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.

Act 2217 of the Regular Session

State of Arkansas

Regular Session, 2005


By: Senator Madison

A Bill

HOUSE BILL 2618

For An Act To Be Entitled

AN ACT TO CREATE THE EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE ACT.

Subtitle

THE EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE ACT.

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

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

23-79-1101. Title.
This act shall be known and may be cited as the "Equity in Prescription Insurance and Contraceptive Coverage Act".

As used in this subchapter:

(1)(A) "Health benefit policy" means an individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state, including those contracts executed by the State of Arkansas on behalf of state employees, by a health care corporation, health maintenance organization, preferred provider organization, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, provider-sponsored...
health care corporation, or other insurer or similar entity.

(B) "Health benefit policy" does not include:

(i) Accident-only, credit, specified disease, dental, hospital indemnity, Medicare supplement, long-term care, or disability income insurance policies;

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

(iii) Workers' compensation or similar insurance; or

(iv) Automobile medical-payment insurance;

(2) "Insurer" means an accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, health maintenance organization, or any similar entity authorized to issue contracts under Title 23; and

(3) "Religious employer" means an entity:

(A) That is organized and operated for religious purposes and has received a § 501(c)(3) designation from the Internal Revenue Service;

(B) That has as one (1) of its primary purposes the inculcation of religious values; and

(C) That employs primarily persons who share its religious tenets.


(a) Every health benefit policy that is delivered, issued, executed, or renewed in this state or approved for issuance or renewal in this state by the Insurance Commissioner on or after the effective date of this subchapter that provides coverage for prescription drugs on an outpatient basis shall provide coverage for prescribed drugs or devices approved by the United States Food and Drug Administration for use as a contraceptive.

(b) Nothing contained in this subchapter shall be construed to require any insurance company to provide coverage for an abortion, an abortifacient, or any United States Food and Drug Administration-approved emergency contraception.


(a) No insurer shall impose upon any person receiving prescription contraceptive benefits pursuant to this subchapter any:
(1) Copayment, coinsurance payment, or fee that is not equally imposed upon all individuals in the same benefit category, class, coinsurance level, or copayment level receiving benefits for prescription drugs; or

(2) Reduction in allowable reimbursement for prescription drug benefits.

(b) This subchapter shall not be construed to:

(1) Require coverage for prescription coverage benefits in any contract, policy, or plan that does not otherwise provide coverage for prescription drugs;

(2)(A) Preclude the use of closed formularies.

(B) However, the formularies shall include oral, implant, and injectable contraceptive drugs, intrauterine devices, and prescription barrier methods; or

(3) Require any religious employer to comply with this subchapter.

/s/ L. Smith

APPROVED: 4/13/2005