GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2021

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HOUSE BILL 642

	Short Title:	Down Syndrome Organ Trans. Nondiscrim. Act. (Pul	blic)
	Sponsors:	Representatives Bradford, Lambeth, Wray, and McElraft (Primary Sponsors). For a complete list of sponsors, refer to the North Carolina General Assembly web site.	
	Referred to:	Health, if favorable, Rules, Calendar, and Operations of the House	
		April 26, 2021	
1		A BILL TO BE ENTITLED	
2	AN ACT PR	OHIBITING ORGAN TRANSPLANT DISCRIMINATION ON THE BASIS	OF
3	DISABIL	ITY BY HEALTH CARE PROVIDERS, DONOR MATCHING ENTITIES, A	ND
4	HEALTH	I INSURERS.	
5	The General A	Assembly of North Carolina enacts:	
6		ECTION 1. This act shall be known and may be cited as the "Down Syndrometer Syndrometer States and States S	ome
7	Organ Transp	blant Nondiscrimination Act."	
8	SI	ECTION 2.(a) Article 16 of Chapter 130A of the General Statutes is amended	1 by
9	adding a new	Part to read:	
10		"Part 4A. Nondiscrimination in Organ Transplantation.	
11	" <u>§ 130A-414</u>	1. Legislative findings and declaration of policy.	
12	The Gene	eral Assembly of North Carolina makes the following findings and declaration:	
13	<u>(1</u>) A mental or physical disability does not diminish a person's right to he	alth
14		<u>care.</u>	
15	<u>(2</u>		
16		amended, prohibits discrimination against individuals with disabilities,	-
17		many individuals with disabilities still experience discrimination in access	<u>sing</u>
18		critical health care services.	
19	<u>(3</u>		
20		have been denied lifesaving organ transplants based on assumptions that t	
21		lives are less worthy, that they are incapable of complying with post-transp	
22		medical requirements, or that they lack adequate support systems to ens	sure
23		compliance with post-transplant medical requirements.	
24	<u>(4</u>		
25		criteria when determining if a patient is suitable to receive an organ transpl	
26		transplant centers that participate in Medicare, Medicaid, and other feder	•
27		funded programs are required to use patient selection criteria that result	<u>in a</u>
28		fair and nondiscriminatory distribution of organs.	
29	<u>(5</u>		nces
30		that they will not encounter discrimination on the basis of a disability.	
31		eral Assembly hereby declares that the life of an individual with a disability y	
32		in transplant is as worthy and valuable as the life of an individual without a disab	<u>ility</u>
33		e same medical service.	
34		.2. Definitions.	
35	The follow	wing definitions apply in this Part:	



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1	<u>(1)</u>	Anatomical gift. – A donation of all or part of a humar	body to take effect
2		after the donor's death for the purpose of transplantation	or transfusion.
3	<u>(2)</u>	Auxiliary aids or services An aid or service that	is used to provide
4		information to an individual with a cognitive, develop	mental, intellectual,
5		neurological, or physical disability and is available in a fe	
6		allows the individual to better understand the information	
7		service may include any of the following:	
8		a. Qualified interpreters or other effective method	s of making aurally
9		delivered materials available to persons with hear	
10		b. Qualified readers, taped texts, texts in accessible	· ·
11		other effective methods of making visually	
12		available to persons with visual impairments.	derivered materials
12		~	w of the following
		c. <u>Supported decision-making services, including an</u>	
14		<u>1.</u> <u>The use of a support individual to commu</u>	
15		the individual with a disability, ascertai	
16		individual, or assist the individual in mak	
17		2. <u>The disclosure of information to a legal</u>	
18		representative, or another individual	
19		individual with a disability for such pur	
20		disclosure is consistent with State and fe	
21		sections 261 through 264 of the Health l	
22		and Accountability Act of 1996, P.L. 10	
23		and any federal regulations adopted t	to implement these
24		sections.	
25		3. If an individual has a court-appointed	guardian or other
26		individual responsible for making medica	l decisions on behalf
27		of the individual, any measures used	to ensure that the
28		individual is included in decisions invol	ving the individual's
29		health care and that medical decisions are	e in accordance with
30		the individual's own expressed interests.	
31		4. Any other aid or service that is used to pr	ovide information in
32		a format that is easily understandable	
33		individuals with cognitive, neurological	
34		intellectual disabilities, including assist	•
35		technology.	
36	<u>(3)</u>	<u>Covered entity. – Any of the following:</u>	
37	<u>(5)</u>	a. Any licensed provider of health care services.	including licensed
38		health care practitioners, hospitals, nursing fac	-
39		intermediate care facilities, psychiatric residentia	
40		institutions for individuals with intellectual	
40 41		disabilities, and prison health centers.	<u>oi developmentai</u>
41			ical cift donors to
		b. Any entity responsible for matching anatom	ical gift donors to
43		potential recipients.	· · · · · · · · · · · · · · · · · · ·
44	<u>(4)</u>	Disability. – As defined in the Americans with Disabili	ties Act of 1990, 42
45		U.S.C. § 12102 et seq., as amended.	C . C 1
46	<u>(5)</u>	Organ transplant. – The transplantation or transfusion of	±
47		body into the body of another for the purpose of treating	g or curing a medical
18		<u>condition.</u>	
49	<u>(6)</u>	Qualified recipient. – Any individual who has a disal	-
48 49 50 51	<u>(6)</u>		-

