

## Mississippi



### Mississippi - HB 1470

**Sponsor:** Representative Lee Yancey (R)

**Actions:** 02/01/2022 Died in committee  
01/17/2022 Referred to House Public Health and Human Services Committee

**Summary:** Summary for 1/17/2022 Version

This measure amends current laws related to health care certificate of need.

This measure removes chemical dependency services and facilities from the requirements of health care certificate need law.

If enacted, this measure will take effect July 1, 2022.

**Bill Links** [1/17/2022 Version](#)

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### Mississippi - HB 1471

**Sponsor:** Representative Chris Brown (R)

**Actions:** 02/23/2022 Failed to pass deadline  
01/17/2022 Introduced; Referred to House Health and Human Services Committee

**Summary:** Summary for 1/17/2022 Version

This measure repeals the certificate of need program for medical facilities in the state.

This measure takes effect on July 1, 2022.

**Bill Links** [1/17/2022 Version](#)

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### Mississippi - HB 787

**Sponsor:** Representative Brent Powell (R)

**Actions:** 02/10/2022 Died on calendar  
01/31/2022 Hearing held; Passed committee  
01/17/2022 Introduced; referred to House Insurance Committee

**Summary:** Summary for 1/17/2022 Version

This measure prohibits insurers from denying coverage for drugs previously covered.

This measure applies to insurers offering individual and group health insurance policies on an expense incurred basis.

This measure prohibits applicable insurers from modifying, on renewal of a policy, plan, or contract, an individual's contracted benefit level for any prescription drug that was approved or covered under the same plan the immediately preceding plan year and prescribed during that year for a medical condition or mental illness if the insured individual was covered by the policy, plan, or contract on the date immediately preceding the renewal date, a physician or other prescribing provider prescribes the drug for the medical condition or mental illness, and the physician or other prescribing provider determines that the drug is the most appropriate course of treatment.

This measure prohibits insurers from imposing the following on an insured individual's existing plan:

1. Removing a drug from a formulary.
2. Adding a requirement that an enrollee receives prior authorization for a drug.
3. Imposing or altering a quantity limit for a drug.
4. Imposing a step therapy restriction for a drug.
5. Moving a drug to a higher cost-sharing tier.
6. Increasing coinsurance, copayment, deductible, or other out-of-pocket expenses that an enrollee must pay.
7. Reducing the maximum drug coverage amount.

This measure permits insurers to remove a drug from its formulary or deny coverage for a drug if the Federal Food and Drug Administration (FDA) has issued a statement about the drug that calls into question the clinical safety, the drug manufacturer has notified the FDA of a manufacturing discontinuance or potential discontinuance of the drug, or the drug manufacturer has removed the drug from the market.

This measure applies to plans effect on or after July 1, 2022.

This measure will take effect on July 1, 2022.

**Bill Links** [1/17/2022 Version](#)

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## Mississippi - HB 866

**Sponsor:** Representative Clay Deweese (R)

**Actions:** 02/01/2022 Died in committee  
01/17/2022 Introduced; referred to House Public Health and Human Services Committee

**Summary:** Summary for 1/17/2022 Version

This measure prohibits health maintenance organizations and insurers from requiring preauthorization for health care services in certain circumstances.

This measure applies to insurers and health care providers.

This measure amends state code to establish the "Mississippi Preauthorization Gold Card Act." This measure prohibits health maintenance organizations or insurers that use a preauthorization process for health care services from requiring a physician or provider to obtain preauthorization for a particular health care service if, in the most recent six-month evaluation period, the health maintenance organization or insurer has approved or would have approved not less than ninety percent (90%) of the preauthorization requests submitted by the physician or provider for the particular health care service.

This measure further states that a health maintenance organization or insurer shall evaluate whether a physician or provider qualifies for an exemption from preauthorization requirements once every six (6) months. The measure allows a health maintenance organization or insurer to continue the exemption without evaluating whether the physician or provider qualifies, and establishes the length of time a physician's or provider's exemption from preauthorization requirements stays in effect but allows a health maintenance organization or insurer to rescind an exemption from preauthorization requirements during certain times of the year or when certain determinations have been made.

The measure establishes the right of physicians and providers to review an adverse determination regarding a preauthorization exemption be conducted by an independent review organization and determines what the health maintenance organization or insurer will pay for as part of the appeal. The measure asserts that a health maintenance organization or insurer is bound by the appeal or independent review determination that does *not* affirm the determination made by the health maintenance organization or insurer to rescind a preauthorization exemption.

The measure takes effect July 1, 2022.

**Bill Links** [1/17/2022 Version](#)

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## Mississippi - SB 2174

**Sponsor:** Senator Angela Hill (R)

**Actions:** 02/01/2022 Failed

01/13/2022 Referred to Senate Public Health and Welfare Committee; Senate Accountability, Efficiency, Transparency Committee

**Summary:** Summary for 2/1/2022 Version

This measure creates penalties for ambulatory surgical facilities and birthing centers operating without or in violation of licensure.

This measure applies to ambulatory surgical facilities and birthing centers. Under this measure, anyone who operates an ambulatory surgical facility or a birthing center without required licensure or

in violation of this measure is subject to revocation of the facility's license or nonlicensure of a specific or designated service offered. Violations constitute a misdemeanor and are punishable by a fine no more than \$1,000.

