

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

A Bill

HOUSE BILL 1129

5 By: Representative L. Johnson
6

For An Act To Be Entitled

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

14 TO REQUIRE THE ARKANSAS MEDICAID PROGRAM
15 AND INSURANCE POLICIES TO REIMBURSE FOR
16 BEHAVIORAL HEALTH SERVICES PROVIDED IN
17 CERTAIN SETTINGS.
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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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23 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is
24 amended to add an additional section to read as follows:

25 20-77-148. Coverage for screening for behavioral health conditions and
26 for behavioral health services.

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

29 (1) A hospital outpatient clinic; or

30 (2) A physician clinic.

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

34 (c) Screening for behavioral health conditions and behavioral health
35 services as described in subsection (a) of this section may be provided via
36 telemedicine and reimbursed by the Arkansas Medicaid Program as required



1 under § 20-77-141.

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

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

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

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 13 23-79-2401. Definitions.

14 As used in this subchapter:

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

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

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

23 (B) “Health benefit plan” includes:

24 (i) Indemnity and managed care plans; and

25 (ii) Nonfederal governmental plans as defined in 29
 26 U.S.C. Section 1002(32), as it existed on January 1, 2024.

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

28 (i) A disability income plan;

29 (ii) A credit insurance plan;

30 (iii) Insurance coverage issued as a supplement to
 31 liability insurance;

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

34 (v) A health benefit plan provided under Arkansas
 35 Constitution, Article 5, § 32, the Workers’ Compensation Law, § 11-9-101 et
 36 seq., or the Public Employee Workers’ Compensation Act, § 21-5-601 et seq.;

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

3 (vii) An accident-only plan;

4 (viii) A long-term-care-only plan; or

5 (ix) A vision-only plan; and

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

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 14 23-79-2402. Coverage for screening for behavioral health conditions
 15 and coverage for behavioral health services.

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

20 (1) Hospital outpatient clinic; or

21 (2) Physician clinic.

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

24 (1) Is not subject to policy deductibles or copayment
 25 requirements; and

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

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

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

36 (e) Any prior authorization required for screening for behavioral

1 health conditions and behavioral health services provided in another setting
2 shall apply to screening for behavioral health conditions and behavioral
3 health services provided as described in subsection (a) of this section.

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