

Stricken language would be deleted from and underlined language would be added to present law.  
Act 58 of the Regular Session

1 State of Arkansas  
2 92nd General Assembly  
3 Regular Session, 2019  
4

As Engrossed: H1/23/19

**A Bill**

HOUSE BILL 1074

5 By: Representative J. Mayberry  
6 By: Senator Hester  
7

**For An Act To Be Entitled**

9 AN ACT TO REQUIRE NEWBORN SCREENING FOR SPINAL  
10 MUSCULAR ATROPHY; TO MANDATE THAT INSURANCE POLICIES  
11 COVER NEWBORN SCREENING FOR SPINAL MUSCULAR ATROPHY;  
12 AND FOR OTHER PURPOSES.  
13  
14

**Subtitle**

15 TO REQUIRE NEWBORN SCREENING FOR SPINAL  
16 MUSCULAR ATROPHY; AND TO MANDATE THAT  
17 INSURANCE POLICIES COVER NEWBORN  
18 SCREENING FOR SPINAL MUSCULAR ATROPHY.  
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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 § 20-15-302(a)(1)(A), concerning testing of*  
25 *newborn infants, is amended to read as follows:*

26 *(a)(1)(A) All newborn infants shall be tested for phenylketonuria,*  
27 *hypothyroidism, galactosemia, cystic fibrosis, and sickle-cell anemia, and*  
28 *spinal muscular atrophy.*  
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30 SECTION 2. Arkansas Code Title 23, Chapter 79, is amended to add an  
31 additional subchapter to read as follows:

32 Subchapter 18 – Coverage for Newborn Screening for Spinal Muscular Atrophy  
33

34 23-79-1801. Definitions.

35 As used in this subchapter:

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



1                   (i) An individual, blanket, or group plan, policy,  
2 or contract for healthcare services issued or delivered by an insurer, health  
3 maintenance organization, hospital medical service corporation, or self-  
4 insured governmental or church plan in this state; and

5                   (ii) Any health benefit program receiving state or  
6 federal appropriations from the State of Arkansas, including the Arkansas  
7 Medicaid Program, the Health Care Independence Program, commonly referred to  
8 as the "Private Option", and the Arkansas Works Program, or any successor  
9 program.

10                   (B) "Health benefit plan" includes:

11                   (i) An indemnity and managed care plan; and

12                   (ii) A nonfederal governmental plan as defined in 29  
13 U.S.C. § 1002(32), as it existed on January 1, 2019.

14                   (C) "Health benefit plan" does not include:

15                   (i) A disability income plan;

16                   (ii) A credit insurance plan;

17                   (iii) Insurance coverage issued as a supplement to  
18 liability insurance;

19                   (iv) Medical payments under an automobile or  
20 homeowner's insurance plan;

21                   (v) A health benefit plan provided under Arkansas  
22 Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et  
23 seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

24                   (vi) A plan that provides only indemnity for  
25 hospital confinement;

26                   (vii) An accident-only plan;

27                   (viii) A specified disease plan; or

28                   (ix) A long-term care only plan;

29                   (2) "Healthcare professional" means a person who is licensed,  
30 certified, or otherwise authorized by the laws of this state to administer  
31 health care in the ordinary course of the practice of his or her profession;

32                   (3) "Newborn" means a child who is twenty-nine (29) days of age  
33 or younger; and

34                   (4) "Spinal muscular atrophy" means a genetic disease that  
35 affects the part of the nervous system that controls voluntary muscle  
36 movement.

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23-79-1802. Coverage for newborn screening for spinal muscular atrophy.

(a) A health benefit plan that is offered, issued, or renewed in this state shall provide coverage for newborn screening for spinal muscular atrophy by a healthcare professional on or after January 1, 2020.

(b) The coverage for newborn screening for spinal muscular atrophy under this section:

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

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

*/s/J. Mayberry*

**APPROVED: 2/4/19**

