

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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SENATE BILL 248
Health Care Committee Substitute Adopted 4/14/21

Short Title: Additional Info on Health Ins. Cards.

(Public)

Sponsors:

Referred to:

March 15, 2021

1 A BILL TO BE ENTITLED
2 AN ACT TO INCLUDE ADDITIONAL INFORMATION ON HEALTH BENEFIT PLAN
3 IDENTIFICATION CARDS.

4 The General Assembly of North Carolina enacts:

5 **SECTION 1.(a)** G.S. 58-3-247(a) reads as rewritten:

6 "(a) Every insurer offering a health benefit plan as defined under ~~G.S. 58-3-167, including~~
7 ~~the State Health Plan, G.S. 58-3-167~~ shall provide the health benefit plan subscriber or members
8 with an insurance identification card. The card shall ~~contain at a minimum~~contain, at a
9 minimum, all of the following information:

- 10 ...
- 11 (7) The policyholder's obligations with regard to ~~co-payments, copayments,~~ if
12 applicable, for at least all of the following:
- 13 a. Primary care office visit.
14 b. Specialty care office visit.
15 c. Urgent care visit.
16 d. Emergency room visit.
- 17 (8) The phone number or ~~Web site~~website address whereby the subscriber,
18 member, or service provider, in compliance with privacy rules under the
19 Health Insurance Portability and Accountability Act may readily obtain the
20 following:
- 21 a. Confirmation of eligibility.
22 b. Benefits verification in order to estimate patient financial
23 responsibility.
24 c. Prior authorization for services and procedures.
25 d. The list of participating providers in the network.
26 e. The employer group number.
27 f. Special mental health medical benefits under the health plan, if
28 applicable.

29 (9) An indication of whether the health benefit plan is a fully insured or
30 self-funded plan. Plans that are fully insured shall be noted by using the phrase
31 "fully insured" to indicate to the consumer that the Department is able to
32 provide assistance regarding the regulation of the plan."

33 **SECTION 1.(b)** G.S. 135-48.51 reads as rewritten:

34 "§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General
35 Statutes.

36 The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:



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- 1 (1) G.S. 58-3-191, Managed care reporting and disclosure requirements.
- 2 (2) G.S. 58-3-221, Access to nonformulary and restricted access prescription
- 3 drugs.
- 4 (3) G.S. 58-3-223, Managed care access to specialist care.
- 5 (4) G.S. 58-3-225, Prompt claim payments under health benefit plans.
- 6 (5) G.S. 58-3-235, Selection of specialist as primary care provider.
- 7 (6) G.S. 58-3-240, Direct access to pediatrician for minors.
- 8 (7) G.S. 58-3-245, Provider directories.
- 9 (7a) G.S. 58-3-247, Insurance identification card.
- 10 (8) G.S. 58-3-250, Payment obligations for covered services.
- 11 (9) G.S. 58-3-265, Prohibition on managed care provider incentives.
- 12 (10) G.S. 58-3-280, Coverage for the diagnosis and treatment of lymphedema.
- 13 (11) G.S. 58-3-285, Coverage for hearing aids.
- 14 (12) G.S. 58-50-30, Right to choose services of certain providers.
- 15 (13) G.S. 58-67-88, Continuity of care."
- 16 **SECTION 2.** This act becomes effective January 1, 2022, and applies to contracts
- 17 entered into, amended, or renewed on or after that date.