

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

H.B. 854
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10452-MR-98

Short Title: Protect STATE Health Care Act. (Public)

Sponsors: Representatives Insko and Meyer (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO ESTABLISH PROTECTIONS FOR INDIVIDUALS WITH PREEXISTING
3 CONDITIONS WHO SEEK TO OBTAIN HEALTH INSURANCE COVERAGE.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. Article 3 of Chapter 58 of the General Statutes is amended by adding
6 a new section to read:

7 "**§ 58-3-26. Preexisting conditions; health benefit plans.**

8 (a) The following definitions apply in this section:

9 (1) Health benefit plan. – As defined in G.S. 58-3-167. The phrase also applies to
10 limited-scope dental and vision insurance.

11 (2) Preexisting exclusion. – A limitation or exclusion of benefits based on the fact
12 that a condition was present before the effective date of the coverage, or the
13 date of denial if coverage is denied, under a health benefit plan, whether or
14 not any medical advice, diagnosis, care, or treatment was recommended or
15 received before that date.

16 (b) An insurer offering a health benefit plan, including individual, large group, or small
17 group health coverage, in this State shall not impose any preexisting condition exclusions with
18 respect to coverage under the health benefit plan.

19 (c) Each insurer that offers a health benefit plan in this State must accept every employer
20 and every individual in the State who is eligible for the coverage and who applies for the
21 coverage.

22 (d) An insurer shall develop the premium rates for all health benefit plans offered in this
23 State based on the only following case characteristics:

24 (1) Whether the health benefit plan covers an individual or family. If the coverage
25 is family coverage in the individual or small group market, the insurer shall
26 apply the rating variations permitted under this subsection based on the
27 portion of premium that is attributable to each family member covered under
28 the health benefit plan in accordance with rules adopted by the Commissioner.

29 (2) The geographic rating area, established in accordance with federal law.

30 (3) The age of the insured individuals, except that the rate shall not vary by more
31 than three to one for adults.

32 (4) The tobacco use of the insured individuals, except that the rate must not vary
33 by more than one and one-fifteenth to one.

34 (e) An insurer shall not adjust the premium charged for any health benefit plan offered
35 in this State on the individual or small group market more frequently than annually unless the
36 change is made to reflect any of the following:



- 1 (1) With respect to a health benefit plan offered in the small group market,
- 2 changes to the enrollment of the small employer.
- 3 (2) Changes to the family composition of the insured.
- 4 (3) With respect to a health benefit plan offered in the individual market, changes
- 5 in the geographic rating area of an insured or changes in the tobacco use of an
- 6 insured, as provided for in subsection (d) of this section.
- 7 (4) Changes to the health benefit plan requested by the insured or the small
- 8 employer.
- 9 (5) Changes required by federal law or regulations or otherwise expressly
- 10 permitted by State law."

11 **SECTION 2.** The Department of Insurance may adopt rules to implement and
12 administer this act and to ensure that rating practices used by insurers are consistent with this act.

13 **SECTION 3.** This act is effective when it becomes law.