

ARKANSAS SENATE
93rd General Assembly - Regular Session, 2021
Amendment Form

Subtitle of Senate Bill No. 602

TO MODIFY THE LAW CONCERNING COVERAGE FOR CRANIOFACIAL ANOMALY
RECONSTRUCTIVE SURGERY; TO ESTABLISH WENDELYN'S CRANIOFACIAL LAW; AND TO
DECLARE AN EMERGENCY.

Amendment No. 2 to Senate Bill 602

Amend Senate Bill No. 602 as engrossed S3/30/21 (version: 03/30/2021 09:13:15 AM):

Delete the title in its entirety and substitute:

"AN ACT TO MODIFY THE LAW CONCERNING
CRANIOFACIAL COVERAGE; TO ESTABLISH
WENDELYN'S CRANIOFACIAL LAW –
CRANIOFACIAL COVERAGE; TO DECLARE AN
EMERGENCY; AND FOR OTHER PURPOSES."

AND

Delete the subtitle in its entirety and substitute:

"TO MODIFY THE LAW CONCERNING
CRANIOFACIAL COVERAGE; TO ESTABLISH
WENDELYN'S CRANIOFACIAL LAW –
CRANIOFACIAL COVERAGE; AND TO DECLARE AN
EMERGENCY."

AND

Page 1, delete line 28, and substitute the following:
"Craniofacial Law – Craniofacial Coverage"."

AND

Page 1, delete line 35, and substitute the following:
"abnormal development of the skull and face;



SECTION 3. Arkansas Code § 23-79-1501(2)(C), concerning the definition of "health benefit plan" used in the coverage for craniofacial anomaly reconstructive surgery, is amended to read as follows:

(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) Medical payments under an automobile or homeowners' insurance plan;
- (v) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., and 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; ~~or~~
- (viii) A specified disease plan; or
- (ix) A plan that provides only dental benefits or eye and vision care benefits; and"

AND

Page 2, delete line 7, and substitute the following:
"function of the skull and face."

AND

Page 2, line 20, delete "a member" and substitute "a surgical member"

AND

Page 2, delete lines 23 and 24, and substitute the following:
"(2) For healthcare services to be performed by a nationally approved cleft-craniofacial team, a request for written authorization or approval shall be reviewed by the administrator of the health benefit plan:"

AND

Page 2, line 25, delete "(i)" and substitute "(A)"

AND

Page 2, line 26, delete "cleft-craniofacial team" and substitute "cleft-craniofacial surgical team"

AND

Page 2, line 28, delete "(ii)" and substitute "(B)"

AND

Page 2, delete lines 29 through 36, and substitute the following:
"by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

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

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

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

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

AND

Page 3, delete lines 1 through 12

AND

Page 3, line 18, delete "eye;" and substitute "eye; and"

AND

Page 3, line 20, delete "and"

AND

Page 3, delete line 26, and substitute the following:
"implants; and

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

AND

Page 3, delete lines 27 and 28, and substitute the following:

"(e)(1) A nationally approved cleft-craniofacial team that is located in other"

AND

Page 3, delete lines 31 through 33, and substitute the following:

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

AND

Appropriately renumber the sections of the bill

The Amendment was read the first time, rules suspended and read the second time and _____

By: Senator Irvin

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Secretary