 commissioner that any such policy is not subject to approval or  
84 disapproval by such official, the commissioner may, by ruling,  
85 require that such policy meet the standards set forth in  
86 subsection (1) of this section and in Section 83-9-5.

87 (5) The commissioner shall collect and pay into the special  
88 fund in the State Treasury designated as the "Insurance Department  
89 Fund" the following fees for services provided under this section:

FORM	FEE
Each individual policy contract, including	
revisions.....	\$15.00
Each group master policy or contract, including	
revisions.....	15.00
Each rider, endorsement or amendment, etc.....	10.00
Each insurance application where written application	
is required and is to be made a part of the policy or	



98	contract.....	10.00
99	Each questionnaire.....	7.00
100	Charge for resubmission where payment is not included	
101	with original submission.....	5.00
102	Additional charge for tentative approval same as above.	

103       (6) In order to expedite and become more efficient in  
104 reviewing and approving accident and health form and rate filings,  
105 the commissioner may establish an expedited form and rate review  
106 procedure whereby insurers may elect to pay reasonable actuarial  
107 fees directly to a department-approved actuarial service in  
108 exchange for an expedited review of form and rate filings by the  
109 actuarial service. The commissioner may make such reasonable  
110 rules and regulations concerning the expedited procedure, and may  
111 set reasonable fees for the actuarial services provided. This  
112 provision shall not abridge any other authority granted to the  
113 commissioner by law, including the authority to collect the filing  
114 fees prescribed by this section.

115       (7) No individual or group policy covering health and  
116 accident insurance (including experience-rated insurance  
117 contracts, indemnity contracts, self-insured plans and self-funded  
118 plans) or any group combinations of these coverages, shall be  
119 issued by any commercial insurer doing business in this state,  
120 which, by the terms of such policy, imposes a premium surcharge or  
121 any other premium differential based on the vaccination or



122 nonvaccination of an individual for the prevention of coronavirus  
123 disease 2019 (COVID-19).

124 ( \* \* \*8) From and after July 1, 2016, the expenses of this  
125 agency shall be defrayed by appropriation from the State General  
126 Fund and all user charges and fees authorized under this section  
127 shall be deposited into the State General Fund as authorized by  
128 law.

129 ( \* \* \*9) From and after July 1, 2016, no state agency shall  
130 charge another state agency a fee, assessment, rent or other  
131 charge for services or resources received by authority of this  
132 section.

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

135 25-15-15. (1) The board is authorized to determine the  
136 manner in which premiums and contributions by the state agencies,  
137 local school districts, colleges, universities, community/junior  
138 colleges and public libraries shall be collected to provide the  
139 self-insured health insurance program for employees as provided  
140 under this article. The state shall provide fifty percent (50%)  
141 of the cost of the above life insurance plan for all active  
142 full-time employees. The state shall provide one hundred percent  
143 (100%) of the cost of the health insurance plan for active  
144 full-time employees initially employed before January 1, 2006,  
145 except as otherwise provided in this section. For active  
146 full-time employees initially employed on or after January 1,



147 2006, the state shall provide one hundred percent (100%) of the  
148 cost of a basic level of health insurance, except as otherwise  
149 provided in this section, and the employees may pay additional  
150 amounts to purchase additional benefits or levels of coverage  
151 offered under the plan. The board, if determined to be necessary,  
152 may assess active full-time employees a portion of the active  
153 employee premium in an amount not to exceed Twenty Dollars  
154 (\$20.00) per month, notwithstanding any language in this section  
155 to the contrary. All active full-time employees shall be given  
156 the opportunity to purchase coverage for their eligible dependents  
157 with the premiums for such dependent coverage, as well as the  
158 employee's fifty percent (50%) share for his life insurance  
159 coverage, to be deductible from the employee's salary by the  
160 agency, department or institution head, which deductions, together  
161 with the fifty percent (50%) share of such life insurance premiums  
162 of such employing agency, department or institution head from  
163 funds appropriated to or authorized to be expended by the  
164 employing agency, department or institution head, shall be  
165 deposited directly into a depository bank or special fund in the  
166 State Treasury, as determined by the board. These funds and  
167 interest earned on these funds may be used for the disbursement of  
168 claims and shall be exempt from the appropriation process.

