

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 344

Short Title: Mgd. Care/Specialist Referral.

(Public)

Sponsors: Senators Forrester, Purcell; and Carpenter.

Referred to: Health Care.

March 15, 1999

A BILL TO BE ENTITLED

AN ACT TO PROVIDE EXPANDED ACCESS TO SPECIALTY CARE IN
MANAGED CARE PLANS.

The General Assembly of North Carolina enacts:

Section 1. Article 3 of Chapter 58 of the General Statutes is amended by
adding the following section to read:

"§ 58-3-223. Managed care access to specialist care.

(a) Each insurer offering a health benefit plan that does not allow direct access to all specialists shall develop and maintain written policies and procedures by which an insured may receive an extended or standing referral to a specialist. The procedure shall provide for an extended or standing referral to a specialist if the insured has a serious or chronic disease or condition which in the opinion of the primary care physician in consultation with the specialist requires ongoing specialty care. The extended or standing referral shall be for a period not to exceed 12 months.

(b) As used in this section:

(1) 'Health benefit plan' means an accident and health insurance policy or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided by a multiple employer welfare arrangement; or a plan provided by another benefit arrangement, to the extent permitted by the Employee

1 Retirement Income Security Act of 1974, as amended, or by any waiver
2 of or other exception to that Act provided under federal law or
3 regulation. 'Health benefit plan' does not mean any plan implemented or
4 administered by the North Carolina Department of Health and Human
5 Services or the United States Department of Health and Human
6 Services, or any successor agency, or its representatives. 'Health benefit
7 plan' also does not mean any of the following kinds of insurance:

8 a. Accident.

9 b. Credit.

10 c. Disability income.

11 d. Long-term care or nursing home care.

12 e. Medicare supplement.

13 f. Specified disease.

14 g. Dental or vision.

15 h. Coverage issued as a supplement to liability insurance.

16 i. Workers' compensation.

17 j. Medical payments under automobile or homeowners.

18 k. Hospital income or indemnity.

19 l. Insurance under which benefits are payable with or without
20 regard to fault and that are statutorily required to be contained in
21 any liability policy or equivalent self-insurance.

22 (2) 'Insurer' means an entity that writes a health benefit plan and that is an
23 insurance company subject to this Chapter, a service corporation under
24 Article 65 of this Chapter, or a health maintenance organization under
25 Article 67 of this Chapter, or a multiple employer welfare arrangement
26 under Article 49 of this Chapter."

27 Section 2. This act is effective when it becomes law and applies to health
28 benefit plans that are delivered, issued for delivery, or renewed on and after January 1,
29 2000. For purposes of this act, renewal of a health benefit policy, contract, or plan is
30 presumed to occur on each anniversary of the date on which coverage was first effective
31 on the person or persons covered by the health benefit plan.