

By: Representative Yancey

To: Public Health and Human Services

HOUSE BILL NO. 320

1 AN ACT TO CREATE NEW SECTION 83-9-24.1, MISSISSIPPI CODE OF
 2 1972, TO PROVIDE PROHIBITIONS ON HEALTH BENEFIT PLANS OR POLICIES
 3 WHEN PROVIDING INSURANCE COVERAGE FOR A CLINICIAN-ADMINISTERED
 4 DRUG, WHICH MEANS AN OUTPATIENT PRESCRIPTION DRUG OTHER THAN A
 5 VACCINE THAT CANNOT REASONABLY BE SELF-ADMINISTERED BY THE PATIENT
 6 TO WHOM THE DRUG IS PRESCRIBED OR BY AN INDIVIDUAL ASSISTING THE
 7 PATIENT WITH THE SELF-ADMINISTRATION AND IS TYPICALLY ADMINISTERED
 8 BY A HEALTH CARE PROVIDER AUTHORIZED UNDER THE LAWS OF THIS STATE
 9 TO ADMINISTER THE DRUG, INCLUDING WHEN ACTING UNDER A PHYSICIAN'S
 10 DELEGATION AND SUPERVISION AND IN A PHYSICIAN'S OFFICE, HOSPITAL
 11 OUTPATIENT INFUSION CENTER OR OTHER CLINICAL SETTING; TO PROVIDE
 12 THE DEFINITION FOR "HEALTH BENEFIT PLAN OR POLICY"; TO PROVIDE
 13 THAT A HEALTH BENEFIT PLAN MAY OFFER THE USE OF A HOME INFUSION
 14 PHARMACY TO DISPENSE CLINICIAN-ADMINISTERED DRUGS TO PATIENTS IN
 15 THEIR HOMES OR THE USE OF AN INFUSION SITE EXTERNAL TO A PATIENT'S
 16 PROVIDER OFFICE OR CLINIC; TO PROVIDE THAT THESE PROVISIONS SHALL
 17 BE APPLICABLE TO ANY MANAGED HEALTH CARE DELIVERY ENTITIES
 18 INCLUDING THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN AND
 19 THE MISSISSIPPI MEDICAID PROGRAM; TO AMEND SECTION 25-15-9,
 20 MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PRECEDING SECTION; AND
 21 FOR RELATED PURPOSES.

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

23 **SECTION 1.** The following shall be codified as Section
 24 83-9-24.1, Mississippi Code of 1972:

25 83-9-24.1. (1) As used in this section, the following words
 26 and phrases shall have the meanings as defined in this section
 27 unless the context clearly indicates otherwise:



28 (a) "Clinician-administered drug" means an outpatient
29 prescription drug other than a vaccine that:

30 (i) Cannot reasonably be self-administered by the
31 patient to whom the drug is prescribed or by an individual
32 assisting the patient with the self-administration; and

33 (ii) Is typically administered:

34 1. By a health care provider authorized under
35 the laws of this state to administer the drug, including when
36 acting under a physician's delegation and supervision; and

37 2. In a physician's office, hospital
38 outpatient infusion center or other clinical setting.

39 (b) "Health benefit plan or policy" means any hospital,
40 health or medical expense insurance policy, hospital or medical
41 service contract, employee welfare benefit plan, contract or
42 agreement with a health maintenance organization or a preferred
43 provider organization, health and accident insurance policy, or
44 any other insurance contract of this type, including a group
45 insurance plan and the State and School Employees Life and Health
46 Insurance Plan.

47 (2) A health benefit plan shall not:

48 (a) Refuse to authorize, approve or pay a participating
49 provider for providing covered clinician-administered drugs and
50 related services to covered persons;

51 (b) Impose coverage or benefit limitations, or require
52 an enrollee to pay an additional fee, higher copay, higher



53 coinsurance, second copay, second coinsurance or other penalty
54 when obtaining clinician-administered drugs from a health care
55 provider authorized under the laws of this state to administer
56 clinician-administered drugs, or a pharmacy;

57 (c) Interfere with the patient's right to choose to
58 obtain a clinician-administered drug from their provider or
59 pharmacy of choice, including inducement, steering or offering
60 financial or other incentives;

61 (d) Require clinician-administered drugs to be
62 dispensed by a pharmacy selected by the health plan;

