

By: Representatives Creekmore IV, Felsher

To: Insurance

HOUSE BILL NO. 430

1 AN ACT TO REQUIRE ANY GROUP HEALTH PLAN, OR A HEALTH
2 INSURANCE ISSUER OFFERING GROUP OR INDIVIDUAL HEALTH INSURANCE TO
3 INCLUDE COVERAGE FOR CLINICAL GENETIC TESTING FOR AN INHERITED
4 GENE MUTATION FOR INDIVIDUALS WITH A PERSONAL OR FAMILY HISTORY OF
5 CANCER THAT IS RECOMMENDED BY A HEALTH CARE PROFESSIONAL AND
6 EVIDENCED-BASED CANCER IMAGING FOR INDIVIDUALS WITH AN INCREASED
7 RISK OF CANCER AS RECOMMENDED BY NCCN CLINICAL PRACTICE
8 GUIDELINES; TO PROHIBIT GROUP HEALTH PLANS AND HEALTH INSURANCE
9 ISSUERS THAT PROVIDE SUCH SERVICES FROM IMPOSING ANY COST-SHARING
10 REQUIREMENTS FOR THOSE SERVICES; TO BRING FORWARD SECTION 25-15-9,
11 MISSISSIPPI CODE OF 1972, WHICH PROVIDES FOR THE FORMULATION OF
12 THE STATE EMPLOYEES LIFE AND HEALTH INSURANCE PLAN; AND FOR
13 RELATED PURPOSES.

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

15 SECTION 1. (1) As used in this section, the following terms
16 shall be defined as provided in this subsection:

17 (a) "Cost-sharing requirements" means a deductible,
18 coinsurance, copayment or similar out-of-pocket expense.

19 (b) "Evidenced-based cancer imaging" means
20 evidence-based cancer imaging modalities in accordance with the
21 most recent version of the National Comprehensive Cancer Network
22 (NCCN) clinical practice guidelines.

23 (c) "Genetic testing for an inherited mutation" means
24 germline multi-gene testing for an inherited mutation associated
25 with an increased risk of cancer in accordance with
26 evidence-based, clinical practice guidelines.

27 (2) Any group health plan, or a health insurance issuer
28 offering group or individual health insurance shall include
29 coverage for:

30 (a) Clinical genetic testing for an inherited gene
31 mutation for individuals with a personal or family history of
32 cancer that is recommended by a health care professional; and

33 (b) Evidenced-based cancer imaging for individuals with
34 an increased risk of cancer as recommended by NCCN clinical
35 practice guidelines.

41 (4) If under federal law, application of subsection (3) of
42 this section would result in health savings account ineligibility
43 under Section 223 of the federal Internal Revenue Code, this
44 requirement shall apply only for health savings account-qualified
45 high deductible health plans with respect to the deductible of
46 such a plan after the enrollee has satisfied the minimum
47 deductible under Section 223, except for with respect to items or

48 services that are preventive care pursuant to Section 223(c) (2) (C)
49 of the federal Internal Revenue Code, in which case the
50 requirements of subsection (2) shall apply regardless of whether
51 the minimum deductible under Section 223 has been satisfied.

52 **SECTION 2.** Section 25-15-9, Mississippi Code of 1972, is
53 brought forward as follows:

54 25-15-9. (1) (a) The board shall design a plan of health
55 insurance for state employees that provides benefits for
56 semiprivate rooms in addition to other incidental coverages that
57 the board deems necessary. The amount of the coverages shall be
58 in such reasonable amount as may be determined by the board to be
59 adequate, after due consideration of current health costs in
60 Mississippi. The plan shall also include major medical benefits
61 in such amounts as the board determines. The plan shall provide
62 for coverage for telemedicine services as provided in Section
63 83-9-351. The board is also authorized to accept bids for such
64 alternate coverage and optional benefits as the board deems
65 proper. The board is authorized to accept bids for surgical
66 services that include assistance in locating a surgeon, setting up
67 initial consultation, travel, a negotiated single case rate bundle
68 and payment for orthopedic, spine, bariatric, cardiovascular and
69 general surgeries. The surgical services may only utilize
70 surgeons and facilities located in the State of Mississippi unless
71 otherwise provided by the board. Any contract for alternative
72 coverage and optional benefits shall be awarded by the board after



