

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2182

Page 1, line 12, after the period insert ""Plan" means the North Dakota student plan, which is the children's health insurance program state plan.

5."

Page 1, line 16, replace "a state" with "the" and replace "for a children's health insurance" with "that includes eligibility determinations for self-employed applicants based on the average of the previous three years of adjusted gross income, which means the adjusted gross income as computed for an individual for federal income tax purposes under the Internal Revenue Code"

Page 1, line 17, remove "program in this state"

Page 1, line 21, replace ", including:" with a semicolon

Page 1, remove lines 22 through 24

Page 2, remove lines 1 through 3

Page 2, line 4, after the period insert "Apply for a federal waiver allowing twelve months of plan eligibility for a family whose income does not exceed one hundred seventy-five percent of the poverty line, is no longer eligible for temporary assistance for needy families because of increased earnings, and has exhausted transitional medical assistance;

5. Apply for a federal waiver allowing plan coverage for a family through an employer-based insurance policy if an employer-based family insurance policy is more cost-effective than the traditional plan coverage for the children;
6. Report annually to the legislative council and describe enrollment statistics and costs associated with the plan;

7."

Page 2, line 7, replace "5" with "8"

Page 2, line 9, replace "children's health insurance" with "plan"

Page 2, line 10, remove "program"

Page 2, line 11, replace "children's health insurance program" with "plan"

Page 2, after line 14, insert:

**"North Dakota student plan requirements.** The plan:

1. Must be provided through private contracts with insurance carriers;
2. Must allow conversion to another health insurance policy;

3. Must be based on an actuarial equivalent of a benchmark plan;
4. Must incorporate every state-required waiver approved by the federal government;
5. Must include community-based eligibility outreach services;
6. Must provide:
  - a. An income eligibility limit of one hundred forty percent of the poverty line;
  - b. A copayment requirement for each pharmaceutical prescription and for each emergency room visit;
  - c. A deductible for each inpatient hospital visit;
  - d. A deductible for each emergency room visit;
  - e. Coverage for:
    - (1) Inpatient hospital, medical, and surgical services;
    - (2) Outpatient hospital and medical services;
    - (3) Psychiatric and substance abuse services;
    - (4) Prescription medications;
    - (5) Preventive screening services; and
    - (6) Preventive dental and vision services; and
  - f. A coverage effective date:
    - (1) That is either the first or fifteenth day of the month, whichever next succeeds the date of application; or
    - (2) In the case of a newborn, that is either the first or fifteenth day of the month, whichever next succeeds the later of the date of application or the date the newborn is discharged from the hospital; and
7. May not provide maternity services coverage."

Page 2, line 21, replace "the department estimates that" with "federal children's health insurance program funding decreases, the department may decrease the income eligibility limit to accommodate the decrease in federal funding,"

Page 2, remove lines 22 and 23

Renumber accordingly