21.0988.02008

FIRST ENGROSSMENT

Sixty-seventh Legislative Assembly of North Dakota

ENGROSSED HOUSE BILL NO. 1465

Introduced by

21

22

23

24

Representatives Westlind, Tveit, Weisz

| 1 | A BILL for an Act to create and enact section 26.1-36-12.7 of the North Dakota Century Code, |
|---|--|
| 2 | relating to freedom of choice for health care services.for an Act to provide for a legislative |
| 3 | management study of health insurance networks. |
| | |

4 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

| 5 | SECTION 1. Section 26.1-36-12.7 of the North Dakota Century Code is created and |
|----|---|
| 6 | enacted as follows: |
| 7 | 26.1-36-12.7. Freedom of choice for health care services. |
| 8 | 1. As used in this section: |
| 9 | a. "Health care provider" includes an individual licensed under chapter 43-05, |
| 0 | 43-06, 43-12.1 as a registered nurse or as an advanced practice registered |
| 11 | nurse, 43-13, 43-15, 43-17, 43-26.1, 43-28, 43-32, 43-37, 43-40, 43-41, 43-42, |
| 2 | 43-44, 43-45, 43-47, 43-58, or 43-60. |
| 3 | b. "Policy" means a health insurance policy, contract, or evidence of coverage on a |
| 4 | group, individual, blanket, franchise, or association basis. |
| 5 | 2. A health insurer, including the North Dakota Medicaid program, may not obstruct |
| 6 | patient choice by excluding a health care provider licensed under the laws of this state |
| 7 | from participating on the health insurer's panel of providers if the provider is located |
| 8 | within the geographic coverage area of the health benefit plan and is willing and fully |
| 9 | qualified to meet the terms and conditions of participation, as established by the health |
| 20 | insurer. |
| | |

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - HEALTH INSURANCE NETWORKS.

1. During the 2021-22 interim, the legislative management shall consider studying health insurance networks, including narrow networks. The study must include:

16

17

18

19

- a. Consideration of the use and regulation of broad and narrow networks in the state by individuals and employers, the sales and marketing of broad and narrow networks, opportunities for consumer choice-of-provider, and premium differentials among states with choice-of-provider laws;
- b. A review of legislative and court history regarding the impact of choice-of-provider laws on exclusive provider organizations and preferred provider organizations and how choice-of-provider laws apply to risk-pooled health plans regulated by the federal Employee Retirement Income Security Act of 1974;
- c. The impact of the consolidation of the health care market on consumer cash prices, insurance plan deductibles and premiums prices, and consumer options;
- d. A comparison of health maintenance organizations provider network designs and other health insurer provider network designs;
- e. A review of how vertical integrated networks utilize HMO plans; and
- f. A comparison of premiums of health benefit plans offered in the individual and small group markets in relation to the provider network design associated with those plans along with the growth of value-based purchasing.
- The legislative management shall report its finding and recommendations, together
 with any legislation required to implement the recommendations, to the sixty-eighth
 legislative assembly.