

By: Representative Bell (65th)

To: Insurance; Public Health  
and Human Services

## HOUSE BILL NO. 1220

1 AN ACT TO CREATE THE MISSISSIPPI HEMOGLOBIN A1C SCREENING  
2 COVERAGE ACT; TO PROVIDE DEFINITIONS; TO PROVIDE THAT ALL HEALTH  
3 INSURANCE POLICIES AND HEALTH PLANS ISSUED, RENEWED, AMENDED OR  
4 CONTINUED ON OR AFTER JULY 1, 2025, THAT PROVIDE COVERAGE FOR  
5 PREVENTIVE HEALTH SERVICES SHALL INCLUDE ONE HUNDRED PERCENT  
6 COVERAGE FOR HEMOGLOBIN A1C SCREENINGS AS PART OF THE INSURED  
7 INDIVIDUAL'S ANNUAL WELLNESS EXAM; TO PROHIBIT COST SHARING  
8 REQUIREMENTS; TO AUTHORIZE THE DEPARTMENT OF INSURANCE TO ENFORCE  
9 COMPLIANCE; TO PROVIDE THAT SELF-FUNDED PLANS GOVERNED BY ERISA  
10 SHALL BE EXEMPT; TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF  
11 1972, TO PROVIDE THAT THE STATE EMPLOYEES LIFE AND HEALTH  
12 INSURANCE PLAN SHALL PROVIDE COVERAGE FOR HEMOGLOBIN A1C  
13 SCREENINGS AS PART OF THE INSURED INDIVIDUAL'S ANNUAL WELLNESS  
14 EXAM; AND FOR RELATED PURPOSES.

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

16 **SECTION 1.** The provisions of this Act shall be known and may  
17 be cited as the "Mississippi Hemoglobin A1c Screening Coverage  
18 Act."

19 **SECTION 2.** The purpose of this act shall be to require all  
20 health insurance providers operating in Mississippi to provide one  
21 hundred percent (100%) coverage for hemoglobin A1c screenings as  
22 part of annual wellness exams. This coverage aims to promote  
23 early detection, diagnosis and management of diabetes and  
24 pre-diabetes conditions for improved public health outcomes.



25       **SECTION 3.** As used in this act, the following terms shall be  
26 defined as provided in this section:

27           (a) "Health insurance provider" means any entity  
28 licensed to provide health insurance in the State of Mississippi,  
29 including, but not limited, to health maintenance organizations,  
30 preferred provider organizations, and health service corporations.

31           (b) "Hemoglobin A1c screening" refers to a blood test  
32 that measures the average blood glucose levels over the prior two  
33 (2) to three (3) months and is used to diagnose and monitor  
34 diabetes and pre-diabetes.

35           (c) "Annual wellness exam" means a yearly health  
36 check-up that includes preventive screenings as recommended by the  
37 patient's healthcare provider, consistent with standards set by  
38 recognized medical authorities.

39       **SECTION 4.** (1) All health insurance policies and health  
40 plans issued, renewed, amended or continued on or after July 1,  
41 2025, that provide coverage for preventive health services shall  
42 include one hundred percent (100%) coverage for hemoglobin A1c  
43 screenings as part of the insured individual's annual wellness  
44 exam.

45           (2) No deductible, copayment, coinsurance or other  
46 cost-sharing requirement shall apply to hemoglobin A1c screenings  
47 performed as part of an annual wellness exam, in accordance with  
48 this act.



(3) The Department of Insurance shall ensure that all health insurance providers operating within the state are informed of the requirements of this act and shall monitor compliance.

(4) Self-insured employer plans governed by the federal Employee Retirement Income Security Act of 1974 (ERISA) shall be exempt from this act. However, employers offering self-insured plans are encouraged to voluntarily comply with the provisions of this act to improve health outcomes and reduce long-term healthcare costs.

(5) The provisions of this act shall apply to the State and School Employees Health Insurance Plan.

**SECTION 5.** The Department of Insurance shall be responsible for the enforcement of this act, and health insurance providers that fail to comply with these provisions shall be subject to penalties, as deemed appropriate by the department, under the regulatory authority provided by Title 83, Chapter 5, Mississippi Code of 1972.

