

North Carolina Strategies to Reduce Cost-Sharing for Patients

Reduced Cost-Sharing for Prescription Drugs

This section examines whether states have passed legislation to reduce the amount consumers pay out-of-pocket for select prescription drugs including insulin, epinephrine, and asthma inhalers, and specialty drugs. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for Diabetes Medications
- Waived or Reduced Cost-Sharing for Asthma Inhalers
- Waived or Reduced Cost-Sharing for Epinephrine Auto-Injectors
- Waived or Reduced Cost-Sharing for Specialty Drugs

Reduced Cost-Sharing for Behavioral Health Services

High out-of-pocket costs can limit access to behavioral health care. To address this, some states require insurers to waive or reduce cost-sharing for an annual behavioral health visit, ensuring more affordable access to essential mental health services. This section examines whether states have implemented reduced cost-sharing requirements through:

- Waived or Reduced Cost-Sharing for an Annual Behavioral Health Office Visit

Reduced Cost-Sharing for Preventive Care

Preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) are critical to early detection and management of health conditions. States can improve access by requiring insurers to waive or reduce cost-sharing for these services. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for United States Preventive Services Task Force (USPSTF) Recommended Preventive Services



Reduced Cost-Sharing for Maternal and Reproductive Health Services

Some states expand access to reproductive health care by requiring coverage of services such as fertility treatments, doula support, and abortion care without high cost-sharing barriers. These policies aim to improve maternal health outcomes and ensure equitable access to reproductive services. Strategies examined in this section include mandates requiring:

- Individual and Small Group Health Plans to Cover Fertility Treatments

- Individual and Small Group Health Plans to Cover Doula Services

- Individual and Small Group Health Plans to Cover Abortion Services

Reduced Cost-Sharing for Cancer Screening and Testing Services

Early detection of cancer improves outcomes but cost-sharing can be a barrier to recommended screenings. States may require insurers to waive or reduce cost-sharing for services such as colorectal, breast, cervical, lung, prostate, and ovarian cancer screenings, as well as biomarker testing. This section examines whether such requirements are in place to promote timely and affordable cancer screening. Strategies examined in this section include mandates requiring:

- Waived or Reduced Cost-Sharing for Colorectal Cancer Screenings

- Waived or Reduced Cost-Sharing for Follow-Up Colorectal Cancer Screenings

- Waived or Reduced Cost-Sharing for Lung Cancer Screenings

- Waived or Reduced Cost-Sharing for Breast Cancer Screenings

- Waived or Reduced Cost-Sharing for Supplementary Breast Cancer Screenings

- Waived or Reduced Cost-Sharing for Cervical Cancer Screenings

- Waived or Reduced Cost-Sharing for Ovarian Cancer Screenings

- Waived or Reduced Cost-Sharing for Prostate Cancer Screenings

- Waived or Reduced Cost-Sharing for Biomarker Testing



Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	 State has not enacted legislation limiting cost-sharing for insulin, diabetes related equipment, or both	
Waives or Reduces Cost-Sharing for Asthma Inhalers	 State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	 State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	 State has not enacted legislation to limit cost-sharing for specialty drugs	

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	 State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	



State Has Active Policy or Program



Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state does not require individual and small group health plans to offer coverage for in-vitro fertilization or fertility preservation services	
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



State Has Active Policy or Program



Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams*	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law does not require coverage or waive cost-sharing for supplementary breast cancer screening exams	Legislation that would require health insurance carriers to cover diagnostic and supplemental breast cancer examinations with no-cost sharing requirements was introduced in 2025, but one bill died in committee and the other crossed over. Another bill introduced in 2025 (SB 24) would prohibit legislators from enacting new health benefit mandates unless the "legislation containing legislation containing one or more new health benefit mandates is required to also contain at least one provision that repeals at least the same number of health benefit mandates that are already in effect." This bill also failed to progress.

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law requires insurers to cover ovarian cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State does not require coverage or waive cost-sharing for biomarker testing	Legislation that would require insurance carriers to cover biomarker testing was introduced in 2025, but the bill failed to progress. Another bill introduced in 2025 (SB 24) would prohibit legislators from enacting new health benefit mandates unless the "legislation containing legislation containing one or more new health benefit mandates is required to also contain at least one provision that repeals at least the same number of health benefit mandates that are already in effect." This bill also failed to progress.

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