

CHAPTER 26.1-07.1

JURISDICTION OVER PROVIDERS OF HEALTH CARE BENEFITS

26.1-07.1-01. Jurisdiction over providers of health care benefits. Notwithstanding any other provision of law, and except as provided herein, any person or other entity, other than an insurance company duly licensed in this or another state which provides coverage in this state for medical, surgical, chiropractic, physical therapy, speech pathology, audiology, professional mental health, dental, hospital, or optometric expenses, whether such coverage is by direct payment, reimbursement, or otherwise, must be presumed to be subject to the jurisdiction of the commissioner unless the person or other entity show that while providing such services it is subject to the jurisdiction of another agency of this state, any subdivisions thereof, or the federal government.

26.1-07.1-02. How to show jurisdiction. A person or entity may show that it is subject to the jurisdiction of another agency of this state, any subdivision thereof, or the federal government by providing to the commissioner the appropriate certificate, license, or other document issued by the other governmental agency which permits or qualifies it to provide those services.

26.1-07.1-03. Examination. Any person or entity which is unable to show that it is subject to the jurisdiction of another agency of this state, any subdivision thereof, or the federal government shall submit to an examination by the commissioner to determine the organization and solvency of the person or the entity, and to determine whether or not such person or entity is in compliance with the applicable provisions of state law.

26.1-07.1-04. Subject to state laws. Any person or entity unable to show that it is subject to the jurisdiction of another agency of this state, any subdivision thereof, or the federal government is subject to all appropriate provisions of state law regarding the conduct of its business.

26.1-07.1-05. Disclosure. Any production agency or administrator which advertises, sells, transacts, or administers coverage in this state described in section 26.1-07.1-01 which is provided by any person or entity described in section 26.1-07.1-03 shall, if that coverage is not fully insured or otherwise fully covered by an admitted life or disability insurer, nonprofit hospital service plan, or nonprofit health care plan, advise any purchaser, prospective purchaser, and covered person of such lack of insurance or other coverage.

Any administrator which advertises or administers coverage in this state, described in section 26.1-07.1-01, which is provided by any person or entity described in section 26.1-07.1-03, shall advise any production agency of the elements of the coverage, including the amount of "stop-loss" insurance in effect.