

Stricken language would be deleted from and underlined language would be added to present law.

1 State of Arkansas As Engrossed: H1/30/25 H3/17/25

2 95th General Assembly

A Bill

3 Regular Session, 2025

HOUSE BILL 1079

4

5 By: Representatives F. Allen, Wooten, K. Ferguson, J. Richardson

6 By: Senator D. Wallace

7

8

For An Act To Be Entitled

9 AN ACT TO MANDATE COVERAGE FOR GENETIC TESTING FOR AN
10 INHERITED GENE MUTATION FOR CERTAIN INDIVIDUALS; TO
11 MANDATE COVERAGE FOR EVIDENCE-BASED CANCER IMAGING
12 FOR CERTAIN INDIVIDUALS; AND FOR OTHER PURPOSES.

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Subtitle

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TO MANDATE COVERAGE FOR GENETIC TESTING

17

FOR AN INHERITED GENE MUTATION FOR

18

CERTAIN INDIVIDUALS; AND TO MANDATE

19

COVERAGE FOR EVIDENCE-BASED CANCER

20

IMAGING FOR CERTAIN INDIVIDUALS.

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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 23, Chapter 79, is amended to add an
25 additional subchapter to read as follows:

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27 Subchapter 29 – Coverage for Genetic Testing for Inherited Gene Mutation and
28 Evidence-based Cancer Imaging

29

30 23-79-2901. Definitions.

31 As used in this subchapter:

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33 (1)(A) "Clinical utility" means a test result that provides
information that is used in the formulation of a treatment or monitoring
34 strategy that informs a patient's outcome and impacts the clinical decision.

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36 (B) "Clinical utility" includes the most appropriate test
that may include both information that is actionable and some information



1 that cannot be immediately used in the formulation of a clinical decision;

2 (2) "Evidence-based cancer imaging" means appropriate preventive
3 screening and imaging supported by evidence;

4 (3) "Genetic testing for an inherited gene mutation" means
5 testing for an inherited gene mutation associated with an increased risk of
6 cancer;

7 (4)(A) "Health benefit plan" means an individual, blanket, or
8 group plan, policy, or contract for healthcare services issued, renewed, or
9 extended in this state by a healthcare insurer, health maintenance
10 organization, hospital medical service corporation, or self-insured
11 governmental or church plan in this state.

12 (B) "Health benefit plan" includes:

13 (i) Indemnity and managed care plans; and

14 (ii) Nonfederal governmental plans as defined in 29
15 U.S.C. § 1002(32), as it existed on January 1, 2025.

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) Medical payments 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; or

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

33 (5)(A) "Healthcare insurer" means any insurance company,
34 hospital and medical service corporation, or health maintenance organization
35 that issues or delivers health benefit plans in this state and is subject to
36 any of the following laws:

1 (i) The insurance laws of this state;
2 (ii) Section 23-75-101 et seq., pertaining to
3 hospital and medical service corporations; or
4 (iii) Section 23-76-101 et seq., pertaining to
5 health maintenance organizations.

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

8 (6) "Healthcare provider" means a person who is licensed,
9 certified, or otherwise authorized by the laws of this state to administer
10 healthcare services; and

11 (7) "Nationally recognized clinical practice guidelines" means
12 evidence-based clinical practice guidelines that:

13 (A) Are developed by independent organizations or medical
14 professional societies:

15 (i) Using a transparent methodology and reporting
16 structure; and

17 (ii) With a conflict of interest policy; and

18 (B) Establish standards of care that are informed by:

19 (i) A systemic review of evidence; and

20 (ii) An assessment of the benefits and costs of
21 alternative care options that includes without limitation recommendations
22 intended to optimize patient care.

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24 23-79-2902. Coverage for genetic testing for inherited gene mutation
25 and evidence-based cancer imaging.

26 (a) Beginning on and after January 1, 2026, a health benefit plan that
27 is offered, issued, or renewed in this state shall provide coverage for:

28 (1) Genetic testing for an inherited gene mutation in a clinical
29 setting for an individual with a personal or family history of cancer if the
30 genetic testing for an inherited gene mutation:

31 (A) Provides clinical utility; and

32 (B) Is ordered or recommended by a healthcare provider and
33 is supported by medical and scientific evidence, including without
34 limitation:

35 (i) The National Comprehensive Cancer Network
36 clinical practice recommendations that are level 2a or higher;

1 (ii) Centers for Medicare & Medicaid Services
2 national coverage determinations or Medicare administrative contractor local
3 coverage determinations; or

4 (iii) Nationally recognized clinical practice
5 guidelines; and

6 (2) Evidence-based cancer imaging for an individual at an
7 increased risk of developing cancer if the evidence-based cancer imaging:

8 (A) Provides clinical utility; and

9 (B) Is ordered or recommended by a healthcare provider
10 according to:

11 (i) The National Comprehensive Cancer Network
12 clinical practice recommendations that are level 2a or higher; or

13 (ii) Nationally recognized clinical practice
14 guidelines.

15 (b)(1) Except as provided in subdivision (b)(2) of this section, the
16 coverage for genetic testing for inherited gene mutation and evidence-based
17 cancer imaging under subsection (a) of this section:

18 (A) Is not subject to an annual deductible, copayment, or
19 coinsurance limit as established for other covered benefits under a health
20 benefit plan; and

21 (B) Does not diminish or limit benefits otherwise allowable
22 under a health benefit plan.

23 (2) This subsection does not apply to a plan providing health
24 benefits to state and public school employees under § 21-5-401 et seq.

25 (c)(1) If application of this section would result in health savings
26 account ineligibility under guidance issued by the United States Department
27 of the Treasury under 26 U.S.C. § 223, as it existed on January 1, 2025, then
28 this section shall apply only to health savings accounts with qualified high
29 deductible health plans with respect to the deductible of a health benefit
30 plan after the individual has satisfied the minimum deductible.

31 (2) This section does apply to items or services that are
32 considered to be preventive care under 26 U.S.C. § 223(c)(2)(C), as it
33 existed on January 1, 2025, whether or not the minimum deductible has been
34 satisfied.

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36 23-79-2903. Rules.

