

CHAPTER 26.1-08.1
CESSATION OF COMPREHENSIVE HEALTH ASSOCIATION

26.1-08.1-01. Definitions. (Repealed effective December 31, 2027)

As used in this chapter:

1. "Association" means the comprehensive health association of North Dakota.
2. "Board" means the comprehensive health association of North Dakota board of directors.
3. "Creditable coverage" means, with respect to an individual, coverage under chapter 26.1-08.
4. "Guaranteed issue" means an issuer may not:
 - a. Deny or condition the issuance or effectiveness of a Medicare supplement policy that is offered and is available for issuance to new enrollees by the issuer;
 - b. Discriminate in the pricing of such a Medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition; or
 - c. Impose an exclusion of benefits based on a pre-existing condition under such a Medicare supplement policy.
5. "Lead carrier" means the insurance company selected by the board to administer the association benefit plans.

26.1-08.1-02. Cessation of operations. (Repealed effective December 31, 2027)

1. The association shall cease enrollment under the plan effective May 1, 2025.
2. After taking all reasonable steps, including those specified in this section, to timely and efficiently assist in the transition of individuals receiving benefits under chapter 26.1-08, and paying health insurance claims for plan coverage and meeting all other obligations of the board under this section, the association shall cease operating the pool.
3. The association may take any action it deems necessary to:
 - a. Cease enrollment for plan coverage effective May 1, 2025.
 - b. Terminate all existing benefit plans effective December 31, 2025.
 - c. Provide at least a ninety-day notice to current policyholders of the termination.
4. This section does not require the board to revise plan benefits to comply with this chapter.

26.1-08.1-03. Board of directors. (Repealed effective December 31, 2027)

1. Notwithstanding any other provision of this chapter, to facilitate an efficient cessation of operations, the board:
 - a. May continue to use the lead carrier to fulfill administrative tasks and operations.
 - b. Shall continue to follow the requirements of participating members under section 26.1-08-09.
 - c. May implement a process to assess members based on actual program costs rather than projected program costs.
2. If the board has excess funds after cessation of operations of the association, the funds must be returned by the lead carrier to the insurer assessed under section 26.1-08-09.

26.1-08.1-04. Enrollment of individuals losing creditable coverage. (Repealed effective December 31, 2027)

An individual losing creditable coverage must be provided enrollment into a comparable:

1. Health benefit plan; or
2. Plan under a Medicare supplement policy that has a benefit package classified as plan A, B, C, F (including F with a high deductible), G, K, or L under guaranteed issue.

26.1-08.1-05. Statute of limitations. (Repealed effective December 31, 2027)

A cause of action against the association or the board must be commenced within the earlier of one year after the cause of action occurs or December 31, 2027.