

Stricken language would be deleted from present law. Underlined language would be added to present law.

1 State of Arkansas  
2 81st General Assembly  
3 Regular Session, 1997

# A Bill

HOUSE BILL 2186

4  
5 By: Representative Wagner

## For An Act To Be Entitled

9 "AN ACT TO REQUIRE HEALTH CARE INSURERS TO PROVIDE MINIMUM  
10 BENEFITS FOR MOTHERS AND NEWBORNS; TO MEET CERTAIN  
11 MASTECTOMY STANDARDS; AND FOR OTHER PURPOSES."

### Subtitle

14 "AN ACT TO REQUIRE HEALTH CARE INSURERS  
15 TO PROVIDE MINIMUM BENEFITS FOR MOTHERS  
16 AND NEWBORNS; TO MEET CERTAIN MASTECTOMY  
17 STANDARDS."

18  
19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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21 SECTION 1. Definitions. As used in this act:

22 (1) "Covered person" means a person on whose behalf the health care  
23 insurer issuing or delivering the health benefit plan is obligated to pay  
24 benefits pursuant to the health benefit plan.

25 (2) "Health Benefit plan" means any individual, blanket, or group plan,  
26 policy or contract for health care services issued or delivered in this state,  
27 including indemnity and managed care plans, and including governmental plans  
28 as defined in 29 U.S.C. §1002(32), but excluding plans providing health care  
29 services pursuant to Arkansas Constitution, Art. 5, Sec. 32, as amended, the  
30 Workers Compensation Law, Ark. Code Ann. §§21-5-601 et seq.

31 (3) "Health care insurer" or "insurer" means any insurance company,  
32 hospital and medical services corporation or health maintenance organization  
33 issuing or delivering health plans in this state.

34 (4) "Mastectomy" means the complete removal of all breast tissue.  
35 (e.g. Radical Mastectomy, Modified Radical Mastectomy, Total Mastectomy or  
36 Simple Mastectomy).

1       (5) "Participating obstetrician/gynecologist" means an obstetrician or  
 2 gynecologist who has contracted with a health care insurer to provide health  
 3 care services to covered persons with an expectation of receiving payment,  
 4 other than coinsurance, copayments or deductibles, directly or indirectly from  
 5 the health care insurer.

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7       SECTION 2. Benefits for mothers and newborns.

8       (a)(1) Except as provided in subsection (b), a health care insurer may  
 9 not restrict benefits for any hospital stay in connection with childbirth for  
 10 the mother or newborn child to less than forty-eight (48) hours following a  
 11 normal vaginal delivery, or less than ninety-six (96) hours following cesarean  
 12 section.

13       (2) A health care insurer may not require that a provider obtain  
 14 authorization for prescribing any length of stay required under paragraph (1).

15       (b) Subsection (a)(1) shall not apply if the decision to discharge the  
 16 mother or her newborn child prior to the expiration of the minimum stay is  
 17 made by the attending physician in consultation with the mother.

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19       SECTION 3. Mastectomies.

20       (a) Except as provided in subsection (b), a health care insurer may not  
 21 restrict benefits for any hospital stay in connection with a mastectomy to  
 22 less than forty-eight (48) hours.

23       (b) Subsection (a) shall not apply in any case in which the decision to  
 24 discharge the patient prior to the expiration of the minimum stay is made by  
 25 the attending physician in consultation with the patient.

26       (c) Every health care insurer which provides benefits for mastectomy  
 27 shall include coverage for prosthetic devices and reconstructive surgery,  
 28 including surgery on the operated breast to restore that breast.

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30       SECTION 4. Obstetrical and gynecological services.

31       In order to ensure that health care benefits are safely and  
 32 appropriately delivered to women, health care insurers which issue contracts  
 33 requiring the selection or assignment of a primary care physician, shall allow  
 34 any woman who is a covered person to select a participating  
 35 obstetrician/gynecologist in addition to her primary care physician. If such  
 36 woman chooses to make this selection, the health care insurer shall allow the

1 woman to go directly to her selected obstetrician/gynecologist once annually  
2 with referral from her primary care physician.

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4 SECTION 5. Effective Date.

5 This act applies to all health benefit plans issued, renewed, extended  
6 or modified on or after January 1, 1998. "Renewed, extended or modified"  
7 shall include all health benefit plans in which the health care insurer has  
8 reserved the right to change the premium.

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10 SECTION 6. All provisions of this act of a general and permanent nature  
11 are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code  
12 Revision Commission shall incorporate the same in the Code.

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14 SECTION 7. If any provision of this act or the application thereof to  
15 any person or circumstance is held invalid, such invalidity shall not affect  
16 other provisions or applications of the act which can be given effect without  
17 the invalid provision or application, and to this end the provisions of this  
18 act are declared to be severable.

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20 SECTION 8. All laws and parts of laws in conflict with this act are  
21 hereby repealed.

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