GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 513 Insurance Committee Substitute Adopted 4/28/99

Short Title: Presc. Drug ID Card.	(Public)
Sponsors:	
Referred to:	
March 25, 1999	
A BILL TO BE ENTITLED	
AN ACT TO REQUIRE HEALTH BENEFIT PLANS THAT COVE	
DRUGS TO ISSUE UNIFORM PRESCRIPTION DRUG	IDENTIFICATION
CARDS.	
The General Assembly of North Carolina enacts:	
Section 1. Article 3 of Chapter 58 of the General Stat	utes is amended by
adding the following section to read:	
"§ 58-3-174. Uniform prescription drug identification cards.	1
(a) Every health benefit plan that provides coverage for production and that is a second state of the seco	
devices and that issues a prescription drug card, shall issue to its	
prescription drug identification card. The uniform prescription drug shall contain the information listed in subdivisions (1) through (8) of the containing the information listed in subdivisions (1) through (8) of the containing th	
the following order beginning at the top left margin of the card:	of this subsection in
(1) The health benefit plan's name and /or logo.	
(2) The American National Standards Institute ass	signed International
Identification Number.	ngned memanonar
(3) The processor control number.	
(4) The insured's group number.	
(5) The health benefit plan's card issuer identifier.	

- The insured's identification number. 1 (6) 2 **(7)** The insured's name. 3 (8) The health benefit plan's policy expiration date. 4 In addition to the information required under subsection (a) the uniform 5 prescription drug card shall contain the following information: 6 (1) The health benefit plan's claims submission name and address. 7 (2) The health benefit plan's help desk telephone number and name. 8 Nothing in this section shall require a health benefit plan to violate a contractual 9 agreement, service mark agreement, or trademark agreement. 10 (b) A new uniform prescription drug identification card as required under subsection (a) of this section shall be issued annually by a health benefit plan if there has 11 12 been any change in the insured's coverage in the previous twelve months. A change in the insured's coverage shall include, but is not limited to, the addition or deletion of a 13 14 dependent of the insured covered by a health benefit plan. Not later than January 1, 2001, the uniform prescription drug identification 15 card provided under subsection (a) of this section shall contain a magnetic strip or bar 16 17 code, or both, for electronic verification. As used in this section 'health benefit plan' means an accident and health 18 insurance policy or certificate; a nonprofit hospital or medical service corporation 19 20 contract; a health maintenance organization subscriber contract; a plan provided by a 21 multiple employer welfare arrangement; or a plan provided by another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 22 23 1974, as amended, or by any waiver of or other exception to that Act provided under 24 federal law or regulation. 'Health benefit plan' does not mean any of the following kinds 25 of insurance: 26 (1) Accident. 27 Credit, (2) Disability income, 28 (3) 29 Long-term or nursing home care, **(4)** 30 (5) Medicare supplement, Specified disease, 31 (6) Dental or vision. 32 **(7)** 33 (8) Coverage issued as a supplement to liability insurance, Workers' compensation. 34 (9) 35 (10)Medical payments under automobile or homeowners,
- 36 37 (11)38
 - Insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability policy or equivalent self-insurance, and
 - Hospital income or indemnity. (12)
 - (e) This section shall not apply to an entity that has its own facility and employs or contracts with physicians, pharmacists, nurses, and other health care personnel, to the extent that the entity dispenses prescription drugs or devices from its own pharmacies to

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its employees and to enrollees of its health benefit plan. This section does not apply to a health benefit plan that issues a single identification card to its insureds for all services covered under the plan."

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