

1 State of Arkansas
2 90th General Assembly
3 Regular Session, 2015

A Bill

SENATE BILL 466

4
5 By: Senator Irvin

For An Act To Be Entitled

8 AN ACT TO REQUIRE A HEALTH BENEFIT PLAN TO DISCLOSE
9 CERTAIN DRUG FORMULARY INFORMATION; AND FOR OTHER
10 PURPOSES.

Subtitle

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14 TO REQUIRE A HEALTH BENEFIT PLAN TO
15 DISCLOSE CERTAIN DRUG FORMULARY
16 INFORMATION.

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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 § 23-61-804(3), concerning the duties of the
22 Arkansas Health Insurance Marketplace, is amended to read as follows:

23 (3)(A) Maintain ~~an Internet~~ a website through which enrollees
24 and prospective enrollees of qualified health plans may obtain standardized
25 comparative information on such plans.

26 (B) The Board of Directors of the Arkansas Health
27 Insurance Marketplace in coordination with the commissioner shall ensure that
28 an entity offering a qualified health plan through the Arkansas Health
29 Insurance Marketplace shall post the information described in § 23-79-159 on
30 the Arkansas Health Insurance Marketplace website in a readily accessible
31 format;

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33 SECTION 2. Arkansas Code § 23-79-159 is amended to read as follows:

34 23-79-159. Drug formulary - Notification of ~~drug formulary~~ changes =
35 Disclosure required.

36 (a)(1) A health benefit plan that provides prescription drug coverage



1 or contracts with a third party for prescription drug services with tiered
 2 copayments shall notify an enrollee presently taking a prescription drug, in
 3 writing or electronically at the request of the enrollee, at least sixty (60)
 4 days before an increase in the enrollee's financial responsibility as a
 5 result of a modification by the health benefit plan to the health benefit
 6 plan's drug formulary.

7 (2) Subdivision (a)(1) of this section does not apply to:

8 (A) a generic substitution for a prescription drug; or

9 ~~(b)(B) This section does not apply to coverage~~ Coverage

10 for a drug that is determined by a pharmacy and a therapeutics committee to
 11 be subject to new safety warnings.

12 (b)(1) Beginning January 1, 2017, a health benefit plan issued or
 13 renewed in this state shall post on the public part of its website, in a
 14 readily accessible format, all of its drug formulary costs, benefits, and
 15 expenses for coverage for a prescription drug in clear and ordinary terms.

16 (2) The information described in subdivision (b)(1) of this
 17 section shall include:

18 (A) Any exclusions from coverage or restrictions on the
 19 use or quantify for an item or service for a prescription drug that is
 20 prescribed, ordered, or administered by a physician;

21 (B) Whether a payment is required for coinsurance or a
 22 copayment for an item or service for a prescription drug that the actual
 23 cost-sharing amount depends on the cost of the item or service;

24 (C) Whether an item or service for a prescription drug is:

25 (i) Available on the health benefit plan's drug
 26 formulary;

27 (ii) Covered under the health benefit plan if the
 28 item or service for a prescription drug is administered by a physician in the
 29 physician's office or clinic; and

30 (iii) Subject to prior authorization;

31 (D) The appeal process for a denial of coverage or adverse
 32 determination for an item or service for a prescription drug prescribed,
 33 ordered, or administered by a physician; and

34 (E) A description of the methodology for determining if an
 35 item or service for a prescription drug is subject to a deductible and any
 36 out-of-pocket costs that applies to the deductible.