

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
93rd General Assembly
Regular Session, 2021

A Bill

SENATE BILL 446

By: Senator Bledsoe
By: Representative Vaught

For An Act To Be Entitled

AN ACT TO CLARIFY THE APPLICABILITY OF STEP THERAPY PROTOCOLS; TO AMEND THE DEFINITION OF "HEALTH BENEFIT PLAN" TO INCLUDE INDIVIDUAL QUALIFIED HEALTH INSURANCE PLANS; AND FOR OTHER PURPOSES.

Subtitle

TO CLARIFY THE APPLICABILITY OF STEP THERAPY PROTOCOLS; AND TO AMEND THE DEFINITION OF "HEALTH BENEFIT PLAN" TO INCLUDE INDIVIDUAL QUALIFIED HEALTH INSURANCE PLANS.

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

SECTION 1. Arkansas Code § 23-79-2102(4), as enacted by Acts 2021, No. 97, and concerning the definition of "health benefit plan" used in the regulation of step therapy protocols, is amended to read as follows:

(4)(A) "Health benefit plan" means an individual, blanket, or any group plan, policy, or contract for healthcare services issued, renewed, or extended in this state by a healthcare insurer, health maintenance organization, hospital medical service corporation, or self-insured governmental or church plan in this state.

(B) "Health benefit plan" includes:

(i) Indemnity and managed care plans; ~~and~~
(ii) Plans providing health benefits to state and public school employees under § 21-5-401 et seq.; and



(iii) Individual qualified health insurance plans under § 23-61-1001 et seq.

- (C) "Health benefit plan" does not include:
- (i) A disability income plan;
 - (ii) A credit insurance plan;
 - (iii) Insurance coverage issued as a supplement to liability insurance;
 - (iv) Medical payments under an automobile or homeowners' insurance plan;
 - (v) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;
 - (vi) A plan that provides only indemnity for hospital confinement;
 - (vii) An accident-only plan;
 - (viii) A specified disease plan;
 - (ix) A plan that provides only dental benefits or eye and vision care benefits; or
 - (x) A program or plan authorized ~~and funded~~ under 42 U.S.C. § 1396a et seq., as it existed on January 1, 2021, as approved by the United States Secretary of Health and Human Services, excluding individual qualified health insurance plans under § 23-61-1001 et seq.;