23.0392.02002
Title.

Prepared by the Legislative Council staff for
Representative Karls
March 20, 2023

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1413

Page 1, line 2, replace "health care services" with "prescription drugs"

Page 1, line 6, replace "**Health care services**" with "**Prescription drugs**"

Page 1, line 8, after "coinsurance" insert ", copayment,"

Page 1, line 8, replace "policy" with "health benefit plan"

Page 1, line 9, replace "health care services" with "prescription drug coverage"

Page 1, line 9, replace "policy" with "health benefit plan"

Page 1, line 10, remove ""Health care services" means items or services furnished to an enrollee for the"

Page 1, replace lines 11 through 14 with ""Health benefit plan" has the same meaning as provided under section 26.1-36.3-01.

d. "Prescription drug" means a drug for which a prescription is required:

(1) Without a generic equivalent; or

(2) With a generic equivalent and the enrollee has obtained access to the drug through prior authorization, a step therapy protocol, or the health care insurer's exceptions and appeals process."

Page 1, line 16, replace "policy" with "health benefit plan"

Page 1, line 16, replace "health care services" with "prescription drug"

Page 1, line 17, replace "policy" with "health benefit plan"

Page 1, line 18, after "requirement" insert "for a prescription drug"

Page 1, line 18, replace "policy" with "health benefit plan"

Page 1, line 19, replace "calculation must include" with "health benefit plan provides for the inclusion of"

Page 1, line 20, after the underscored period insert "The health benefit plan may not vary the out-of-pocket maximum or cost-sharing requirement, or otherwise design benefits in a manner that takes into account the availability of a cost-sharing assistance program for a prescription drug.

3. If application of this section would result in ineligibility of a health benefit plan that is a qualified high-deductible health plan to qualify as a health savings account under section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of this section do not apply with respect to the deductible of the health benefit plan until after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223."

Renumber accordingly

23.0392.02002

Sixty-eighth
Legislative Assembly
of North Dakota

FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1413

Introduced by

Representatives Karls, Kiefert, Rohr, Satrom, Steiner

Senator Dever

A BILL for an Act to create and enact a new section to chapter 26.1-36 of the North Dakota Century Code, relating to out-of-pocket expenses for ~~health care services~~prescription drugs.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 26.1-36 of the North Dakota Century Code is created and enacted as follows:

Out-of-pocket expenses - ~~Health care services~~Prescription drugs.

1. As used in this section:

   a. "Cost sharing" means any coinsurance, copayment, or deductible under a ~~policy~~health benefit plan.

   b. "Enrollee" means an individual entitled to ~~health care services~~prescription drug coverage under a ~~policy~~health benefit plan.

   c. ~~"Health care services" means items or services furnished to an enrollee for the purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability.~~

   ~~d. "Policy" means an accident and health insurance policy, contract, or evidence of coverage on a group, individual, blanket, franchise, or association basis.~~"Health benefit plan" has the same meaning as provided under section 26.1-36.3-01.

   d. "Prescription drug" means a drug for which a prescription is required:

      (1) Without a generic equivalent; or

      (2) With a generic equivalent and the enrollee has obtained access to the drug through prior authorization, a step therapy protocol, or the health care insurer's exceptions and appeals process.

2. To the extent permitted by federal law and regulation, an insurer may not deliver, issue, execute, or renew a ~~policy~~health benefit plan that provides ~~health care~~

~~services~~prescription drug coverage unless that ~~policy~~health benefit plan provides when calculating an enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement for a prescription drug under the ~~policy~~health benefit plan, the ~~calculation must include~~health benefit plan provides for the inclusion of any amount paid by the enrollee or paid on behalf of the enrollee by another person. The health benefit plan may not vary the out-of-pocket maximum or cost-sharing requirement, or otherwise design benefits in a manner that takes into account the availability of a cost-sharing assistance program for a prescription drug.

3. If application of this section would result in ineligibility of a health benefit plan that is a qualified high-deductible health plan to qualify as a health savings account under section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of this section do not apply with respect to the deductible of the health benefit plan until after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223.