

February 5, 2001

H 48. CONTINUITY OF CARE. TO PROVIDE FOR CONTINUITY OF CARE IN HMO PLANS.

Adds new section GS 58-67-88 requiring HMOs to provide and give notice to insureds of their right to continued coverage during a transition period after a health care provider's contract is terminated. Patients who (1) have ongoing special conditions, such as a life-threatening illness, (2) are pregnant; or (3) have a terminal illness would be entitled to continued treatment by their health care provider for the transition period. The transition period generally would last 90 days after notice that coverage is being discontinued, except that (1) for scheduled surgery, organ transplants, or institutional care, coverage would continue for 90 days after discharge; (2) for pregnancy beyond the first trimester, coverage would continue through postpartum care after delivery; and (3) for terminal illness, coverage would continue as long as the terminal illness is being treated. Certain conditions on reimbursement, quality assurance, referrals and provision of service are permitted to be imposed by the HMO. Effective for all health benefit plans delivered, issued or renewed on or after Jan. 1, 2002.

Intro. by Nye, Nesbitt, Cunningham, Edwards, Insko.

Ref. to Insurance	GS 58
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