

**2024 LEGISLATIVE BILL SUMMARY
MISSISSIPPI INSURANCE DEPARTMENT**

COMMISSIONER MIKE CHANEY

2024 Mississippi Legislative Session - Department of Insurance – Legislative Summary

General:

<p>HB 819 – Insurance; remove filing fee on auto cancellation or nonrenewal appeals and exempt life line applicants from prelicensing requirements.</p>	<p>Approved: 4/30/2024 Effective: 4/17/2024</p>	<ul style="list-style-type: none"> • Amends §§ 83-11-17 and 83-11-19 to remove the \$15 filing fee for auto appeals; • Amends §83-17-251 to exempt life line applicants from prelicensing requirements. Currently, 36 states have adopted this provision. • Amends §83-17-523 to provide clarification regarding a public adjuster’s payment and establishes additional ethical standards for public adjusters: <ul style="list-style-type: none"> ○ Clarifies the compensation that a public adjuster may receive on a claim. Currently a public adjuster may receive as payment 10% of the total claim settlement, which includes monies that the policyholder may have received prior to retaining the public adjuster. This language will clarify that if an insurance company has extended a written settlement offer to the insured before the insured contracts with the public adjuster, the public adjuster is entitled to receive 10% of the amount of settlement in excess to the written offer; ○ Establishes new standards: <ul style="list-style-type: none"> ▪ to ensure that a public adjuster does not have a conflict of interest in adjusting a claim; ▪ prohibits a public adjuster from having a financial interest in any business that may be in connection with the salvage or repair of the claim; and ▪ ensures that a public adjuster shall not participate in the reconstruction, repair or restoration of a damaged property he is adjusting. • Authorizes the Mississippi Comprehensive Health Insurance Risk Pool Association to establish an online portal to assist Mississippians in selecting a health plan. This portal would
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		<p>aggregate information regarding providers, drug coverage and pricing so that a consumer would be able to select the best health plan for their needs.</p>
<p>SB 2530- Peer-to-Peer Car Sharing Program Act; create.</p>	<p>Approved: 4/22/24 Effective: 1/27/25 (270 days from passage)</p>	<ul style="list-style-type: none"> • Creates the Peer-to-Peer Car Sharing Program, allowing vehicle owners and drivers to use a business platform for the sharing of vehicles for a financial consideration. • The program shall collect and verify records pertaining to the use of a vehicle, including, but not limited to, times used, car sharing period pick-up and drop-off locations, insurance coverage, fees paid by the shared vehicle driver and revenues received by the shared vehicle owner. • Information must be provided upon request to the shared vehicle owner, the shared vehicle owner's insurer or the shared vehicle driver's insurer to facilitate a claim coverage investigation, settlement, negotiation or litigation. • The peer-to-peer car sharing program shall retain the records for a time period not less than the three-year limitation under Section 15-1-49. • MID may promulgate rules and regulations to administer and enforce this program.

Health:

