

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 85th General Assembly
3 Regular Session, 2005

A Bill

HOUSE BILL 2618

4
5 By: Representatives L. Smith, Adcock, Blount, Chesterfield, Edwards, Elliott, Flowers, J. Johnson, W.
6 Lewellen, Pyle, Schulte, Walters

7 By: Senator Madison

8

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For An Act To Be Entitled

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

12

13

Subtitle

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

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

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

23

23-79-1101. Title.

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This act shall be known and may be cited as the "Equity in Prescription
25 Insurance and Contraceptive Coverage Act".

26

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23-79-1102. Findings.

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The General Assembly finds that:

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(1) Insurance coverage of contraceptives is inadequate;

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

33

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

36

(3)(A) Ninety-seven percent (97%) of large group insurance plans



1 routinely cover prescription drugs.

2 (B) However, only fifteen percent (15%) routinely cover
3 all five (5) primary reversible contraceptive methods:

4 (i) Oral contraception;

5 (ii) IUD insertion;

6 (iii) Diaphragm fitting;

7 (iv) Norplant insertion; and

8 (v) Depo-Provera injection.

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10 23-79-1103. Definitions.

11 As used in this subchapter:

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

15 (2)(A) "Health insurance plan" means health insurance coverage,
16 that is, benefits consisting of medical care, provided directly through
17 insurance or reimbursement or otherwise and including items and services paid
18 for as medical care under any hospital or medical service policy or
19 certificate, hospital or medical service plan contract, or health maintenance
20 organization contract offered by a health insurance issuer.

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

22 (i) Accident-only, credit, dental, or disability
23 income insurance;

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

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

27 (iv) Automobile medical-payment insurance;

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

33 (4) "Outpatient contraceptive services" means consultations,
34 examinations, procedures, and medical services provided on an outpatient
35 basis and related to the use of contraceptive drugs and devices to prevent
36 pregnancy.

23-79-1104. Parity for contraceptives.

(a)(1) A health insurance plan that provides benefits for prescription drugs or devices shall include benefits to a covered person for any prescription contraceptive drug or device approved by the federal Food and Drug Administration.

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

(b) A health insurance plan that provides benefits for outpatient services provided by a health care professional shall not exclude or restrict outpatient contraceptive services for a covered person.

23-79-1105. Extraordinary surcharges prohibited.

A health insurance plan may not:

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

(2) Impose for outpatient contraceptive services deductibles, copayments, other cost-sharing mechanisms, or waiting periods that are greater than deductibles, copayments, other cost-sharing mechanisms, or waiting periods for other covered outpatient services;

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

(4) Provide monetary payments or rebates to a covered person to encourage him or her to accept less than the minimum protections available under this subchapter;

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

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