

By: Nettles

To: Insurance

HOUSE BILL NO. 194

1 AN ACT TO AMEND SECTION 83-9-39, MISSISSIPPI CODE OF 1972, TO
2 REQUIRE THAT INSURANCE POLICIES PROVIDE COVERED BENEFITS FOR THE
3 TREATMENT OF MENTAL ILLNESS; TO AMEND SECTION 83-9-37, MISSISSIPPI
4 CODE OF 1972, TO REVISE THE DEFINITION OF A HEALTH SERVICE
5 PROVIDER; 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) "Hospital" means a facility licensed as a hospital
24 by the Mississippi Department of Health.

25 (d) "Health service provider" means any mental health
26 professional licensed by the state who is authorized by the
27 facility in which services are delivered to provide mental health
28 services in an inpatient or outpatient setting, within his or her
29 scope of licensure.

30 (e) "Inpatient services" means therapeutic services
31 which are available twenty-four (24) hours a day in a hospital or
32 other treatment facility licensed by the State of Mississippi.

33 (f) "Mental illness" means any psychiatric disease
34 identified in the current edition of The International
35 Classification of Diseases or The American Psychiatric Association
36 Diagnostic and Statistical Manual.

37 (g) "Outpatient services" means therapeutic services
38 which are provided to a patient according to an individualized
39 treatment plan which does not require the patient's full-time
40 confinement to a hospital or other treatment facility licensed by
41 the State of Mississippi. The term "outpatient services" refers
42 to services which may be provided in a hospital, an outpatient
43 treatment facility or other appropriate setting licensed by the
44 State of Mississippi.

45 (h) "Outpatient treatment facility" means (i) a clinic
46 or other similar location which is certified by the State of
47 Mississippi as a qualified provider of outpatient services for the
48 treatment of mental illness or (ii) the office of a health service
49 provider.

50 (i) "Partial hospitalization" means inpatient
51 treatment, other than full twenty-four-hour programs, in a
52 treatment facility licensed by the State of Mississippi; the term
53 includes day, night and weekend treatment programs.

54 (j) "Physician" means a physician licensed by the State
55 of Mississippi to practice therein.

56 (k) "Psychologist" means a psychologist licensed by the
57 State of Mississippi to practice therein.

58 SECTION 2. Section 83-9-39, Mississippi Code of 1972, is
59 amended as follows:

60 83-9-39. (1) All alternative delivery systems and all
61 individual and group health insurance policies, plans or programs
62 regulated by the State of Mississippi * * * shall provide covered
63 benefits for the treatment of mental illness, except for policies
64 which only provide coverage for specified diseases and other
65 limited benefit health insurance policies and negotiated labor
66 contracts. * * *

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

71 (3) Covered benefits for outpatient treatment of mental
72 illness in insurance policies and other contracts subject to
73 Sections 83-9-37 through 83-9-43 shall be limited to outpatient
74 services certified as necessary by a health service provider.

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

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

82 (6) The provisions of this section shall apply only to
83 alternative delivery systems and individual and group health
84 insurance policies, plans or programs issued or renewed after July
85 1, 1991.

86 (7) The exclusion period for coverage of a preexisting
87 mental condition shall be the same period of time as that for
88 other medical illnesses covered under the same plan, program or
89 contract.

90 SECTION 3. This act shall take effect and be in force from
91 and after July 1, 2000.