<p>HB 728 - Prescription drugs; prohibit discriminating actions against 340B drug discount program entities.</p>	<p>Approved: 4/12/2024 Effective: 7/1/2024</p>	<ul style="list-style-type: none"> • This bill prohibits health insurance issuers, PBMs, and other third party payors from taking certain actions related to 340B covered entities. • The bill prohibits certain actions including: <ul style="list-style-type: none"> ○ Lower reimbursement for 240B drugs;
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		<ul style="list-style-type: none">○ Different contract terms and conditions based on participation in the 340B program including:<ul style="list-style-type: none">(i) fees, charges, claw backs, or other adjustments or assessments,(ii) lower dispensing fees,(iii) restrictions or requirements regarding participation in pharmacy networks,(iv) requirements related to the frequency or scope of audits of inventory management systems,(v) requirements for any ID, billing modifier, attestation or other indication that a drug is a 340B drug unless required by CMS or the MS Medicaid program, or(vi) other restrictions, conditions, practices, or policies not imposed on non 340B entities.○ Different claims submission requirements for 340B drugs○ Discrimination against a 340B entity;○ Discrimination that prevents or interferes with a patient's choice to receive 340B drugs from a 340B entity including additional requirements, restrictions or unnecessary burdens that result in administrative fees or costs;○ Contract provisions that discriminate against a 340B entity or prevent or interfere with an individual's choice to receive a prescription drug from a 340B entity including the administration of the drug, in person or via direct delivery, mail or other form of shipment, or a restriction or charge on the patient.○ Requirements to Submit Ingredient Cost or Pricing Data pertaining to 340B drugs; and,○ Exclusion of any 340B Entity from Networks for reasons other than those that apply equally to non-340B entities.
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HB 871 - Balance billing; exclude practice of dentistry from prohibition on.	Approved: 4/17/2024 Effective: 7/1/2024	<ul style="list-style-type: none"> • Amends § 83-9-5 to remove the practice of dentistry from the balance bill prohibition.
HB 1079 - Clean claim; clarify requirements for.	Approved: 4/17/2024 Effective: 4/17/2024	<p>Amends § 83-9-5 to provide:</p> <ul style="list-style-type: none"> ▪ Upon request from the medical provider, the health insurance company must provide a written list of the information and the documentation required for the health insurance company to consider the claim a clean claim; ▪ A claim must be submitted within 30 days after the date of the completion of services, not 30 days from the initial date of service; and ▪ Clarifies that the Commissioner has the ability to adopt rules and regulations on the entirety of § 83-9-5.
HB 1143 - Advanced Metastatic Cancer; prohibit health plans from requiring step therapy before covering certain drugs to treat.	Approved: 4/18/2024 Effective: 7/1/2024	<ul style="list-style-type: none"> • Bill prohibits health benefit plans from requiring step therapy or fail first protocols before coverage of certain prescription drugs to treat advanced, metastatic cancer and associated conditions. • Bill is set for repeal 6/30/26.
HB 1213 - Living Donor Protection Act; create.	Approved: 4/17/2024 Effective: 7/1/2024	<ul style="list-style-type: none"> • Prohibits life, disability or long-term care insurers from declining, limiting coverage, or discriminating against a person due to the status of said person being a living organ donor.

<p>HB 1410 - Insurance reimbursement rates; revise certain provisions.</p>	<p>Approved: 4/17/2024 Effective: 7/1/2024</p>	<ul style="list-style-type: none"> • Requires any insurer, subcontractor, third-party administrator or other payor that administers a health benefit policy issued in another state that covers a person in this state to be paid the provider reimbursement rates and benefit coverage of the issuing state, if such reimbursement rates and benefits are greater, and if the premium for such policy was based on certain benefits and provider network reimbursements in the issuing state. • The Commissioner of Insurance may establish rules and regulations necessary to ensure policyholder protection and compliance. • ERISA and self-funded plans are exempt from the provisions of HB 1410.
<p>HB 1489 - Ambulance services; provide for payment for treatment in place and provide for minimum reimbursement rate in health insurance policies.</p>	<p>Approved: 4/5/2024 Effective: 7/1/2024</p>	<ul style="list-style-type: none"> • Provides for payment for treatment in place by ambulance services; • Provides for a minimum reimbursement rate for ambulance services in health insurance policies; minimum rate is 325% of the reimbursement allowed by Medicare for the respective services originating in the respective geographic area.
<p>HB 1644 - Ambulance services providers; contracts with to provide exclusively in county or city must allow other providers to respond when necessary.</p>	<p>Approved: 5/2/2024 Effective: 7/1/2024</p>	<ul style="list-style-type: none"> • Exclusivity contracts between an ambulance service providers and a county or municipality must include a mutual aid agreements with other ambulance service provides to respond to 911 during a time of emergency or, if contracted, ambulance provider may be delayed.
<p>HB 1647 - Commissioner of Insurance; authorize to implement a state insurance exchange.</p>	<p>Approved: 5/17/2024 Effective: 5/17/2024</p>	<ul style="list-style-type: none"> • HB 1647 authorizes the Commissioner to create a state based exchange to move Mississippi from using the federal exchange

