

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
4

As Engrossed: H3/28/05

A Bill

HOUSE BILL 2618

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

7 By: Senator Madison
8
9

For An Act To Be Entitled

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

Subtitle

15 THE EQUITY IN PRESCRIPTION INSURANCE AND
16 CONTRACEPTIVE COVERAGE ACT.
17
18

19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
20

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.

24 This act shall be known and may be cited as the "Equity in Prescription
25 Insurance and Contraceptive Coverage Act".
26

27 23-79-1102. Findings.

28 The General Assembly finds that:

29 (1) Maternal and infant health are greatly improved when women
30 have access to contraceptive supplies to prevent unintended pregnancies;

31 (2) Because many Americans hope to complete their families with
32 two (2) or three (3) children, many women spend the majority of their
33 reproductive lives trying to prevent pregnancy;

34 (3) Research has shown that forty-nine percent (49%) of all
35 large group insurance plans do not routinely provide coverage for
36 contraceptive drugs and devices. While virtually all health care plans cover



1 prescription drugs generally, the absence of prescription contraceptive
2 coverage is largely responsible for the fact that women spend sixty-eight
3 percent (68%) more in out-of-pocket expenses for health care than men; and

4 (4) Requiring insurance coverage for prescription drugs and
5 devices for contraception is in the public interest in improving the health
6 of mothers, children, and families and in providing for health insurance
7 coverage which is more fair and more equitable.

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9 23-79-1103. Definitions.

10 As used in this subchapter:

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

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

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

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

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

26 (iv) Automobile medical-payment insurance; and

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

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32 23-79-1104. Parity for contraceptives.

33 (a) Every health benefit policy that is delivered, issued, executed,
34 or renewed in this state or approved for issuance or renewal in this state by
35 the Insurance Commissioner on or after the effective date of this subchapter
36 that provides coverage for prescription drugs on an outpatient basis shall

1 provide coverage for any prescribed drug or device approved by the United
2 States Food and Drug Administration for use as a contraceptive.

3 (b) Nothing contained in this section shall be construed to require
4 any insurance company to provide coverage for abortion.

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6 23-79-1105. Extraordinary surcharges prohibited.

7 (a) No insurer shall impose upon any person receiving prescription
8 contraceptive benefits pursuant to this section any:

9 (1) Copayment, coinsurance payment, or fee that is not equally
10 imposed upon all individuals in the same benefit category, class, coinsurance
11 level, or copayment level receiving benefits for prescription drugs; or

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

14 (b) This section shall not be construed to:

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

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

19 (B) However, the formularies shall included oral, implant,
20 and injectable contraceptive drugs, intrauterine devices, and prescription
21 barrier methods.

22 /s/ L. Smith, et al
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