

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

1 State of Arkansas As Engrossed: S2/9/23 S3/6/23

2 94th General Assembly

A Bill

3 Regular Session, 2023

SENATE BILL 178

4

5 By: Senators K. Hammer, *Irvin*

6 By: *Representative Vaught*

7

8

For An Act To Be Entitled

9 AN ACT TO AMEND THE ARKANSAS HEALTH CARE CONSUMER
10 ACT; TO PROVIDE REIMBURSEMENT AND BENEFITS FOR MENTAL
11 ILLNESS AND SUBSTANCE USE DISORDERS THAT ARE
12 DELIVERED THROUGH A PSYCHIATRIC COLLABORATIVE CARE
13 MODEL; AND FOR OTHER PURPOSES.

14

15

16

Subtitle

17 TO AMEND THE ARKANSAS HEALTH CARE
18 CONSUMER ACT; AND TO PROVIDE
19 REIMBURSEMENT AND BENEFITS FOR MENTAL
20 ILLNESS AND SUBSTANCE USE DISORDERS THAT
21 ARE DELIVERED THROUGH A PSYCHIATRIC
22 COLLABORATIVE CARE MODEL.

23

24

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

26

27 SECTION 1. Arkansas Code Title 23, Chapter 99, Subchapter 4, is
28 amended to add an additional section to read as follows:

29 23-99-422. Benefits for mental illness or substance use disorders
30 delivered through psychiatric collaborative care model – Definitions – Rules.

31 (a) As used in this section:

32 (1) “Healthcare insurer” means an insurance company, hospital
33 and medical service corporation, or health maintenance organization issuing
34 or delivering health benefit plans in this state and subject to the following
35 laws:

36 (A) The Arkansas Insurance Code;



1 (B) Section 23-76-101 et seq., pertaining to health
2 maintenance organizations;

3 (C) Section 23-75-101 et seq., pertaining to hospital and
4 medical service corporations; and

5 (D) The Arkansas Medicaid Program for any Medicaid
6 beneficiaries in the fee-for-service Arkansas Medicaid Program and Medicaid
7 services provided under the Arkansas Medicaid Program that are managed or
8 reimbursed by another healthcare insurer or a risk-based provider
9 organization; and

10 (2) "Psychiatric collaborative care model" means the delivery of
11 care that is:

12 (A) An evidence-based, integrated behavioral health
13 service delivery method described at 81 Fed. Reg. 80230-80239, as it existed
14 on January 1, 2023; and

15 (B) A method typically used by a primary care team
16 consisting of a primary care provider and a care manager who works in
17 collaboration with a psychiatric consultant, including without limitation a
18 psychiatrist.

19 (b) A healthcare insurer that provides benefits for the treatment of
20 mental illness or substance use disorders shall provide reimbursement for
21 those benefits if the benefits are delivered through a psychiatric
22 collaborative care model.

23 (c) The care provided by a primary care team shall:

24 (1) Be directed by the primary care team;

25 (2) Include structured care management with regular assessments
26 of clinical status using validated tools; and

27 (3) Include modification of treatment, as appropriate.

28 (d) A psychiatric consultant who participates in a primary care team
29 shall:

30 (1) Provide regular consultations to the primary care team;

31 (2) Review the clinical status and care of the covered person;
32 and

33 (3) Make recommendations.

34 (e)(1) A healthcare insurer may deny reimbursement for healthcare
35 services delivered through a psychiatric collaborative care model on the
36 grounds of medical necessity only if the medical necessity determinations are

1 in compliance with state law and the Paul Wellstone and Pete Domenici Mental
2 Health Parity and Addiction Equity Act of 2008, Pub. L. No. 110-343, § 511 et
3 seq.

4 (2) For care provided through a psychiatric collaborative care
5 model, a healthcare insurer shall not:

6 (A) Place a benefit limitation or cap on the amount of
7 time, number of units, or dollar payments for care manager activities in any
8 month in a manner that is contrary to state law or the Paul Wellstone and
9 Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Pub. L.
10 No. 110-343, § 511 et seq.;

11 (B) Limit the ability of federally qualified health
12 centers or rural health clinics to receive reimbursement;

13 (C) Impose any licensure requirements enacted by state or
14 federal law for a care manager;

15 (D) Limit the age of a patient for whom the care is a
16 covered service; or

17 (E) Limit coverage to a patient with a specific diagnosis.

18 (f) The Insurance Commissioner may promulgate rules necessary to
19 implement this section.

20
21 SECTION 2. DO NOT CODIFY. EFFECTIVE DATE. This act is effective on
22 and after October 1, 2023.

23
24 /s/K. Hammer
25
26
27
28
29
30
31
32
33
34
35
36