

State of Arkansas *As Engrossed: H2/27/25 S4/1/25*

95th General Assembly

A Bill

Regular Session, 2025

HOUSE BILL 1424

By: Representative L. Johnson

By: Senator B. Johnson

For An Act To Be Entitled

AN ACT TO MANDATE COVERAGE FOR SEVERE OBESITY
TREATMENTS; AND FOR OTHER PURPOSES.

Subtitle

TO MANDATE COVERAGE FOR SEVERE OBESITY
TREATMENTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

*SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is
amended to add an additional section to read as follows:*

20-77-154. Treatment of severe obesity.

*(a) The Arkansas Medicaid Program shall reimburse for the treatment of
diseases and conditions caused by severe obesity.*

*(b) The coverage under subsection (a) of this section shall include
coverage for:*

*(1) Bariatric surgery, as recognized by the American Society for
Metabolic and Bariatric Surgery;*

(2) Preoperative care for bariatric surgery; and

(3) Post-operative care for bariatric surgery.

*(c) This section does not require the Arkansas Medicaid Program to
provide coverage for injectable drugs to lower glucose levels or any other
drugs prescribed for weight loss.*

*(d) The Department of Human Services shall apply for any federal
waiver, Medicaid state plan amendments, or other authority necessary to
implement this section.*



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

3
4 Subchapter 29 – Coverage for Treatment for Severe Obesity

5
6 23-79-2901. Definitions.

7 As used in this subchapter:

8 (1) "Body mass index" means body weight in kilograms divided by
9 height in meters squared;

10 (2) "Covered person" means an individual who is entitled to
11 receive healthcare services under the terms of a health benefit plan;

12 (3)(A) "Health benefit plan" means an individual, blanket, or
13 group plan or a policy or contract for healthcare services offered, issued,
14 renewed, delivered, or extended in this state by a healthcare insurer.

15 (B) "Health benefit plan" includes indemnity and managed care plans.

16 (C) "Health benefit plan" does not include:

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

19 (ii) A disability income plan;

20 (iii) A credit insurance plan;

21 (iv) Insurance coverage issued as a supplement to
22 liability insurance;

23 (v) A medical payment under an automobile or
24 homeowners insurance plan;

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

28 (vii) A plan that provides only indemnity for
29 hospital confinement;

30 (viii) An accident-only plan;

31 (ix) A specified disease plan;

32 (x) A long-term-care-only plan; or

33 (xi) Nonfederal governmental plans as defined in 29
34 U.S.C. § 1002(32), as it existed on January 1, 2025;

35 (4)(A) "Healthcare insurer" means an insurance company, hospital
36 and medical service corporation, or health maintenance organization that

1 issues or delivers health benefit plans in this state and is subject to:

2 (i) The insurance laws of this state;

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

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

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

9 (5) "Healthcare provider" means a type of provider that renders
10 healthcare services to patients for compensation including a doctor of
11 medicine or another licensed healthcare professional acting within the
12 professional's licensed scope of practice; and

13 (6) "Severe obesity" means a body mass index equal to or greater
14 than:

15 (A) Forty kilograms per meter squared (40 kg/m²); or

16 (B)(i) Thirty-five kilograms per meter squared (35 kg/m²)
17 along with an associated comorbidity.

18 (ii) An associated comorbidity under subdivision
19 (6)(B)(i) of this section includes without limitation:

20 (a) Hypertension;

21 (b) Cardiopulmonary conditions;

22 (c) Sleep apnea; or

23 (d) Diabetes.

24
25 23-79-2902. Coverage for treatment of diseases and conditions caused
26 by severe obesity.

27 (a) On and after January 1, 2026, a health benefit plan that is
28 offered, issued, renewed, delivered, or extended in this state shall provide
29 coverage for medically necessary expenses for the treatment of diseases and
30 conditions caused by severe obesity.

31 (b) The coverage under subsection (a) of this section shall include
32 without limitation coverage for:

33 (1)(A) Bariatric surgery as recognized by the American Society
34 for Metabolic and Bariatric Surgery.

