

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 90

Health Care Committee Substitute Adopted 3/3/99

House Committee Substitute Favorable 4/7/99

House Committee Substitute #2 Favorable 6/10/99

Short Title: Insurance/Cover Contraceptives.

(Public)

Sponsors:

Referred to:

February 15, 1999

A BILL TO BE ENTITLED

AN ACT TO ENSURE THAT INSURERS THAT PROVIDE HEALTH INSURANCE
COVERAGE FOR PRESCRIPTION DRUGS OR OUTPATIENT SERVICES
PROVIDE COVERAGE FOR PRESCRIBED CONTRACEPTIVE DRUGS AND
DEVICES OR OUTPATIENT CONTRACEPTIVE SERVICES.

The General Assembly of North Carolina enacts:

Section 1. Effective January 1, 2000, Article 3 of Chapter 58 of the General
Statutes is amended by adding the following new section to read:

**§ 58-3-174. Coverage for prescription contraceptive drugs or devices and for
outpatient contraceptive services; exemption for religious employers.**

(a) Except as provided in subsection (e) of this section, every insurer providing a
health benefit plan that provides coverage for prescription drugs or devices shall provide
coverage for prescription contraceptive drugs or devices. Coverage shall include
coverage for the insertion or removal of and any medically necessary examination
associated with the use of the prescribed contraceptive drug or device. Except as
otherwise provided in this subsection, the same deductibles, coinsurance, and other
limitations as apply to prescription drugs or devices covered under the health benefit plan

1 shall apply to coverage for prescribed contraceptive drugs or devices. A health benefit
2 plan may require that the total coinsurance, based on the useful life of the drug or device,
3 be paid in advance for those drugs or devices that are inserted or prescribed and do not
4 have to be refilled on a periodic basis.

5 (b) Every insurer providing a health benefit plan that provides coverage for
6 outpatient services provided by a health care professional shall provide coverage for
7 outpatient contraceptive services. The same deductibles, coinsurance, and other
8 limitations as apply to outpatient services covered under the health benefit plan shall
9 apply to coverage for outpatient contraceptive services.

10 (c) As used in this section, the term:

11 (1) 'Health benefit plan' means an accident and health insurance policy or
12 certificate; a nonprofit hospital or medical service corporation contract;
13 a health maintenance organization subscriber contract; a plan provided
14 by a multiple employer welfare arrangement; or a plan provided by
15 another benefit arrangement, to the extent permitted by the Employee
16 Retirement Income Security Act of 1974, as amended, or by any waiver
17 of or other exception to that Act provided under federal law or
18 regulation. 'Health benefit plan' does not mean any plan implemented or
19 administered by the North Carolina Department of Health and Human
20 Services or the United States Department of Health and Human
21 Services, or any successor agency, or its representatives. 'Health benefit
22 plan' also does not mean any of the following kinds of insurance:

23 a. Accident.

24 b. Credit.

25 c. Disability income.

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

27 e. Medicare supplement.

28 f. Specified disease.

29 g. Dental or vision.

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

31 i. Workers' compensation.

32 j. Medical payments under automobile or homeowners.

33 k. Hospital income or indemnity.

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

37 m. Short-term limited duration health insurance policies as defined
38 in Part 144 of Title 45 of the Code of Federal Regulations.

39 (2) 'Insurer' includes an insurance company subject to this Chapter, a
40 service corporation organized under Article 65 of this Chapter, a health
41 maintenance organization organized under Article 67 of this Chapter,
42 and a multiple employer welfare arrangement subject to Article 49 of
43 this Chapter.

1 (3) 'Outpatient contraceptive services' means consultations, examinations,
2 procedures, and medical services provided on an outpatient basis and
3 related to the use of contraceptive methods to prevent pregnancy.

4 (4) 'Prescribed contraceptive drugs or devices' means drugs or devices that
5 prevent pregnancy and that are approved by the United States Food and
6 Drug Administration for use as contraceptives and obtained under a
7 prescription written by a health care provider authorized to prescribe
8 medications under the laws of this State. Prescription drugs or devices
9 required to be covered under this section shall not include the
10 prescription drug known as 'RU-486', and the prescription drug
11 marketed under the name 'Preven'.

12 (d) A health benefit plan subject to this section shall not do any of the following:

13 (1) Deny eligibility or continued eligibility to enroll or to renew coverage
14 under the terms of the health benefit plan, solely for the purpose of
15 avoiding the requirements of this section.

