

By: Representative Banks

To: Insurance;
Appropriations A

HOUSE BILL NO. 943

1 AN ACT TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF 1972, TO
2 PROVIDE THAT THE STATE EMPLOYEES LIFE AND HEALTH INSURANCE PLAN
3 SHALL PROVIDE COVERAGE FOR PROTON THERAPY FOR THE TREATMENT OF
4 CANCER AND CERTAIN NONCANCEROUS TUMORS; AND FOR RELATED PURPOSES.

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

6 **SECTION 1.** Section 25-15-9, Mississippi Code of 1972, is
7 amended as follows:

8 25-15-9. (1) (a) The board shall design a plan of health
9 insurance for state employees that provides benefits for
10 semiprivate rooms in addition to other incidental coverages that
11 the board deems necessary. The amount of the coverages shall be
12 in such reasonable amount as may be determined by the board to be
13 adequate, after due consideration of current health costs in
14 Mississippi. The plan shall also include major medical benefits
15 in such amounts as the board determines. The plan shall provide
16 coverage for proton therapy for the treatment of cancer and
17 certain noncancerous tumors. The plan shall provide for coverage
18 for telemedicine services as provided in Section 83-9-351. The
19 board is also authorized to accept bids for such alternate



20 coverage and optional benefits as the board deems proper. The
21 board is authorized to accept bids for surgical services that
22 include assistance in locating a surgeon, setting up initial
23 consultation, travel, a negotiated single case rate bundle and
24 payment for orthopedic, spine, bariatric, cardiovascular and
25 general surgeries. The surgical services may only utilize
26 surgeons and facilities located in the State of Mississippi unless
27 otherwise provided by the board. Any contract for alternative
28 coverage and optional benefits shall be awarded by the board after
29 it has carefully studied and evaluated the bids and selected the
30 best and most cost-effective bid. The board may reject all of the
31 bids; however, the board shall notify all bidders of the rejection
32 and shall actively solicit new bids if all bids are rejected. The
33 board may employ or contract for such consulting or actuarial
34 services as may be necessary to formulate the plan, and to assist
35 the board in the preparation of specifications and in the process
36 of advertising for the bids for the plan. Those contracts shall
37 be solicited and entered into in accordance with Section 25-15-5.
38 The board shall keep a record of all persons, agents and
39 corporations who contract with or assist the board in preparing
40 and developing the plan. The board in a timely manner shall
41 provide copies of this record to the members of the advisory
42 council created in this section and those legislators, or their
43 designees, who may attend meetings of the advisory council. The
44 board shall provide copies of this record in the solicitation of



45 bids for the administration or servicing of the self-insured
46 program. Each person, agent or corporation that, during the
47 previous fiscal year, has assisted in the development of the plan
48 or employed or compensated any person who assisted in the
49 development of the plan, and that bids on the administration or
50 servicing of the plan, shall submit to the board a statement
51 accompanying the bid explaining in detail its participation with
52 the development of the plan. This statement shall include the
53 amount of compensation paid by the bidder to any such employee
54 during the previous fiscal year. The board shall make all such
55 information available to the members of the advisory council and
56 those legislators, or their designees, who may attend meetings of
57 the advisory council before any action is taken by the board on
58 the bids submitted. The failure of any bidder to fully and
59 accurately comply with this paragraph shall result in the
60 rejection of any bid submitted by that bidder or the cancellation
61 of any contract executed when the failure is discovered after the
62 acceptance of that bid. The board is authorized to promulgate
63 rules and regulations to implement the provisions of this
64 subsection.

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

68 Any corporation, association, company or individual that
69 contracts with the board for the third-party claims administration



70 of the self-insured plan shall prepare and keep on file an
71 explanation of benefits for each claim processed. The explanation
72 of benefits shall contain such information relative to each
73 processed claim that the board deems necessary, and, at a minimum,
74 each explanation shall provide the claimant's name, claim number,
75 provider number, provider name, service dates, type of services,
76 amount of charges, amount allowed to the claimant and reason
77 codes. The information contained in the explanation of benefits
78 shall be available for inspection upon request by the board. The
79 board shall have access to all claims information utilized in the
80 issuance of payments to employees and providers.

81 (b) There is created an advisory council to advise the
82 board in the formulation of the State and School Employees Health
83 Insurance Plan. The council shall be composed of the State
84 Insurance Commissioner, or his designee, an
85 employee-representative of the institutions of higher learning
86 appointed by the board of trustees thereof, an
87 employee-representative of the Department of Transportation
88 appointed by the director thereof, an employee-representative of
89 the Department of Revenue appointed by the Commissioner of
90 Revenue, an employee-representative of the Mississippi Department
91 of Health appointed by the State Health Officer, an
92 employee-representative of the Mississippi Department of
93 Corrections appointed by the Commissioner of Corrections, and an
94 employee-representative of the Department of Human Services



95 appointed by the Executive Director of Human Services, two (2)
96 certificated public school administrators appointed by the State
97 Board of Education, two (2) certificated classroom teachers
98 appointed by the State Board of Education, a noncertificated
99 school employee appointed by the State Board of Education and a
100 community/junior college employee appointed by the Mississippi
101 Community College Board.

