MISSISSIPPI LEGISLATURE REGULAR SESSION 2021

By: Representative Clark

To: Insurance; Public Health and Human Services

HOUSE BILL NO. 244

AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND CONTRACTS SHALL PROVIDE COVERAGE FOR OBESITY TREATMENT FOR AN INDIVIDUAL WHO HAS A BODY MASS INDEX THAT IS THIRTY PERCENT OR MORE ABOVE HIS OR HER IDEAL BODY WEIGHT AND WHEN A WRITTEN ORDER IS PROVIDED BY A PHYSICIAN THAT STATES THE TREATMENT IS MEDICALLY NECESSARY; AND FOR RELATED PURPOSES.

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

SECTION 1. (1) All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed on or after July 1, 2021, and providing coverage to any resident of this state shall provide benefits or coverage for all the diseases and ailments caused by obesity and morbid obesity and treatment for those diseases and ailments, including bariatric, gastric bypass and lap band surgeries and prescriptions. Coverage

or benefits shall be provided when the prescribing physician has issued a written order stating that the individual has a body mass index that is thirty percent (30%) or more above his or her ideal body weight and that the treatment is medically necessary. Coverage or benefits shall be provided for all the obesity screening examinations and tests that are administered. The coverage required under this section shall meet the requirements set forth in subsection (2) of this section.

(2) An individual shall not be required to pay an additional deductible or coinsurance for testing that is greater than an annual deductible or coinsurance established for similar benefits. If the program or contract does not cover a similar benefit, a deductible or coinsurance may not be set at a level that materially diminishes the value of the obesity treatment required. Reimbursement to health care providers for obesity treatment provided under this section shall be equal to or greater than reimbursement to health care providers provided under Title XVII of the Social Security Act (Medicare).

(3) A group health plan or health insurance issuer is not required under this section to provide for a referral to a nonparticipating health care provider unless the plan or issuer does not have an appropriate health care provider that is available and accessible to administer the screening exam and that is a participating health care provider with respect to that treatment.

(4) If a plan or issuer refers an individual to a nonparticipating health care provider in accordance with this section, services provided according to the approved screening exam and resulting treatment, if any, shall be provided at no additional cost to the individual beyond what the individual would otherwise pay for services received by a participating health care provider.

SECTION 2. This act shall take effect and be in force from and after July 1, 2021.