

Stricken language would be deleted from and underlined language would be added to present law.  
Act 1226 of the Regular Session

State of Arkansas      *As Engrossed: H3/25/13 H3/26/13 H4/4/13*  
89th General Assembly  
Regular Session, 2013

# A Bill

HOUSE BILL 2121

By: Representatives Hawthorne, E. Armstrong, Baltz, Ferguson, Kizzia, Scott

## For An Act To Be Entitled

*AN ACT TO REQUIRE HEALTH BENEFITS PLANS TO PROVIDE  
FOR CORRECTIVE SURGERY AND TREATMENT FOR CRANIOFACIAL  
ANOMALY; AND FOR OTHER PURPOSES.*

### Subtitle

*TO REQUIRE HEALTH BENEFIT PLANS TO  
PROVIDE FOR CORRECTIVE SURGERY AND  
TREATMENT FOR CRANIOFACIAL ANOMALY.*

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 23, Chapter 79, is amended to add an additional subchapter to read as follows:

Subchapter 15 – Coverage for Craniofacial Anomaly Corrective Surgery  
23-79-1501. Definitions.

As used in this subchapter:

(1) "Corrective surgery" means the use of surgery to alter the form and function of the cranial facial tissues due to a congenital or acquired musculoskeletal disorder;

(2) "Craniofacial anomaly" means a congenital or acquired musculoskeletal disorder that primarily affects the cranial facial tissue; and

(3)(A) "Health benefit plan" means an individual, blanket, or group plan, policy, or contract for health care services issued or delivered by a health care insurer, health maintenance organization, hospital medical service corporation, or self-insured governmental or church plan in this state.



(B) "Health benefit plan" includes:

- (i) Indemnity and managed care plans; and
- (ii) Governmental plans as defined in 29 U.S.C. § 1002(32), as it existed on January 1, 2013, except governmental self-financed insurance organizations.

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

- (i) Disability income plans;
- (ii) Credit insurance plans;
- (iii) Insurance coverage issued as a supplement to liability insurance;
- (vi) Medical payments under automobile or homeowners' insurance plans;
- (v) Health benefit plans provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;
- (vi) Plans that provide only indemnity for hospital confinement;
- (vii) Accident only plans; or
- (viii) Specified disease plans.

23-79-1502. Craniofacial anomaly – Coverage for corrective surgery required.

(a)(1) A health benefit plan that is offered, issued, or renewed in this state shall include coverage for corrective surgery and related medical care for a person of any age who is diagnosed as having a craniofacial anomaly if the surgery and treatment are medically necessary to improve a functional impairment that results from the craniofacial anomaly as determined by a nationally accredited cleft-craniofacial team.

(2) A nationally accredited cleft-craniofacial team for cleft-craniofacial conditions shall:

- (A) Evaluate persons with craniofacial anomalies; and
- (B) Coordinate a treatment plan for each person.

(3) After one (1) denial or any limitation of coverage that is based on the lack of medical necessity to improve a functional impairment, the case shall be referred for an external review under State Insurance Department Rule 76, the Arkansas External Review Regulation.

(b) Medical care coverage required under this section includes corrective surgery, dental care, vision care, and the use of at least one (1) hearing aid.

23-79-1503. Rules.

The State Insurance Department shall develop and promulgate rules for the implementation and administration of this subchapter.

*/s/Hawthorne*

**APPROVED: 04/15/2013**