169 (2) The state shall provide annually, by line item in the  
170 Mississippi Library Commission appropriation bill, such funds to  
171 pay one hundred percent (100%) of the cost of health insurance



172 under the State and School Employees Health Insurance Plan, or any  
173 lesser percentage of the cost that is not assessed to the  
174 employees by the board, for full-time library staff members in  
175 each public library in Mississippi initially employed before  
176 January 1, 2006. For full-time library staff members initially  
177 employed on or after January 1, 2006, the state shall provide one  
178 hundred percent (100%) of the cost of a basic level of health  
179 insurance under the State and School Employees Health Insurance  
180 Plan, or any lesser percentage of the cost that is not assessed to  
181 the employees by the board, and the employees may pay additional  
182 amounts to purchase additional benefits or levels of coverage  
183 offered under the plan. The commission shall allot to each public  
184 library a sufficient amount of those funds appropriated to pay the  
185 costs of insurance for eligible employees. Any funds so  
186 appropriated by line item which are not expended during the fiscal  
187 year for which such funds were appropriated shall be carried  
188 forward for the same purposes during the next succeeding fiscal  
189 year. If any premiums for the health insurance and/or late  
190 charges and interest penalties are not paid by a public library in  
191 a timely manner, as defined by the board, the Mississippi Library  
192 Commission, upon notice by the board, shall immediately withhold  
193 all subsequent disbursements of funds to that public library.

194 (3) The state shall annually provide one hundred percent  
195 (100%) of the cost of the health insurance plan, or any lesser  
196 percentage of the cost that is not assessed to the employees by





197 the board, for public school district employees who work no less  
198 than twenty (20) hours during each week and regular nonstudent  
199 school bus drivers, if such employees and school bus drivers were  
200 initially employed before January 1, 2006. For such employees and  
201 school bus drivers initially employed on or after January 1, 2006,  
202 the state shall provide one hundred percent (100%) of the cost of  
203 a basic level of health insurance under the State and School  
204 Employees Health Insurance Plan, or any lesser percentage of the  
205 cost that is not assessed to the employees by the board, and the  
206 employees may pay additional amounts to purchase additional  
207 benefits or levels of coverage offered under the plan. Where  
208 federal funding is allowable to defray, in full or in part, the  
209 cost of participation in the program by district employees who  
210 work no less than twenty (20) hours during the week and regular  
211 nonstudent bus drivers, whose salaries are paid, in full or in  
212 part, by federal funds, the allowance under this section shall be  
213 reduced to the extent of such federal funding. Where the use of  
214 federal funds is allowable but not available, it is the intent of  
215 the Legislature that school districts contribute the cost of  
216 participation for such employees from local funds, except that  
217 parent fees for child nutrition programs shall not be increased to  
218 cover such cost.

219 (4) The state shall provide annually, by line item in the  
220 community/junior college appropriation bill, such funds to pay one  
221 hundred percent (100%) of the cost of the health insurance plan,



222 or any lesser percentage of the cost that is not assessed to the  
223 employees by the board, for community/junior college district  
224 employees initially employed before January 1, 2006, who work no  
225 less than twenty (20) hours during each week. For such employees  
226 initially employed on or after January 1, 2006, the state shall  
227 provide one hundred percent (100%) of the cost of a basic level of  
228 health insurance under the State and School Employees Health  
229 Insurance Plan, or any lesser percentage of the cost that is not  
230 assessed to the employees by the board, and the employees may pay  
231 additional amounts to purchase additional benefits or levels of  
232 coverage offered under the plan.

233 (5) When the use of federal funding is allowable to defray,  
234 in full or in part, the cost of participation in the insurance  
235 plan by community/junior college district employees who work no  
236 less than twenty (20) hours during each week, whose salaries are  
237 paid, in full or in part, by federal funds, the allowance under  
238 this section shall be reduced to the extent of the federal  
239 funding. Where the use of federal funds is allowable but not  
240 available, it is the intent of the Legislature that  
241 community/junior college districts contribute the cost of  
242 participation for such employees from local funds.

