

1 State of Arkansas
2 89th General Assembly
3 Regular Session, 2013
4

As Engrossed: S3/27/13

A Bill

SENATE BILL 916

5 By: Senators J. Woods, E. Cheatham, J. Dismang, J. English, S. Flowers, J. Hutchinson, D. Wyatt
6 By: Representatives Harris, Baine, Gillam, Neal
7

For An Act To Be Entitled

9 AN ACT TO ENSURE THAT VULNERABLE CITIZENS RECEIVE
10 MEDICATIONS NECESSARY FOR THE TREATMENT OF LIFE-
11 ALTERING ILLNESS AND FOR SUSTAINING A PRODUCTIVE
12 QUALITY OF LIFE; TO CREATE THE CONTINUITY OF CARE ACT
13 OF 2013; AND FOR OTHER PURPOSES.
14
15

Subtitle

16 TO ENSURE THAT VULNERABLE CITIZENS
17 RECEIVE MEDICATIONS FOR LIFE-ALTERING
18 ILLNESS; AND TO CREATE THE CONTINUITY OF
19 CARE ACT OF 2013.
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22

23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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25 SECTION 1. Arkansas Code Title 23, Chapter 79, is amended to add an
26 additional subchapter to read as follows:

27 Subchapter 15 – Continuity of Care Act of 2013
28

29 23-79-1501. Title.

30 This subchapter shall be known and may be cited as the “Continuity of
31 Care Act of 2013”.
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33 23-79-1502. Definitions.

34 As used in this subchapter:

35 (1) "Drug formulary" means a list of drugs:

36 (A) For which a health benefit plan provides coverage;



1 (B) For which a health benefit plan approves payment; or

2 (C) That a health benefit plan encourages physicians to
3 prescribe or offers incentives for physicians to prescribe;

4 (2) "Health benefit plan" means the same as defined in § 23-99-
5 503;

6 (3) "Modification" means:

7 (A) An increase to the monetary obligation, including
8 without limitation a copayment or coinsurance, of a sponsor or an insured
9 covered by a health benefit plan; and

10 (B) The deletion of a drug from a formulary, unless a
11 generic drug alternative is available; and

12 (4) "Prescription drug" means the same as defined in § 17-92-
13 1102.

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15 23-79-1503. Prescription drug formularies.

16 A health benefit plan that covers prescription drugs and uses one (1)
17 or more drug formularies to specify the prescription drugs covered under the
18 health benefit plan shall provide in plain language in the coverage
19 documentation provided to each enrollee information necessary for a
20 comprehensive understanding of the structure and scope of the drug formulary
21 plan.

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23 23-79-1504. Modifications of prescription drug coverage.

24 A health benefit plan may modify drug coverage provided under a health
25 benefit plan if:

26 (1) The modification occurs at the time of coverage renewal;

27 (2) The modification is effective uniformly among all group
28 health benefit plan sponsors covered by identical or substantially identical
29 health benefit plans or all individuals covered by identical or substantially
30 identical individual health benefit plans, as applicable; and

31 (3) No later than sixty (60) days before the date the
32 modification is effective, the health benefit plan provides written notice of
33 the modification to each affected individual, agency, and health insurer.

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35 23-79-1505. Continuity of prescription drug coverage.

36 (a) A health benefit plan that covers prescription drugs shall offer

1 continuous coverage to each enrollee until the health benefit plan renewal
2 date for a prescription drug that was approved or covered under the health
3 benefit plan for a medical condition or mental illness, regardless of whether
4 the prescription drug has been removed from the health benefit plan's
5 prescription drug formulary before the health benefit plan renewal date.

6 (b) A physician or other health professional authorized to prescribe a
7 prescription drug may prescribe a prescription drug that is an alternative to
8 a prescription drug for which continuation of coverage is required under
9 subsection (a) of this section if the alternative prescription drug is:

10 (1) Covered under the health benefit plan; and

11 (2) Medically appropriate for the enrollee.

12
13 23-79-1506. Appeals.

14 A health benefit plan shall ensure that an enrollee has an opportunity
15 to appeal a decision regarding a drug formulary that conflicts with the
16 prescription decision of a physician or other health professional authorized
17 to prescribe a prescription drug.

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19 23-79-1507. Applicability.

20 This subchapter applies to all health benefit plans that cover
21 prescription drugs and are issued or renewed on or after January 1, 2014.

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23 SECTION 2. DO NOT CODIFY. Effective date. Section 1 of this act is
24 effective on and after January 1, 2014.

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26 */s/J. Woods*