

1 State of Arkansas As Engrossed: S3/30/21 S4/13/21

2 93rd General Assembly

A Bill

3 Regular Session, 2021

SENATE BILL 602

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5 By: Senators Irvin, L. Eads

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For An Act To Be Entitled

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AN ACT TO MODIFY THE LAW CONCERNING CRANIOFACIAL

9

COVERAGE; TO ESTABLISH WENDELYN'S CRANIOFACIAL LAW –

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CRANIOFACIAL COVERAGE; TO DECLARE AN EMERGENCY; AND

11

FOR OTHER PURPOSES.

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Subtitle

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TO MODIFY THE LAW CONCERNING CRANIOFACIAL

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COVERAGE; TO ESTABLISH WENDELYN'S

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CRANIOFACIAL LAW – CRANIOFACIAL COVERAGE;

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AND TO DECLARE AN EMERGENCY.

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

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23 SECTION 1. Arkansas Code Title 23, Chapter 79, Subchapter 15, is

24 amended to add an additional section to read as follows:

25 23-79-1504. Title.

26 This subchapter shall be known and may be cited as "Wendelyn's

27 Craniofacial Law – Craniofacial Coverage".

28

29 SECTION 2. Arkansas Code § 23-79-1501(1), concerning the definition of

30 "craniofacial anomaly" used in the coverage for craniofacial anomaly

31 reconstructive surgery, is amended to read as follows:

32 (1) "Craniofacial anomaly" means ~~a congenital or acquired~~

33 ~~musculoskeletal disorder that primarily affects the cranial facial tissue~~ the

34 abnormal development of the skull and face;

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36 SECTION 3. Arkansas Code § 23-79-1501(2)(C), concerning the definition



1 of "health benefit plan" used in the coverage for craniofacial anomaly
2 reconstructive surgery, is amended to read as follows:

- 3 (C) "Health benefit plan" does not include:
- 4 (i) A disability income plan;
- 5 (ii) A credit insurance plan;
- 6 (iii) Insurance coverage issued as a supplement to
7 liability insurance;
- 8 (iv) Medical payments under an automobile or
9 homeowners' insurance plan;
- 10 (v) A health benefit plan provided under Arkansas
11 Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et
12 seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;
- 13 (vi) A plan that provides only indemnity for
14 hospital confinement;
- 15 (vii) An accident-only plan; ~~or~~
- 16 (viii) A specified disease plan; or
- 17 (ix) A plan that provides only dental benefits or
18 eye and vision care benefits; and
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20 SECTION 4. Arkansas Code § 23-79-1501(3), concerning the definition of
21 "reconstructive surgery" used in the coverage for craniofacial anomaly
22 reconstructive surgery, is amended to read as follows:

23 (3) "Reconstructive surgery" means the use of surgery to alter
24 the form and function of the cranial facial tissues due to a congenital or
25 acquired musculoskeletal disorder, including surgery to alter the form and
26 function of the skull and face.
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28 SECTION 5. Arkansas Code § 23-79-1502(b), concerning medical care
29 coverage for craniofacial anomaly reconstructive surgery requirements, is
30 amended to read as follows:

31 (b) Medical care coverage required under this section includes
32 coverage for reconstructive surgery, dental care, and vision care, ~~and the~~
33 ~~use of at least one (1) hearing aid.~~
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35 SECTION 6. Arkansas Code § 23-79-1502, concerning coverage for
36 craniofacial anomaly reconstructive surgery requirements, is amended to add

1 additional subsections to read as follows:

2 (c)(1) The services included in the coverage described in subsection
3 (b) of this section shall be authorized by a surgical member of a nationally
4 approved cleft-craniofacial team of the American Cleft Palate-Craniofacial
5 Association.

6 (2) For healthcare services to be performed by a nationally
7 approved cleft-craniofacial team, a request for written authorization or
8 approval shall be reviewed by the administrator of the health benefit plan:

9 (A) Within two (2) working days from the request by a
10 nationally approved cleft-craniofacial surgical team member, for a nonurgent
11 case; or

12 (B) Within twenty-four (24) hours from the request by a
13 nationally approved cleft-craniofacial surgical team member, for an urgent
14 case.

15 (3)(A) For healthcare services that are recommended by a
16 surgical member of a nationally approved cleft-craniofacial team that are to
17 be performed by a medical provider that is not on a nationally approved
18 cleft-craniofacial team, a request for written authorization or approval
19 shall be reviewed:

20 (i) Within two (2) working days from the request by
21 a nationally approved cleft-craniofacial surgical team member, for a
22 nonurgent case; or

23 (ii) Within twenty-four (24) hours from the request
24 by a nationally approved cleft-craniofacial surgical team member, for an
25 urgent case.

26 (B) A medical provider that is not a craniofacial
27 specialist shall communicate in a timely manner its proposed healthcare
28 services to the nationally approved cleft-craniofacial surgical team member
29 who initiated the recommendation described in subdivision (c)(3)(A) of this
30 section.

31 (d) A health benefit plan shall include coverage for the following, if
32 medically necessary:

33 (1) On an annual basis:

34 (A) Sclera contact lenses, including coatings;

35 (B) Office visits;

36 (C) An ocular impression of each eye; and

1 (D) Any additional tests or procedures that are medically
2 necessary for a craniofacial patient;

3 (2)(A) Every two (2) years, two (2) hearing aids and two (2)
4 hearing aid molds for each ear.

5 (B) As used in subdivision (d)(2)(A) of this section,
6 "hearing aids" includes behind the ear, in the ear, wearable bone
7 conductions, surgically implanted bone conduction services, and cochlear
8 implants; and

9 (3) Every four (4) years, a dehumidifier.

10 (e)(1) A nationally approved cleft-craniofacial team that is located
11 in other states may provide the healthcare services, treatment, evaluation,
12 authorizations, and review as described in this section.

13 (2) For healthcare services performed outside of this state
14 under this section, the insured or enrollee shall not be penalized for out-
15 of-network charges subject to the terms and conditions of the health benefit
16 plan.

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18 SECTION 7. Arkansas Code § 23-79-1503 is amended to read as follows:
19 23-79-1503. Rules - Report.

20 (a) The State Insurance Department shall develop and promulgate rules
21 for the implementation and administration of this subchapter.

22 (b) The State and Public School Life and Health Insurance Board ~~may~~
23 ~~develop and promulgate rules for the administration of this subchapter~~ shall
24 follow the rules promulgated by the department for administration of this
25 subchapter for the plans providing health benefits to state and public school
26 employees under § 21-5-401 et seq.

27 (c) The department shall submit biannual reports to the Chair of the
28 House Committee on Insurance and Commerce and the Chair of the Senate
29 Committee on Insurance and Commerce.

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31 SECTION 8. EMERGENCY CLAUSE. It is found and determined by the
32 General Assembly of the State of Arkansas that this state has a limited
33 number of approved certified craniofacial specialists to review and treat
34 individuals with craniofacial anomalies; that increasing healthcare coverage
35 for craniofacial patients allows a nationally approved cleft-craniofacial
36 team outside of this state to provide healthcare services for residents of

1 this state can decrease the delay in treatment; and that this act is
2 immediately necessary because there are residents in this state who are in
3 need of healthcare services to treat individuals with craniofacial anomalies.
4 Therefore, an emergency is declared to exist, and this act being immediately
5 necessary for the preservation of the public peace, health, and safety shall
6 become effective on:

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

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

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

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14 /s/Irvin
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