

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 513

Insurance Committee Substitute Adopted 4/28/99

House Committee Substitute Favorable 7/6/99

Short Title: Presc. Drug ID Card.

(Public)

Sponsors:

Referred to:

March 25, 1999

A BILL TO BE ENTITLED

AN ACT TO REQUIRE HEALTH BENEFIT PLANS THAT COVER PRESCRIPTION DRUGS TO ISSUE UNIFORM PRESCRIPTION DRUG IDENTIFICATION CARDS.

The General Assembly of North Carolina enacts:

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

"§ 58-3-174. Uniform prescription drug identification cards.

(a) Every health benefit plan that provides coverage for prescription drugs or devices and that issues a prescription drug card, shall issue to its insureds a uniform prescription drug identification card. The uniform prescription drug identification card shall contain the information listed in subdivisions (1) through (7) of this subsection in the following order beginning at the top left margin of the card:

- (1) The health benefit plan's name and/or logo.
- (2) The American National Standards Institute assigned Issuer Identification Number.
- (3) The processor control number.
- (4) The insured's group number.

1 (5) The health benefit plan's card issuer identifier.

2 (6) The insured's identification number.

3 (7) The insured's name.

4 (a1) In addition to the information required under subsection (a), the uniform
5 prescription drug card shall contain, in one of the lower-most elements on the back side
6 of the card, the following information:

7 (1) The health benefit plan's claims submission name and address.

8 (2) The health benefit plan's help desk telephone number and name.

9 Nothing in this section shall require a health benefit plan to violate a contractual
10 agreement, service mark agreement, or trademark agreement.

11 (b) A new uniform prescription drug identification card as required under
12 subsection (a) of this section shall be issued annually by a health benefit plan if there has
13 been any change in the insured's coverage in the previous 12 months. A change in the
14 insured's coverage shall include, but is not limited to, the addition or deletion of a
15 dependent of the insured covered by a health benefit plan.

16 (c) Not later than January 1, 2003, the uniform prescription drug identification
17 card provided under subsection (a) of this section shall contain one of the following
18 mediums capable of the processing or adjudicating of a claim through electronic
19 verification:

20 (1) A magnetic strip.

21 (2) A bar code.

22 (3) Any new technology available that is capable of processing or
23 adjudicating a claim by electronic verification.

24 (d) As used in this section, 'health benefit plan' means an accident and health
25 insurance policy or certificate; a nonprofit hospital or medical service corporation
26 contract; a health maintenance organization subscriber contract; a plan provided by a
27 multiple employer welfare arrangement; or a plan provided by another benefit
28 arrangement, to the extent permitted by the Employee Retirement Income Security Act of
29 1974, as amended, or by any waiver of or other exception to that Act provided under
30 federal law or regulation. 'Health benefit plan' does not mean any of the following kinds
31 of insurance:

32 (1) Accident.

33 (2) Credit.

34 (3) Disability income.

35 (4) Long-term or nursing home care.

36 (5) Medicare supplement.

37 (6) Specified disease.

38 (7) Dental or vision.

39 (8) Coverage issued as a supplement to liability insurance.

40 (9) Workers' compensation.

41 (10) Medical payments under automobile or
42 homeowners.

1 (11) Insurance under which benefits are payable with or without regard to
2 fault and that is statutorily required to be contained in any liability
3 policy or equivalent self-insurance.

4 (12) Hospital income or indemnity.

5 (e) This section shall not apply to an entity that has its own facility and employs or
6 contracts with physicians, pharmacists, nurses, and other health care personnel, to the
7 extent that the entity dispenses prescription drugs or devices from its own pharmacies to
8 its employees and to enrollees of its health benefit plan. This section does not apply to a
9 health benefit plan that issues a single identification card to its insureds for all services
10 covered under the plan."

11 Section 2. This act is effective when it becomes law and, except as provided in
12 G.S. 58-3-174(c) as enacted in Section 1 of this act, applies to health benefit plans that
13 are delivered, issued for delivery, or renewed on and after July 1, 2000. For purposes of
14 this act, renewal of a health benefit policy, contract, or plan is presumed to occur on each
15 anniversary of the date on which coverage was first effective on the person or persons
16 covered by the health benefit plan.