**SECTION 6.** Section 25-15-9, Mississippi Code of 1972, is amended as follows:

25-15-9. (1) (a) The board shall design a plan of health insurance for state employees that provides benefits for semiprivate rooms in addition to other incidental coverages that the board deems necessary. The amount of the coverages shall be in such reasonable amount as may be determined by the board to be adequate, after due consideration of current health costs in



74 Mississippi. The plan shall also include major medical benefits  
75 in such amounts as the board determines. The plan shall provide  
76 for coverage for hemoglobin Alc screenings as part of the insured  
77 individual's annual wellness exam as provided in the Mississippi  
78 Hemoglobin Alc Screening Coverage Act. The plan shall provide for  
79 coverage for telemedicine services as provided in Section  
80 83-9-351. The board is also authorized to accept bids for such  
81 alternate coverage and optional benefits as the board deems  
82 proper. The board is authorized to accept bids for surgical  
83 services that include assistance in locating a surgeon, setting up  
84 initial consultation, travel, a negotiated single case rate bundle  
85 and payment for orthopedic, spine, bariatric, cardiovascular and  
86 general surgeries. The surgical services may only utilize  
87 surgeons and facilities located in the State of Mississippi unless  
88 otherwise provided by the board. Any contract for alternative  
89 coverage and optional benefits shall be awarded by the board after  
90 it has carefully studied and evaluated the bids and selected the  
91 best and most cost-effective bid. The board may reject all of the  
92 bids; however, the board shall notify all bidders of the rejection  
93 and shall actively solicit new bids if all bids are rejected. The  
94 board may employ or contract for such consulting or actuarial  
95 services as may be necessary to formulate the plan, and to assist  
96 the board in the preparation of specifications and in the process  
97 of advertising for the bids for the plan. Those contracts shall  
98 be solicited and entered into in accordance with Section 25-15-5.



99 The board shall keep a record of all persons, agents and  
100 corporations who contract with or assist the board in preparing  
101 and developing the plan. The board in a timely manner shall  
102 provide copies of this record to the members of the advisory  
103 council created in this section and those legislators, or their  
104 designees, who may attend meetings of the advisory council. The  
105 board shall provide copies of this record in the solicitation of  
106 bids for the administration or servicing of the self-insured  
107 program. Each person, agent or corporation that, during the  
108 previous fiscal year, has assisted in the development of the plan  
109 or employed or compensated any person who assisted in the  
110 development of the plan, and that bids on the administration or  
111 servicing of the plan, shall submit to the board a statement  
112 accompanying the bid explaining in detail its participation with  
113 the development of the plan. This statement shall include the  
114 amount of compensation paid by the bidder to any such employee  
115 during the previous fiscal year. The board shall make all such  
116 information available to the members of the advisory council and  
117 those legislators, or their designees, who may attend meetings of  
118 the advisory council before any action is taken by the board on  
119 the bids submitted. The failure of any bidder to fully and  
120 accurately comply with this paragraph shall result in the  
121 rejection of any bid submitted by that bidder or the cancellation  
122 of any contract executed when the failure is discovered after the  
123 acceptance of that bid. The board is authorized to promulgate



rules and regulations to implement the provisions of this subsection.

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

Any corporation, association, company or individual that contracts with the board for the third-party claims administration of the self-insured plan shall prepare and keep on file an explanation of benefits for each claim processed. The explanation of benefits shall contain such information relative to each processed claim that the board deems necessary, and, at a minimum, each explanation shall provide the claimant's name, claim number, provider number, provider name, service dates, type of services, amount of charges, amount allowed to the claimant and reason codes. The information contained in the explanation of benefits shall be available for inspection upon request by the board. The board shall have access to all claims information utilized in the issuance of payments to employees and providers.

(b) There is created an advisory council to advise the board in the formulation of the State and School Employees Health Insurance Plan. The council shall be composed of the State Insurance Commissioner, or his designee, an employee-representative of the institutions of higher learning appointed by the board of trustees thereof, an employee-representative of the Department of Transportation



149 appointed by the director thereof, an employee-representative of  
150 the Department of Revenue appointed by the Commissioner of  
151 Revenue, an employee-representative of the Mississippi Department  
152 of Health appointed by the State Health Officer, an  
153 employee-representative of the Mississippi Department of  
154 Corrections appointed by the Commissioner of Corrections, and an  
155 employee-representative of the Department of Human Services  
156 appointed by the Executive Director of Human Services, two (2)  
157 certificated public school administrators appointed by the State  
158 Board of Education, two (2) certificated classroom teachers  
159 appointed by the State Board of Education, a noncertificated  
160 school employee appointed by the State Board of Education and a  
161 community/junior college employee appointed by the Mississippi  
162 Community College Board.

