

N.D. Cent. Code §§ 26.1-36.4-01 through 26.1-36.4-09: Hospital and Medical Insurance

Provides requirements of hospital and medical insurance.

N.D. Cent. Code §§ 26.1-54-01 through 26.1-54-04: American Health Benefit Exchange

The commissioner and the department of human services shall plan for the implementation of an American health benefit exchange for the state that facilitates the purchase of qualified health benefit plans; provides for the establishment of a small business health options program that is designed to assist qualified small employers in facilitating the enrollment of their employees in qualified health benefit plans offered in the small group market; implements eligibility determination and enrollment of individuals in the state's medical assistance program and the state's children's health insurance program; provides simplification; provides coordination among medical assistance, the children's health insurance program, and the state health insurance exchange; and meets the requirements of the Patient Protection and Affordable Care Act of 2010 [Pub. L. 111-148] as amended by the Health Care and Education Reconciliation Act of 2010 [Pub. L. 111-152]. The legislative assembly may consider establishing one exchange that will provide services to both qualified individuals and qualified small employers

N.D. Cent. Code §§ 26.1-26.4-01 through

26.1-26.4-05: Health Care Service Utilization Review

This chapter applies to grandfathered health plans unless a health care insurer or utilization review agent determines to extend the protections of section 26.1-36-47 to a grandfathered plan. The purpose of this chapter is to:

1. Promote the delivery of quality health care in a cost-effective manner;
2. Assure that utilization review agents adhere to reasonable standards for conducting utilization review;
3. Foster greater coordination and cooperation between health care providers and utilization review agents;
4. Improve communications and knowledge of benefits among all parties concerned before expenses are incurred; and
5. Ensure that utilization review agents maintain the confidentiality of medical records in accordance with applicable laws.

N.D. Cent. Code § 26.1-17.1-06. Filing requirements for authorized entities: Prepaid Limited Health Service Organizations

Any entity authorized pursuant to the laws of this state to operate a health maintenance organization, an accident and health insurance company, a nonprofit health, hospital, or medical service corporation, or a fraternal benefit society and which is not otherwise authorized pursuant to the laws of this state to offer limited health services on a per capita or fixed prepayment basis may do so by filing for approval with the commissioner the information requested by subsections 4, 5, 7, 8, 10, 11, 12, and 15 of section 26.1-17.1-03 and any subsequent material modification or addition theret

N.D. Cent. Code § 26.1-17.1-07. Changes in rates and benefits and material modifications – Addition of limited health services: Prepaid Limited Health Service Organizations

A prepaid limited health service organization shall file with the commissioner, prior to use, a notice of any change in rates, charges, or benefits and of any material modification of any matter or document furnished pursuant to section 26.1-17.1-03, together with such supporting documents as are necessary to fully explain the change or modification.

2. If a prepaid limited health service organization desires to add one or more limited health services, it shall file a notice with the commissioner and, at the same time, shall submit the information required by section 26.1-17.1-03 and shall demonstrate compliance with sections 26.1-17.1-16, 26.1-17.1-17, and 26.1-17.1-23.

N.D. Cent. Code § 26.1-17.1-09. Rates and charges: Prepaid Limited Health Service Organizations

The rates and charges must be reasonable in relation to the services provided. The commissioner may request information from the prepaid limited health service organization supporting the appropriateness of the rates and charges.

N.D. Cent. Code § 26.1-17.1-16. Contracts

with providers: Prepaid Limited Health Service Organizations

All contracts with providers or with entities subcontracting for the provision of limited health services to enrollees on a prepayment or other basis must contain or must be construed to contain, in the event the prepaid limited health service organization fails to pay for limited health services for any reason whatsoever, including insolvency or breach of this contract, the enrollees are not liable to the provider for any sums owed to the provider under this contract. Any amendment to these foregoing provisions of this contract must be submitted to and be approved by the commissioner prior to becoming effective.

N.D. Cent. Code § 23-27-04.4. Supervision of emergency medical services professionals – Scope of practice: Emergency Medical Services Operations Licenses

Emergency medical services professionals who are employed by a hospital may provide patient care within a scope of practice established by the department. Under this section, these emergency medical services professionals must be supervised by a hospital designated physician, physician assistant, advanced practice registered nurse, or registered nurse.

N.D. Cent. Code § 23-27-02. Definitions: Emergency Medical Services Operations Licenses

Definitions related to Emergency Medical Services Operations Licenses

N.D. Cent. Code § 26.1-18.1-15. Filing requirements for rating information: Health Maintenance Organizations

Either a specific schedule of premium rates, or a methodology for determining premium rates, must be established in accordance with actuarial principles for various categories of enrollees, provided that the premium applicable to an enrollee may not be individually determined based on the status of the enrollee's health. However, the premium rates may not be excessive, inadequate, or unfairly discriminatory. A certification by a qualified actuary or other qualified person acceptable to the commissioner as to the appropriateness of the use of the methodology, based on reasonable assumptions, shall accompany the filing along with adequate supporting information.