

1 State of Arkansas  
2 94th General Assembly  
3 Regular Session, 2023  
4

# A Bill

SENATE BILL 137

5 By: Senator Irvin  
6 By: Representative L. Johnson  
7

## For An Act To Be Entitled

8  
9 AN ACT TO MANDATE COVERAGE FOR NECESSARY  
10 MAXILLOFACIAL SERVICES; AND FOR OTHER PURPOSES.  
11

## Subtitle

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14 TO MANDATE COVERAGE FOR NECESSARY  
15 MAXILLOFACIAL SERVICES.  
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18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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20 SECTION 1. Arkansas Code Title 23, Chapter 99, Subchapter 4, is  
21 amended to add an additional section to read as follows:

22 23-99-422. Coverage for necessary maxillofacial services –

### 23 Definitions.

24 (a) As used in this section:

25 (1)(A) “Health benefit plan” means an individual, blanket, or  
26 group plan, policy, or contract for healthcare services offered, issued,  
27 renewed, or extended in this state by a healthcare insurer, health  
28 maintenance organization, hospital medical service corporation, or self-  
29 insured governmental or church plan in this state.

30 (B) “Health benefit plan” includes:

31 (i) Indemnity and managed care plans; and  
32 (ii) Plans providing health benefits to state and  
33 public school employees under § 21-5-401 et seq.

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

35 (i) A plan that provides only dental benefits or eye  
36 and vision care benefits;



1 (ii) A disability income plan;  
2 (iii) A credit insurance plan;  
3 (iv) Insurance coverage issued as a supplement to  
4 liability insurance;

5 (v) Medical payments under an automobile or  
6 homeowners insurance plan;

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

10 (vii) A plan that provides only indemnity for  
11 hospital confinement;

12 (viii) An accident-only plan;

13 (ix) A specified disease plan; or

14 (x) A program established by the Arkansas Health and  
15 Opportunity for Me Act of 2021, § 23-61-1001 et seq.;

16 (2)(A) "Healthcare insurer" means any insurance company,  
17 hospital and medical service corporation, or health maintenance organization  
18 that issues or delivers health benefit plans in this state and is subject to  
19 any of the following laws:

20 (i) The insurance laws of this state;

21 (ii) Section 23-75-101 et seq., pertaining to  
22 hospital and medical service corporations; or

23 (iii) Section 23-76-101 et seq., pertaining to  
24 health maintenance organizations.

25 (B) "Healthcare insurer" does not include an entity that  
26 provides only dental benefits or eye and vision care benefits;

27 (3) "Healthcare professional" means a person who is licensed,  
28 certified, or otherwise authorized by the laws of this state to administer  
29 health care in the ordinary course of the practice of his or her profession;

30 (4) "Healthcare services" means services and products provided  
31 by a healthcare professional within the scope of the healthcare  
32 professional's license; and

33 (5)(A) "Necessary maxillofacial services" means healthcare  
34 services that are used to:

35 (i) Restore and manage the head and facial  
36 structures of an individual that are defective because of disease, trauma, or

1 birth or developmental deformities and cannot be replaced with living tissue;  
2 or

3 (ii) Repair or stabilize living tissue that is  
4 defective because of disease, trauma, or birth or developmental deformities.

5 (B) "Necessary maxillofacial services" includes only  
6 healthcare services used for the purpose of:

7 (i) Controlling or eliminating infection;

8 (ii) Controlling or eliminating pain; or

9 (iii) Restoring facial configuration or functions  
10 including without limitation speech, swallowing, or chewing.

11 (C) "Necessary maxillofacial services" does not include  
12 cosmetic procedures if provided to improve on the normal range of conditions.

13 (b) A health benefit plan that is offered, issued, renewed, or  
14 extended in this state shall provide coverage for necessary maxillofacial  
15 services.

16 (c) An exclusion for coverage for dental care or orthodontic services  
17 in a health benefit plan does not apply to necessary maxillofacial services.

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19 SECTION 2. DO NOT CODIFY. EFFECTIVE DATE. This act is effective on  
20 and after September 1, 2023.

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