1 2	State of Arkansas 84th General Assembly	A Bill	
	Regular Session, 2003		HOUSE BILL 1033
3 4	Regular Session, 2003		HOUSE BILL 1033
5	By: Representative Dobbins		
6	by. Representative Bootins		
7			
8		For An Act To Be Entitled	
9	AN ACT TO	O ALLOW QUALIFYING COLLEGE STUDEN	NTS TO
10	RECEIVE N	MEDICAL COVERAGE UNDER THE ARKIDS	S FIRST
11	PROGRAM;	AND FOR OTHER PURPOSES.	
12			
13		Subtitle	
14	AN ACT	r to allow qualifying college	
15	STUDE	NTS TO RECEIVE MEDICAL COVERAGE	
16	UNDER	THE ARKIDS FIRST PROGRAM.	
17			
18			
19	BE IT ENACTED BY THE GE	NERAL ASSEMBLY OF THE STATE OF A	ARKANSAS:
20			
21	SECTION 1. Arkan	sas Code § 20-77-1104 is amended	l to read as follows:
22	20-77-1104. Waiv	er - Rules.	
23	(a)(l) The Depar	tment of Human Services has obta	ained a waiver from the
24	Health Care Financing A	dministration to create and admi	inister the ARKids
25	First Program <u>as set fo</u>	orth in subdivision $(b)(1)(A)(i)$.	•
26	(2)(A) The	Department of Human Services sh	nall use its best
27	efforts to obtain any n	ecessary waivers from the Health	ı Care Financing
28	Administration to creat	e and administer the ARKids Firs	st Program as set forth
29	in subdivisions (b)(l)(A)(ii) and (b)(l)(A)(iii).	
30		If the Department of Human Servi	
31		er from the Health Care Financing	_
32	administration of the program as set forth under subdivisions (b)(l)(A)(ii)		
33		program as set forth under thos	se subdivisions shall
34	be administered using s		
35		ent shall administer and promulga	
36	program in conformity w	vith a Medicaid waiver or waivers	and in a manner that:

12132002KAS1403.VJF102

1	(1)(A) Defines the population which may receive services		
2	provided or reimbursed through this program by limiting the program to $\underline{\boldsymbol{\cdot}}$		
3	(i) children Children eighteen (18) years of age or		
4	younger without health care coverage who are members of a family with a gross		
5	family income not exceeding two hundred percent (200%) of the federal poverty		
6	guidelines+;		
7	(ii) Persons over eighteen (18) years of age but		
8	less than twenty-one (21) years of age who are:		
9	(a) Without health care coverage;		
10	(b) Members of a family with a gross family		
11	income not exceeding two hundred percent (200%) of the federal poverty		
12	guidelines; and		
13	(c) Enrolled as students in a public or		
14	private college, university, technical institute, technical college or other		
15	institution of higher education located in the state; or		
16	(iii) Persons over twenty (20) years of age but less		
17	than twenty-five (25) years of age who are:		
18	(a) Without health care coverage;		
19	(b) Members of a family with a gross family		
20	income not exceeding two hundred percent (200%) of the federal poverty		
21	guidelines; and		
22	(c) Enrolled as students in a public or		
23	private college, university, technical institute, technical college or other		
24	institution of higher education located in the state.		
25	(B) No person enrolled in the full Medicaid program may be		
26	concurrently enrolled in the ARKids First Program except as required by		
27	federal law;		
28	(2) Defines health care coverage as health care insurance		
29	regulated by the State Insurance Department, specifically including group an		
30	employer-sponsored health insurance plans. The Department of Human Services		
31	may by rule exclude other plans or coverage from the definition of health		
32	care coverage;		
33	(3) Provides for the automatic assignment of medical payments		
34	due as set out in §§ 20-77-302 and 20-77-307 as a condition of eligibility		
35	for benefits under the uninsured children's program;		
36	(4)(A) Defines the services to be covered under the program,		

T	which shall include parity for outpatient mental health care.
2	(B) As used in subdivision (4)(A) of this section, "parity
3	for mental health care" means coverage for the diagnosis and mental health
4	treatment of mental illnesses and the mental health treatment of those with
5	developmental disorders under the same terms and conditions as provided for
6	covered benefits offered under the program for the treatment of other medical
7	illnesses or conditions and with no differences in the program in regard to
8	any of the following:
9	(i) The duration or frequency of coverage;
10	(ii) The dollar amount of coverage; or
11	(iii) Financial requirements.
12	(C) Providers of covered services shall be those providers
13	enrolled as Medicaid providers, and reimbursement shall be at the rates
14	established by the program; and
15	(5) Establishes a copayment for services received in the program
16	as permitted by Medicaid waiver and as determined through promulgated rules.
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	