73 it has carefully studied and evaluated the bids and selected the
74 best and most cost-effective bid. The board may reject all of the
75 bids; however, the board shall notify all bidders of the rejection
76 and shall actively solicit new bids if all bids are rejected. The
77 board may employ or contract for such consulting or actuarial
78 services as may be necessary to formulate the plan, and to assist
79 the board in the preparation of specifications and in the process
80 of advertising for the bids for the plan. Those contracts shall
81 be solicited and entered into in accordance with Section 25-15-5.
82 The board shall keep a record of all persons, agents and
83 corporations who contract with or assist the board in preparing
84 and developing the plan. The board in a timely manner shall
85 provide copies of this record to the members of the advisory
86 council created in this section and those legislators, or their
87 designees, who may attend meetings of the advisory council. The
88 board shall provide copies of this record in the solicitation of
89 bids for the administration or servicing of the self-insured
90 program. Each person, agent or corporation that, during the
91 previous fiscal year, has assisted in the development of the plan
92 or employed or compensated any person who assisted in the
93 development of the plan, and that bids on the administration or
94 servicing of the plan, shall submit to the board a statement
95 accompanying the bid explaining in detail its participation with
96 the development of the plan. This statement shall include the
97 amount of compensation paid by the bidder to any such employee



98 during the previous fiscal year. The board shall make all such
99 information available to the members of the advisory council and
100 those legislators, or their designees, who may attend meetings of
101 the advisory council before any action is taken by the board on
102 the bids submitted. The failure of any bidder to fully and
103 accurately comply with this paragraph shall result in the
104 rejection of any bid submitted by that bidder or the cancellation
105 of any contract executed when the failure is discovered after the
106 acceptance of that bid. The board is authorized to promulgate
107 rules and regulations to implement the provisions of this
108 subsection.

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

112 Any corporation, association, company or individual that
113 contracts with the board for the third-party claims administration
114 of the self-insured plan shall prepare and keep on file an
115 explanation of benefits for each claim processed. The explanation
116 of benefits shall contain such information relative to each
117 processed claim that the board deems necessary, and, at a minimum,
118 each explanation shall provide the claimant's name, claim number,
119 provider number, provider name, service dates, type of services,
120 amount of charges, amount allowed to the claimant and reason
121 codes. The information contained in the explanation of benefits
122 shall be available for inspection upon request by the board. The



123 board shall have access to all claims information utilized in the
124 issuance of payments to employees and providers.

125 (b) There is created an advisory council to advise the
126 board in the formulation of the State and School Employees Health
127 Insurance Plan. The council shall be composed of the State
128 Insurance Commissioner, or his designee, an
129 employee-representative of the institutions of higher learning
130 appointed by the board of trustees thereof, an
131 employee-representative of the Department of Transportation
132 appointed by the director thereof, an employee-representative of
133 the Department of Revenue appointed by the Commissioner of
134 Revenue, an employee-representative of the Mississippi Department
135 of Health appointed by the State Health Officer, an
136 employee-representative of the Mississippi Department of
137 Corrections appointed by the Commissioner of Corrections, and an
138 employee-representative of the Department of Human Services
139 appointed by the Executive Director of Human Services, two (2)
140 certificated public school administrators appointed by the State
141 Board of Education, two (2) certificated classroom teachers
142 appointed by the State Board of Education, a noncertificated
143 school employee appointed by the State Board of Education and a
144 community/junior college employee appointed by the Mississippi
145 Community College Board.

146 The Lieutenant Governor may designate the Secretary of the
147 Senate, the Chairman of the Senate Appropriations Committee, the



148 Chairman of the Senate Education Committee and the Chairman of the
149 Senate Insurance Committee, and the Speaker of the House of
150 Representatives may designate the Clerk of the House, the Chairman
151 of the House Appropriations Committee, the Chairman of the House
152 Education Committee and the Chairman of the House Insurance
153 Committee, to attend any meeting of the State and School Employees
154 Insurance Advisory Council. The appointing authorities may
155 designate an alternate member from their respective houses to
156 serve when the regular designee is unable to attend the meetings
157 of the council. Those designees shall have no jurisdiction or
158 vote on any matter within the jurisdiction of the council. For
159 attending meetings of the council, the legislators shall receive
160 per diem and expenses, which shall be paid from the contingent
161 expense funds of their respective houses in the same amounts as
162 provided for committee meetings when the Legislature is not in
163 session; however, no per diem and expenses for attending meetings
164 of the council will be paid while the Legislature is in session.
165 No per diem and expenses will be paid except for attending
166 meetings of the council without prior approval of the proper
167 committee in their respective houses.

