

1 **State of Arkansas**
2 **79th General Assembly**
3 **Regular Session, 1993**
4 **By: Senator Gwatney**

A Bill

SENATE BILL 697

For An Act To Be Entitled

8 "AN ACT TO ESTABLISH ACCESS FOR EVERY ARKANSAS CITIZEN TO
9 A CHILDREN_S BASIC PRIMARY AND PREVENTIVE BENEFIT HEALTH
10 CARE INSURANCE POLICY; AND FOR OTHER PURPOSES."

Subtitle

13 "AN ACT TO ESTABLISH ACCESS FOR EVERY ARKANSAS CITIZEN TO
14 A CHILDREN_S BASIC PRIMARY AND PREVENTIVE BENEFIT HEALTH
15 CARE INSURANCE POLICY."

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

19 SECTION 1. Purpose. To provide access to affordable basic primary and
20 preventive health care for all children in the State of Arkansas. It is
21 intended that this result will be reached by authorizing the development and
22 sale by all authorized disability insurers, health maintenance organizations,
23 or self-insured employer groups, either as a separate policy or as a rider to
24 an existing major medical disability policy, policies or riders which provide
25 for children_s basic primary and preventative benefits without the added cost
26 of required mandated benefits and to authorize the *Arkansas Insurance*
27 *Commissioner*, which shall be hereafter referred to as "Task Force", to develop
28 the benefit structure, price, and marketing requirements for such policies.

30 SECTION 2. Definitions. As used in this act:

31 (1) "Commissioner" shall mean the Arkansas Insurance Commissioner;

32 (2) "Insured" shall mean any individual or group insured under a
33 policy, rider, or certificate issued pursuant to the laws of this State, or
34 covered under an employer_s self-funded plan, or any individual desiring to
35 purchase a "children_s basic primary and preventative benefit policy" for any

1 dependent child whether or not such individual is currently covered under an
2 existing policy or health care plan;

3 (3) "Insurer" means an insurer, health maintenance organization,
4 hospital or medical services corporation, or self-funded employer offering a
5 minimum basic benefit policy pursuant to this act;

6 (4) "Loss Ratio" means the percentage derived by dividing incurred
7 claims (both reported and not reported) by total premiums earned;

8 (5) "Permitted Coverages" shall mean health or hospitalization coverage
9 under a policy issued pursuant to this act;

10 (6) "Children_s Basic Primary and Preventative Benefit Policy" shall
11 mean a policy, rider, or subscription contract which an insurer, shall offer
12 to an insured, pursuant to the provisions of this act;

13 (7) "Children_s Preventive Health Care Service" means physician-
14 delivered or physician-supervised services for eligible dependents from birth
15 through age sixteen (16), with periodic physical examinations including
16 medical history, physical examination, developmental assessment, anticipatory
17 guidance and appropriate immunizations and laboratory tests, in keeping with
18 prevailing medical standards for the purposes of this section.

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20 SECTION 3. Issuance of Children_s Basic Primary and Preventative
21 Benefit Policy.

22 Insurers are hereby authorized to issue Children_s Basic Primary and
23 Preventative Benefit policies or riders pursuant to and in compliance with the
24 provisions of this act to insureds as defined by this act. This act shall
25 apply only to those children_s basic primary and preventative benefit policies
26 or riders issued under this act and regulations issued by the Commissioner
27 pursuant to the authority of this act. Nothing in this act shall be deemed to
28 add to, detract from, or in any manner apply to policies, subscription
29 contracts, benefits, or related activities under any other statutory, or
30 regulatory authorities.

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32 SECTION 4. *Regulatory Authority*

33 (a) *The commissioner shall have the authority to promulgate a*
34 *regulation applicable to policies issued pursuant to this act, which*
35 *establishes provisions for required benefits, benefit reimbursement levels,*

1 loss ratios, excluded benefits, deductible amounts, co-payment levels,
2 preexisting conditions limitations, maximum annual and life time benefits,
3 limitations on qualified buyers, marketing standards and disclosure standards,
4 and any other provision necessary to implementation of this act.

5 (b) The Insurance Task Force of the Arkansas Health Care Access Council
6 or its successor organization may submit recommendations concerning provisions
7 contained in any regulation issued by the Commissioner pursuant to subsection
8 (a) above.

9 (c) The commission may accept, reject, or modify, any part or all of
10 the recommendations of the Insurance Task Force of the Arkansas Health Care
11 Access Council.

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13 SECTION 5. DISCRETIONARY MANAGED CARE PROVIDERS.

14 (a) The Commissioner shall consider for inclusion in any benefit
15 package proscribed pursuant to this act, any or all of the following managed
16 care provisions to control the cost of a policy issued pursuant to this act:

17 (1) An exclusion for services that are not medically necessary or
18 prescribed by this act;

19 (2) A provision allowing a preferred panel of providers who have
20 entered into written agreements with the insurer to provide services at
21 specified levels of reimbursement. With the exception of health maintenance
22 organizations, participation in such preferred panel shall be open to all
23 providers licensed to provide the services to be covered. Any such written
24 agreement between a provider and an insurer shall contain a provision under
25 which the parties agree that the insured individual or covered member will
26 have no obligation to make payment for any medical service rendered by the
27 provider that is determined not to be medically necessary; provided, however,
28 that charges for medically necessary services received by the insured which
29 are not covered by the children_s basic primary and preventative benefit
30 policy shall be considered the responsibility of the insured; and

31 (3) A provision under which any insured who obtains medical services
32 for a non preferred provider shall receive reimbursement only in the amount
33 that would have been received had services been rendered by a preferred
34 provider, less a differential, if any, in an amount to be approved by the Task
35 Force; and

1 (b) Nothing in this act shall be construed to prohibit an insurer
2 or self-funded employer from including in a children_s basic primary and
3 preventative benefit policy other managed care and cost control provisions
4 which, subject to the approval of the Commissioner, have the potential to
5 control costs in a manner which does not result in inequitable treatment of an
6 insured under this act.

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8 SECTION 6. DISCLOSURE REQUIREMENTS FOR CHILDREN_S MINIMUM BASIC BENEFIT
9 POLICIES.

10 (a) The *Commissioner* shall have the authority to prescribe any fair and
11 equitable disclosure requirements for the offer and sell of a policy issued
12 pursuant to this act, that the Panel deems necessary for the protection of the
13 insured.

14 (b) Such requirements shall be included in any regulation adopted
15 pursuant to the requirements of SECTION 4 of this act.

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17 SECTION 7. FORMS, RATES, MARKETING COMMUNICATIONS TO BE FILED WITH AND
18 APPROVED BY THE COMMISSIONER.

19 All children_s basic primary and preventative benefit policy forms,
20 including applications, enrollment forms, policies, certificates, evidences of
21 coverage, riders, amendments, endorsements, disclosure forms, and marketing
22 communications used in connection with the sale or advertisement of a
23 children_s basic primary and preventative benefit policy shall be submitted to
24 the Commissioner for approval in the same manner as required by Arkansas Code
25 Annotated Section 23-79-109 (a) or Arkansas Code Annotated Section 23-76-112
26 (a).

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28 SECTION 8. All provisions of this act of a general and permanent
29 nature are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas
30 Code Revision Commission shall incorporate the same in the Code.

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32 SECTION 9. If any provision of this act or the application thereof to
33 any person or circumstance is held invalid, such invalidity shall not affect
34 other provisions or applications of the act which can be given effect without
35 the invalid provision or application, and to this end the provisions of this

1 act are declared to be severable.

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3 SECTION 10. All laws and parts of laws in conflict with this act are
4 hereby repealed.

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/s/ Senator Gwatney

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