

1 State of Arkansas As Engrossed: H2/14/23 H2/20/23

2 94th General Assembly

A Bill

3 Regular Session, 2023

HOUSE BILL 1129

4

5 By: Representative L. Johnson

6 By: Senator Irvin

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For An Act To Be Entitled

9 AN ACT TO REQUIRE THE ARKANSAS MEDICAID PROGRAM AND
10 INSURANCE POLICIES TO REIMBURSE FOR BEHAVIORAL HEALTH
11 SERVICES PROVIDED IN CERTAIN SETTINGS; AND FOR OTHER
12 PURPOSES.

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Subtitle

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TO REQUIRE THE ARKANSAS MEDICAID PROGRAM
17 AND INSURANCE POLICIES TO REIMBURSE FOR
18 BEHAVIORAL HEALTH SERVICES PROVIDED IN
19 CERTAIN SETTINGS.

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

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24 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is
25 amended to add an additional section to read as follows:

26 20-77-148. Coverage for screening for behavioral health conditions and
27 for behavioral health services.

28 (a) The Arkansas Medicaid Program shall reimburse for screening for
29 behavioral health conditions and behavioral health services provided in:

30 (1) A hospital outpatient clinic; or

31 (2) A physician clinic.

32 (b) The Department of Human Services shall apply for any federal
33 waiver, Medicaid state plan amendment, or other authority necessary to
34 implement this section.

35 (c) Screening for behavioral health conditions and behavioral health
36 services as described in subsection (a) of this section may be provided via



1 telemedicine and reimbursed by the Arkansas Medicaid Program as required
2 under § 20-77-141.

3 (d) Any prior authorization required for screening for behavioral
4 health conditions and behavioral health services in another setting shall
5 apply to screening for behavioral health conditions and behavioral health
6 services provided as described in subsection (a) of this section.

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8 SECTION 2. Arkansas Code Title 23, Chapter 79, is amended to add an
9 additional subchapter to read as follows:

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11 Subchapter 24 – Coverage for Screening for Behavioral Health Conditions and
12 Coverage for Behavioral Health Services

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14 23-79-2401. Definitions.

15 As used in this subchapter:

16 (1)(A) “Health benefit plan” means:

17 (i) An individual, blanket, or group plan or a
18 policy or contract for healthcare services issues or delivered by a
19 healthcare insurer; and

20 (ii) Any health benefit program receiving state or
21 federal appropriations from the State of Arkansas, including the Arkansas
22 Medicaid Program and the Arkansas Health and Opportunity for Me Program, or
23 any successor program.

24 (B) “Health benefit plan” includes:

25 (i) Indemnity and managed care plans; and
26 (ii) Nonfederal governmental plans as defined in 29
27 U.S.C. Section 1002(32), as it existed on January 1, 2024.

28 (C) “Health benefit plan” does not include:

29 (i) A disability income plan;
30 (ii) A credit insurance plan;
31 (iii) Insurance coverage issued as a supplement to
32 liability insurance;

33 (iv) A medical payment under automobile or
34 homeowner’s insurance plans;

35 (v) A health benefit plan provided under Arkansas
36 Constitution, Article 5, § 32, the Workers’ Compensation Law, § 11-9-101 et

1 seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

2 (vi) A plan that provides only indemnity for
3 hospital confinement;

4 (vii) An accident-only plan;

5 (viii) A long-term-care-only plan;

6 (ix) A vision-only plan; or

7 (x) A dental-only plan; and

8 (2) "Healthcare insurer" means an entity subject to the
9 insurance laws of this state or the jurisdiction of the Insurance
10 Commissioner that contracts or offers to contract to provide health insurance
11 coverage, including without limitation an insurance company, a health
12 maintenance organization, a hospital medical service corporation, a self-
13 insured governmental or church plan in this state, or the Arkansas Medicaid
14 Program.

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16 23-79-2402. Coverage for screening for behavioral health conditions
17 and coverage for behavioral health services.

18 (a) A healthcare insurer that offers, issues, or renews a health
19 benefit plan in this state shall provide coverage for screening for
20 behavioral health conditions and coverage for behavioral health services
21 provided in a:

22 (1) Hospital outpatient clinic; or

23 (2) Physician clinic.

24 (b) The coverage for screening for behavioral health conditions or for
25 behavioral health services as described in this section:

26 (1) Is not subject to policy deductibles or copayment
27 requirements; and

28 (2) Does not diminish or limit benefits otherwise allowable
29 under a health benefit plan.

30 (c) The coverage for screening for behavioral health and coverage for
31 behavioral health services by a government self-insured plan is subject to
32 any health benefit plan provisions that apply to other services covered by
33 the health benefit plan.

34 (d) Screening for behavioral health conditions and behavioral health
35 services provided as described in subsection (a) of this section may be
36 provided via telemedicine and reimbursed as required under § 23-79-1601 et

1 seq.

2 (e) Any prior authorization required for screening for behavioral
3 health conditions and behavioral health services provided in another setting
4 shall apply to screening for behavioral health conditions and behavioral
5 health services provided as described in subsection (a) of this section.

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/s/L. Johnson

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APPROVED: 4/10/23

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