

By: Representative Robertson

To: Insurance

HOUSE BILL NO. 863

1 AN ACT TO ESTABLISH THE "DESOTO PLAN FOR HEALTH CARE SERVICES
2 ACT OF 2003"; TO PROVIDE THAT THE PLAN SHALL PROVIDE HEALTH CARE
3 SERVICES TO WORKING LOW INCOME INDIVIDUALS ON A PREPAID BASIS; TO
4 PROVIDE ELIGIBILITY REQUIREMENTS; TO PROVIDE THAT THE PLAN SHALL
5 BE OPERATED ON A NOT-FOR-PROFIT BASIS; TO PROVIDE THAT HEALTH
6 SERVICES SHALL BE RENDERED FOR NOMINAL REIMBURSEMENT ON A SLIDING
7 SCALE; AND FOR RELATED PURPOSES.

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

9 **SECTION 1.** This act shall be known and may be cited as the
10 "DeSoto Plan for Health Care Services Act of 2003."

11 **SECTION 2.** The Legislature finds that there is a problem
12 with availability and affordability of health care services for
13 working lower income persons. It is the intent of this
14 Legislature to make such coverage more available and affordable by
15 authorizing the development of innovative plans to prepay such
16 coverage.

17 **SECTION 3.** (1) The DeSoto Plan for Health Care Services is
18 a plan which provides health care services to working low income
19 individuals on a prepaid basis and such plan shall not be deemed
20 to be insurance or a service plan or corporation or health
21 maintenance organization within the provisions of Section 83-1-1,
22 et seq.

23 (2) Eligibility for enrollment in the plan is limited to
24 persons employed in businesses employing fifty (50) eligible
25 persons or less and persons engaged in domestic service in private
26 households and dependents of such persons where such persons earn
27 less than two hundred percent (200%) of the federal poverty level
28 and are not covered under any other group insurance arrangements.
29 Employers employing fifty (50) eligible persons or less may prepay



30 the clinic or health center for health services for the benefit of
31 their employees.

32 (3) The plan is operated on a not-for-profit basis under the
33 sponsorship of a not-for-profit organization.

34 (4) Covered primary care services under the plan are
35 provided to enrollees in the plan either by providers on staff of
36 the sponsoring organization or by volunteers who, in both
37 instances, have agreed to provide their services for a nominal
38 reimbursement on a sliding scale according to the income of the
39 enrollee for out-of-pocket expenses or expendable supplies, or
40 both, directly related to and incurred as a result of the service
41 provided to the enrollee.

42 (5) Payments to outside contractors under the plan for
43 marketing, claims, administration and similar services shall total
44 no more than ten percent (10%) of the total charges.

45 (6) Except as provided in subsection (4) of this section, no
46 portion of any fees or charges under the plan shall be paid
47 directly or indirectly as salary to any officer or director of the
48 sponsoring not-for-profit organization.

49 **SECTION 4.** This act shall take effect and be in force from
50 and after July 1, 2003.