		<p>established through the Affordable Care Act.</p> <ul style="list-style-type: none"> • MID would be authorized to use the services and framework of the Mississippi Comprehensive Health Risk Pool and Board. • The intention is for Mississippi to follow in the footsteps of Georgia and Arkansas with the hybrid state-federal exchange model (SBE-FP). • It is estimated that this move will allow Mississippi to keep some of the fees collected through the Exchange to remain in Mississippi. It is estimated the fees collected would be roughly \$56-\$59 million for that first year.
SB 2140 - Mississippi Prior Authorization Reform Act; enact.	Approved: 3/1/2024 Effective: 7/1/2024	<ul style="list-style-type: none"> • Amends the prior authorization process regarding when physicians have to seek approval from an insurance company before the company will cover a prescribed procedure, service or medication that is not an emergency. • Process is streamlined and peer-to-peer is required. • Insurance companies are to create a “portal” or website by January 2025 for doctors to submit prior authorization applications. • MID will be responsible for enforcing the plan,
SB 2851 - Nonprofit agricultural membership organization; authorize to issue health insurance and exempt from insurance regulation.	Approved: 4/17/2024 Effective: 7/1/2024	<ul style="list-style-type: none"> • Creates new § 83-1-111 to exempt nonprofit agricultural membership organizations from insurance regulations in regards to the issuance with of health insurance policies.

Property and Casualty:

<p>HB 1408 - Residential roofing contractors; revise requirements under Insurance Benefits Roofing Repair Consumer Protection Act.</p>	<p>Approved: 5/8/2024 Effective: 7/1/2024</p>	<ul style="list-style-type: none"> • Revises the definition of “roof system” in §75-24-305 to include roof framing and roof ventilation system. • Amends §75-24-307 to establish certain consumer protection provisions for the insured by the residential roofing contractor. • Amends §75-24-311 to clarify that violations by residential roofing contractor will be subject to the Mississippi Consumer Protection Law.
<p>SB 2130 - . Homeowners' insurance; prohibit insurer from cancelling or denying coverage solely due to roof's age.</p>	<p>Approved: 5/13/2024 Effective: 7/1/2024</p>	<ul style="list-style-type: none"> • An insurer may not cancel or nonrenew homeowners' coverage <u>solely</u> on the basis of the roof's age.
<p>SB 2740 - Insurance; authorize counties, municipalities, school districts and other political subdivisions to pool risk.</p>	<p>Approved: 4/13/2024 Effective: 7/1/2024</p>	<ul style="list-style-type: none"> • Amends §§ 19-7-7, 21-37-45 and 37-7-303 to allow counties, municipalities and other political subdivisions, such as school districts, to pool their property risks to negotiate and obtain insurance coverage, be it through the admitted market, self-insurance or a combination thereof.

Appropriation:

<p>HB 1705 – Appropriation, Department of Insurance.</p>	<p>Approve: 5/13/2024 Effective: 5/13/2024</p>	<ul style="list-style-type: none"> • Section 8 of this bill amends § 83-1-191. To fund the Comprehensive Hurricane Damage Mitigation Program and establish a trust fund for the program. <ul style="list-style-type: none"> ○ Amendments to § 83-1-191 include: <ul style="list-style-type: none"> ▪ Limiting financial grants under the program to \$10,000 per recipient;
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		<ul style="list-style-type: none"> ▪ Requiring MID to issue a RFP for a TPA for administration of the Program; ▪ Any contract for a TPA is limited in payment to 1% of the \$5M, \$50,000; and if the selected TPA is replaced or otherwise changed, we must notify the Chairs of the Senate and House Appropriations and Insurance Committees. ▪ Creating the Comprehensive Hurricane Damage Mitigation Program Fund to provide funding for the program. <ul style="list-style-type: none"> • Section 9 of the bill transfers \$5M from the Mississippi Surplus Lines Association to the Comprehensive Hurricane Damage Mitigation Program Fund. The monies paid to MSLA as part of the stamping fee as provided in <i>Miss. Code Ann.</i> § 83-21-21 are considered public monies, pursuant to a decision by the 5th Circuit. The transfer of these monies to the program fund will be the first time since its inception that this program has been funded.
HB 1798 – Appropriation, State Fire Academy	Approve: 5/10/2024 Effective: 7/1/2024	\$7M regular appropriation and \$2M appropriation of any special funds to the SFA. Bill includes specific funding to replace components of the heat building; replace the auditorium roof; purchase a specialty rescue truck and a reappropriation of any remaining funds to compete the dorm rooms.
HB 1799 – Appropriation, Insurance Department.	Approve: 5/10/2024 Effective: 7/1/2024	\$13.9M appropriation to the MID, with \$8M additional appropriation from special funds. Of those special funds, \$5M to the Comprehensive Hurricane Mitigation Program and \$3M to the Mississippi Volunteer Firefighter Length-of-Service Award Program Fund. Additionally, \$9M is appropriated to the Annual Fire Fund and \$2M to the RFTMAP.