Prepared by the Legislative Council staff for
Senator J. Lee
February 6, 2017

PROPOSED AMENDMENTS TO SENATE BILL NO. 2231

Page 1, line 1, replace "two" with "three"

Page 1, line 5, remove "and"

Page 1, line 5, after "date" insert "; and to provide a contingent effective date"

Page 1, after line 7, insert:

"**SECTION 1. AMENDMENT.** Section 26.1-47-01 of the North Dakota Century Code is amended and reenacted as follows:

26.1-47-01. Definitions.

As used in this chapter, unless the context indicates otherwise:

1. "Air ambulance" means a specially equipped aircraft licensed by the state department of health for transporting patients.

2. "Air ambulance provider" means a publicly or privately owned organization that is licensed or applies for licensure by the state department of health to provide transportation and care of patients by air ambulance.

3. "Commissioner" means the insurance commissioner of the state of North Dakota.

~~2.~~4. "Covered person" means any person on whose behalf the health care insurer is obligated to pay for or provide health care services.

~~3.~~5. "Health benefit plan" means the health insurance policy or subscriber agreement between the covered person or the policyholder and the health care insurer which defines the services covered.

~~4.~~6. "Health care insurer" includes an insurance company as defined in section 26.1-02-01, a health service corporation as defined in section 26.1-17-01, a health maintenance organization as defined in section 26.1-18.1-01, and a fraternal benefit society as defined in section 26.1-15.1-02.

~~5.~~7. "Health care provider" means licensed providers of health care services in this state.

~~6.~~8. "Health care services" means services rendered or products sold by a health care provider within the scope of the provider's license. The term includes hospital, medical, surgical, dental, vision, chiropractic, and pharmaceutical services or products.

9. "In-network payment" means a full and final payment for air ambulance services pursuant to a network plan.

10. "Network" means a group of preferred providers providing services under a network plan.

11. "Network plan" means a health benefit plan that requires a covered person to use, or creates incentives, including financial incentives, for a covered person to use health care providers managed by, owned by, under contract with, or employed by the health care insurer.

12. "Out-of-network" means a provider that is not providing the service under a network plan.

~~7.~~13. "Preferred provider" means a duly licensed health care provider or group of providers who have contracted with the health care insurer, under this chapter, to provide health care services to covered persons under a health benefit plan.

~~8.~~14. "Preferred provider arrangement" means a contract between the health care insurer and one or more health care providers which complies with all the requirements of this chapter."

Page 2, line 1, replace "5." with "4."

Page 2, line 4, replace "6." with "5."

Page 2, line 5, replace "7." with "6."

Page 2, line 7, replace "8." with "7."

Page 2, line 9, replace "9." with "8."

Page 2, line 12, replace "10." with "9."

Page 2, line 16, replace "11." with "10."

Page 2, line 17, replace "12." with "11."

Page 2, line 20, replace "13." with "12."

Page 2, line 22, replace "14." with "13."

Page 2, after line 25, insert:

"14. "Out-of-network" means a provider that is not providing the service under a network plan."

Page 3, after line 15, insert:

"**SECTION 5.** A new section to chapter 26.1-47 of the North Dakota Century Code is created and enacted as follows:

Air ambulances.

1. A health benefit plan may not be issued in this state unless the plan provides the reimbursement rate for out-of-network air ambulance providers is two hundred percent of the medical assistance reimbursement rate allowed for air ambulance services. For purposes of billing the insured for air ambulance services, a payment made under this provision of the plan is deemed to be the same as an in-network payment.

2. This section does not apply to a policy or certificate of insurance, whether written on a group or individual basis, which provides coverage limited to:

a. A specified disease, a specified accident, or accident-only coverage;

b. Credit;

c. Dental;

d. Disability;

e. Hospital;

f. Long-term care insurance as defined by chapter 26.1-45;

g. Vision care or any other limited supplemental benefit;

h. A medicare supplement policy of insurance, as defined by the commissioner by rule or coverage under a plan through medicare;

i. Medicaid;

j. The federal employees health benefits program and any coverage issued as a supplement to that coverage;

k. Coverage issued as supplemental to liability insurance, workers' compensation, or similar insurance; or

l. Automobile medical payment insurance."

Page 3, line 23, replace "Before" with "Except as otherwise provided under this section, before"

Page 3, line 27, after "to" insert "request or"

Page 4, line 29, after "to" insert "provide the written disclosure or"

Page 4, line 30, after "which" insert "may include the health and safety of the patient. The health care provider documentation"

Page 6, line 27, replace "and" with "or"

Page 7, replace line 5 with:

"**SECTION 8. EFFECTIVE DATE - CONTINGENT EFFECTIVE DATE.** Sections 1, 3, 4, and 5 of this Act become effective January 1, 2018. If section 5 of this Act is declared invalid, sections 2, 6, and 7 of this Act become effective on the date the insurance commissioner certifies the invalidity of section 5 to the secretary of state and the legislative council."

Renumber accordingly