This measure takes effect July 1, 2022.

**Bill Links** [2/1/2022 Version](#)

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## Mississippi - SB 2449

**Sponsor:** Senator Walter Michel (R)

**Actions:** 02/01/2022 Died in committee  
01/20/2022 Hearing held  
01/17/2022 Introduced; Referred to Senate Insurance Committee

**Summary:** Summary for 1/17/2022 Version

This measure relates to the prior authorization process for health insurers.

This measure prohibits insurers that use a prior authorization process for health care services from requiring a physician or a provider to obtain prior authorization for a particular health care service if in the most recent six-month evaluation period the health insurer has approved or would have approved not less than 90% of the prior authorization requests submitted for the service.

This measure requires insurers to evaluate whether a physician or provider qualifies for an exemption once every six months. If granted, a provider's prior authorization exemption remains in effect until the 30th day after the date the health insurer notifies them of their determination to rescind the exemption, or upon appeal by the provider, the fifth day after an independent review organization affirms the removal. All exemptions are subject to an independent review.

This measure permits insurers to rescind a prior authorization exemption if the insurer makes the determination that of no fewer than 10 and not more than 20 claims submitted by a provider during an evaluation period 90% of the claims for the service met the medical necessity criteria that would have been used by the insurer to conduct prior authorization review.

This measure defines "prior authorization" to mean a determination by a health insurer or person contracting with a health insurer or health insurance plan that health care services proposed to be provided to a patient are medically necessary and appropriate.

This measure defines "health care service" to mean a service provided to an individual to prevent, alleviate, cure or heal human illness or injury, including pharmaceutical services; medical, chiropractic or dental care; hospitalization; or care or services incidental to the foregoing services.

This measure defines "health insurer" to mean any health insurance company, nonprofit hospital and medical service corporation, health maintenance organization, preferred provider organization, managed care organization, pharmacy benefit manager, and, to the extent permitted under federal law, any administrator of an insured, self-insured or publicly funded health care benefit plan offered by public and private entities, and other parties that are by statute, contract or agreement, legally responsible for payment of a claim for a health care item or service.

This measure defines "health insurance plan" to mean any health insurance policy or health insurance plan offered by a health insurer and includes the State and School Employees Health Insurance Plan and any other public health care assistance program offered or administered by the state or any political subdivision or instrumentality of the state.

This measure defines "provider" to mean an individual, other than a physician, who is licensed or otherwise authorized to provide a health care service in this state, including, but not limited to, a chiropractor, registered nurse, pharmacist or optometrist. The term "provider" does not include a hospital.

This measure would be effective upon approval.

**Bill Links** [1/17/2022 Version](#)

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## Mississippi - SB 2663

**Sponsor:** Representative Scott DeLano (R)

**Actions:** 02/01/2022 Died in committee  
01/17/2022 Introduced; Referred to Senate Insurance Committee; Senate Public Health and Welfare Committee

**Summary:** Summary for 1/17/2022 Version

This measure prohibits insurance plans from modifying contracted benefit levels for any approved or covered prescription drugs.

This measure applies to prescription benefits coverage.

This measure prohibits all individual or group health insurance policies that provide coverage on an expense incurred basis, individual or group service contracts issued by health maintenance organizations, and all self-insured group arrangements from modifying a contracted benefit level for any prescription drug approved or covered for a medical condition or mental illness.

Prohibited modifications include:

- Removing drugs from a formulary
- Requiring prior authorization
- Imposing or altering a quantity limit
- Moving the drug to a higher cost-sharing tier
- Increasing coinsurance, copayments, deductibles, or other out-of-pocket costs for the drug
- Reducing the maximum drug coverage amount

This measure can't be construed to prohibit a plan issuer from removing a drug if the drug is recalled or questioned for safety by the FDA or the drug has been removed from the market.

This measure takes effect July 1, 2022.

**Bill Links** [1/17/2022 Version](#)



## Mississippi - SB 2705

**Sponsor:** Senator Kevin Blackwell (R)

**Actions:** 02/01/2022 Died in Committee  
01/17/2022 Referred to Senate Public Health and Welfare Committee

**Summary:** Summary for 1/17/2022 Version

This measure authorizes a reimbursement for all attorney, consultation, and other fees when an applicant for a certificate of need files a request and the project receives approval, and the interested party requests a hearing on the project and the hearing officer determines the applicant's request merits approval. Reimbursement is to be made in full within 90 days for the hearing officer's decision.

This act shall take effect and be in force from and after July 1, 2022.

**Bill Links** [1/17/2022 Version](#)

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## Mississippi - SB 2889

**Sponsor:** Senator Barbara Blackmon (D)

**Actions:** 01/17/2022 Introduced; Referred to Senate Public Health and Welfare

**Summary:** Summary for 1/17/2022 Version

This measure relates to the re-opening of the Ambulatory Surgery Center in Canton, MS.

This measure amends state code to require the state Department of Health to issue multispecialty certificates of need to include two (2) OR-multispecialty rooms in Canton, Mississippi, to reopen the Ambulatory Surgery Center located at 1883 Highway 43, Canton, Mississippi. These certificates shall not be moved or relocated from this facility.

This measure takes effect July 1, 2022.

**Bill Links** [1/17/2022 Version](#)