

## **HOUSE BILL 809:** Third-Party Premium Payments

This Bill Analysis reflects the contents of the bill as it was presented in committee.

2015-2016 General Assembly

**Committee:** House Insurance

**Introduced by:** Reps. Avila, Lewis, Collins, Setzer

**Analysis of:** PCS to First Edition

H809-CSTK-18

Date: April 21, 2015
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Committee Counsel

SUMMARY: House Bill 809 would require that health benefit plans accept a premium payment made by the following third parties: The Ryan White HIV/AIDS program, Native American tribes or tribal organization, State or federal government programs, and the American Kidney Fund. The PCS makes a technical change.

[As introduced, this bill was identical to S582, as introduced by Sen. Pate, which is currently in Senate Re-ref to Health Care. If fav, re-ref to Insurance.]

## **CURRENT LAW:**

Federal law requires health insurance issuers offering qualified health plans (i.e. plans eligible to be sold on the health benefit exchanges) in the individual market to accept the premium and cost-sharing payments from the following third-party entities on behalf of plan enrollees:

- Ryan White HIV/AIDS Program under title XXVI of the Public Health Service Act.
- Indian tribes, tribal organizations or urban Indian organizations.
- State and Federal Government programs. 45 C.F.R. 156.1250

## **BILL ANALYSIS:**

House Bill 809 would add the American Kidney Fund to the list of entities from which a health benefit plan must accept a premium payment made on behalf of a plan enrollee. Additionally, the federal law applies only to qualified health plans. House Bill 809 would apply to all health benefit plans regulated by the Chapter 58 of the North Carolina General Statutes.

House Bill 809 specifies that it should be construed to require a health benefit plan to accept a third-party premium payment for a health care provider.

**EFFECTIVE DATE:** This act becomes effective October 1, 2015, and applies to health benefit contracts issued, renewed, or amended on or after that date.

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