

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.

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

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

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

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

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

68 25-15-9. (1) (a) The board shall design a plan of health
69 insurance for state employees that provides benefits for
70 semiprivate rooms in addition to other incidental coverages that
71 the board deems necessary. The amount of the coverages shall be
72 in such reasonable amount as may be determined by the board to be
73 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 A1c screenings as part of the insured
77 individual's annual wellness exam as provided in the Mississippi
78 Hemoglobin A1c 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



124 rules and regulations to implement the provisions of this
125 subsection.

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

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

142 (b) There is created an advisory council to advise the
143 board in the formulation of the State and School Employees Health
144 Insurance Plan. The council shall be composed of the State
145 Insurance Commissioner, or his designee, an
146 employee-representative of the institutions of higher learning
147 appointed by the board of trustees thereof, an
148 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



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

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

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



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

217 (e) **Medical benefits for retired employees and**
218 **dependents over age sixty-five (65) years or otherwise eligible**
219 **for Medicare benefits.** For employees who retire before July 1,
220 2005, and for employees retiring due to work-related disability
221 under the Public Employees' Retirement System, the health
222 insurance coverage available to retired employees over age
223 sixty-five (65) years or otherwise eligible for Medicare benefits,



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

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

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

244 (2) Nonduplication of benefits – reduction of benefits by
245 Title XIX benefits: When benefits would be payable under more
246 than one (1) group plan, benefits under those plans will be
247 coordinated to the extent that the total benefits under all plans
248 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.



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

275 (3) (a) Schedule of life insurance benefits – group term:
276 The amount of term life insurance for each active employee of a
277 department, agency or institution of the state government shall
278 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
279 twice the amount of the employee's annual wage to the next highest
280 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
281 case less than Thirty Thousand Dollars (\$30,000.00), with a like
282 amount for accidental death and dismemberment on a
283 twenty-four-hour basis. The plan will further contain a premium
284 waiver provision if a covered employee becomes totally and
285 permanently disabled before age sixty-five (65) years. Employees
286 retiring after June 30, 1999, shall be eligible to continue life
287 insurance coverage in an amount of Five Thousand Dollars
288 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
289 Dollars (\$20,000.00) into retirement.

290 (b) Effective October 1, 1999, schedule of life
291 insurance benefits – group term: The amount of term life
292 insurance for each active employee of any school district,
293 community/junior college, public library or university-based
294 program authorized under Section 37-23-31 for deaf, aphasic and
295 emotionally disturbed children or any regular nonstudent bus
296 driver shall not be in excess of One Hundred Thousand Dollars
297 (\$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



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

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

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

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



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

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

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

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

370 (d) The insurance company group life insurance plan
371 shall have one (1) composite rate per One Thousand Dollars
372 (\$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.

