Segal

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PURPOSE OF BILL: HB 1302

To add Duchenne Muscular Dystrophy to the Universal Newborn Screening Act.

ACTUARIAL STATEMENT

The Fiscal Impact Statement was prepared according to generally accepted actuarial principles and practices, in compliance with ACT 112. The Statement provides an estimate of the financial and actuarial effect of the proposed change(s) on the Plans, if possible. The Statement makes no comment or opinion with regard to the merits of the measure for which the Statement is prepared; however, any identified technical or mechanical defects have been noted.

We have reviewed the input and results of our analysis for reasonableness and relied upon the data and information provided by the Plans and their Claims Processing Contractors.

3/7/2025

Patrick Klein, FSA, MAAA
Vice President, Segal

Date

3/7/2025

Matthew Kersting, FSA, MAAA
Vice President, Segal

Date

PROJECTED COSTS

Plan	Plan Design Change	Estimated Annual Cost
EBD	No Change	$250,000 - $300,000

PRICING APPROACH AND COMMENTS

House Bill 1302 requires screening for Duchenne Muscular Dystrophy (DMD), to be added to the universal newborn screening act and as a core medical condition listed in the Recommended Uniform Screening Panel (RUSP). Currently, newborns in the State of Arkansas are not being screened for DMD.

According to the State Plan data, approximately 1,000 babies are born on the plan annually.

Provider reimbursement for DMD screening during CY 2026 is projected to fall within $250 - $300 range, resulting in a total expected annual cost of $250,000 to $300,000 or 0.05% of the total medical costs.