State of Arkansas

For An Act To Be Entitled
AN ACT TO REQUIRE SCREENING FOR DEPRESSION OF BIRTH MOTHERS AT THE TIME OF BIRTH; TO MANDATE THAT INSURANCE POLICIES COVER SCREENING FOR DEPRESSION OF BIRTH MOTHERS AT THE TIME OF BIRTH; AND FOR OTHER PURPOSES.

Subtitle
TO REQUIRE SCREENING FOR DEPRESSION OF BIRTH MOTHERS AT THE TIME OF BIRTH; AND TO MANDATE THAT INSURANCE POLICIES COVER SCREENING FOR DEPRESSION OF BIRTH MOTHERS AT THE TIME OF BIRTH.

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

SECTION 1. Arkansas Code Title 20, Chapter 15, Subchapter 1, is amended to add an additional section to read as follows:
(a) A physician or healthcare provider who is attending a birth in this state or a licensed healthcare provider who is attending or providing medical treatment to a birth mother in this state shall facilitate a healthcare provider to screen the birth mother for depression within the first six (6) weeks of birth.

(b)(1) If the birth mother declines to be screened for depression within the first six (6) weeks of having given birth, the physician or
healthcare provider shall record in the patient's medical records that the
birth mother was not screened for depression based upon the refusal of the
patient.

(2) The record of a patient refusal relieves the physician and
the healthcare provider of liability under this subsection.

(c) Records, reports, data, or other information collected or
maintained under this section that identify or could be used to identify an
individual patient, healthcare provider, or institution are confidential and
are not subject to disclosure under the Freedom of Information Act of 1967, §
25-19-101 et seq.

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

Subchapter 24 — Coverage for Birth Mother Screening for Depression


As used in this subchapter:

(1) "Birth mother" means the biological mother of a child;

(2) "Depression" means a mental illness classified as a mood
disorder that causes a persistent feeling of sadness and a loss of interest;

(3)(A) “Health benefit plan” means:
   (i) An individual, blanket, or group plan or a
   policy, or contract for healthcare services issued or delivered by a
   healthcare insurer; and
   (ii) Any health benefit program receiving state or
   federal appropriations from the State of Arkansas, including the Arkansas
   Medicaid Program and the Arkansas Health and Opportunity for Me Program, or
   any successor program.

(B) “Health benefit plan” includes:
   (i) Indemnity and managed care plans; and
   (ii) Nonfederal governmental plans as defined in 29
       U.S.C. § 1002(32), as it existed on January 1, 2024.

(C) “Health benefit plan” does not include:
   (i) A disability income plan;
   (ii) A credit insurance plan;
   (iii) Insurance coverage issued as a supplement to
liability insurance;

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

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

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

(vii) An accident-only plan;

(viii) A specified disease plan;

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

(x) A dental-only plan; or

(xi) A vision-only plan;

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

(5) “Healthcare professional” means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession.


(a) A healthcare insurer that offers, issues, or renews a health benefit plan in this state shall provide coverage for screening for depression of the birth mother by a healthcare professional within the first six (6) weeks of the birth mother’s having given birth on or after January 1, 2024.

(b) The coverage for screening for depression of the birth mother 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.
(c) Coverage provided for screening under subsection (a) of this section for a government self-insured plan is subject to any health benefit plan provisions that apply to other services covered by the health benefit plan.

/s/Pilkington

APPROVED: 3/21/23