168 (c) No change in the terms of the State and School
169 Employees Health Insurance Plan may be made effective unless the
170 board, or its designee, has provided notice to the State and
171 School Employees Health Insurance Advisory Council and has called
172 a meeting of the council at least fifteen (15) days before the



173 effective date of the change. If the State and School Employees
174 Health Insurance Advisory Council does not meet to advise the
175 board on the proposed changes, the changes to the plan shall
176 become effective at such time as the board has informed the
177 council that the changes shall become effective.

(d) **Medical benefits for retired employees and dependents under age sixty-five (65) years and not eligible for Medicare benefits.** For employees who retire before July 1, 2005, and for employees retiring due to work-related disability under the Public Employees' Retirement System, the same health insurance coverage as for all other active employees and their dependents shall be available to retired employees and all dependents under age sixty-five (65) years who are not eligible for Medicare benefits, the level of benefits to be the same level as for all other active participants. For employees who retire on or after July 1, 2005, and not retiring due to work-related disability under the Public Employees' Retirement System, the same health insurance coverage as for all other active employees and their dependents shall be available to those retiring employees and all dependents under age sixty-five (65) years who are not eligible for Medicare benefits only if the retiring employees were participants in the State and School Employees Health Insurance Plan for four (4) years or more before their retirement, the level of benefits to be the same level as for all other active participants. This section will apply to those employees who



198 retire due to one hundred percent (100%) medical disability as
199 well as those employees electing early retirement.

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

220 All covered individuals shall be assumed to have full
221 Medicare coverage, Parts A and B; and any Medicare payments under



222 both Parts A and B shall be computed to reduce benefits payable
223 under this plan.

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

227 (2) Nonduplication of benefits – reduction of benefits by
228 Title XIX benefits: When benefits would be payable under more
229 than one (1) group plan, benefits under those plans will be
230 coordinated to the extent that the total benefits under all plans
231 will not exceed the total expenses incurred.

232 Benefits for hospital or surgical or medical benefits shall
233 be reduced by any similar benefits payable in accordance with
234 Title XIX of the Social Security Act or under any amendments
235 thereto, or any implementing legislation.

236 Benefits for hospital or surgical or medical benefits shall
237 be reduced by any similar benefits payable by workers'
238 compensation.

239 No health care benefits under the state plan shall restrict
240 coverage for medically appropriate treatment prescribed by a
241 physician and agreed to by a fully informed insured, or if the
242 insured lacks legal capacity to consent by a person who has legal
243 authority to consent on his or her behalf, based on an insured's
244 diagnosis with a terminal condition. As used in this paragraph,
245 "terminal condition" means any aggressive malignancy, chronic
246 end-stage cardiovascular or cerebral vascular disease, or any

247 other disease, illness or condition which physician diagnoses as
248 terminal.

249 Not later than January 1, 2016, the state health plan shall
250 not require a higher co-payment, deductible or coinsurance amount
251 for patient-administered anti-cancer medications, including, but
252 not limited to, those orally administered or self-injected, than
253 it requires for anti-cancer medications that are injected or
254 intravenously administered by a health care provider, regardless
255 of the formulation or benefit category determination by the plan.
256 For the purposes of this paragraph, the term "anti-cancer
257 medications" has the meaning as defined in Section 83-9-24.

258 (3) (a) Schedule of life insurance benefits – group term:
259 The amount of term life insurance for each active employee of a
260 department, agency or institution of the state government shall
261 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
262 twice the amount of the employee's annual wage to the next highest
263 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
264 case less than Thirty Thousand Dollars (\$30,000.00), with a like
265 amount for accidental death and dismemberment on a
266 twenty-four-hour basis. The plan will further contain a premium
267 waiver provision if a covered employee becomes totally and
268 permanently disabled before age sixty-five (65) years. Employees
269 retiring after June 30, 1999, shall be eligible to continue life
270 insurance coverage in an amount of Five Thousand Dollars

271 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
272 Dollars (\$20,000.00) into retirement.

