

Hall of the House of Representatives

88th General Assembly - Regular Session, 2011

Amendment Form

Subtitle of House Bill No. 1428

TO REQUIRE CHILD-ONLY INDIVIDUAL HEALTH INSURANCE POLICIES AND TO
DECLARE AN EMERGENCY.

Amendment No. 1 to House Bill No. 1428

Amend House Bill No. 1428 as originally introduced:

Delete everything after the enactment clause and substitute the following:

"SECTION 1. TEMPORARY LANGUAGE. DO NOT CODIFY.

Health insurance for individuals under nineteen years of age.

(a) As used in this act:

(1)(A) "Child-only plan" means renewable individual health insurance for a qualified individual other than excepted benefits as defined in § 23-86-310.

(B) "Child-only plan" does not include dependent health insurance for a qualified individual under another person's health insurance;

(2)(A) "Health insurance" means any hospital and medical expense-incurred policy, certificate, or contract provided by an insurer, hospital or medical service corporation, health maintenance organization, or any other health care plan or arrangement that pays for or furnishes medical or health care services whether by insurance or otherwise and includes any excess or stop-loss coverage.

(B) "Health insurance" does not include long-term care, disability income, short-term, accident, dental-only, vision-only, fixed indemnity, limited-benefit or credit insurance, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or similar law, automobile medical-payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;

(3) "Individual health insurance" means health insurance offered to individuals in the individual market but does not include short-term limited duration insurance;

(4)(A) "Insurer" means any entity that provides health insurance, including excess or stop-loss health insurance, in the State of Arkansas.

(B) "Insurer" includes an insurance company, medical services plans, hospital plans, hospital medical service corporations, health maintenance organizations, fraternal benefits society, or any other entity



providing a plan of health insurance or health benefits subject to state insurance regulation;

(5) "Open enrollment period" means October 1 through October 31 annually, beginning October 1, 2011;

(6) "Qualifying event" means the loss of employer-sponsored health insurance or the involuntary loss of other existing health insurance for any reason other than fraud, misrepresentation, or failure to pay a premium if the applicant is a qualified individual when the qualifying event occurs; and

(7)(A) "Qualified individual" means a resident of this state under nineteen (19) years of age.

(B) "Qualified individual" does not include a person who is not a United States citizen or who is present in the United States illegally.

(b) During the open enrollment period and within thirty (30) days of a qualifying event, an insurer shall accept and grant an application to insure a qualified individual for a child-only plan on a guaranteed-issue basis without any limitations or exclusions of policy benefits based upon the applicant's health status.

(c)(1) Until the end of the initial open enrollment period, the Arkansas Comprehensive Health Insurance Pool shall provide health insurance to qualified individuals under policies and procedures established by the Board of Directors of the Arkansas Comprehensive Health Insurance Pool.

(2) At the end of the initial open enrollment period, the eligibility of a qualified individual for health insurance under the Arkansas Comprehensive Health Insurance Pool is determined under § 23-79-509.

(d) The Insurance Commissioner shall adopt rules to implement and administer this act.

(e) This act and the rules adopted by the commissioner to administer this act expire on January 1, 2014.

SECTION 2. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that recent changes in federal law prohibit health insurers from imposing preexisting-condition exclusions on individuals under nineteen (19) years of age; that there exists a limited market in this state of health insurers voluntarily offering individual health insurance policies to individuals under nineteen (19) years of age; that children with preexisting conditions may be unable to obtain any health insurance coverage; and that this act is immediately necessary because the lack of health insurance coverage results in the children of this state receiving inadequate medical care, foregoing wellness treatment and medical procedures, and experiencing declining health, with potentially devastating consequences to the future health and welfare of our state. Therefore, an emergency is declared to exist, and this act being immediately necessary for the preservation of the public peace, health, and safety shall become effective on:

(1) The date of its approval by the Governor;

(2) If the bill is neither approved nor vetoed by the Governor, the expiration of the period of time during which the Governor may veto the bill; or

(3) If the bill is vetoed by the Governor and the veto is overridden, the date the last house overrides the veto."

The Amendment was read _____
By: Representative D. Hutchinson
DLP/DLP - 02/25/11 09:47
DLP099

Chief Clerk