

1 State of Arkansas  
2 95th General Assembly  
3 Regular Session, 2025  
4

# A Bill

HOUSE BILL 1164

5 By: Representative J. Mayberry  
6 By: Senator C. Penzo  
7

## For An Act To Be Entitled

8  
9 AN ACT TO REQUIRE A PHYSICIAN OR HEALTHCARE PROVIDER  
10 TO OFFER COGNITIVE ASSESSMENTS FOR CERTAIN PATIENTS;  
11 TO MANDATE THAT INSURANCE POLICIES COVER ASSESSMENTS  
12 FOR COGNITIVE FUNCTION, ALZHEIMER'S DISEASE, OR  
13 DEMENTIA FOR CERTAIN PATIENTS; AND FOR OTHER  
14 PURPOSES.  
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## Subtitle

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18 TO REQUIRE A PHYSICIAN OR HEALTHCARE  
19 PROVIDER TO OFFER COGNITIVE ASSESSMENTS  
20 FOR CERTAIN PATIENTS; AND TO MANDATE  
21 THAT INSURANCE POLICIES COVER  
22 ASSESSMENTS FOR COGNITIVE FUNCTION FOR  
23 CERTAIN PATIENTS.  
24

25 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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27 SECTION 1. Arkansas Code Title 20, Chapter 15, Subchapter 1, is  
28 amended to add an additional section to read as follows:

29 20-15-103. Cognitive assessment.

30 (a) A physician or healthcare provider who is providing medical  
31 treatment in this state may offer annually a cognitive assessment of a  
32 patient for cognitive function, Alzheimer's disease, or dementia if the  
33 patient is:

34 (1) Sixty (60) years of age or older; or

35 (2) At a higher risk for Alzheimer's disease, dementia, or  
36 impaired cognitive function, including without limitation having a family



1 history of dementia, Down Syndrome, traumatic brain injury, or another  
 2 condition that has been identified through clinical evidence as elevating the  
 3 likelihood of Alzheimer’s disease, dementia, or impaired cognitive function.

4 (b)(1) If a patient declines to be assessed under subsection (a) of  
 5 this section, the physician or healthcare provider shall document in the  
 6 medical records of the patient that he or she was not assessed based upon the  
 7 refusal of the patient.

8 (2) The record of a patient’s refusal under subdivision b)(1) of  
 9 this section relieves the physician or healthcare provider of liability under  
 10 this subsection.

11 (c) Records, reports, data, or other information collected or  
 12 maintained under this section that identify or could be used to identify an  
 13 individual patient, healthcare provider, or institution are confidential and  
 14 are not subject to disclosure under the Freedom of Information Act of 1967, §  
 15 25-19-101 et seq.

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

19 Subchapter 29 – Coverage for Cognitive Assessments

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 21 23-79-2901. Definitions.

22 As used in this subchapter:

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

24 (i) An individual, blanket, or group plan or a  
 25 policy or contract for healthcare services issued or delivered by a  
 26 healthcare insurer; and

27 (ii) Any health benefit program receiving state or  
 28 federal appropriations from the State of Arkansas, including the Arkansas  
 29 Medicaid Program and the Arkansas Health and Opportunity for Me Program, or  
 30 any successor program.

31 (B) “Health benefit plan” includes:

32 (i) Indemnity and managed care plans; and  
 33 (ii) Nonfederal governmental plans as defined in 29  
 34 U.S.C. § 1002(32), as it existed on January 1, 2025.

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

36 (i) A disability income plan;

- 1                   (ii) A credit insurance plan;  
 2                   (iii) Insurance coverage issued as a supplement to  
 3 liability insurance;  
 4                   (iv) A medical payment under automobile or  
 5 homeowners insurance plans;  
 6                   (v) A health benefit plan provided under Arkansas  
 7 Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et  
 8 seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;  
 9                   (vi) A plan that provides only indemnity for  
 10 hospital confinement;  
 11                   (vii) An accident-only plan;  
 12                   (viii) A specified disease plan;  
 13                   (ix) A long-term-care-only plan;  
 14                   (x) A dental-only plan; or  
 15                   (xi) A vision-only plan;

16                   (2) "Healthcare insurer" means an entity subject to the  
 17 insurance laws of this state or the jurisdiction of the Insurance  
 18 Commissioner that contracts or offers to contract to provide health insurance  
 19 coverage, including without limitation an insurance company, a health  
 20 maintenance organization, a hospital medical service corporation, a self-  
 21 insured governmental or church plan in this state, or the Arkansas Medicaid  
 22 Program; and

23                   (3) "Healthcare provider" means a person who is licensed,  
 24 certified, or otherwise authorized by the laws of this state to administer  
 25 health care in the ordinary course of the practice of his or her profession,  
 26 excluding individuals whose practice does not involve direct care relevant to  
 27 Alzheimer's disease, dementia, or impaired cognitive function.

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 29                   23-79-2902. Coverage for cognitive assessment.

30                   (a) A healthcare insurer that offers, issues, or renews a health  
 31 benefit plan in this state shall provide coverage for assessment for  
 32 cognitive function, Alzheimer's disease, or dementia for a patient who is:

33                   (1) Sixty (60) years of age or older; or

34                   (2) At a higher risk for Alzheimer's disease, dementia, or  
 35 impaired cognitive function, including without limitation having a family  
 36 history of dementia, Down Syndrome, traumatic brain injury, or another

1 condition that has been identified through clinical evidence as elevating the  
 2 likelihood of Alzheimer’s disease, dementia, or impaired cognitive function.

3 (b) The coverage for assessment under this section:

4 (1) Is not subject to a policy deductible or copayment  
 5 requirement; and

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

8 (c) Coverage provided for assessment under subsection (a) of this  
 9 section for a self-insured government plan is subject to any health benefit  
 10 plan provisions that apply to other services covered by the health benefit  
 11 plan.

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 13 SECTION 3. Effective Date.

14 The requirement in § 23-79-2902 of providing coverage for assessment of  
 15 cognitive function, Alzheimer’s disease, or dementia is effective on and  
 16 after January 1, 2026.

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