

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.

36 (3) A group health plan, or a health insurance issuer  
37 offering group or individual health insurance coverage, that  
38 provides the benefits required under subsection (2) of this  
39 section to an individual enrolled under such plan, shall not  
40 impose any cost-sharing requirements for those services.

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



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

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

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



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

(b) There is created an advisory council to advise the board in the formulation of the State and School Employees Health Insurance Plan. The council shall be composed of the State Insurance Commissioner, or his designee, an employee-representative of the institutions of higher learning appointed by the board of trustees thereof, an employee-representative of the Department of Transportation appointed by the director thereof, an employee-representative of the Department of Revenue appointed by the Commissioner of Revenue, an employee-representative of the Mississippi Department of Health appointed by the State Health Officer, an employee-representative of the Mississippi Department of Corrections appointed by the Commissioner of Corrections, and an employee-representative of the Department of Human Services appointed by the Executive Director of Human Services, two (2) certificated public school administrators appointed by the State Board of Education, two (2) certificated classroom teachers appointed by the State Board of Education, a noncertificated school employee appointed by the State Board of Education and a community/junior college employee appointed by the Mississippi Community College Board.

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



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

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



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

200           (e) **Medical benefits for retired employees and**  
201 **dependents over age sixty-five (65) years or otherwise eligible**  
202 **for Medicare benefits.** For employees who retire before July 1,  
203 2005, and for employees retiring due to work-related disability  
204 under the Public Employees' Retirement System, the health  
205 insurance coverage available to retired employees over age  
206 sixty-five (65) years or otherwise eligible for Medicare benefits,  
207 and all dependents over age sixty-five (65) years or otherwise  
208 eligible for Medicare benefits, shall be the major medical  
209 coverage. For employees retiring on or after July 1, 2005, and  
210 not retiring due to work-related disability under the Public  
211 Employees' Retirement System, the health insurance coverage  
212 described in this paragraph (e) shall be available to those  
213 retiring employees only if they were participants in the State and  
214 School Employees Health Insurance Plan for four (4) years or more  
215 and are over age sixty-five (65) years or otherwise eligible for  
216 Medicare benefits, and to all dependents over age sixty-five (65)  
217 years or otherwise eligible for Medicare benefits. Benefits shall  
218 be reduced by Medicare benefits as though the Medicare benefits  
219 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



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

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

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

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

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

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



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

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

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



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

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

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

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

(7) On October 1, 1999, any school district,  
community/junior college district or public library may elect to  
remain with an existing policy or policies of group life insurance  
with an insurance company approved by the State and School  
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.



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

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

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

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

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

