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

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

(1) G.S. 58-3-191, Managed care reporting and disclosure requirements.
(2) G.S. 58-3-221, Access to nonformulary and restricted access prescription drugs.
(3) G.S. 58-3-223, Managed care access to specialist care.
(4) G.S. 58-3-225, Prompt claim payments under health benefit plans.
(5) G.S. 58-3-235, Selection of specialist as primary care provider.
(6) G.S. 58-3-240, Direct access to pediatrician for minors.
(7) G.S. 58-3-245, Provider directories.
(7a) G.S. 58-3-247, Insurance identification card.
(8) G.S. 58-3-250, Payment obligations for covered services.
(9) G.S. 58-3-265, Prohibition on managed care provider incentives.
(10) G.S. 58-3-280, Coverage for the diagnosis and treatment of lymphedema.
(11) G.S. 58-3-285, Coverage for hearing aids.
(12) G.S. 58-50-30, Right to choose services of certain providers.
(13) G.S. 58-67-88, Continuity of care. (2011-85, s. 2.10; 2012-129, s. 2; 2013-296, s. 3; 2013-324, s. 5; 2021-30, s. 1(b).)