163       The Lieutenant Governor may designate the Secretary of the  
164 Senate, the Chairman of the Senate Appropriations Committee, the  
165 Chairman of the Senate Education Committee and the Chairman of the  
166 Senate Insurance Committee, and the Speaker of the House of  
167 Representatives may designate the Clerk of the House, the Chairman  
168 of the House Appropriations Committee, the Chairman of the House  
169 Education Committee and the Chairman of the House Insurance  
170 Committee, to attend any meeting of the State and School Employees  
171 Insurance Advisory Council. The appointing authorities may  
172 designate an alternate member from their respective houses to  
173 serve when the regular designee is unable to attend the meetings



of the council. Those designees shall have no jurisdiction or vote on any matter within the jurisdiction of the council. For attending meetings of the council, the legislators shall receive per diem and expenses, which shall be paid from the contingent expense funds of their respective houses in the same amounts as provided for committee meetings when the Legislature is not in session; however, no per diem and expenses for attending meetings of the council will be paid while the Legislature is in session. No per diem and expenses will be paid except for attending meetings of the council without prior approval of the proper committee in their respective houses.

(c) No change in the terms of the State and School Employees Health Insurance Plan may be made effective unless the board, or its designee, has provided notice to the State and School Employees Health Insurance Advisory Council and has called a meeting of the council at least fifteen (15) days before the effective date of the change. If the State and School Employees Health Insurance Advisory Council does not meet to advise the board on the proposed changes, the changes to the plan shall become effective at such time as the board has informed the council that the changes shall become effective.

(d) **Medical benefits for retired employees and dependents under age sixty-five (65) years and not eligible for Medicare benefits.** For employees who retire before July 1, 2005, and for employees retiring due to work-related disability under





the Public Employees' Retirement System, the same health insurance coverage as for all other active employees and their dependents shall be available to retired employees and all dependents under age sixty-five (65) years who are not eligible for Medicare benefits, the level of benefits to be the same level as for all other active participants. For employees who retire on or after July 1, 2005, and not retiring due to work-related disability under the Public Employees' Retirement System, the same health insurance coverage as for all other active employees and their dependents shall be available to those retiring employees and all dependents under age sixty-five (65) years who are not eligible for Medicare benefits only if the retiring employees were participants in the State and School Employees Health Insurance Plan for four (4) years or more before their retirement, the level of benefits to be the same level as for all other active participants. This section will apply to those employees who retire due to one hundred percent (100%) medical disability as well as those employees electing early retirement.

(e) **Medical benefits for retired employees and dependents over age sixty-five (65) years or otherwise eligible for Medicare benefits.** For employees who retire before July 1, 2005, and for employees retiring due to work-related disability under the Public Employees' Retirement System, the health insurance coverage available to retired employees over age sixty-five (65) years or otherwise eligible for Medicare benefits,



and all dependents over age sixty-five (65) years or otherwise eligible for Medicare benefits, shall be the major medical coverage. For employees retiring on or after July 1, 2005, and not retiring due to work-related disability under the Public Employees' Retirement System, the health insurance coverage described in this paragraph (e) shall be available to those retiring employees only if they were participants in the State and School Employees Health Insurance Plan for four (4) years or more and are over age sixty-five (65) years or otherwise eligible for Medicare benefits, and to all dependents over age sixty-five (65) years or otherwise eligible for Medicare benefits. Benefits shall be reduced by Medicare benefits as though the Medicare benefits were the base plan.

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

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

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



249 Benefits for hospital or surgical or medical benefits shall  
250 be reduced by any similar benefits payable in accordance with  
251 Title XIX of the Social Security Act or under any amendments  
252 thereto, or any implementing legislation.

253 Benefits for hospital or surgical or medical benefits shall  
254 be reduced by any similar benefits payable by workers'  
255 compensation.

256 No health care benefits under the state plan shall restrict  
257 coverage for medically appropriate treatment prescribed by a  
258 physician and agreed to by a fully informed insured, or if the  
259 insured lacks legal capacity to consent by a person who has legal  
260 authority to consent on his or her behalf, based on an insured's  
261 diagnosis with a terminal condition. As used in this paragraph,  
262 "terminal condition" means any aggressive malignancy, chronic  
263 end-stage cardiovascular or cerebral vascular disease, or any  
264 other disease, illness or condition which physician diagnoses as  
265 terminal.

266 Not later than January 1, 2016, the state health plan shall  
267 not require a higher co-payment, deductible or coinsurance amount  
268 for patient-administered anti-cancer medications, including, but  
269 not limited to, those orally administered or self-injected, than  
270 it requires for anti-cancer medications that are injected or  
271 intravenously administered by a health care provider, regardless  
272 of the formulation or benefit category determination by the plan.