35 (B) Bariatric surgery under subdivision (b)(1)(A) of this
36 section shall be limited to the following:

- (i) Biliopancreatic bypass with duodenal switch;
- (ii) Laparoscopic adjustable gastric banding;
- (iii) Roux-en-Y procedure; and
- (iv) Sleeve gastrectomy;

(2) Revision bariatric surgery when required to manage a complication resulting from a prior bariatric surgery type as provided in subdivision (b)(1) of this section that utilizes a different procedure from those procedures listed in subdivision (b)(1) of this section;

(3) Preoperative care, including without limitation:

- (A) Psychological screening and counseling;
- (B) Behavior modification counseling;
- (C) Nutritional and dietary counseling;
- (D) Exercise or physical therapy and counseling; and

(4) Post-operative care, including without limitation:

- (A) Post-operative follow-up;
- (B) Behavior modification counseling;
- (C) Nutritional and dietary counseling;
- (D) Exercise or physical therapy and counseling; and
- (E) Psychological screening and counseling.

(c) For a covered person to qualify for coverage under this section:

(1) A healthcare provider shall issue a written order that includes a statement that:

(A) Identifies the body mass index and any associated comorbid conditions;

(B) Describes the treatment plan for diseases and conditions caused by severe obesity; and

(C) Attests that the treatment is medically necessary for the covered person according to the qualifications and treatment standards established by the American Society for Metabolic and Bariatric Surgery or the American College of Surgeons;

(2) The covered person shall attest that he or she has:

(A) Participated in a weight loss program;

(B) Received preoperative medical and mental health evaluations and clearances;

(C) Received preoperative education that addresses the risks, benefits, realistic expectations, and the need for long-term follow-up

1 and adherence to behavioral modifications; and

2 (D) Received a copy of the treatment plan that describes
3 the preoperative needs and postoperative needs of an individual undergoing
4 bariatric surgery;

5 (3) In lieu of the list of requirements in subdivision (c)(2) of
6 this section, a covered person may attest to the completion of a
7 multidisciplinary surgical preparation program that is also signed by the
8 healthcare provider; and

9 (4) Cannot have undergone a bariatric surgery previously, unless
10 the proposed bariatric surgery is to correct a complication that resulted
11 from the previous bariatric surgery.

12
13 23-79-2903. Limitations.

14 (a) Before any treatment for diseases and conditions caused by severe
15 obesity covered under this subchapter begins, a healthcare insurer may
16 require a covered person to successfully complete a preoperative period of no
17 more than three (3) months that may include counseling, nutritional
18 education, and other covered healthcare services to assist in preparation and
19 evaluation for treatment of diseases and conditions caused by severe obesity.

20 (b) The coverage for bariatric surgery shall only be for covered
21 persons who are eighteen (18) years of age or older.

22 (c) A healthcare insurer may:

23 (1) Restrict covered healthcare services under this subchapter
24 to those provided in facilities holding accreditation by the American College
25 of Surgeons and the American Society for Metabolic and Bariatric Surgery's
26 Metabolic and Bariatric Surgery Accreditation; and

27 (2) Require that a covered healthcare service for the treatment
28 of diseases and conditions caused by severe obesity under this subchapter
29 receives prior authorization from the healthcare insurer.

30
31 23-79-2904. Exclusions.

32 This subchapter does not require a healthcare insurer to provide
33 coverage for injectable drugs used to lower glucose levels or any other drugs
34 prescribed for weight loss.

35
36 23-79-2905. Rules.

1 (a) The Insurance Commissioner, in accordance with evidence-based
2 industry best practices, guidelines, and screening tools as recommended by
3 the American Society for Metabolic and Bariatric Surgery or another
4 nationally recognized body as may be designated by the commissioner, shall
5 evaluate and promulgate rules for additional preoperative conditions that
6 qualify as associated comorbidities and for coverage requirements.

7 (b) If the commissioner promulgates rules under subsection (a) of this
8 section, the rules shall include without limitation medically necessary
9 expenses for:

10 (1) Bariatric surgery, revision bariatric surgery, and
11 reoperative bariatric surgery, as recognized by the American Society for
12 Metabolic and Bariatric Surgery;

13 (2) Preoperative care, including without limitation:

14 (A) Psychological screening and counseling;

15 (B) Behavior modification counseling;

16 (C) Nutritional and dietary counseling;

17 (D) Exercise or physical therapy evaluations, counseling,
18 and treatment; and

19 (3) Post-operative care, including without limitation:

20 (A) Postoperative follow-up;

21 (B) Behavior modification counseling;

22 (C) Nutritional and dietary counseling;

23 (D) Exercise or physical therapy evaluations, counseling,
24 and treatment; and

25 (E) Psychological screening and counseling.

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27 /s/L. Johnson
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