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		<u>a.</u>	Indiv	iduals or er	ntities available to s	support and assist the individual
		_	with	an anatomic	al gift or transplant	ation.
		<u>b.</u>		liary aids or		
		<u>c.</u>	Rease	onable modi	fications to the poli	cies, practices, or procedures of a
		_			-	ons to allow for either or both of
				ollowing:	<u> </u>	
			<u>1.</u>	Commun	ication with one of	or more individuals or entities
				available	to support or assi	st with the recipient's care and
				medicatio	on after surgery or tr	ansplantation.
			<u>2.</u>	Consideration	ation of support netw	works available to the individual,
				including	family, friends, an	nd home and community-based
				services,	including home	and community-based services
				funded th	rough Medicaid, N	Medicare, another health plan in
						led, or any program or source of
						idual, when determining whether
				the indivi	dual is able to com	ply with post-transplant medical
				<u>requireme</u>		
						<u>sis of disability prohibited.</u>
<u>(a)</u>			for a c	overed entit	y to do any of the fo	ollowing, solely on the basis of an
<u>idividu</u>	<u>al's disal</u>					
	<u>(1)</u>			individual	ineligible to recei	ve an anatomical gift or organ
	(0)	<u>transp</u>		.1		
	<u>(2)</u>	-				related to organ transplantation,
		<u>incluc</u>	-		services, evaluation	on, surgery, counseling, and
	(2)				and services.	center or other related specialist
	<u>(3)</u>					eiving an organ transplant.
	(4)		- ·			rgan transplant waiting list.
	$\frac{(+)}{(5)}$		-	-	±	ansplant waiting list at a lower
	(5)		-	-		the individual would have been
		-	• •		lid not have a disabi	
	(6)	-				e associated with being evaluated
	<u> </u>					or organ transplant, including
				-	post-transfusion car	• • •
(b)	Notw	vithstand	ling the	provisions	of subsection (a) of	this section, a covered entity may
ake an i	individua	al's disat	<u>oility in</u>	to account w	when making treatme	ent or coverage recommendations
or decis	ions, sol	ely to the	he exter	nt that the c	<u>lisability has been f</u>	ound by a physician or surgeon,
followir	<u>ng an in</u>	dividual	ized ev	valuation of	the individual, to	be medically significant to the
provisic	on of the		-			
<u>(c)</u>						assist the individual in complying
-	-			-		nay not consider the individual's
		-	-			al requirements to be medically
-					b) of this section.	
<u>(d)</u>			•			ions to its policies, practices, or
						transplantation-related services,
					e i i	tive treatment, and counseling,
	<u>ne cover</u> e nature c				nat making such me	odifications would fundamentally
<u>enter the</u>				_	enc necessary to o	nsure that an individual with a
			•			related to organ transplantation,
						nent, or counseling, due to the
	is unusit	0000 00	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ob operative treath	ioni, or counsering, and to the