102 The Lieutenant Governor may designate the Secretary of the
103 Senate, the Chairman of the Senate Appropriations Committee, the
104 Chairman of the Senate Education Committee and the Chairman of the
105 Senate Insurance Committee, and the Speaker of the House of
106 Representatives may designate the Clerk of the House, the Chairman
107 of the House Appropriations Committee, the Chairman of the House
108 Education Committee and the Chairman of the House Insurance
109 Committee, to attend any meeting of the State and School Employees
110 Insurance Advisory Council. The appointing authorities may
111 designate an alternate member from their respective houses to
112 serve when the regular designee is unable to attend the meetings
113 of the council. Those designees shall have no jurisdiction or
114 vote on any matter within the jurisdiction of the council. For
115 attending meetings of the council, the legislators shall receive
116 per diem and expenses, which shall be paid from the contingent
117 expense funds of their respective houses in the same amounts as
118 provided for committee meetings when the Legislature is not in
119 session; however, no per diem and expenses for attending meetings



120 of the council will be paid while the Legislature is in session.
121 No per diem and expenses will be paid except for attending
122 meetings of the council without prior approval of the proper
123 committee in their respective houses.

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

134 (d) **Medical benefits for retired employees and**
135 **dependents under age sixty-five (65) years and not eligible for**
136 **Medicare benefits.** For employees who retire before July 1, 2005,
137 and for employees retiring due to work-related disability under
138 the Public Employees' Retirement System, the same health insurance
139 coverage as for all other active employees and their dependents
140 shall be available to retired employees and all dependents under
141 age sixty-five (65) years who are not eligible for Medicare
142 benefits, the level of benefits to be the same level as for all
143 other active participants. For employees who retire on or after
144 July 1, 2005, and not retiring due to work-related disability



145 under the Public Employees' Retirement System, the same health
146 insurance coverage as for all other active employees and their
147 dependents shall be available to those retiring employees and all
148 dependents under age sixty-five (65) years who are not eligible
149 for Medicare benefits only if the retiring employees were
150 participants in the State and School Employees Health Insurance
151 Plan for four (4) years or more before their retirement, the level
152 of benefits to be the same level as for all other active
153 participants. This section will apply to those employees who
154 retire due to one hundred percent (100%) medical disability as
155 well as those employees electing early retirement.

156 (e) **Medical benefits for retired employees and**
157 **dependents over age sixty-five (65) years or otherwise eligible**
158 **for Medicare benefits.** For employees who retire before July 1,
159 2005, and for employees retiring due to work-related disability
160 under the Public Employees' Retirement System, the health
161 insurance coverage available to retired employees over age
162 sixty-five (65) years or otherwise eligible for Medicare benefits,
163 and all dependents over age sixty-five (65) years or otherwise
164 eligible for Medicare benefits, shall be the major medical
165 coverage. For employees retiring on or after July 1, 2005, and
166 not retiring due to work-related disability under the Public
167 Employees' Retirement System, the health insurance coverage
168 described in this paragraph (e) shall be available to those
169 retiring employees only if they were participants in the State and



170 School Employees Health Insurance Plan for four (4) years or more
171 and are over age sixty-five (65) years or otherwise eligible for
172 Medicare benefits, and to all dependents over age sixty-five (65)
173 years or otherwise eligible for Medicare benefits. Benefits shall
174 be reduced by Medicare benefits as though the Medicare benefits
175 were the base plan.

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

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

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

188 Benefits for hospital or surgical or medical benefits shall
189 be reduced by any similar benefits payable in accordance with
190 Title XIX of the Social Security Act or under any amendments
191 thereto, or any implementing legislation.

192 Benefits for hospital or surgical or medical benefits shall
193 be reduced by any similar benefits payable by workers'
194 compensation.



195 No health care benefits under the state plan shall restrict
196 coverage for medically appropriate treatment prescribed by a
197 physician and agreed to by a fully informed insured, or if the
198 insured lacks legal capacity to consent by a person who has legal
199 authority to consent on his or her behalf, based on an insured's
200 diagnosis with a terminal condition. As used in this paragraph,
201 "terminal condition" means any aggressive malignancy, chronic
202 end-stage cardiovascular or cerebral vascular disease, or any
203 other disease, illness or condition which physician diagnoses as
204 terminal.

205 Not later than January 1, 2016, the state health plan shall
206 not require a higher co-payment, deductible or coinsurance amount
207 for patient-administered anti-cancer medications, including, but
208 not limited to, those orally administered or self-injected, than
209 it requires for anti-cancer medications that are injected or
210 intravenously administered by a health care provider, regardless
211 of the formulation or benefit category determination by the plan.
212 For the purposes of this paragraph, the term "anti-cancer
213 medications" has the meaning as defined in Section 83-9-24.

