

Sixty-first
Legislative Assembly
of North Dakota

SENATE BILL NO.

Introduced by

Senator Mathern

1 A BILL for an Act to create and enact a new section to chapter 50-29 of the North Dakota
2 Century Code, relating to a children's health insurance buy-in program to be established by the
3 department of human services; and to amend and reenact section 50-29-04 of the North Dakota
4 Century Code, relating to eligibility for the children's health insurance program.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1.** A new section to chapter 50-29 of the North Dakota Century Code is
7 created and enacted as follows:

8 **Children's health insurance buy-in program.** The department shall establish a
9 buy-in program through which a parent or guardian whose family gross income exceeds the
10 income eligibility limit provided for under section 50-29-04 may purchase, on a sliding income
11 scale, a plan of coverage for a child who is uninsured and who was not voluntarily disenrolled
12 from employer-sponsored group insurance coverage within six months prior to application to the
13 program. The coverage, copayments, and deductibles for a plan of coverage purchased under
14 this section must be comparable to the coverage, copayments, and deductibles under the
15 children's health insurance program. The premium for coverage may not exceed the amount
16 the children's health insurance program pays per month for a child of comparable age whose
17 family income is within the income eligibility limit provided for under section 50-29-04.

18 **SECTION 2. AMENDMENT.** Section 50-29-04 of the North Dakota Century Code is
19 amended and reenacted as follows:

20 **50-29-04. Plan requirements.** The plan:

- 21 1. Must be provided through private contracts with insurance carriers;
22 2. Must allow conversion to another health insurance policy;
23 3. Must be based on an actuarial equivalent of a benchmark plan;
24 4. Must incorporate every state-required waiver approved by the federal government;

- 1 5. Must include community-based eligibility outreach services; and
- 2 6. Must provide:
- 3 a. ~~A not~~ An income eligibility limit of ~~one~~ two hundred ~~fifty~~ percent of the poverty
- 4 line;
- 5 b. A copayment requirement for each pharmaceutical prescription and for each
- 6 emergency room visit;
- 7 c. A deductible for each inpatient hospital visit;
- 8 d. Coverage for:
- 9 (1) Inpatient hospital, medical, and surgical services;
- 10 (2) Outpatient hospital and medical services;
- 11 (3) Psychiatric and substance abuse services;
- 12 (4) Prescription medications;
- 13 (5) Preventive screening services;
- 14 (6) Preventive dental and vision services; and
- 15 (7) Prenatal services; and
- 16 e. A coverage effective date that is the first day of the month, following the date
- 17 of application and determination of eligibility.
- 18 7. The department shall seek a federal waiver to increase the income eligibility level
- 19 provided under subsection 6 to three hundred fifty percent of the poverty line.
- 20 Upon approval of the waiver, the income eligibility limit in subsection 6 is increased
- 21 to the limit approved by the waiver.