

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

A Bill

HOUSE BILL 1424

5 By: Representative L. Johnson
6 By: Senator B. Johnson
7

For An Act To Be Entitled

8 AN ACT TO MANDATE COVERAGE FOR SEVERE OBESITY
9 TREATMENTS; AND FOR OTHER PURPOSES.
10
11

Subtitle

12 TO MANDATE COVERAGE FOR SEVERE OBESITY
13 TREATMENTS.
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17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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19 SECTION 1. Arkansas Code Title 23, Chapter 79, is amended to add an
20 additional subchapter to read as follows:
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22 Subchapter 29 – Coverage for Treatment for Severe Obesity
23

24 23-79-2901. Definitions.

25 As used in this subchapter:

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

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

30 (3)(A) "Health benefit plan" means:

31 (i) An individual, blanket, or group plan, or a
32 policy or contract for healthcare services offered, issued, renewed,
33 delivered, or extended in this state by a healthcare insurer; and

34 (ii) A health benefit program receiving state or
35 federal appropriations from the State of Arkansas, including the Arkansas
36 Medicaid Program and the Arkansas Health and Opportunity for Me Program under



1 the Arkansas Health and Opportunity for Me Act of 2021, § 23-61-1001 et seq.,
 2 or any successor program.

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

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

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

8 (ii) A disability income plan;

9 (iii) A credit insurance plan;

10 (iv) Insurance coverage issued as a supplement to
 11 liability insurance;

12 (v) A medical payment under an automobile or
 13 homeowners insurance plan;

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

17 (vii) A plan that provides only indemnity for
 18 hospital confinement;

19 (viii) An accident-only plan;

20 (ix) A specified disease plan;

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

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

24 (4)(A) "Healthcare insurer" means an insurance company, hospital
 25 and medical service corporation, or health maintenance organization that
 26 issues or delivers health benefit plans in this state and is subject to:

27 (i) The insurance laws of this state;

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

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

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

34 (5) "Healthcare provider" means a type of provider that renders
 35 healthcare services to patients for compensation including a doctor of
 36 medicine or another licensed healthcare professional acting within the

1 professional's licensed scope of practice; and

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

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

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

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

9 (a) Hypertension;

10 (b) Cardiopulmonary conditions;

11 (c) Sleep apnea; or

12 (d) Diabetes.

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 14 23-79-2902. Coverage for treatment of diseases and conditions caused
 15 by severe obesity.

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

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

22 (1) Bariatric surgery, revision bariatric surgery, and
 23 reoperative bariatric surgery as recognized by the American Society for
 24 Metabolic and Bariatric Surgery;

25 (2) Preoperative care, including without limitation:

26 (A) Psychological screening and counseling;

27 (B) Behavior modification counseling;

28 (C) Nutritional and dietary counseling;

29 (D) Exercise or physical therapy evaluations, counseling,
 30 and treatment; and

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

32 (A) Post-operative follow-up;

33 (B) Behavior modification counseling;

34 (C) Nutritional and dietary counseling;

35 (D) Exercise or physical therapy evaluations, counseling,
 36 and treatment; and

1 (E) Psychological screening and counseling.

2 (c) For a covered person to qualify for coverage under this section, a
3 healthcare provider shall issue a written order stating that the treatment of
4 diseases and conditions caused by severe obesity is medically necessary for
5 the covered person according to the qualifications and treatment standards
6 established by the American Society for Metabolic and Bariatric Surgery or
7 the American College of Surgeons.

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9 23-79-2903. Limitations.

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

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

18 (c) A healthcare insurer may:

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

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

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27 23-79-2904. Exclusions.

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

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32 23-79-2905. Rules.

33 The Secretary of the Department of Human Services and the Insurance
34 Commissioner, in accordance with evidence-based industry best practices,
35 guidelines, and screening tools as recommended by the American Society for
36 Metabolic and Bariatric Surgery or another nationally recognized body as may

1 be designated by the secretary or commissioner, shall evaluate and promulgate
2 rules for additional preoperative conditions that qualify as associated
3 comorbidities and for coverage requirements, to include without limitation
4 medically necessary expenses for:

5 (1) Bariatric surgery, revision bariatric surgery, and
6 reoperative bariatric surgery, as recognized by the American Society for
7 Metabolic and Bariatric Surgery;

8 (2) Preoperative care, including without limitation:

9 (A) Psychological screening and counseling;

10 (B) Behavior modification counseling;

11 (C) Nutritional and dietary counseling;

12 (D) Exercise or physical therapy evaluations, counseling,
13 and treatment; and

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

15 (A) Postoperative follow-up;

16 (B) Behavior modification counseling;

17 (C) Nutritional and dietary counseling;

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

20 (E) Psychological screening and counseling.

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