

By: Representative Currie

To: Insurance

HOUSE BILL NO. 316

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, 2023, 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, 2023.