243 (6) Any community/junior college district may contribute to  
244 the cost of coverage for any district employee from local  
245 community/junior college district funds, and any public school  
246 district may contribute to the cost of coverage for any district



247 employee from nonminimum program funds. Any part of the cost of  
248 such coverage for participating employees of public school  
249 districts and public community/junior college districts that is  
250 not paid by the state shall be paid by the participating  
251 employees, which shall be deducted from the salaries of the  
252 employees in a manner determined by the board.

253 (7) Any funds appropriated for the cost of insurance by line  
254 item in the community/junior colleges appropriation bill which are  
255 not expended during the fiscal year for which such funds were  
256 appropriated shall be carried forward for the same purposes during  
257 the next succeeding fiscal year.

258 (8) The board may establish and enforce late charges and  
259 interest penalties or other penalties for the purpose of requiring  
260 the prompt payment of all premiums for life and health insurance  
261 permitted under this chapter. All funds in excess of the amount  
262 needed for disbursement of claims shall be deposited in a special  
263 fund in the State Treasury to be known as the State and School  
264 Employees Insurance Fund. The State Treasurer shall invest all  
265 funds in the State and School Employees Insurance Fund and all  
266 interest earned shall be credited to the State and School  
267 Employees Insurance Fund. Such funds shall be placed with one or  
268 more depositories of the state and invested on the first day such  
269 funds are available for investment in certificates of deposit,  
270 repurchase agreements or in United States Treasury bills or as  
271 otherwise authorized by law for the investment of Public



272 Employees' Retirement System funds, as long as such investment is  
273 made from competitive offering and at the highest and best market  
274 rate obtainable consistent with any available investment  
275 alternatives; however, such investments shall not be made in  
276 shares of stock, common or preferred, or in any other investments  
277 which would mature more than one (1) year from the date of  
278 investment. The board shall have the authority to draw from this  
279 fund periodically such funds as are necessary to operate the  
280 self-insurance plan or to pay to the insurance carrier the cost of  
281 operation of this plan, it being the purpose to limit the amount  
282 of participation by the state to fifty percent (50%) of the cost  
283 of the life insurance program and not to limit the contracting for  
284 additional benefits where the cost will be paid in full by the  
285 employee. The state shall not share in the cost of coverage for  
286 retired employees.

287 (9) The board shall also provide for the creation of an  
288 Insurance Reserve Fund and funds therein shall be invested by the  
289 State Treasurer with all interest earned credited to the State and  
290 School Employees Insurance Fund.

291 (10) Any retired employee electing to purchase retired life  
292 and health insurance will have the full cost of such insurance  
293 deducted monthly from his State of Mississippi retirement plan  
294 check or direct billed for the cost of the premium if the  
295 retirement check is insufficient to pay for the premium. If the  
296 board determines actuarially that the premium paid by the



297 participating retirees adversely affects the overall cost of the  
298 plan to the state, then the board may impose a premium surcharge,  
299 not to exceed fifteen percent (15%), upon such participating  
300 retired employees who are under the age for Medicare eligibility  
301 and who were initially employed before January 1, 2006. For  
302 participating retired employees who are under the age for Medicare  
303 eligibility and who were initially employed on or after January 1,  
304 2006, the board may impose a premium surcharge in an amount the  
305 board determines actuarially to cover the full cost of insurance.

306 (11) The board may not impose a premium surcharge or any  
307 other premium differential upon any class of participant of the  
308 plan based on the use or nonuse of tobacco-related products.

309 (12) The board may not impose a premium surcharge or any  
310 other premium differential upon any class of participant of the  
311 plan based on the vaccination or nonvaccination of an individual  
312 for the prevention of coronavirus disease 2019 (COVID-19).

313 ( \* \* \*13) This section shall stand repealed on July  
314 1, \* \* \* 2025.

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

