

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas
2 84th General Assembly
3 Regular Session, 2003
4

As Engrossed: H2/28/03

A Bill

HOUSE BILL 1322

5 By: Representatives Lendall, Elliott, Walters, Judy, Chesterfield, J. Johnson, Dees, S. Prater
6 By: Senators Gullett, Madison, *Salmon*
7

For An Act To Be Entitled

10 THE EQUITY IN PRESCRIPTION INSURANCE AND
11 CONTRACEPTIVE COVERAGE ACT.

Subtitle

14 THE EQUITY IN PRESCRIPTION INSURANCE AND
15 CONTRACEPTIVE COVERAGE ACT.
16
17

18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
19

20 SECTION 1. Arkansas Code Title 23, Chapter 79, is amended to add an
21 additional subchapter to read as follows:

22 23-79-1001. Title.

23 This act shall be known and may be cited as "The Equity in Prescription
24 Insurance and Contraceptive Coverage Act".
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26 23-79-1002. Findings.

27 The General Assembly finds that:

28 (1) Insurance coverage of contraceptives is inadequate;

29 (2)(A) Three-fourths (3/4) of women of childbearing age rely on
30 some form of private employment-related insurance to defray their medical
31 expenses.

32 (B) However, forty-nine percent (49%) of all typical large
33 group insurance plans that are written for one hundred (100) or more
34 employees do not routinely cover any contraceptive method at all; and

35 (3)(A) Ninety-seven percent (97%) of large group insurance plans
36 routinely cover prescription drugs.



1 (B) However, only fifteen percent (15%) routinely cover
 2 all five (5) primary reversible contraceptive methods: oral contraception,
 3 IUD insertion, diaphragm fitting, Norplant insertion, and Depo-Provera
 4 injection.

5
 6 23-79-1003. Definitions.

7 As used in this subchapter:

8 (1) "Covered person" means a policy holder, subscriber, certificate
 9 holder, enrollee, or other individual who is participating in, or receiving
 10 coverage under, the health insurance plan;

11 (2)(A) "Health insurance plan" means health insurance coverage, i.e.,
 12 benefits consisting of medical care, provided directly through insurance or
 13 reimbursement or otherwise, and including items and services paid for as
 14 medical care, under any hospital or medical service policy or certificate,
 15 hospital or medical service plan contract, or health maintenance organization
 16 contract offered by a health insurance issuer.

17 (B) "Health insurance plan " does not include:

18 (i) Accident-only, credit, dental, or disability income
 19 insurance;

20 (ii) Coverage issued as a supplement to liability
 21 insurance;

22 (iii) Workers' compensation or similar insurance; or

23 (iv) Automobile medical-payment insurance;

24 (3) "Health insurer" means a disability insurer, health care insurer,
 25 health maintenance organization, accident and sickness insurer, fraternal
 26 benefit society, nonprofit hospital service corporation, health service
 27 corporation, health care service plan, preferred provider organization or
 28 arrangement, or multiple employer welfare arrangement; and

29 (4) "Outpatient contraceptive services" means consultations,
 30 examinations, procedures and medical services, provided on an outpatient
 31 basis and related to the use of contraceptive drugs and devices to prevent
 32 pregnancy.

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 34 23-79-1004. Parity for contraceptives.

35 (a)(1) Health insurance plans that provide benefits for prescription
 36 drugs or devices shall include benefits to covered persons for any

1 prescription contraceptive drug or device approved by the Food and Drug
2 Administration.

3 (2) In providing benefits for contraceptive prescription drugs,
4 a health insurance plan may limit coverage to contraceptive prescription
5 drugs in the health insurance plan's prescription drug formulary.

6 (b) Health insurance plans that provide benefits for outpatient
7 services provided by a health care professional shall not exclude or restrict
8 outpatient contraceptive services for covered persons.

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10 23-79-1005. Extraordinary surcharges prohibited.

11 A health insurance plan may not:

12 (1) Impose for prescription contraceptive drugs or devices
13 deductibles, copayments, other cost-sharing mechanisms, or waiting periods
14 greater than deductibles, copayments, other cost-sharing mechanisms, or
15 waiting periods for other covered prescription drugs or devices;

16 (2) Impose for outpatient contraceptive services deductibles,
17 copayments, other cost-sharing mechanisms, or waiting periods greater than
18 deductibles, copayments, other cost-sharing mechanisms, or waiting periods
19 for other covered outpatient services;

20 (3) Deny eligibility, continued eligibility, enrollment, or renewal of
21 coverage to any individual because of his or her use or potential use of
22 contraceptives;

23 (4) Provide monetary payments or rebates to covered persons to
24 encourage them to accept less than the minimum protections available under
25 this subchapter;

26 (5) Penalize, or otherwise reduce or limit the reimbursement of a
27 health care professional because the professional prescribed contraceptive
28 drugs or devices, or provided contraceptive services; or

29 (6) Provide incentives, monetary or otherwise, to a health care
30 professional to induce the professional to withhold contraceptive drugs,
31 devices, or services from covered persons.

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33 */s/ Lendall, et al*
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