Sixty-ninth Legislative Assembly of North Dakota

## **BILL NO.**

Introduced by

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Representative Karls

1	A BILL for an Act to create and enact a new section to chapter 26.1-36 of the North Dakota				
2	Century Code, relating to out-of-pocket expenses for prescription drugs; and to amend and				
3	reenact section 26.1-36.6-03 of the North Dakota Century Code, relating to self-insurance				
4	health care plans.				
5	BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:				
6	SECTION 1. A new section to chapter 26.1-36 of the North Dakota Century Code is created				
7	and enacted as follows:				
8	Out-of-pocket expenses - Prescription drugs.				
9	<u>1.</u>	<u>As</u>	used in this section:		
10		<u>a.</u>	<u>"Co:</u>	st-sharing" means any coinsurance, copayment, or deductible under a health	
11			<u>ben</u>	<u>efit plan.</u>	
12		<u>b.</u>	<u>"Eni</u>	ollee" means an individual entitled to prescription drug coverage under a	
13			<u>hea</u>	lth benefit plan.	
14		<u>C.</u>	<u>"He</u>	alth benefit plan" has the same meaning as provided under section	
15			<u>26.1</u>	<u>-36.3-01.</u>	
16		<u>d.</u>	<u>"Pre</u>	escription drug" means a drug for which a prescription is required:	
17			<u>(1)</u>	Without a generic equivalent; or	
18			<u>(2)</u>	With a generic equivalent and the enrollee has obtained access to the drug	
19				through prior authorization, a step therapy protocol, or the heath care	
20				insurer's expectations and appeals process.	
21	<u>2.</u>	<u>To 1</u>	To the extent permitted by federal law and regulation, an insurer may not deliver,		

issue, execute, or renew a health benefit plan providing prescription drug coverage

maximum or any cost-sharing requirement for a prescription drug under the health

unless when calculating an enrollee's overall contribution to any out-of-pocket

1 benefit plan, the health benefit plan provides for the inclusion of any amount paid by 2 the enrollee or paid on behalf of the enrollee by another person. The health benefit 3 plan may not vary the out-of-pocket maximum or cost-sharing requirement, or 4 otherwise design benefits in a manner that takes into account the availability of a 5 cost-sharing assistance program for a prescription drug. 6 <u>3.</u> If application of this section would result in ineligibility of a health benefit plan that is a 7 qualified high-deductible health plan to qualify as a health savings account under 8 section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of this 9 section do not apply with respect to the deductible of the health benefit plan until after 10 the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223. 11 SECTION 2. AMENDMENT. Section 26.1-36.6-03 of the North Dakota Century Code is 12 amended and reenacted as follows: 13 26.1-36.6-03. Self-insurance health plans - Requirements. (Effective through July 31, 14 2025) 15 1. The following policy provisions apply to a self-insurance health plan or to the 16 administrative services only or third-party administrator, and are subject to the 17 jurisdiction of the commissioner: <u>sections</u> 26.1-36-03, 26.1-36-03.1, 26.1-36-05, 18 26.1-36-10, 26.1-36-12, 26.1-36-12.4, 26.1-36-12.6, 26.1-36-13, 26.1-36-14, 19 26.1-36-17, 26.1-36-18, 26.1-36-19, 26.1-36-23, 26.1-36-29, 26.1-36-37.1, 26.1-36-38, 20 26.1-36-39, 26.1-36-41, 26.1-36-44, and 26.1-36-46. 21 2. The following health benefit provisions applicable to a group accident and health 22 insurance policy under chapter 26.1-36 apply to a self-insurance health plan and are 23 subject to the jurisdiction of the commissioner: sections 26.1-36-06, 26.1-36-06.1, 24 26.1-36-07, 26.1-36-08, 26.1-36-08.1, 26.1-36-09, 26.1-36-09.1, 26.1-36-09.2, 25 26.1-36-09.3, 26.1-36-09.5, 26.1-36-09.6, 26.1-36-09.7, 26.1-36-09.8, 26.1-36-09.9, 26 26.1-36-09.10, 26.1-36-09.11, 26.1-36-09.12, 26.1-36-09.13, 26.1-36-09.14, 27 26.1-36-09.15, 26.1-36-11, 26.1-36-12.2, 26.1-36-20, 26.1-36-21, 26.1-36-22, 28 26.1-36-23.1, and 26.1-36-43. Section 54-52.1-04.18 applies to a self-insurance health 29 plan and is subject to the jurisdiction of the commissioner.

## 1 Self-insurance health plans - Requirements. (Effective after July 31, 2025)

- The following policy provisions apply to a self-insurance health plan or to the
  administrative services only or third-party administrator, and are subject to the
  jurisdiction of the commissioner: sections 26.1-36-03, 26.1-36-03.1, 26.1-36-05,
  26.1-36-10, 26.1-36-12, 26.1-36-12.4, 26.1-36-12.6, 26.1-36-13, 26.1-36-14,
  26.1-36-17, 26.1-36-18, 26.1-36-19, 26.1-36-23, 26.1-36-29, 26.1-36-37.1, 26.1-36-38,
  26.1-36-39, 26.1-36-41, 26.1-36-44, and 26.1-36-46.
- 8 The following health benefit provisions applicable to a group accident and health 2. 9 insurance policy under chapter 26.1-36 apply to a self-insurance health plan and are 10 subject to the jurisdiction of the commissioner: sections 26.1-36-06, 26.1-36-06.1, 11 26.1-36-07, 26.1-36-08, 26.1-36-08.1, 26.1-36-09, 26.1-36-09.1, 26.1-36-09.2, 12 26.1-36-09.3, 26.1-36-09.5, 26.1-36-09.6, 26.1-36-09.7, 26.1-36-09.8, 26.1-36-09.9, 13 26.1-36-09.10, 26.1-36-09.11, 26.1-36-09.12, 26.1-36-09.13, 26.1-36-09.14, 14 26.1-36-09.15, 26.1-36-11, 26.1-36-12.2, 26.1-36-20, 26.1-36-21, 26.1-36-22, 15 26.1-36-23.1, and 26.1-36-43. Section 1 of this Act applies to a self-insurance health 16 plan and is subject to the jurisdiction of the commissioner.