63 (e) Limit or exclude coverage for a
64 clinician-administered drug when not dispensed by a pharmacy
65 selected by the health plan, if such drug would otherwise be
66 covered;

67 (f) Reimburse at a lesser amount clinician-administered
68 drugs dispensed by a pharmacy not selected by the health plan;

69 (g) Condition, deny, restrict, refuse to authorize or
70 approve or reduce payment to a participating provider for
71 providing covered clinician-administered drugs and related
72 services to covered persons when all criteria for medical
73 necessity are met, because the participating provider obtains
74 clinician-administered drugs from a pharmacy that is not a
75 participating provider in the health benefit plan's network;

76 (h) Require that an enrollee pay an additional fee,
77 higher copay, higher coinsurance, second copay, second coinsurance



78 or any other form of price increase for clinician-administered
79 drugs when not dispensed by a pharmacy selected by the health
80 plan; or

81 (i) Require a specialty pharmacy to dispense a
82 clinician-administered medication directly to a patient with the
83 intention that the patient will transport the medication to a
84 healthcare provider for administration.

85 (3) A health benefit plan may offer, but shall not require:

86 (a) The use of a home infusion pharmacy to dispense
87 clinician-administered drugs to patients in their homes; or

88 (b) The use of an infusion site external to a patient's
89 provider office or clinic.

90 (4) The provisions of this section shall be fully applicable
91 to any managed health care delivery entities including the State
92 and School Employees Health Insurance Plan and the Mississippi
93 Medicaid Program.

94 **SECTION 2.** Section 25-15-9, Mississippi Code of 1972, is
95 amended as follows:

96 25-15-9. (1) (a) The board shall design a plan of health
97 insurance for state employees that provides benefits for
98 semiprivate rooms in addition to other incidental coverages that
99 the board deems necessary. The amount of the coverages shall be
100 in such reasonable amount as may be determined by the board to be
101 adequate, after due consideration of current health costs in
102 Mississippi. The plan shall also include major medical benefits



103 in such amounts as the board determines. The plan shall provide
104 for coverage for telemedicine services as provided in Section
105 83-9-351. The state health plan shall follow the provisions of
106 Section 83-9-24.1 when providing coverage for
107 clinician-administered drugs. The board is also authorized to
108 accept bids for such alternate coverage and optional benefits as
109 the board deems proper. The board is authorized to accept bids
110 for surgical services that include assistance in locating a
111 surgeon, setting up initial consultation, travel, a negotiated
112 single case rate bundle and payment for orthopedic, spine,
113 bariatric, cardiovascular and general surgeries. The surgical
114 services may only utilize surgeons and facilities located in the
115 State of Mississippi unless otherwise provided by the board. Any
116 contract for alternative coverage and optional benefits shall be
117 awarded by the board after it has carefully studied and evaluated
118 the bids and selected the best and most cost-effective bid. The
119 board may reject all of the bids; however, the board shall notify
120 all bidders of the rejection and shall actively solicit new bids
121 if all bids are rejected. The board may employ or contract for
122 such consulting or actuarial services as may be necessary to
123 formulate the plan, and to assist the board in the preparation of
124 specifications and in the process of advertising for the bids for
125 the plan. Those contracts shall be solicited and entered into in
126 accordance with Section 25-15-5. The board shall keep a record of
127 all persons, agents and corporations who contract with or assist



128 the board in preparing and developing the plan. The board in a
129 timely manner shall provide copies of this record to the members
130 of the advisory council created in this section and those
131 legislators, or their designees, who may attend meetings of the
132 advisory council. The board shall provide copies of this record
133 in the solicitation of bids for the administration or servicing of
134 the self-insured program. Each person, agent or corporation that,
135 during the previous fiscal year, has assisted in the development
136 of the plan or employed or compensated any person who assisted in
137 the development of the plan, and that bids on the administration
138 or servicing of the plan, shall submit to the board a statement
139 accompanying the bid explaining in detail its participation with
140 the development of the plan. This statement shall include the
141 amount of compensation paid by the bidder to any such employee
142 during the previous fiscal year. The board shall make all such
143 information available to the members of the advisory council and
144 those legislators, or their designees, who may attend meetings of
145 the advisory council before any action is taken by the board on
146 the bids submitted. The failure of any bidder to fully and
147 accurately comply with this paragraph shall result in the
148 rejection of any bid submitted by that bidder or the cancellation
149 of any contract executed when the failure is discovered after the
150 acceptance of that bid. The board is authorized to promulgate
151 rules and regulations to implement the provisions of this
152 subsection.



