ARKANSAS SENATE

87th General Assembly - Regular Session, 2009

Amendment Form

Subtitle of Senate Bill No. 940

"AN ACT TO REQUIRE HEALTH INSURANCE COVERAGE FOR CRANIOFACIAL **RECONSTRUCTION UNDER CERTAIN CONDITIONS."**

Amendment No. 2 to Senate Bill No. 940.

Amend Senate Bill No. 940 as engrossed, S3/19/09 (version: 03-19-2009 08:32):

Page 1, delete line 10 of the title and substitute the following: "RECONSTRUCTIVE SURGERY FOR CRANIOFACIAL ABNORMALITIES UNDER CERTAIN"

AND

Page 1, line 24, delete "Reconstructive" and substitute "Craniofacial Reconstructive"

AND

Page 1, line 30, delete "and"

AND

Page 1, delete lines 31 through 36

AND

Page 2, delete lines 1 through 3 and substitute the following:

"(2) "Health benefit plan" means any policy, contract, or agreement offered by an insurance company, health maintenance organization, or hospital and medical services corporation to provide, reimburse, or pay for health care services, but does not include the following:

(A) Workers' compensation coverage;

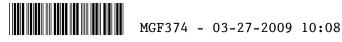
(B) Self-funded or self-insured health plans, unless the plan is established or maintained for employees of a governmental or church entity;

(C) Health plans covering specific diseases other than

dental plans;

(D) Hospital indemnity insurance; (E) Long-term care insurance;

(F) Short-term limited duration insurance;



(G) Accident only insurance;

(H) Medicare supplement insurance; or

(I) Other supplemental insurance;

(3) "Health insurance coverage" means benefits consisting of medical, pharmaceutical, optometric, surgical, or hospitalization, or other goods or services for the purpose of preventing, alleviating, curing, or healing human illness provided, directly or indirectly, through insurance, reimbursement, or otherwise, including items and services paid for under any policy, certificate, or agreement offered by a health benefits plan;

(4) "Licensed physician or dentist trained in evaluation and treatment of specific craniofacial disorders" includes:

(A) A craniofacial orthodontist;

(B) A genetecist;

(C) A neurosurgeon;

(D) An ophthalmologist;

(E) An otolaryngologist;

(F) An oral and maxillofacial surgeon;

(G) A plastic and reconstructive surgeon; and

(H) A pediatric surgeon;

(5)(A) "Reconstructive surgery for craniofacial abnormalities" means surgery to restore, construct, or reconstruct pediatric and adult craniofacial deficiencies or abnormalities resulting from congenital defects, disease, trauma, or abnormal growth processes as defined by a licensed physician or dentist trained in evaluation and treatment of specific craniofacial disorders.

(B) "Reconstructive surgery for craniofacial

abnormalities" includes secondary deformities arising from essential treatment and continued or disrupted growth of normal facial structures so as to establish an appearance or restore function consistent with standard facial structure and function.

(C) "Reconstructive surgery for craniofacial abnormalities" does not include:

(i) Cosmetic surgery when performed for purposes other than to improve function or restore an acceptable appearance of normalcy or symmetry; or

(ii) Dental services for the diagnosis or treatment of dental disorders or dental pathology primarily affecting the gums, teeth, or alveolar ridge; and

(6) "Standard facial structure" means the complex of skin, soft tissue, bone, including cranial deformations, mandible, and alveolar ridge, cartilage, teeth, nerves, and muscular structures that compose the human face and personal identity."

AND

Page 2, delete lines 5 through 7 and substitute the following:

"23-86-603. Coverage for reconstructive surgery for craniofacial abnormalities.

<u>A health benefit plan that provides</u>"

AND

Page 2, line 8, delete "<u>reconstructive surgery</u>" and substitute "<u>reconstructive surgery for craniofacial abnormalities</u>"

AND

Page 2, line 9, delete "necessary" and substitute "diagnosed"

AND

Page 2, delete lines 13 and 14 and substitute the following: "<u>This subchapter does not require a health benefit plan to provide</u> coverage"

AND

Page 2, delete line 21 and substitute the following:
 "(b)(1) To the extent allowed under federal law, for a health benefit
plan maintained under one (1) or more"

AND

Page 2, delete line 28 and substitute the following: "(2) To the extent allowed under federal law, a plan amendment made under a collective bargaining"

The Amendment was read the first time, rules suspended and read the second time and ______By: Senator Elliott
MGF/KSW - 03-27-2009 10:08
MGF374
Secretary