For the purposes of this paragraph, the term "anti-cancer medications" has the meaning as defined in Section 83-9-24.

(3) (a) Schedule of life insurance benefits – group term: The amount of term life insurance for each active employee of a department, agency or institution of the state government shall not be in excess of One Hundred Thousand Dollars (\$100,000.00), or twice the amount of the employee's annual wage to the next highest One Thousand Dollars (\$1,000.00), whichever may be less, but in no case less than Thirty Thousand Dollars (\$30,000.00), with a like amount for accidental death and dismemberment on a twenty-four-hour basis. The plan will further contain a premium waiver provision if a covered employee becomes totally and permanently disabled before age sixty-five (65) years. Employees retiring after June 30, 1999, shall be eligible to continue life insurance coverage in an amount of Five Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand Dollars (\$20,000.00) into retirement.

(b) Effective October 1, 1999, schedule of life insurance benefits – group term: The amount of term life insurance for each active employee of any school district, community/junior college, public library or university-based program authorized under Section 37-23-31 for deaf, aphasic and emotionally disturbed children or any regular nonstudent bus driver shall not be in excess of One Hundred Thousand Dollars (\$100,000.00), or twice the amount of the employee's annual wage



298 to the next highest One Thousand Dollars (\$1,000.00), whichever  
299 may be less, but in no case less than Thirty Thousand Dollars  
300 (\$30,000.00), with a like amount for accidental death and  
301 dismemberment on a twenty-four-hour basis. The plan will further  
302 contain a premium waiver provision if a covered employee of any  
303 school district, community/junior college, public library or  
304 university-based program authorized under Section 37-23-31 for  
305 deaf, aphasic and emotionally disturbed children or any regular  
306 nonstudent bus driver becomes totally and permanently disabled  
307 before age sixty-five (65) years. Employees of any school  
308 district, community/junior college, public library or  
309 university-based program authorized under Section 37-23-31 for  
310 deaf, aphasic and emotionally disturbed children or any regular  
311 nonstudent bus driver retiring after September 30, 1999, shall be  
312 eligible to continue life insurance coverage in an amount of Five  
313 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or  
314 Twenty Thousand Dollars (\$20,000.00) into retirement.

315 (4) Any eligible employee who on March 1, 1971, was  
316 participating in a group life insurance program that has  
317 provisions different from those included in this article and for  
318 which the State of Mississippi was paying a part of the premium  
319 may, at his discretion, continue to participate in that plan. The  
320 employee shall pay in full all additional costs, if any, above the  
321 minimum program established by this article. Under no  
322 circumstances shall any individual who begins employment with the



state after March 1, 1971, be eligible for the provisions of this subsection.

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

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

(7) On October 1, 1999, any school district, community/junior college district or public library may elect to remain with an existing policy or policies of group life insurance with an insurance company approved by the State and School Employees Health Insurance Management Board, in lieu of participation in the State and School Life Insurance Plan. On or after July 1, 2004, until October 1, 2004, any school district, community/junior college district or public library may elect to choose a policy or policies of group life insurance existing on October 1, 1999, with an insurance company approved by the State and School Employees Health Insurance Management Board in lieu of participation in the State and School Life Insurance Plan. The state's contribution of up to fifty percent (50%) of the active employee's premium under the State and School Life Insurance Plan may be applied toward the cost of coverage for full-time employees



participating in the approved life insurance company group plan. For purposes of this subsection (7), "life insurance company group plan" means a plan administered or sold by a private insurance company. After October 1, 1999, the board may assess charges in addition to the existing State and School Life Insurance Plan rates to such employees as a condition of enrollment in the State and School Life Insurance Plan. In order for any life insurance company group plan to be approved by the State and School Employees Health Insurance Management Board under this subsection (7), it shall meet the following criteria:

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

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

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

(d) The insurance company group life insurance plan shall have one (1) composite rate per One Thousand Dollars (\$1,000.00) of coverage for active employees regardless of age and



373 one (1) composite rate per One Thousand Dollars (\$1,000.00) of  
374 coverage for all retirees regardless of age or type of retiree.

375 (e) The insurance company and its group life insurance  
376 plan shall comply with any administrative requirements of the  
377 State and School Employees Health Insurance Management Board. If  
378 any insurance company providing group life insurance benefits to  
379 employees under this subsection (7) fails to comply with any  
380 requirements specified in this subsection or any administrative  
381 requirements of the board, the state shall discontinue providing  
382 funding for the cost of that insurance.

383 **SECTION 7.** This act shall take effect and be in force from  
384 and after July 1, 2025.