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

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

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



178 Revenue, an employee-representative of the Mississippi Department
179 of Health appointed by the State Health Officer, an
180 employee-representative of the Mississippi Department of
181 Corrections appointed by the Commissioner of Corrections, and an
182 employee-representative of the Department of Human Services
183 appointed by the Executive Director of Human Services, two (2)
184 certificated public school administrators appointed by the State
185 Board of Education, two (2) certificated classroom teachers
186 appointed by the State Board of Education, a noncertificated
187 school employee appointed by the State Board of Education and a
188 community/junior college employee appointed by the Mississippi
189 Community College Board.

190 The Lieutenant Governor may designate the Secretary of the
191 Senate, the Chairman of the Senate Appropriations Committee, the
192 Chairman of the Senate Education Committee and the Chairman of the
193 Senate Insurance Committee, and the Speaker of the House of
194 Representatives may designate the Clerk of the House, the Chairman
195 of the House Appropriations Committee, the Chairman of the House
196 Education Committee and the Chairman of the House Insurance
197 Committee, to attend any meeting of the State and School Employees
198 Insurance Advisory Council. The appointing authorities may
199 designate an alternate member from their respective houses to
200 serve when the regular designee is unable to attend the meetings
201 of the council. Those designees shall have no jurisdiction or
202 vote on any matter within the jurisdiction of the council. For



203 attending meetings of the council, the legislators shall receive
204 per diem and expenses, which shall be paid from the contingent
205 expense funds of their respective houses in the same amounts as
206 provided for committee meetings when the Legislature is not in
207 session; however, no per diem and expenses for attending meetings
208 of the council will be paid while the Legislature is in session.
209 No per diem and expenses will be paid except for attending
210 meetings of the council without prior approval of the proper
211 committee in their respective houses.

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

222 (d) **Medical benefits for retired employees and**
223 **dependents under age sixty-five (65) years and not eligible for**
224 **Medicare benefits.** For employees who retire before July 1, 2005,
225 and for employees retiring due to work-related disability under
226 the Public Employees' Retirement System, the same health insurance
227 coverage as for all other active employees and their dependents



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

244 (e) **Medical benefits for retired employees and**
245 **dependents over age sixty-five (65) years or otherwise eligible**
246 **for Medicare benefits.** For employees who retire before July 1,
247 2005, and for employees retiring due to work-related disability
248 under the Public Employees' Retirement System, the health
249 insurance coverage available to retired employees over age
250 sixty-five (65) years or otherwise eligible for Medicare benefits,
251 and all dependents over age sixty-five (65) years or otherwise
252 eligible for Medicare benefits, shall be the major medical



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

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

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

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

276 Benefits for hospital or surgical or medical benefits shall
277 be reduced by any similar benefits payable in accordance with



278 Title XIX of the Social Security Act or under any amendments
279 thereto, or any implementing legislation.

280 Benefits for hospital or surgical or medical benefits shall
281 be reduced by any similar benefits payable by workers'
282 compensation.

283 No health care benefits under the state plan shall restrict
284 coverage for medically appropriate treatment prescribed by a
285 physician and agreed to by a fully informed insured, or if the
286 insured lacks legal capacity to consent by a person who has legal
287 authority to consent on his or her behalf, based on an insured's
288 diagnosis with a terminal condition. As used in this paragraph,
289 "terminal condition" means any aggressive malignancy, chronic
290 end-stage cardiovascular or cerebral vascular disease, or any
291 other disease, illness or condition which physician diagnoses as
292 terminal.

293 Not later than January 1, 2016, the state health plan shall
294 not require a higher co-payment, deductible or coinsurance amount
295 for patient-administered anti-cancer medications, including, but
296 not limited to, those orally administered or self-injected, than
297 it requires for anti-cancer medications that are injected or
298 intravenously administered by a health care provider, regardless
299 of the formulation or benefit category determination by the plan.
300 For the purposes of this paragraph, the term "anti-cancer
301 medications" has the meaning as defined in Section 83-9-24.