214 (3) (a) Schedule of life insurance benefits – group term:
215 The amount of term life insurance for each active employee of a
216 department, agency or institution of the state government shall
217 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
218 twice the amount of the employee's annual wage to the next highest
219 One Thousand Dollars (\$1,000.00), whichever may be less, but in no



220 case less than Thirty Thousand Dollars (\$30,000.00), with a like
221 amount for accidental death and dismemberment on a
222 twenty-four-hour basis. The plan will further contain a premium
223 waiver provision if a covered employee becomes totally and
224 permanently disabled before age sixty-five (65) years. Employees
225 retiring after June 30, 1999, shall be eligible to continue life
226 insurance coverage in an amount of Five Thousand Dollars
227 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
228 Dollars (\$20,000.00) into retirement.

229 (b) Effective October 1, 1999, schedule of life
230 insurance benefits – group term: The amount of term life
231 insurance for each active employee of any school district,
232 community/junior college, public library or university-based
233 program authorized under Section 37-23-31 for deaf, aphasic and
234 emotionally disturbed children or any regular nonstudent bus
235 driver shall not be in excess of One Hundred Thousand Dollars
236 (\$100,000.00), or twice the amount of the employee's annual wage
237 to the next highest One Thousand Dollars (\$1,000.00), whichever
238 may be less, but in no case less than Thirty Thousand Dollars
239 (\$30,000.00), with a like amount for accidental death and
240 dismemberment on a twenty-four-hour basis. The plan will further
241 contain a premium waiver provision if a covered employee of any
242 school district, community/junior college, public library or
243 university-based program authorized under Section 37-23-31 for
244 deaf, aphasic and emotionally disturbed children or any regular



245 nonstudent bus driver becomes totally and permanently disabled
246 before age sixty-five (65) years. Employees of any school
247 district, community/junior college, public library or
248 university-based program authorized under Section 37-23-31 for
249 deaf, aphasic and emotionally disturbed children or any regular
250 nonstudent bus driver retiring after September 30, 1999, shall be
251 eligible to continue life insurance coverage in an amount of Five
252 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
253 Twenty Thousand Dollars (\$20,000.00) into retirement.

254 (4) Any eligible employee who on March 1, 1971, was
255 participating in a group life insurance program that has
256 provisions different from those included in this article and for
257 which the State of Mississippi was paying a part of the premium
258 may, at his discretion, continue to participate in that plan. The
259 employee shall pay in full all additional costs, if any, above the
260 minimum program established by this article. Under no
261 circumstances shall any individual who begins employment with the
262 state after March 1, 1971, be eligible for the provisions of this
263 subsection.

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

266 (6) Any premium differentials, differences in coverages,
267 discounts determined by risk or by any other factors shall be
268 uniformly applied to all active employees participating in the
269 insurance plan. It is the intent of the Legislature that the



270 state contribution to the plan be the same for each employee
271 throughout the state.

272 (7) On October 1, 1999, any school district,
273 community/junior college district or public library may elect to
274 remain with an existing policy or policies of group life insurance
275 with an insurance company approved by the State and School
276 Employees Health Insurance Management Board, in lieu of
277 participation in the State and School Life Insurance Plan. On or
278 after July 1, 2004, until October 1, 2004, any school district,
279 community/junior college district or public library may elect to
280 choose a policy or policies of group life insurance existing on
281 October 1, 1999, with an insurance company approved by the State
282 and School Employees Health Insurance Management Board in lieu of
283 participation in the State and School Life Insurance Plan. The
284 state's contribution of up to fifty percent (50%) of the active
285 employee's premium under the State and School Life Insurance Plan
286 may be applied toward the cost of coverage for full-time employees
287 participating in the approved life insurance company group plan.
288 For purposes of this subsection (7), "life insurance company group
289 plan" means a plan administered or sold by a private insurance
290 company. After October 1, 1999, the board may assess charges in
291 addition to the existing State and School Life Insurance Plan
292 rates to such employees as a condition of enrollment in the State
293 and School Life Insurance Plan. In order for any life insurance
294 company group plan to be approved by the State and School



295 Employees Health Insurance Management Board under this subsection
296 (7), it shall meet the following criteria:

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

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

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

309 (d) The insurance company group life insurance plan
310 shall have one (1) composite rate per One Thousand Dollars
311 (\$1,000.00) of coverage for active employees regardless of age and
312 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
313 coverage for all retirees regardless of age or type of retiree.

314 (e) The insurance company and its group life insurance
315 plan shall comply with any administrative requirements of the
316 State and School Employees Health Insurance Management Board. If
317 any insurance company providing group life insurance benefits to
318 employees under this subsection (7) fails to comply with any
319 requirements specified in this subsection or any administrative



320 requirements of the board, the state shall discontinue providing
321 funding for the cost of that insurance.

322 **SECTION 2.** This act shall take effect and be in force from
323 and after July 1, 2024.