273 (b) Effective October 1, 1999, schedule of life
274 insurance benefits – group term: The amount of term life
275 insurance for each active employee of any school district,
276 community/junior college, public library or university-based
277 program authorized under Section 37-23-31 for deaf, aphasic and
278 emotionally disturbed children or any regular nonstudent bus
279 driver shall not be in excess of One Hundred Thousand Dollars
280 (\$100,000.00), or twice the amount of the employee's annual wage
281 to the next highest One Thousand Dollars (\$1,000.00), whichever
282 may be less, but in no case less than Thirty Thousand Dollars
283 (\$30,000.00), with a like amount for accidental death and
284 dismemberment on a twenty-four-hour basis. The plan will further
285 contain a premium waiver provision if a covered employee of any
286 school district, community/junior college, public library or
287 university-based program authorized under Section 37-23-31 for
288 deaf, aphasic and emotionally disturbed children or any regular
289 nonstudent bus driver becomes totally and permanently disabled
290 before age sixty-five (65) years. Employees of any school
291 district, community/junior college, public library or
292 university-based program authorized under Section 37-23-31 for
293 deaf, aphasic and emotionally disturbed children or any regular
294 nonstudent bus driver retiring after September 30, 1999, shall be
295 eligible to continue life insurance coverage in an amount of Five



296 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or
297 Twenty Thousand Dollars (\$20,000.00) into retirement.

298 (4) Any eligible employee who on March 1, 1971, was
299 participating in a group life insurance program that has
300 provisions different from those included in this article and for
301 which the State of Mississippi was paying a part of the premium
302 may, at his discretion, continue to participate in that plan. The
303 employee shall pay in full all additional costs, if any, above the
304 minimum program established by this article. Under no
305 circumstances shall any individual who begins employment with the
306 state after March 1, 1971, be eligible for the provisions of this
307 subsection.

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

310 (6) Any premium differentials, differences in coverages,
311 discounts determined by risk or by any other factors shall be
312 uniformly applied to all active employees participating in the
313 insurance plan. It is the intent of the Legislature that the
314 state contribution to the plan be the same for each employee
315 throughout the state.

316 (7) On October 1, 1999, any school district,
317 community/junior college district or public library may elect to
318 remain with an existing policy or policies of group life insurance
319 with an insurance company approved by the State and School
320 Employees Health Insurance Management Board, in lieu of

321 participation in the State and School Life Insurance Plan. On or
322 after July 1, 2004, until October 1, 2004, any school district,
323 community/junior college district or public library may elect to
324 choose a policy or policies of group life insurance existing on
325 October 1, 1999, with an insurance company approved by the State
326 and School Employees Health Insurance Management Board in lieu of
327 participation in the State and School Life Insurance Plan. The
328 state's contribution of up to fifty percent (50%) of the active
329 employee's premium under the State and School Life Insurance Plan
330 may be applied toward the cost of coverage for full-time employees
331 participating in the approved life insurance company group plan.
332 For purposes of this subsection (7), "life insurance company group
333 plan" means a plan administered or sold by a private insurance
334 company. After October 1, 1999, the board may assess charges in
335 addition to the existing State and School Life Insurance Plan
336 rates to such employees as a condition of enrollment in the State
337 and School Life Insurance Plan. In order for any life insurance
338 company group plan to be approved by the State and School
339 Employees Health Insurance Management Board under this subsection
340 (7), it shall meet the following criteria:

341 (a) The insurance company offering the group life
342 insurance plan shall be rated "A-" or better by A.M. Best state
343 insurance rating service and be licensed as an admitted carrier in
344 the State of Mississippi by the Mississippi Department of
345 Insurance.

346 (b) The insurance company group life insurance plan
347 shall provide the same life insurance, accidental death and
348 dismemberment insurance and waiver of premium benefits as provided
349 in the State and School Life Insurance Plan.

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

353 (d) The insurance company group life insurance plan
354 shall have one (1) composite rate per One Thousand Dollars
355 (\$1,000.00) of coverage for active employees regardless of age and
356 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
357 coverage for all retirees regardless of age or type of retiree.

358 (e) The insurance company and its group life insurance
359 plan shall comply with any administrative requirements of the
360 State and School Employees Health Insurance Management Board. If
361 any insurance company providing group life insurance benefits to
362 employees under this subsection (7) fails to comply with any
363 requirements specified in this subsection or any administrative
364 requirements of the board, the state shall discontinue providing
365 funding for the cost of that insurance.

366 **SECTION 3.** This act shall take effect and be in force from
367 and after July 1, 2026.

