

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1995

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HOUSE BILL 594
Second Edition Engrossed 5/1/95

Short Title: No Insur. Discrim./Bones & Joints.

(Public)

Sponsors: Representatives Miner and Black (Co-sponsors).

Referred to: Insurance, if favorable Judiciary I.

March 28, 1995

A BILL TO BE ENTITLED

1 AN ACT TO PROHIBIT DISCRIMINATION IN HEALTH AND ACCIDENT
2 INSURANCE AGAINST COVERAGE FOR PROCEDURES INVOLVING
3 CERTAIN BONES OR JOINTS.
4

5 The General Assembly of North Carolina enacts:

6 Section 1. Chapter 58 of the General Statutes is amended by adding the
7 following new section to read:

8 **"§ 58-3-121. Discrimination against coverage of certain bones and joints prohibited.**

9 (a) Discrimination against coverage of procedures involving bones or joints of the
10 face, neck, or head is prohibited in any health benefit plan. Whenever a health benefit
11 plan provides coverage on a group or individual basis for diagnostic, therapeutic, or
12 surgical procedures involving bones or joints of the human skeletal structure, that plan
13 may not exclude or deny the same coverage for procedures involving any bone or joint of
14 the face, neck, or head, so long as the procedure is medically necessary to treat a
15 condition of the particular bone or joint involved that is caused by congenital deformity,
16 disease, or traumatic injury. The coverage required by this section involving bones or
17 joints of the face, neck, or head shall be subject to the same conditions and limitations as
18 are applicable to coverage of procedures involving other bones and joints of the human
19 skeletal structure.

1 (b) For purposes of this section, in providing coverage for the treatment of
2 conditions of the jaw (temporomandibular joint), authorized therapeutic procedures shall
3 include splinting and use of intraoral prosthetic appliances to reposition the bones.
4 Payment for these therapeutic procedures, and for procedures involved in any other
5 nonsurgical treatment of temporomandibular joint dysfunction, may be subjected to a
6 reasonable lifetime maximum dollar amount. Nothing in this subsection shall require a
7 health benefit plan to cover orthodontic braces, crowns, bridges, dentures, dental root
8 form implants, or root canals.

9 (c) For purposes of this section, 'health benefit plan' means accident and health
10 insurance policies or certificates; nonprofit hospital or medical service corporation
11 contracts; health, hospital, or medical service corporation plan contracts; health
12 maintenance (HMO) subscriber contracts; and plans provided by a MEWA or plans
13 provided by other benefit arrangements, to the extent permitted by ERISA."

14 Sec. 2. This act becomes effective January 1, 1996, and applies to all health
15 benefit plans that are delivered, issued for delivery, or renewed on and after that date.
16 For purposes of this act, renewal is presumed to occur on each anniversary of the date
17 when coverage was first effective on the person or persons covered by the plan.