

1 State of Arkansas As Engrossed: H2/14/23 H2/20/23

2 94th General Assembly

# A Bill

3 Regular Session, 2023

HOUSE BILL 1129

4

5 By: Representative L. Johnson

6 By: Senator Irvin

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## For An Act To Be Entitled

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AN ACT TO REQUIRE THE ARKANSAS MEDICAID PROGRAM AND  
INSURANCE POLICIES TO REIMBURSE FOR BEHAVIORAL HEALTH  
SERVICES PROVIDED IN CERTAIN SETTINGS; AND FOR OTHER  
PURPOSES.

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## Subtitle

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TO REQUIRE THE ARKANSAS MEDICAID PROGRAM  
AND INSURANCE POLICIES TO REIMBURSE FOR  
BEHAVIORAL HEALTH SERVICES PROVIDED IN  
CERTAIN SETTINGS.

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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 Title 20, Chapter 77, Subchapter 1, is  
25 amended to add an additional section to read as follows:

26 20-77-148. Coverage for screening for behavioral health conditions and  
27 for behavioral health services.

28 (a) The Arkansas Medicaid Program shall reimburse for screening for  
29 behavioral health conditions and behavioral health services provided in:

30 (1) A hospital outpatient clinic; or

31 (2) A physician clinic.

32 (b) The Department of Human Services shall apply for any federal  
33 waiver, Medicaid state plan amendment, or other authority necessary to  
34 implement this section.

35 (c) Screening for behavioral health conditions and behavioral health  
36 services as described in subsection (a) of this section may be provided via



1 telemedicine and reimbursed by the Arkansas Medicaid Program as required  
2 under § 20-77-141.

3 (d) Any prior authorization required for screening for behavioral  
4 health conditions and behavioral health services in another setting shall  
5 apply to screening for behavioral health conditions and behavioral health  
6 services provided as described in subsection (a) of this section.

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

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11 Subchapter 24 – Coverage for Screening for Behavioral Health Conditions and  
12 Coverage for Behavioral Health Services

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14 23-79-2401. Definitions.

15 As used in this subchapter:

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

17 (i) An individual, blanket, or group plan or a  
18 policy or contract for healthcare services issues or delivered by a  
19 healthcare insurer; and

20 (ii) Any health benefit program receiving state or  
21 federal appropriations from the State of Arkansas, including the Arkansas  
22 Medicaid Program and the Arkansas Health and Opportunity for Me Program, or  
23 any successor program.

24 (B) “Health benefit plan” includes:

25 (i) Indemnity and managed care plans; and  
26 (ii) Nonfederal governmental plans as defined in 29  
27 U.S.C. Section 1002(32), as it existed on January 1, 2024.

28 (C) “Health benefit plan” does not include:

29 (i) A disability income plan;  
30 (ii) A credit insurance plan;  
31 (iii) Insurance coverage issued as a supplement to  
32 liability insurance;

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

35 (v) A health benefit plan provided under Arkansas  
36 Constitution, Article 5, § 32, the Workers’ Compensation Law, § 11-9-101 et

1 seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

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

4 (vii) An accident-only plan;

5 (viii) A long-term-care-only plan;

6 (ix) A vision-only plan; or

7 (x) A dental-only plan; and

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

15  
16 23-79-2402. Coverage for screening for behavioral health conditions  
17 and coverage for behavioral health services.

18 (a) A healthcare insurer that offers, issues, or renews a health  
19 benefit plan in this state shall provide coverage for screening for  
20 behavioral health conditions and coverage for behavioral health services  
21 provided in a:

22 (1) Hospital outpatient clinic; or

23 (2) Physician clinic.

24 (b) The coverage for screening for behavioral health conditions or for  
25 behavioral health services as described in this section:

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

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

30 (c) The coverage for screening for behavioral health and coverage for  
31 behavioral health services by a government self-insured plan is subject to  
32 any health benefit plan provisions that apply to other services covered by  
33 the health benefit plan.

34 (d) Screening for behavioral health conditions and behavioral health  
35 services provided as described in subsection (a) of this section may be  
36 provided via telemedicine and reimbursed as required under § 23-79-1601 et

1 seq.

2 (e) Any prior authorization required for screening for behavioral  
3 health conditions and behavioral health services provided in another setting  
4 shall apply to screening for behavioral health conditions and behavioral  
5 health services provided as described in subsection (a) of this section.

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*/s/L. Johnson*

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