16 (2) Provide monetary payments or rebates to an individual participant or
17 beneficiary to encourage the individual participant or beneficiary to
18 accept less than the minimum protections available under this section.

19 (3) Penalize or otherwise reduce or limit the reimbursement of an attending
20 provider because the provider prescribed contraceptive drugs or devices,
21 or provided contraceptive services in accordance with this section.

22 (4) Provide incentives, monetary or otherwise, to an attending provider to
23 induce the provider to withhold from an individual participant or
24 beneficiary contraceptive drugs, devices, or services.

25 (e) A religious employer may request an insurer providing a health benefit plan to
26 provide to the religious employer a health benefit plan that excludes coverage for
27 prescription contraceptive drugs or devices that are contrary to the employer's religious
28 tenets. Upon request, the insurer shall provide the requested health benefit plan. An
29 insurer providing a health benefit plan requested by a religious employer pursuant to this
30 section shall provide written notice to each person covered under the health benefit plan
31 that prescription contraceptive drugs or devices are excluded from coverage pursuant to
32 this section at the request of the employer. The notice shall appear, in not less than 10-
33 point type, in the health benefit plan, application, and sales brochure for the health benefit
34 plan. Nothing in this subsection authorizes a health benefit plan to exclude coverage for
35 prescription drugs ordered by a health care provider with prescriptive authority for
36 reasons other than contraceptive purposes, or for prescription contraception that is
37 necessary to preserve the life or health of a person covered under the plan. As used in
38 this subsection, the term 'religious employer' means an entity for which all of the
39 following are true:

40 (1) The entity is organized and operated exclusively for religious purposes
41 and is tax exempt under section 501(c)(3) of the U.S. Internal Revenue
42 Code.

43 (2) The inculcation of religious values is the primary purpose of the entity.

1 (3) The entity employs primarily persons who share the religious tenets of
2 the entity."

3 Section 2. Effective January 1, 2000, G.S. 58-50-155 reads as rewritten:

4 **"§ 58-50-155. Standard and basic health care plan coverages.**

5 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and
6 approved under G.S. 58-50-125 shall provide coverage for mammograms and pap smears at
7 least equal to the coverage required by G.S. 58-51-57.

8 ~~(a1) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and~~
9 ~~approved under G.S. 58-50-125 shall provide coverage for prostate specific antigen~~
10 ~~(PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the~~
11 ~~coverage required by G.S. 58-51-58.~~

12 ~~(a2) Notwithstanding G.S. 58-50-123(c), the standard health plan developed and~~
13 ~~approved under G.S. 58-50-125 shall provide coverage for reconstructive breast surgery~~
14 ~~resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-62. all~~
15 ~~of the following:~~

16 (1) Mammograms and pap smears at least equal to the coverage required by
17 G.S. 58-51-57.

18 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence
19 of prostate cancer at least equal to the coverage required by G.S. 58-51-
20 58.

21 (3) Reconstructive breast surgery resulting from a mastectomy at least equal
22 to the coverage required by G.S. 58-51-62.

23 (4) Prescribed contraceptive drugs or devices that prevent pregnancy and
24 that are approved by the United States Food and Drug Administration
25 for use as contraceptives, or outpatient contraceptive services at least
26 equal to the coverage required by G.S. 58-3-174, if the plan covers
27 prescription drugs or devices, or outpatient services, as applicable. The
28 same exceptions and exclusions as are provided under G.S. 58-3-174
29 apply to standard plans developed and approved under G.S. 58-50-125.

30 (b) Notwithstanding G.S. 58-50-125(c), in developing and approving the plans
31 under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to
32 cost-effective and life-saving health care services and to cost-effective health care
33 providers. ~~This section shall be effective after July 10, 1991."~~

34 Section 3. If any section or provision of this act is declared unconstitutional or
35 invalid by the courts, it does not affect the validity of this act as a whole or any part other
36 than the part so declared to be unconstitutional or invalid.

37 Section 4. This act is effective when it becomes law and applies to health
38 benefit plans that are delivered, issued for delivery, or renewed on and after January 1,
39 2000. For purposes of this act, renewal of a health benefit policy, contract, or plan is
40 presumed to occur on each anniversary of the date on which coverage was first effective
41 on the person or persons covered by the health benefit plan.