

SENATE BILL NO. 2372

Introduced by

Senators Axness, Dotzenrod, Mathern

Representatives Holman, S. Kelsh

1 A BILL for an Act to create and enact a new section to chapter 50-29 of the North Dakota
2 Century Code, relating to a children's health insurance buyin program; and to amend and
3 reenact section 50-29-04 of the North Dakota Century Code, relating to the children's health
4 insurance program.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1.** A new section to chapter 50-29 of the North Dakota Century Code is created
7 and enacted as follows:

8 **Children's health insurance buyin program.**

9 The department shall establish a buyin program through which a parent or guardian whose
10 family gross income exceeds the income eligibility limit provided for under section 50-29-04 may
11 purchase a plan of coverage for a child who is uninsured. The coverage, copayments, and
12 deductibles for a plan of coverage purchased under this section must be comparable to the
13 coverage, copayments, and deductibles under the children's health insurance program. The
14 premium for coverage may not exceed the amount the children's health insurance program
15 pays per month for a child of comparable age whose family income is within the income
16 eligibility limit provided for under section 50-29-04. The department shall reimburse the county
17 for any costs incurred by the county in the implementation and administration of the buyin
18 program.

19 **SECTION 2. AMENDMENT.** Section 50-29-04 of the North Dakota Century Code is
20 amended and reenacted as follows:

21 **50-29-04. Plan requirements - Waiver.**

22 The plan:

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

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- 1 3. Must be based on an actuarial equivalent of a benchmark plan;
- 2 4. Must incorporate every state-required waiver approved by the federal government;
- 3 5. Must include community-based eligibility outreach services; and
- 4 6. Must provide:
 - 5 a. A netgross income eligibility limit based on the net income eligibility equivalent of
 - 6 one hundred sixty percent of the poverty line;
 - 7 b. A copayment requirement for each pharmaceutical prescription and for each
 - 8 emergency room visit;
 - 9 c. A deductible for each inpatient hospital visit;
 - 10 d. Coverage for:
 - 11 (1) Inpatient hospital, medical, and surgical services;
 - 12 (2) Outpatient hospital and medical services;
 - 13 (3) Psychiatric and substance abuse services;
 - 14 (4) Prescription medications;
 - 15 (5) Preventive screening services;
 - 16 (6) Preventive dental and vision services; and
 - 17 (7) Prenatal services; and
 - 18 e. A coverage effective date that is the first day of the month, following the date of
 - 19 application and determination of eligibility.
- 20 7. The department shall seek a federal waiver to increase the gross income eligibility
- 21 level provided under subsection 6 to a gross income eligibility limit based on a net
- 22 income eligibility equivalent of three hundred percent of the poverty line. Upon
- 23 approval of the waiver, the income eligibility limit in subsection 6 is increased to the
- 24 limit approved by the waiver.