

54-03-28. Health insurance mandated ~~coverage of services~~benefits - Cost-benefit analysis requirement.

1. If the legislative management determines a legislative measure mandates new health insurance ~~coverage of services or payment for specified providers of services~~benefits, the measure may not be referred to a committee of the legislative assembly unless a cost-benefit analysis provided by the legislative management is appended to that measure.
 - a. If a committee of the legislative assembly determines a measure mandating new health insurance ~~coverage of services or payment of specified providers~~benefits was referred to committee without a cost-benefit analysis, the committee shall request the legislative management provide a cost-benefit analysis. The committee may not act on the measure unless the measure is accompanied by the cost-benefit analysis.
 - b. If a committee of the legislative assembly determines a proposed amendment to a measure mandates new health insurance ~~coverage of services or payment of specified providers~~benefits, the committee may not act on the proposed amendment unless the amendment is accompanied by a cost-benefit analysis or amended cost-benefit analysis provided by the legislative management.
2. Factors considered in the cost-benefit analysis must include:
 - a. The extent to which the proposed mandate would increase or decrease the cost of the servicebenefit.
 - b. The extent to which the proposed mandate would increase the appropriate useutilization of the servicebenefit.
 - c. The extent to which the proposed mandate would increase or decrease the administrative expenses of insurers and the premium and administrative expenses of insureds.
 - d. The impact of the proposed mandate on the total cost of health care.
3. A committee of the legislative assembly may not act on a legislative measure that the legislative management or committee determines mandates a new health insurance ~~coverage of services or payment for specified providers of services~~benefit unless the measure as recommended by the committee provides:
 - a. The measure is effective through June thirtieth of the next odd-numbered year following the year in which the legislative assembly enacted the measure, and after that date the measure is ineffective.
 - b. The application of the mandate is limited to the public employees health insurance program and the public employee retiree health insurance program. The application of such mandate begins with every contract for health insurance which becomes effective after June thirtieth of the year in which the measure becomes effective.
 - c. That for the next legislative assembly, the public employees retirement system shall prepare and request introduction of a bill to repeal the expiration date and to extend the mandated coverage or payment to apply to accident and health insurance policies. The public employees retirement system shall append to the bill a report regarding the effect of the mandated coveragebenefit or payment on the system's health insurance programs. The report must include information on the utilization and costs relating to the mandated coverage or payment and a recommendation on whether the coverage or payment should continue. For purposes of this section, the bill is not a legislative measure mandating health insurance ~~coverage of services or payment for specified providers of services~~benefits, unless the bill is amended following introduction so as to change the bill's mandate.
4. The legislative management shall adopt a procedure for identifying measures and proposed measures mandating new health insurance ~~coverage of services or payment for specified providers of services~~benefits. The procedure must include solicitation of draft measures and proposals during the interim between legislative sessions from legislators and agencies with bill introduction privileges and must include deadlines for identification of the measures or proposals.

5. The legislative council shall contract with a private entity, ~~after receiving one or more recommendations from the insurance commissioner,~~ to provide the legislative management the cost-benefit analysis required by this section. ~~The insurance commissioner shall pay the cost of the contracted services to the entity providing the services.~~
6. The legislative management shall determine new health insurance benefit mandates pursuant to title 45, Code of Federal Regulations, section 155.170.
 - a. A change or addition in cost sharing structures in a specific provide tyle or reimbursement, or a benefit delivery method do not constitute a new benefit mandate.
 - b. The new benefit is considered a mandate if the health insurance benefit is in addition to the essential health benefits, as defined in section 1302 of the federal Patient Protection and Affordable Care Act [42 U.S.C. 18022] and title 45, Code of Federal Regulations, section 156.110.