GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

SENATE BILL 248
RATIFIED BILL

AN ACT TO INCLUDE ADDITIONAL INFORMATION ON HEALTH BENEFIT PLAN IDENTIFICATION CARDS.

The General Assembly of North Carolina enacts:

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

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

…

(7) The policyholder's obligations with regard to ~~co-payments,~~ copayments, if applicable, for at least all of the following:
   a. Primary care office visit.
   b. Specialty care office visit.
   c. Urgent care visit.
   d. Emergency room visit.

(8) The phone number or ~~Web site~~ website address whereby the subscriber, member, or service provider, in compliance with privacy rules under the Health Insurance Portability and Accountability Act may readily obtain the following:
   a. Confirmation of eligibility.
   b. Benefits verification in order to estimate patient financial responsibility.
   c. Prior authorization for services and procedures.
   d. The list of participating providers in the network.
   e. The employer group number.
   f. Special mental health medical benefits under the health plan, if applicable.

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

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

"**§ 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."

SECTION 2. This act becomes effective January 1, 2022, and applies to contracts entered into, amended, or renewed on or after that date.

In the General Assembly read three times and ratified this the 3rd day of June, 2021.

s/ Phil Berger
President Pro Tempore of the Senate

s/ Tim Moore
Speaker of the House of Representatives

_____
Roy Cooper
Governor

Approved _____.m. this _____ day of _____, 2021