1 2	State of Arkansas	As Engrossed: H2/28/11 S3/8/11 A Bill	
	88th General Assembly		HOUSE BILL 1428
3	Regular Session, 2011		HOUSE BILL 1420
4 5	By: Representative D. Hutchi	inson	
6	By: Senator J. Hutchinson	mson	
7	Dy. Schulor 5. Hulennson		
, 8		For An Act To Be Entitled	
9	AN ACT TO	REQUIRE CHILD-ONLY INDIVIDUAL	HEALTH
10		POLICIES; TO DECLARE AN EMERGE	
11	OTHER PURI		
12			
13			
14		Subtitle	
15	TO R	EQUIRE CHILD-ONLY INDIVIDUAL HE	EALTH
16	INSU	RANCE POLICIES AND TO DECLARE A	AN
17	EMER	GENCY.	
18			
19			
20	BE IT ENACTED BY THE (	GENERAL ASSEMBLY OF THE STATE O	F ARKANSAS:
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22	SECTION 1. TEM	PORARY LANGUAGE. DO NOT CODIFY	•
23	<u>Health insurance</u>	<u>e for individuals under ninetee</u>	en years of age.
24	<u>(a) As used in</u>	<u>this act:</u>	
25	<u>(1)(A) "(</u>	Child-only plan" means renewabl	<u>e individual health</u>
26	<u>insurance for a qualiz</u>	fied individual other than exce	pted benefits as defined
27	<u>in § 23-86-310.</u>		
28		"Child-only plan" does not in	
29	_	fied individual under another p	
30		Health insurance" means any hos	-
31		<u>cy, certificate, or contract pr</u>	
32		ervice corporation, health main	-
33		plan or arrangement that pays	
34 25		es whether by insurance or othe	erwise and includes any
35	<u>excess or stop-loss co</u>		·
36	<u>(B)</u>	"Health insurance" does not i	nciude long-term care,



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1	disability income, short-term, accident, dental-only, vision-only, fixed
2	indemnity, limited-benefit or credit insurance, coverage issued as a
3	supplement to liability insurance, insurance arising out of workers'
4	compensation or similar law, automobile medical-payment insurance, or
5	insurance under which benefits are payable with or without regard to fault
6	and that is statutorily required to be contained in any liability insurance
7	policy or equivalent self-insurance;
8	(3) "Individual health insurance" means health insurance offered
9	to individuals in the individual market but does not include short-term
10	<u>limited duration insurance;</u>
11	(4)(A) "Insurer" means any entity that provides health
12	insurance, including excess or stop-loss health insurance, in the State of
13	<u>Arkansas.</u>
14	(B) "Insurer" includes an insurance company, medical
15	services plans, hospital plans, hospital medical service corporations, health
16	maintenance organizations, fraternal benefits society, or any other entity
17	providing a plan of health insurance or health benefits subject to state
18	insurance regulation;
19	<u>(5) "Open enrollment period" means October 1 through October 31</u>
20	annually, beginning October 1, 2011;
20 21	<u>annually, beginning October 1, 2011;</u> (6) "Qualifying event" means the loss of employer-sponsored
21	(6) "Qualifying event" means the loss of employer-sponsored
21 22	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance
21 22 23	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a
21 22 23 24	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event
21 22 23 24 25	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and
21 22 23 24 25 26	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and (7)(A) "Qualified individual" means a resident of this state
21 22 23 24 25 26 27	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and (7)(A) "Qualified individual" means a resident of this state under nineteen (19) years of age.
21 22 23 24 25 26 27 28	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and (7)(A) "Qualified individual" means a resident of this state under nineteen (19) years of age. (B) "Qualified individual" does not include a person who
21 22 23 24 25 26 27 28 29	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and (7)(A) "Qualified individual" means a resident of this state under nineteen (19) years of age. (B) "Qualified individual" does not include a person who is not a United States citizen or who is present in the United States
21 22 23 24 25 26 27 28 29 30	(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and (7)(A) "Qualified individual" means a resident of this state under nineteen (19) years of age. (B) "Qualified individual" does not include a person who is not a United States citizen or who is present in the United States illegally.
21 22 23 24 25 26 27 28 29 30 31	<pre>(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and</pre>
21 22 23 24 25 26 27 28 29 30 31 32	<pre>(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and</pre>
21 22 23 24 25 26 27 28 29 30 31 32 33	<pre>(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and</pre>

