

Act 860 of the 1989 Regular Session.

Act 860

HB1537

By: Representatives Day, Lendall, Wilkins, Brown

"AN ACT TO BE AN ADDITION TO ARKANSAS CODE ANNOTATED 23-79-101 ET SEQ., TO REQUIRE COVERAGE OF CHILDREN'S PREVENTIVE HEALTH CARE SERVICES IN ALL HEALTH INSURANCE POLICIES SOLD OR DELIVERED WITHIN THE STATE; AND FOR OTHER PURPOSES."

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

SECTION 1. Arkansas Code, Title 23, Chapter 79, is hereby amended by adding the following new section:

"23-79-140. Short Title. This act shall be known and may be cited as the Children's Preventative Health Care Act.

(1) Declaration of Purposes. The purpose of this chapter is to assure that all children sixteen years of age and younger are provided with preventative health care during their formative years, in order to facilitate early detection and prevention of sickness and disease; thereby avoiding the risks of the extreme costs associated with many preventable childhood diseases. Providing coverage for children's preventive health care coverage will also reduce the disruption to the emotional and financial well-being of families that often accompanies sickness and disease among children.

(2) Definitions. The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise.

A. 'Children's Preventive Health Care Services' means physician-delivered or physician-supervised services for eligible dependents from birth through age sixteen (16) including medical history, physical examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards for the purposes of this act.

B. 'Periodic Physical Examinations' means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

(3) Applicability. On or after the effective date of this section, every disability insurer, hospital or medical service corporation, health maintenance organization, fraternal benefit society and self-insured plan transacting disability insurance or providing disability coverage in this state which delivers, issues for delivery in this state, or renews, extends or modifies disability policies, contracts, certificates and plans providing hospital and medical coverage on an expense incurred, service, or prepaid basis which contracts provide coverage for a family member of the insured person, shall offer and make available to the contract holder coverage for routine periodic physical examination for covered persons from the moment of birth through the age of sixteen (16), unless specifically rejected in writing by the contract holder. Said coverage shall be offered to existing contract holders at the next renewal date.

(4) Coverage. (a) Each disability insurance policy, contract, certificate or plan providing benefits for children's preventive health care services on a periodic basis shall include eighteen (18) visits at approximately the following age intervals: birth, 2 months, 4 months, 6

months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years. A disability insurance policy, contract, certificate or plan may provide that children's preventive health care services which are rendered during a periodic review shall only be covered to the extent that these services are provided by or under the supervision of a single physician during the course of one visit.

(b) This section does not apply to disability income, specified disease, medicare supplement, hospital indemnity or accident only policies.

(5) Reimbursement, Co-Insurance and Deductibles. The benefits which are mandated by this act shall be reimbursed at levels established by the Insurance Commissioner, which shall not exceed those established for the same services under the Medicaid program in the State of Arkansas. Co-payment and deductible amounts shall not be greater than co-payments and deductibles imposed for other physician's office visits.

SECTION 2. All provisions of this act of a general and permanent nature are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code Revision Commission shall incorporate the same in the Code.

SECTION 3. Effective date. The coverages afforded by this act shall be effectdive January 1, 1990.

APPROVED: March 22, 1989

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