



MISSISSIPPI
ACADEMY
OF
FAMILY
PHYSICIANS

Signed by Governor

Prior Authorization Reform [SB 2140](#)

Applies to all health care services including pharmaceutical services and products and creates a statutory definition of “medically necessary”

A health care professional exercising prudent clinical judgment would provide care to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms and that are: In accordance with generally accepted standards of medical practice; and Clinically appropriate in terms of type, frequency, extent, site and duration and are considered effective for the patient's illness, injury or disease; and not primarily for the convenience of the patient, treating physician, other health care professional, caregiver, family member or other interested party, but focused on what is best for the patient's health outcome.

Health insurers must:

- Maintain a complete list of services for which prior authorization is required;
- Make any current prior authorization requirements and restrictions, including the written clinical review criteria, readily accessible and conspicuously posted on its website to enrollees, health care professionals and health care providers;
- Approve supplies or health care services that are routinely used as part of a health care service when: An associated health care service has received prior authorization; or Prior authorization for the health care service is not required;
- Provide a 60-day prior notification of changes to PA requirements;
- Make statistics available regarding prior authorization approvals and denials on their website;
- By January 1, 2025, utilize a standardized electronic prior authorization request transaction process (practitioners must use by January 1, 2027);
- Make a determination no later than: seven days after receiving a completed PA for nonurgent care, two days for pharmaceutical services and products, and forty-eight hours for urgent care;
- Utilize a physician with experience and knowledge to the service for appeals;

- Honor PAs for 6 months; 12 months for chronic conditions;
- Pay for services for which a PA was requested but was not responded to timely;
- Provide aggregated trend data to the Insurance Department;
- Be held accountable to CAPs or face fines up to \$10,000 for violations.

Providers can file complaints of violations of this act to the Insurance Department.

Presumptive Eligibility [HB 539](#)

"Presumptive eligibility period" means, with respect to a pregnant woman, the period that:

(i) Begins with the date on which a qualified provider determines, on the basis of preliminary information, that the total countable net family income of the woman does not exceed the income limits for eligibility of pregnant women in the Medicaid state plan; and

(ii) Ends with, and includes, the earlier of:

1. The day on which a determination is made with respect to the eligibility of the woman for Medicaid;

2. In the case of a woman who does not file an application by the last day of the month following the month during which the provider makes the determination referred to in subparagraph (i) of this paragraph, such last day; or

3. Sixty (60) days after the day that the provider makes the determination referred to in subparagraph (i) of this paragraph.

Physician must:

- Notify the Division of Medicaid of the determination within five (5) working days after the date on which determination is made; and
- Inform the woman at the time the determination is made that she is required to make application for Medicaid by not later than the last day of the month following the month during which the determination is made.

Physical Therapist [SB 2072](#)

PT can:

- Perform an initial evaluation or consultation of a screening nature to determine the need for physical therapy
- Provide therapy if doctoral degree or five years of experience
- Must refer to physician if improvement is not seen within 30 days

Other bills of interest

Transfer of Office of Mississippi Physician Workforce to the Mississippi State Department of Health – passed. [HB 1129](#)

Medicaid Expansion – died in conference. [HB 1725](#)

Health Insurance Exchange, allows the Commissioner of Insurance to operate a state-based exchange; this is authority, not a mandate. The Commissioner will decide if it is beneficial to the state to have its own exchange – passed. [HB 1647](#)

“BCBS bill” mandating that a health benefit policy issued in another state that covers a person in this state, shall reimburse providers at the reimbursement rate as provided in the state of issuance, if that reimbursement rate is higher than the reimbursement rate in this state – passed. [HB 1410](#)

Rural Physician Scholarship Program, requires a report to be submitted yearly to the legislature – passed. [SB 2729](#)

Private Right of Action

Across the course of the session, there were four bills that had language granting private rights of action (PRA) against physicians (versions below are the forms of the bills when they included PRA). The final version of those that passed had stripped the PRA language from the bill. This is a continuing issue for physicians, creating a new tort for compensatory damages.

[SB 2753](#), [SB 2873](#), [HB 900](#), [HB1100](#)

Independent Practice for Advanced Practice Registered Nurse

[HB 821](#) Advanced practice registered nurses; revise certain provisions related to, including collaboration requirement. [Scoggin](#)
[03/05 \(H\) Died In Committee](#)

[HB1490](#) Advance practice registered nurses; revise certain provisions relating to, including the collaborative agreement requirement. [Currie](#)
[03/05 \(H\) Died In Committee](#)

[SB2079](#) Advanced practice registered nurses; revise certain provisions related to, including collaboration requirement. [Blackwell](#)
[03/05 \(S\) Died In Committee](#)

[SB2377](#) Advanced practice registered nurse; revise collaboration requirement and board of nursing membership. [Blackwell](#)
[03/05 \(S\) Died In Committee](#)