

**§ 58-3-256. Coverage related to organ transplants.**

(a) For the purposes of this section, the following definitions apply:

- (1) Anatomical gift. – The donation of all or part of a human body to take effect after the donor's death for the purpose of a transplant.
- (2) Disability. – As defined in the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102 et seq., as amended.
- (3) Health benefit plan. – As defined in G.S. 58-3-167.
- (4) Insurer. – As defined in G.S. 58-3-167.
- (5) Transplant. – The transplantation or transfusion of a part of a human body into the body of another human for the purpose of treating or curing a medical condition.

(b) No insurer offering a health benefit plan in this State that provides coverage for anatomical gifts, organ transplants, or treatment and services related to anatomical gifts or transplants shall do any of the following:

- (1) Deny coverage to an insured solely on the basis of that individual's disability.
- (2) Deny to an individual eligibility, or continued eligibility, to enroll or to renew coverage under the terms of a health benefit plan solely for the purpose of avoiding the requirements of this section.
- (3) Attempt to induce a health care provider to provide care to an insured in a manner inconsistent with this section by doing either of the following:
  - a. Penalizing, or otherwise reducing or limiting the reimbursement of, a health care provider.
  - b. Providing monetary or nonmonetary incentives to a health care provider.
- (4) Reduce or limit health benefit plan coverage benefits to an insured for any services related to organ transplantation performed determined to be necessary in consultation with the attending physician and the insured.

(c) When a person or that person's health care provider or representative requests that person's insurer to determine whether a transplant is eligible for benefits under that person's health benefit coverage, the insurer shall, within 10 business days after receipt of the request and medical documentation necessary to determine if there is coverage, inform the requesting person as to whether there is coverage; provided coverage exists at the time of the transplant.

(d) In the case of a health benefit plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers, any amendment to the health benefit plan made pursuant to a collective bargaining agreement solely to conform to this section shall not be treated as a termination of the collective bargaining agreement.

(e) Nothing in this section shall be deemed to require an insurer to provide coverage for a medically inappropriate organ transplant. (2021-64, s. 3(a); 2021-64, s. 3(b).)