

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 344  
Health Care Committee Substitute Adopted 4/7/99

Short Title: Mgd. Care/Specialist Referral.

(Public)

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Sponsors:

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Referred to:

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March 15, 1999

1 A BILL TO BE ENTITLED  
2 AN ACT TO PROVIDE EXPANDED ACCESS TO SPECIALTY CARE IN  
3 MANAGED CARE PLANS.

4 The General Assembly of North Carolina enacts:

5 Section 1. Article 3 of Chapter 58 of the General Statutes is amended by  
6 adding the following section to read:

7 "**§ 58-3-223. Managed care access to specialist care.**

8 (a) Each insurer offering a health benefit plan that does not allow direct access to  
9 all in-plan specialists shall develop and maintain written policies and procedures by  
10 which an insured may receive an extended or standing referral to an in-plan specialist.  
11 The procedure shall provide for an extended or standing referral to a specialist if the  
12 insured has a serious or chronic degenerative, disabling, or life-threatening disease or  
13 condition, which in the opinion of the insured's primary care physician, in consultation  
14 with the specialist, requires ongoing specialty care. The extended or standing referral  
15 shall be for a period not to exceed 12 months and shall be made under a treatment plan  
16 coordinated with the insurer in consultation with the primary care physician, the  
17 specialist, and the insured or the insured's designee.

18 (b) As used in this section:

1           (1) 'Health benefit plan' means an accident and health insurance policy or  
2 certificate; a nonprofit hospital or medical service corporation contract;  
3 a health maintenance organization subscriber contract; a plan provided  
4 by a multiple employer welfare arrangement; or a plan provided by  
5 another benefit arrangement, to the extent permitted by the Employee  
6 Retirement Income Security Act of 1974, as amended, or by any waiver  
7 of or other exception to that Act provided under federal law or  
8 regulation. 'Health benefit plan' does not mean any plan implemented or  
9 administered by the North Carolina Department of Health and Human  
10 Services or the United States Department of Health and Human  
11 Services, or any successor agency, or its representatives. 'Health benefit  
12 plan' also does not mean any of the following kinds of insurance:

13           a. Accident.

14           b. Credit.

15           c. Disability income.

16           d. Long-term care or nursing home care.

17           e. Medicare supplement.

18           f. Specified disease.

19           g. Dental or vision.

20           h. Coverage issued as a supplement to liability insurance.

21           i. Workers' compensation.

22           j. Medical payments under automobile or homeowners.

23           k. Hospital income or indemnity.

24           l. Insurance under which benefits are payable with or without  
25 regard to fault and that are statutorily required to be contained in  
26 any liability policy or equivalent self-insurance.

27           (2) 'Insurer' means an entity that writes a health benefit plan and that is an  
28 insurance company subject to this Chapter, a service corporation under  
29 Article 65 of this Chapter, or a health maintenance organization under  
30 Article 67 of this Chapter, or a multiple employer welfare arrangement  
31 under Article 49 of this Chapter.

32           (3) 'Serious or chronic degenerative, disabling, or life-threatening disease or  
33 condition' means a disease or condition, which in the opinion of the  
34 patient's treating primary care physician and specialist, requires frequent  
35 and periodic monitoring and consultation with the specialist on an  
36 ongoing basis.'

37           Section 2. This act is effective when it becomes law and applies to health  
38 benefit plans that are delivered, issued for delivery, or renewed on and after January 1,  
39 2000. For purposes of this act, renewal of a health benefit policy, contract, or plan is  
40 presumed to occur on each anniversary of the date on which coverage was first effective  
41 on the person or persons covered by the health benefit plan.