

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

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HOUSE BILL 1059

Short Title: State Employee Infertility.

(Public)

Sponsors: Representatives Hackney; Miller, Bowman, and Barnes.

Referred to: Public Employees.

April 6, 1989

A BILL TO BE ENTITLED

AN ACT TO EXPAND INFERTILITY BENEFITS UNDER THE TEACHERS' AND
STATE EMPLOYEES' COMPREHENSIVE MAJOR MEDICAL PLAN.

The General Assembly of North Carolina enacts:

Section 1. G.S. 135-40.6(8) reads as rewritten:

"(8) Other Covered Charges. –

- a. Prescription Drugs: Prescription legend drugs in excess of the first two dollars (\$2.00) per prescription for generic drugs and brand name drugs without a generic equivalent and in excess of the first three dollars (\$3.00) per prescription for brand name drugs for use outside of a hospital or skilled nursing facility. A prescription legend drug is defined as an article the label of which, under the Federal Food, Drug, and Cosmetic Act, is required to bear the legend: 'Caution: Federal Law Prohibits Dispensing Without Prescription.' Such articles may not be sold to or purchased by the public without a prescription order. Benefits are provided for insulin even though prescription is not required.
- b. Private Duty Nursing: Services of licensed nurses (not immediate relatives or members of the participant's household or private duty nursing used in lieu of or as a substitute for hospital staff nurses) ordered by the attending doctor for a condition requiring skilled nursing services. Private Duty Nursing ordered must be approved in advance by the Claims

1 Processor as medically necessary. Allowances for Private Duty
2 Nursing shall not exceed the Plan's usual, customary and
3 reasonable allowances or ninety percent (90%) of the daily
4 semiprivate rate by skilled nursing facilities as determined by
5 the Plan.

6 c. Home Health Agency Services: Services provided in a covered
7 individual's home, when ordered by the attending physician
8 who certifies that hospital or skilled nursing facility
9 confinement would be required without such treatment and
10 cannot be readily provided by family members. Services may
11 include medical supplies, equipment, appliances, therapy
12 services (when provided by a qualified speech therapist or
13 licensed physiotherapist), and nursing services. Nursing
14 services will be allowed for:

- 15 1. Services of a registered nurse (RN); or
- 16 2. Services of a licensed practical nurse (LPN) under the
17 supervision of a RN; or
- 18 3. Services of a home health aide under the supervision of a
19 RN, limited to four hours a day.

20 Home health services shall be limited to 60 days per fiscal
21 year, except that additional home health services may be
22 provided on an individual basis if prior approval is obtained
23 from the Claims Processor. Plan allowances for home health
24 services shall be limited to licensed or Medicare certified home
25 health agencies and shall not exceed ninety percent (90%) of
26 the skilled nursing facility semiprivate rates as determined by
27 the Plan, or charges negotiated by the Plan.

28 d. Licensed Ambulance Service: Local ambulance
29 transportation:

30 To or from a hospital for inpatient care or outpatient accident
31 care;

32 From a hospital to the nearest facility able to provide needed
33 services not available at the transferring hospital; or

34 From a hospital to a skilled nursing facility.

35 The word 'local' means ambulance transportation of not
36 more than 50 miles unless the Claims Processor authorizes
37 ambulance transportation beyond this distance.

38 e. Prosthetic and Orthopedic Appliances and Durable Medical
39 Equipment: Appliances and equipment including corrective and
40 supportive devices such as artificial limbs and eyes,
41 wheelchairs, traction equipment, inhalation therapy and suction
42 machines, hospital beds, braces, orthopedic corsets and trusses,
43 and other prosthetic appliances or ambulatory apparatus which
44 are provided solely for the use of the participant. Eligible

1 charges include repair and replacement when medically
2 necessary. Benefits will be provided on a rental or purchase
3 basis at the sole discretion of the Administrator and agreements
4 to rent or purchase shall be between the Administrator and the
5 supplier of the appliance.

6 For the purposes of this subdivision, the term 'durable medical
7 equipment' means standard equipment normally used in an
8 institutional setting which can withstand repeated use, is
9 primarily and customarily used to serve a medical purpose, is
10 generally not useful to a person in the absence of an illness or
11 injury and is appropriate for use in the home. Decisions of the
12 Claims Processor, the Executive Administrator and Board of
13 Trustees as to compliance with this definition and coverage
14 under the Plan shall be final.

- 15 f. Dental Services: Dental surgery and appliances for mouth, jaw,
16 and tooth restoration necessitated because of external violent
17 and accidental means, such as the impact of moving body,
18 vehicle collision, or fall occurring while an individual is
19 covered under G.S. 135-40.3. No benefits are provided in
20 connection with injury incurred in the act of chewing, nor for
21 damage or breakage of an appliance such as bridge or denture
22 being cleaned or otherwise not in normal mouth usage at the
23 time of accident, nor for appliances for orthodontic treatment
24 when a class of malocclusion, other than orthognathic, or cross
25 bite has been diagnosed. Benefits for temporomandibular joint
26 (TMJ) disfunction appliance therapy are limited to cases where
27 the TMJ disfunction has been diagnosed as solely resulting
28 from accidental means as certified by the attending practitioner
29 and approved by the Claims Processor.

