Sixty-first Legislative Assembly of North Dakota

## SENATE BILL NO.

Introduced by

5

Senator Potter

- 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.

## BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- SECTION 1. A new section to chapter 50-29 of the North Dakota Century Code is 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 amended and reenacted as follows:
- 20 **50-29-04.** (Contingent effective date See note) 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;
- 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.   | An in   | come eligibility limit of one hundred forty percent of the poverty line;     |  |  |  |
| 4  |                | b.   | A cop   | payment requirement for each pharmaceutical prescription and for each        |  |  |  |
| 5  |                |  | emer  | gency room visit;  |  |  |  |
| 6  |                | c.   | A ded   | ductible for each inpatient hospital visit;                                  |  |  |  |
| 7  |                | d.   | Cove  | erage for:   |  |  |  |
| 8  |                |  | (1)   | Inpatient hospital, medical, and surgical services;                          |  |  |  |
| 9  |                |  | (2)   | Outpatient hospital and medical services;                                    |  |  |  |
| 10 |                |  | (3)   | Psychiatric and substance abuse services;                                    |  |  |  |
| 11 |                |  | (4)   | Prescription medications;  |  |  |  |
| 12 |                |  | (5)   | Preventive screening services;   |  |  |  |
| 13 |                |  | (6)   | Preventive dental and vision services; and                                   |  |  |  |
| 14 |                |  | (7)   | Prenatal services; and   |  |  |  |
| 15 |                | e.   | A cov   | verage effective date that is the first day of the month, following the date |  |  |  |
| 16 |                |  | of ap   | plication and determination of eligibility.                                  |  |  |  |
| 17 | <del>(Co</del> | entingent effective date - See note) Plan requirements. The plan:                |   |  |  |  |  |
| 18 | <del>1.</del>  | Mus  | Must be provided through private contracts with insurance carriers; |  |  |  |  |
| 19 | <del>2.</del>  | Must allow conversion to another health insurance policy;                        |   |  |  |  |  |
| 20 | <del>3.</del>  | Must be based on an actuarial equivalent of a benchmark plan;                    |   |  |  |  |  |
| 21 | <del>4.</del>  | Must incorporate every state-required waiver approved by the federal government; |   |  |  |  |  |
| 22 | <del>5.</del>  | Must include community-based eligibility outreach services; and                  |   |  |  |  |  |
| 23 | <del>6.</del>  | Must provide:  |   |  |  |  |  |
| 24 |                | <del>a.</del>  | A net   | t income eligibility limit of one hundred fifty percent of the poverty line; |  |  |  |
| 25 |                | <del>b.</del>  | A cop   | payment requirement for each pharmaceutical prescription and for each        |  |  |  |
| 26 |                |  | emer  | gency room visit;  |  |  |  |
| 27 |                | e <del>.</del>   | A dec   | ductible for each inpatient hospital visit;                                  |  |  |  |
| 28 |                | <del>d.</del>  | Cove  | <del>rage for:</del>   |  |  |  |
| 29 |                |  | <del>(1)</del>  | Inpatient hospital, medical, and surgical services;                          |  |  |  |
| 30 |                |  | <del>(2)</del>  | Outpatient hospital and medical services;                                    |  |  |  |
| 31 |                |  | <del>(3)</del>  | Psychiatric and substance abuse services;                                    |  |  |  |

## Sixty-first Legislative Assembly

| 1 |                | <del>(4)</del> | Prescription medications;  |
|---|----------------|----------------|--|
| 2 |                | <del>(5)</del> | Preventive screening services;   |
| 3 |                | <del>(6)</del> | Preventive dental and vision services; and                                   |
| 4 |                | <del>(7)</del> | Prenatal services; and   |
| 5 | e <del>.</del> | A cov          | verage effective date that is the first day of the month, following the date |
| 6 |                | of ap          | plication and determination of eligibility.                                  |