

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1155

Page 1, line 1, replace "subdivision" with "subdivisions h and"

Page 1, line 3, remove the second "and"

Page 1, line 4, after "26.1-08-13" insert ", and subsection 28 of section 26.1-36.3-01"

Page 1, line 5, after "Dakota" insert "and to a definition applicable to small employer employee health insurance"

Page 1, line 20, overstrike "means, with respect to an individual, coverage of the"

Page 1, overstrike lines 21 through 23

Page 2, overstrike lines 1 through 11

Page 2, line 12, overstrike "h. A public health plan as defined in federal regulations" and remove ", including a plan"

Page 2, remove line 13

Page 2, line 14, remove "government" and overstrike the semicolon

Page 2, overstrike lines 15 through 17

Page 2, line 18, overstrike "87-293; 75 Stat. 613; 22 U.S.C. 2504(e)]" and insert immediately thereafter "has the same meaning as "qualifying previous coverage" as defined under section 26.1-36.3-01"

Page 4, line 12, overstrike "or" and insert immediately thereafter "and"

Page 5, line 21, after the period insert "The board may waive the residency requirement upon a showing of good cause."

Page 6, line 19, replace "Subdivision" with "Subdivisions h and"

Page 6, line 20, replace "is" with "are"

Page 6, after line 20, insert:

"h. Develop and implement a program to publicize the existence of the association, the eligibility ~~requirement~~ requirements, and procedures for enrollment and to maintain public awareness of the association;"

Page 11, line 17, remove "or c"

Page 11, line 18, after "5" insert "or under subparagraph a of paragraph 1 of subdivision c of subsection 5"

Page 13, line 7, after "under" insert "medicare or"

Page 13, line 8, overstrike ", medicare, or"

Page 13, line 9, overstrike "medicaid"

Page 18, after line 17, insert:

"SECTION 11. AMENDMENT. Subsection 28 of section 26.1-36.3-01 of the North Dakota Century Code is amended and reenacted as follows:

28. "Qualifying previous coverage" and "qualifying existing coverage" mean, with respect to an individual, health benefits or coverage provided under any of the following:
- a. A group health benefit plan;
 - b. A health benefit plan;
 - c. Medicare;
 - d. Medicaid;
 - e. Civilian health and medical program for uniformed services;
 - f. A medical care program of the Indian health service or of a tribal organization;
 - g. A state health benefit risk pool, including coverage issued under chapter 26.1-08;
 - h. A health plan offered under 5 U.S.C. 89;
 - i. A public health plan as defined in federal regulations, including a plan maintained by a state government, the United States government, or a foreign government; and
 - j. A health benefit plan under section 5(e) of the Peace Corps Act [Pub. L. 87-293; 75 Stat. 612; 22 U.S.C. 2504(e)]; and
 - k. A state's children's health insurance program funded through title XXI of the federal Social Security Act [42 U.S.C. 1397aa et seq.].

The term "qualifying previous coverage" does not include coverage of benefits excepted from the definition of a "health benefit plan" under subsection 17."

Renumber accordingly