

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 1090

Short Title: Health Ins/Any Willing Provider.

(Public)

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Sponsors: Senator Harris.

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Referred to: Insurance.

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April 15, 1999

A BILL TO BE ENTITLED

1 AN ACT TO REQUIRE GROUP HEALTH BENEFIT PLANS TO PERMIT  
2 ENROLLEES TO RECEIVE HEALTH CARE SERVICES FROM ANY  
3 PROVIDER WILLING TO ACCEPT THE TERMS AND CONDITIONS OF THE  
4 HEALTH BENEFIT PLAN.  
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6 The General Assembly of North Carolina enacts:

7 Section 1. Effective January 1, 2000, Article 3 of Chapter 58 of the General  
8 Statutes is amended by adding the following new section to read:

9 "**§ 58-3-225. Health benefit plans to allow services to be provided by any provider**  
10 **willing to accept terms and conditions.**

11 (a) Every insurer providing a health benefit plan shall allow its insureds or  
12 enrollees to receive health care covered under the plan from any provider of the insured's  
13 or enrollee's choice if the provider agrees to accept and abide by the terms and conditions  
14 of the health benefit plan related to provider fees and reimbursement, utilization review,  
15 and any other terms, conditions, standards, and procedures applicable to all providers  
16 under the health benefit plan. If the health benefit plan provides health services through a  
17 provider network, the fee paid by an insurer to a provider outside of the plan's network  
18 shall be not less than the fee paid to a provider within the plan's network for the same  
19 service.

1       **(b)**    Nothing in this section shall be construed to require a health benefit plan to  
2 reimburse a provider for services not covered under the plan.

3       **(c)**    As used in this section, the terms 'health benefit plan' and 'insurer' have the  
4 same meaning as applied to those terms by G.S. 58-3-200."

5           Section 2. This act is effective when it becomes law and applies to health  
6 benefit plans that are delivered, issued for delivery, or renewed on and after January 1,  
7 2000. For purposes of this act, renewal of a health benefit plan is presumed to occur on  
8 each anniversary of the date on which coverage was first effective on the person or  
9 persons covered by the health benefit plan.