30 Benefits shall include extractions, fillings, crowns, bridges,
31 or other necessary therapeutic and restorative techniques and
32 appliances to reasonably restore condition and function to that
33 existing immediately prior to the accident. Injury or breakage of
34 existing appliances such as bridges and dentures is limited to
35 repair of such appliances unless certified as damaged beyond
36 repair.

- 37 g. Medical Supplies: Colostomy bags, catheters, dressings,
38 oxygen, syringes and needles, and other similar supplies.
39 h. Blood: Transfusions including cost of blood, plasma, or blood
40 plasma expanders.
41 i. Physical Therapy: Recognized forms of physical therapy for
42 restoration of bodily function, provided by a doctor, hospital, or
43 by a licensed professional physiotherapist. No benefits are
44 provided for eye exercises or visual training.

- 1 j. Inhalation Therapy: When provided by a doctor, hospital, or
2 other organization.
- 3 k. Speech Therapy: Speech therapy provided by certified speech
4 therapist. Benefits are provided only in connection with a
5 condition, illness, or injury arising while continuously covered
6 under this Plan.
- 7 l. Cataract Lenses: Cataract lenses prescribed as medically
8 necessary for aphakia persons, including charges for necessary
9 examinations and fittings. Benefits will be limited to one set of
10 cataract lenses every 24 months for persons 18 years of age or
11 older, and one set of cataract lenses every 12 months for
12 persons less than 18 years of age.
- 13 m. Cardiac Rehabilitation: Charges not to exceed six hundred fifty
14 dollars (\$650.00) per fiscal year for cardiac testing and exercise
15 therapy, when determined medically necessary by an attending
16 physician and approved by the Claims Processor for patients
17 with a medical history of myocardial infarction, angina pectoris,
18 arrhythmias, cardiovascular surgery, hyperlipidemia, or
19 hypertension, provided such charges are incurred in a medically
20 supervised facility fully certified by the North Carolina
21 Department of Human Resources.
- 22 n. Chiropractic Services: Limited to the alignment of the spine and
23 releasing of pressure by manipulation in accordance with the
24 definitions in G.S. 90-143. Maximum benefits for x-rays,
25 manipulations, and modalities shall be one thousand dollars
26 (\$1,000) per fiscal year.
- 27 o. Foot Surgery: All foot surgery on bones and joints in excess of
28 one thousand dollars (\$1,000), except for emergencies, shall
29 require prior approval from the Claims Processor.
- 30 p. Outpatient Diabetes Self-Care Programs: Charges, not to
31 exceed three hundred dollars (\$300.00) per fiscal year, when
32 determined to be medically necessary by an attending physician
33 and approved by the Executive Administrator and Claims
34 Processor as meeting the standards of the National Diabetes
35 Advisory Board for patients with a medical history of diabetes,
36 provided such charges are incurred in a medically supervised
37 facility.
- 38 q. Necessary medical services provided to terminally ill patients
39 by duly licensed hospice organizations, when directed by the
40 attending physician and approved in advance by the Claims
41 Processor and the Executive Administrator.
- 42 r. Infertility: Infertility studies, in vitro fertilizations, and gamete
43 intrafallopian transfers performed in medically supervised
44 facilities when recommended by an attending physician and

1 approved by the Executive Administrator and Claims
2 Processor."

3 Sec. 2. G.S. 135-40.6(a) reads as rewritten:

4 "(a) The Executive Administrator and Board of Trustees shall establish
5 procedures to require prior medical approvals for the following services:

6 (1) Home Health Care Agency Services in accordance with G.S. 135-
7 40.6(8)c.

8 (2) Inpatient Psychiatric Care (after initial 30 days) in accordance with
9 G.S. 135-40.6(1)r.

10 (3) Ambulance Transport over 50 miles in accordance with G.S. 135-
11 40.6(8)d.

12 (4) Oral Surgery in accordance with G.S. 135-40.6(5)c.

13 (5) Durable Medical Equipment (rental and purchase) in accordance with
14 G.S. 135-40.6(8)e.

15 (6) Covered Transplants in accordance with G.S. 135-40.6(5)a.

16 (7) Foot Surgery in accordance with G.S. 135-40.6(8)o.

17 (8) In Vitro Fertilizations and Gamete Intrafallopian Transfers in
18 accordance with G.S. 135-40.6(8)r."

19 Sec. 3. This act shall become effective July 1, 1989.