



HOUSE BILL 809: Third-Party Premium Payments

2015-2016 General Assembly

Committee:	House Insurance	Date:	April 22, 2015
Introduced by:	Reps. Avila, Lewis, Collins, Setzer	Prepared by:	Amy Jo Johnson
Analysis of:	Second Edition		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.*

[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.

O. Walker Reagan
Director



Research Division
(919) 733-2578

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