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absence of aux	iliary aids or services, unless the covered entity demonstrate	es that taking these
	ndamentally alter the nature of the medical services or other	
-	tation or would result in an undue burden for the covered enti	
	provisions of this section apply to all stages of the organ tran	•
	hing in this Part shall be construed to require a covered entity	· ·
	ation for or perform a medically inappropriate organ transplan	
	4 through 130A-413.9. Reserved for future codification purp	
	0. Enforcement.	
	enever it appears that a covered entity has violated or is v	iolating any of the
	his Part, the affected individual may commence a civil action	
	relief against the covered entity for purposes of enforcing co	
-	n may be brought in the district court for the county where the	-
	ed or was denied the organ transplant or referral.	uncered marvidua
	in action brought under this Part, the court shall give priority	v on its docket and
	ew, and may grant injunctive or other equitable relief, ind	-
following:	w, and may grant injunctive of other equitable feller, inc	crucing any or the
<u>(1)</u>	Requiring auxiliary aids or services to be made availa	ble for a qualified
<u>(1)</u>	recipient.	
(2)	Requiring the modification of a policy, practice, or proc	redure of a covered
<u>(2)</u>	entity.	
(3)	Requiring facilities be made readily accessible to and us	able by a qualified
<u>(5)</u>	recipient.	able by a qualified
The Court	may not award compensatory or punitive damages for violatio	one of this Dart
	hing in this Part is intended to limit or replace available r	
	h Disabilities Act, 42 U.S.C. § 12102 et seq., as amended, or a	
federal or State	-	
	CTION 2.(b) This section applies to anatomical gifts that be	ecome available for
	on or after October 1, 2021.	
-	CTION 3.(a) Article 3 of Chapter 58 of the General Statutes is	amended by adding
a new section t	-	amended by adding
	Coverage related to organ transplants.	
	the purposes of this section, the following definitions apply:	
$(\underline{a}) \underline{101} \\ (\underline{1})$	Anatomical gift. – The donation of all or part of a human	body to take effect
<u>(1)</u>	after the donor's death for the purpose of a transplant.	body to take effect
(2)	<u>Disability. – As defined in the Americans with Disabiliti</u>	ins A_{ct} of 1000 12
<u>(2)</u>	U.S.C. § 12102 et seq., as amended.	$\frac{100}{100}$ Act of 1770, 42
(3)	Health benefit plan. – As defined in G.S. 58-3-167.	
$\frac{(3)}{(4)}$	Insurer. – As defined in G.S. 58-3-167.	
	Transplant. – The transplantation or transfusion of a part of	f a human hady into
<u>(5)</u>		•
	the body of another human for the purpose of treating of another human for the purpose of treating of another human for the purpose of treating of the purpose of the purpo	or curing a medical
(b) No	condition.	wides equations for
	insurer offering a health benefit plan in this State that pro	
	ts, organ transplants, or treatment and services related to a	anatomical gifts or
	<u>Il do any of the following:</u>	dissidurationali ilitas
$\frac{(1)}{(2)}$	Deny coverage to an insured solely on the basis of that inc	•
<u>(2)</u>	Deny to an individual eligibility, or continued eligibility, to	
	coverage under the terms of a health benefit plan solely	Tor the purpose of
(2)	avoiding the requirements of this section.	to on incread in a
<u>(3)</u>	Attempt to induce a health care provider to provide care	
	manner inconsistent with this section by doing either of th	<u>ie following:</u>

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1 2	a. <u>Penalizing, or otherwise reducing or limiting the reimbursement of, a</u> health care provider.
- 3 4	b. <u>Providing monetary or nonmonetary incentives to a health care</u> provider.
5 6	(4) Reduce or limit health benefit plan coverage benefits to an insured for any services related to organ transplantation performed determined to be necessary
7	in consultation with the attending physician and the insured.
8	(c) Reserved for future codification purposes.
9	(d) In the case of a health benefit plan maintained pursuant to one or more collective
10	bargaining agreements between employee representatives and one or more employers, any
11	amendment to the health benefit plan made pursuant to a collective bargaining agreement solely
12	to conform to this section shall not be treated as a termination of the collective bargaining
13	agreement.
14	(e) Nothing in this section shall be deemed to require an insurer to provide coverage for
15	a medically inappropriate organ transplant."
16	SECTION 3.(b) G.S. 58-3-102(b) is recodified as G.S. 58-3-256(c).
17	SECTION 3.(c) G.S. 58-3-102, as amended by this section, is repealed.
18	SECTION 3.(d) This section applies to insurance contracts entered into, renewed,
19	or amended on or after October 1, 2021.
20	SECTION 4. This act becomes effective October 1, 2021.