1	State of Arkansas	4 5 11	
2	94th General Assembly	A Bill	
3	Regular Session, 2023		HOUSE BILL 1034
4			
5	By: Representative Pilkington		
6			
7	F	or An Act To Be Entitled	
8	AN ACT TO REGULA	ATE THE REIMBURSEMENT RATE OF A I	BIRTH
9	UNDER AN INSURAN	NCE POLICY IN THIS STATE; TO ESTA	ABLISH
10	THE REIMBURSEMEN	NT RATE FOR A BIRTH TO BE AT LEAS	ST THE
11	SAME AS THE REIM	IBURSEMENT RATE FOR A BIRTH BY	
12	CESAREAN SECTION	; AND FOR OTHER PURPOSES.	
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15		Subtitle	
16	TO REGULAT	E THE REIMBURSEMENT RATE OF A	
17	BIRTH UNDER	R AN INSURANCE POLICY IN THIS	
18	STATE; AND	TO ESTABLISH THE REIMBURSEMENT	
19	RATE FOR A	BIRTH TO BE AT LEAST THE SAME	
20	AS THE REI	MBURSEMENT RATE FOR A BIRTH BY	
21	CESAREAN S	ECTION.	
22			
23			
24	BE IT ENACTED BY THE GENERAL	ASSEMBLY OF THE STATE OF ARKANS	SAS:
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26	SECTION 1. Arkansas (Code Title 23, Chapter 79, Subcha	apter l, is
27	amended to add an additional	l section to read as follows:	
28	23-79-168. Reimbursen	ment rate for births — Legislativ	<u>ve findings —</u>
29	Definitions.		
30	(a) The General Assem	nbly finds that:	
31	(1) Approximate	ely ten thousand (10,000) babies	are born per day
32	in the United States;		
33	(2) Of those te	en thousand (10,000) babies, app	roximately one-
34	third (1/3) of the births an	ce delivered by Cesarean section	instead of
35	vaginal delivery;		
36	(3) Healthcare	professionals are generally paid	l more for a birth



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1	by Cesarean section than for a vaginal birth; and
2	(4) The reimbursement rate for a birth in this state needs to be
3	equitable and no less than the established reimbursement rate of a birth by
4	Cesarean section under a health benefit plan.
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6	(b) As used in this section:
7	(1) "Birth" means delivery of a newborn child either by vaginal
8	delivery or Cesarean section;
9	(2)(A) "Health benefit plan" means:
10	(i) An individual, blanket, or group plan or a
11	policy or contract for healthcare services issued or delivered by a
12	healthcare insurer; and
13	(ii) Any health benefit program receiving state or
14	federal appropriations from the State of Arkansas, including the Arkansas
15	Medicaid Program and the Arkansas Health and Opportunity for Me Program, or
16	any successor program.
17	(B) "Health benefit plan" includes:
18	(i) Indemnity and managed care plans; and
19	<u>(ii) Nonfederal governmental plans as defined in 29</u>
20	<u>U.S.C. § 1002(32), as it existed on January 1, 2024.</u>
21	(C) "Health benefit plan" does not include:
22	(i) A disability income plan;
23	(ii) A credit insurance plan;
24	(iii) Insurance coverage issued as a supplement to
25	<u>liability insurance;</u>
26	(iv) A medical payment under automobile or
27	homeowner's insurance plans;
28	<u>(v) A health benefit plan provided under Arkansas</u>
29	Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et
30	seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;
31	(vi) A plan that provides only indemnity for
32	hospital confinement;
33	(vii) An accident-only plan;
34	(viii) A specified disease plan;
35	(ix) A long-term-care-only plan;
36	(x) A dental-only plan; or

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1	(xi) A vision-only plan;
2	(3) "Healthcare insurer" means an entity subject to the
3	insurance laws of this state or the jurisdiction of the Insurance
4	Commissioner that contracts or offers to contract to provide health insurance
5	coverage, including without limitation an insurance company, a health
6	maintenance organization, a hospital medical service corporation, a self-
7	insured governmental or church plan in this state, or the Arkansas Medicaid
8	Program;
9	(4) "Healthcare professional" means a person who is licensed,
10	certified, or otherwise authorized by the laws of this state to administer
11	health care in the ordinary course of the practice of his or her profession;
12	and
13	(5) "Reimbursement rate" means the amount paid to a healthcare
14	professional by a healthcare insurer for certain procedures based on Current
15	Procedural Terminology codes or the Healthcare Common Procedure Coding System
16	codes and the costs of healthcare services.
17	(c) A healthcare insurer shall use the reimbursement rate for a birth
18	by Cesarean section to reimburse a healthcare professional for a birth in
19	this state.
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