302 (3) (a) Schedule of life insurance benefits – group term:
303 The amount of term life insurance for each active employee of a
304 department, agency or institution of the state government shall
305 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
306 twice the amount of the employee's annual wage to the next highest
307 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
308 case less than Thirty Thousand Dollars (\$30,000.00), with a like
309 amount for accidental death and dismemberment on a
310 twenty-four-hour basis. The plan will further contain a premium
311 waiver provision if a covered employee becomes totally and
312 permanently disabled before age sixty-five (65) years. Employees
313 retiring after June 30, 1999, shall be eligible to continue life
314 insurance coverage in an amount of Five Thousand Dollars
315 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
316 Dollars (\$20,000.00) into retirement.

317 (b) Effective October 1, 1999, schedule of life
318 insurance benefits – group term: The amount of term life
319 insurance for each active employee of any school district,
320 community/junior college, public library or university-based
321 program authorized under Section 37-23-31 for deaf, aphasic and
322 emotionally disturbed children or any regular nonstudent bus
323 driver shall not be in excess of One Hundred Thousand Dollars
324 (\$100,000.00), or twice the amount of the employee's annual wage
325 to the next highest One Thousand Dollars (\$1,000.00), whichever
326 may be less, but in no case less than Thirty Thousand Dollars



327 (\$30,000.00), with a like amount for accidental death and
328 dismemberment on a twenty-four-hour basis. The plan will further
329 contain a premium waiver provision if a covered employee of any
330 school district, community/junior college, public library or
331 university-based program authorized under Section 37-23-31 for
332 deaf, aphasic and emotionally disturbed children or any regular
333 nonstudent bus driver becomes totally and permanently disabled
334 before age sixty-five (65) years. Employees of any school
335 district, community/junior college, public library or
336 university-based program authorized under Section 37-23-31 for
337 deaf, aphasic and emotionally disturbed children or any regular
338 nonstudent bus driver retiring after September 30, 1999, shall be
339 eligible to continue life insurance coverage in an amount of Five
340 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
341 Twenty Thousand Dollars (\$20,000.00) into retirement.

342 (4) Any eligible employee who on March 1, 1971, was
343 participating in a group life insurance program that has
344 provisions different from those included in this article and for
345 which the State of Mississippi was paying a part of the premium
346 may, at his discretion, continue to participate in that plan. The
347 employee shall pay in full all additional costs, if any, above the
348 minimum program established by this article. Under no
349 circumstances shall any individual who begins employment with the
350 state after March 1, 1971, be eligible for the provisions of this
351 subsection.



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

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

360 (7) On October 1, 1999, any school district,
361 community/junior college district or public library may elect to
362 remain with an existing policy or policies of group life insurance
363 with an insurance company approved by the State and School
364 Employees Health Insurance Management Board, in lieu of
365 participation in the State and School Life Insurance Plan. On or
366 after July 1, 2004, until October 1, 2004, any school district,
367 community/junior college district or public library may elect to
368 choose a policy or policies of group life insurance existing on
369 October 1, 1999, with an insurance company approved by the State
370 and School Employees Health Insurance Management Board in lieu of
371 participation in the State and School Life Insurance Plan. The
372 state's contribution of up to fifty percent (50%) of the active
373 employee's premium under the State and School Life Insurance Plan
374 may be applied toward the cost of coverage for full-time employees
375 participating in the approved life insurance company group plan.
376 For purposes of this subsection (7), "life insurance company group



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

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

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

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

397 (d) The insurance company group life insurance plan
398 shall have one (1) composite rate per One Thousand Dollars
399 (\$1,000.00) of coverage for active employees regardless of age and
400 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
401 coverage for all retirees regardless of age or type of retiree.



402 (e) The insurance company and its group life insurance
403 plan shall comply with any administrative requirements of the
404 State and School Employees Health Insurance Management Board. If
405 any insurance company providing group life insurance benefits to
406 employees under this subsection (7) fails to comply with any
407 requirements specified in this subsection or any administrative
408 requirements of the board, the state shall discontinue providing
409 funding for the cost of that insurance.

410 **SECTION 3.** This act shall take effect and be in force from
411 and after July 1, 2024.