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1	basis without any limitations or exclusions of policy benefits based upon the
2	applicant's health status.
3	(c)(1) Until the end of the initial open enrollment period, the
4	Arkansas Comprehensive Health Insurance Pool shall provide health insurance
5	to qualified individuals under § 23-79-509(a)(1)(C).
6	(2) At the end of the initial open enrollment period, the
7	eligibility of a qualified individual for health insurance under the Arkansas
8	Comprehensive Health Insurance Pool shall be determined under policies and
9	procedures established by the Board of Directors of the Arkansas
10	<u>Comprehensive Health Insurance Pool.</u>
11	(d) The Insurance Commissioner shall adopt rules to implement and
12	administer this act.
13	(e) This act and the rules adopted by the commissioner to administer
14	this act expires on January 1, 2014.
15	
16	SECTION 2. Arkansas Code § 23-79-509(a)(1), concerning the general
17	eligibility requirements of the Arkansas Comprehensive Health Insurance Pool,
18	is amended to read as follows:
19	(a) General Eligibility Requirements. The following requirements
20	apply to a resident eligible person or a trade adjustment assistance eligible
21	person in order for the person to be eligible for plan coverage:
22	(1) Except as provided in subdivision (a)(2) of this section or
23	subsection (b) of this section, any individual person who meets the
24	definition of resident eligible person as defined by § 23-79-503 or a trade
25	adjustment assistance eligible person as defined by § 23-79-503 and is either
26	a citizen of the United States or an alien lawfully admitted for permanent
27	residence who continues to be a resident of this state shall be eligible for
28	plan coverage if evidence is provided of:
29	(A) A notice of rejection or refusal by an insurer to
30	issue substantially similar individual health insurance coverage by reason of
31	the existence or history of a medical condition or upon such other evidence
32	that the Board of Directors of the Arkansas Comprehensive Health Insurance
33	Pool deems sufficient in order to verify that the applicant is unable to
34	obtain the coverage from an insurer due to the existence or history of a
35	medical condition;
36	(B)(i) A refusal by an insurer to issue individual health

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1	insurance coverage except at a rate that the board determines is
2	substantially in excess of the applicable plan rate.
3	(ii) A rejection or refusal by a group health plan
4	or insurer offering only stop-loss or excess-of-loss insurance or contracts,
5	agreements, or other arrangements for reinsurance coverage with respect to
6	the applicant shall not be sufficient evidence under this subsection; <del>or</del>
7	(C) <u>(i) Until September 30, 2011, a refusal by an insurer</u>
8	<u>to issue individual health insurance coverage to a child under nineteen (19)</u>
9	years of age.
10	(ii) After September 30, 2011, the eligibility of a
11	child under nineteen (19) years of age for individual health insurance
12	coverage shall be determined by the board; or
13	(D) Evidence that the applicant was covered under a
14	qualified high risk pool of another state, provided that the coverage
15	terminated no more than sixty-three (63) days prior to the date the pool
16	receives the applicant's application for coverage and the other state's
17	qualified high risk pool did not terminate the person's coverage for fraud;
18	
19	SECTION 3. EMERGENCY CLAUSE. It is found and determined by the
20	General Assembly of the State of Arkansas that recent changes in federal law
21	prohibit health insurers from imposing preexisting-condition exclusions on
22	individuals under nineteen (19) years of age; that there exists a limited
23	market in this state of health insurers voluntarily offering individual
24	<u>health insurance policies to individuals under nineteen (19) years of age;</u>
25	that children with preexisting conditions may be unable to obtain any health
26	insurance coverage; and that this act is immediately necessary because the
27	lack of health insurance coverage results in the children of this state
28	receiving inadequate medical care, foregoing wellness treatment and medical
29	procedures, and experiencing declining health, with potentially devastating
30	consequences to the future health and welfare of our state. Therefore, an
31	emergency is declared to exist, and this act being immediately necessary for
32	the preservation of the public peace, health, and safety shall become
33	effective on:
34	(1) The date of its approval by the Governor;
35	(2) If the bill is neither approved nor vetoed by the Governor,
36	the expiration of the period of time during which the Governor may veto the

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1	<u>bill; or</u>
2	(3) If the bill is vetoed by the Governor and the veto is
3	overridden, the date the last house overrides the veto.
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5	/s/D. Hutchinson
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