1 State of Arkansas As Engrossed: H3/19/01 A Bill Act 1470 of 2001 2 83rd General Assembly HOUSE BILL 2363 3 Regular Session, 2001 4 By: Representative Roebuck 5 6 7 For An Act To Be Entitled 8 AN ACT TO PROVIDE OPTIONAL COVERAGE FOR TREATMENT 9 OF THE BONES AND JOINTS OF THE FACE, HEAD AND 10 11 NECK IN THE SAME MANNER AS COVERAGE FOR TREATMENT OF OTHER BONES AND JOINTS OF THE HUMAN BODY; AND 12 13 FOR OTHER PURPOSES. 14 **Subtitle** 15 16 TO PROVIDE OPTIONAL COVERAGE FOR TREATMENT OF THE BONES AND JOINTS OF THE FACE, HEAD 17 AND NECK IN THE SAME MANNER AS COVERAGE FOR 18 TREATMENT OF OTHER BONES AND JOINTS OF 19 20 THE HUMAN BODY. 21 22 23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS: 24 SECTION 1. (a) (1) Every health carrier shall offer optional coverage 25 26 in its health care plans for the medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck or head, including 27 temporomandi bul ar joint di sorder and crani omandi bul ar di sorder. Treatment 28 29 shall include both surgical and nonsurgical procedures. 30 (2) This coverage shall be provided for medically necessary 31 diagnosis and treatment of these conditions whether they are the result of accident, trauma, congenita<u>l defect, developmental defect, or pathology.</u> 32 33 (3) This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and shall be provided whether 34 35 prescribed or administered by a physician or dentist. (b) The policyholder shall accept or reject the optional coverage in 36

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1	writing on the application. The application shall specifically and
2	conspicuously inform the policyholder that rejection of the option means that
3	covered benefits provided to insureds or enrollees will not include
4	"temporomandi bul ar joint di sorder (TMJ) or crani omandi bul ar di sorder."
5	(c) Nothing herein shall prevent an insurer from including such
6	coverage for any or all musculoskeletal disorders affecting any bone or joint
7	in the face, neck or head as part of a policy's basic coverage, in lieu of
8	offering optional coverage.
9	(d) This act shall apply to those health care plans issued, delivered,
10	renewed, extended, amended, or modified on or after the effective date of
11	this act.
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13	SECTION 2. <u>Definitions.</u>
14	(1)(A) "Health care plan" means any individual, blanket, or group plan,
15	policy, or contract for health care services issued or delivered by a carrier
16	in this state, including indemnity and managed care plans.
17	(B) "Health care plan" does not mean a plan that provides
18	coverage only for:
19	(i) A specified accident or accident-only coverage or
20	long-term care insurance as defined in the Long-Term Care Insurance Act.
21	(ii) A Medicare supplement policy of insurance, as defined
22	by the Insurance Commissioner by regulation;
23	(iii) Coverage under a plan through Medicare, Medicaid, or
24	the Federal Employees Health Benefit Program;
25	(iv) Any coverage issued under Chapter 55 of Title 10 of
26	the U.S. Code, existing on January 1, 2001, and any coverage issued as
27	supplemental to that coverage; and
28	(v) Any coverage issued as supplemental to liability
29	insurance, workers' compensation or similar insurance;
30	(2) "Health carrier" means any accident and health insurance company,
31	referred to in law as "disability" insurance company, hospital or medical
32	services corporation, or health maintenance organization (including a so-
33	called dental maintenance organization), issuing or delivering health care
34	plans in this state.
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36	SECTION 3. If any provision of this act or the application thereof to any

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1	person or circumstance is held invalid, the invalidity shall not affect other
2	provisions or applications of the act which can be given effect without the
3	invalid provision or application, and to this end the provisions of this act
4	are declared to be severable.
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6	/s/ Roebuck
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9	APPROVED: 4/10/2001
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