

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

H

D

HOUSE DRH60161-LN-84 (3/13)

Short Title: Health Insurance Coverage/Early Intervention.

(Public)

Sponsors: Representative Alexander.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO REQUIRE HEALTH BENEFIT PLANS TO COVER MEDICALLY
NECESSARY EARLY INTERVENTION SERVICES FOR CHILDREN FROM
BIRTH TO THREE YEARS OF AGE WHO ARE COVERED UNDER THE
PLAN.

The General Assembly of North Carolina enacts:

SECTION 1. Article 51 of Chapter 58 of the General Statutes is amended by
adding the following new section to read:

**"§ 58-51-36. Coverage for early intervention services to children from birth to
three years of age.**

(a) Definitions. – As used in this section, unless the context clearly requires
otherwise, the term:

(1) 'Early intervention services' means those services provided for infants
and toddlers required by the Individuals with Disabilities Education
Act (IDEA), P.L. 105-17, as codified in 20 U.S.C.§ 1400, et seq., and
applied and implemented in accordance with rules adopted by the
Secretary of the North Carolina Department of Health and Human
Services.

(2) 'Health benefit plan' has the meaning applied under G.S. 58-3-167.

(3) 'Individualized Family Service Plan' is the Plan required by the
Individuals with Disabilities Education Act (IDEA), P.L. 105-17, as
codified in 20 U.S.C.§ 1400, et seq., and applied and implemented in
accordance with rules adopted by the Secretary of the North Carolina
Department of Health and Human Services.

(4) 'Insurer' has the meaning applied under G.S. 58-3-167.

(b) Notwithstanding G.S. 58-50-63, every health benefit plan issued by an
insurer, and every preferred provider benefit plan under G.S. 58-50-56 that provides

1 benefits for any sickness, illness, or disability of any minor child or that provides
2 benefits for any medical treatment or service furnished by a health care provider or
3 institution to any minor child shall provide coverage for medically necessary early
4 intervention services for children ages birth to 36 months who are eligible for these
5 services and who are otherwise covered under the health benefit plan. A child is eligible
6 for early intervention services if the child is between the ages of birth to 36 months and
7 meets the eligibility requirements established in rules adopted by the Secretary of the
8 North Carolina Department of Health and Human Services. Coverage for early
9 intervention services shall be as follows:

- 10 (1) Services that are not otherwise covered by the health benefit plan and
11 are part of the child's Individualized Family Services Plan. Benefits
12 payable for the services provided under this subdivision may be
13 limited to not more than five thousand dollars (\$5,000) annually and
14 not more than fifteen thousand dollars (\$15,000) over the three-year
15 eligibility period, per child covered. These limits shall be in addition to
16 any annual or lifetime limits applicable under the health benefit plan.
17 (2) Covered services shall be provided by a certified early intervention
18 specialist in accordance with rules adopted by the Secretary of the
19 North Carolina Department of Health and Human Services.
20 (4) Coverage is required under this section only for those early
21 intervention services not covered by Medicaid or other public
22 assistance program for which the child is eligible."

23 **SECTION 2.** G.S. 58-50-155(a) reads as rewritten:

24 "**§ 58-50-155. Standard and basic health care plan coverages.**

25 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and
26 approved under G.S. 58-50-125 shall provide coverage for all of the following:

- 27 (1) Mammograms and pap smears at least equal to the coverage required
28 by G.S. 58-51-57.
29 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the
30 presence of prostate cancer at least equal to the coverage required by
31 G.S. 58-51-58.
32 (3) Reconstructive breast surgery resulting from a mastectomy at least
33 equal to the coverage required by G.S. 58-51-62.
34 (4) For a qualified individual, scientifically proven bone mass
35 measurement for the diagnosis and evaluation of osteoporosis or low
36 bone mass at least equal to the coverage required by G.S. 58-3-174.
37 (5) Prescribed contraceptive drugs or devices that prevent pregnancy and
38 that are approved by the United States Food and Drug Administration
39 for use as contraceptives, or outpatient contraceptive services at least
40 equal to the coverage required by G.S. 58-3-178, if the plan covers
41 prescription drugs or devices, or outpatient services, as applicable. The
42 same exceptions and exclusions as are provided under G.S. 58-3-178
43 apply to standard plans developed and approved under G.S. 58-50-125.

- 1 (6) Colorectal cancer examinations and laboratory tests at least equal to
2 the coverage required by G.S. 58-3-179.
3 (7) Coverage of medically necessary early intervention services for
4 children eligible for these services at least equal to the coverage
5 required by G.S. 58-51-36.

6 ..."

7 **SECTION 3.** This act becomes effective January 1, 2004, and applies to
8 health benefit plans and preferred provider plans issued or renewed on and after that
9 date.