

Stricken language would be deleted from and underlined language would be added to present law.  
Act 955 of the Regular Session

State of Arkansas  
93rd General Assembly  
Regular Session, 2021

As Engrossed: S3/30/21 S4/13/21

# A Bill

SENATE BILL 602

By: Senators Irvin, L. Eads

## For An Act To Be Entitled

*AN ACT TO MODIFY THE LAW CONCERNING CRANIOFACIAL  
COVERAGE; TO ESTABLISH WENDELYN'S CRANIOFACIAL LAW –  
CRANIOFACIAL COVERAGE; TO DECLARE AN EMERGENCY; AND  
FOR OTHER PURPOSES.*

### Subtitle

*TO MODIFY THE LAW CONCERNING CRANIOFACIAL  
COVERAGE; TO ESTABLISH WENDELYN'S  
CRANIOFACIAL LAW – CRANIOFACIAL COVERAGE;  
AND TO DECLARE AN EMERGENCY.*

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

SECTION 1. Arkansas Code Title 23, Chapter 79, Subchapter 15, is amended to add an additional section to read as follows:

23-79-1504. Title.

This subchapter shall be known and may be cited as "Wendelyn's Craniofacial Law – Craniofacial Coverage".

SECTION 2. Arkansas Code § 23-79-1501(1), concerning the definition of "craniofacial anomaly" used in the coverage for craniofacial anomaly reconstructive surgery, is amended to read as follows:

(1) "Craniofacial anomaly" means ~~a congenital or acquired musculoskeletal disorder that primarily affects the cranial facial tissue~~ the abnormal development of the skull and face;

SECTION 3. Arkansas Code § 23-79-1501(2)(C), concerning the definition



of "health benefit plan" used in the coverage for craniofacial anomaly reconstructive surgery, is amended to read as follows:

- (C) "Health benefit plan" does not include:
- (i) A disability income plan;
  - (ii) A credit insurance plan;
  - (iii) Insurance coverage issued as a supplement to liability insurance;
  - (iv) Medical payments under an automobile or homeowners' insurance plan;
  - (v) A health benefit plan 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) A plan that provides only indemnity for hospital confinement;
  - (vii) An accident-only plan; ~~or~~
  - (viii) A specified disease plan; or
  - (ix) A plan that provides only dental benefits or eye and vision care benefits; and

SECTION 4. Arkansas Code § 23-79-1501(3), concerning the definition of "reconstructive surgery" used in the coverage for craniofacial anomaly reconstructive surgery, is amended to read as follows:

(3) "Reconstructive 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, including surgery to alter the form and function of the skull and face.

SECTION 5. Arkansas Code § 23-79-1502(b), concerning medical care coverage for craniofacial anomaly reconstructive surgery requirements, is amended to read as follows:

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

SECTION 6. Arkansas Code § 23-79-1502, concerning coverage for craniofacial anomaly reconstructive surgery requirements, is amended to add

additional subsections to read as follows:

(c)(1) The services included in the coverage described in subsection (b) of this section shall be authorized by a surgical member of a nationally approved cleft-craniofacial team of the American Cleft Palate-Craniofacial Association.

(2) For healthcare services to be performed by a nationally approved cleft-craniofacial team, a request for written authorization or approval shall be reviewed by the administrator of the health benefit plan:

(A) Within two (2) working days from the request by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(B) Within twenty-four (24) hours from the request by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(3)(A) For healthcare services that are recommended by a surgical member of a nationally approved cleft-craniofacial team that are to be performed by a medical provider that is not on a nationally approved cleft-craniofacial team, a request for written authorization or approval shall be reviewed:

(i) Within two (2) working days from the request by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(ii) Within twenty-four (24) hours from the request by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(B) A medical provider that is not a craniofacial specialist shall communicate in a timely manner its proposed healthcare services to the nationally approved cleft-craniofacial surgical team member who initiated the recommendation described in subdivision (c)(3)(A) of this section.

(d) A health benefit plan shall include coverage for the following, if medically necessary:

(1) On an annual basis:

(A) Sclera contact lenses, including coatings;

(B) Office visits;

(C) An ocular impression of each eye; and

(D) Any additional tests or procedures that are medically necessary for a craniofacial patient;

(2)(A) Every two (2) years, two (2) hearing aids and two (2) hearing aid molds for each ear.

(B) As used in subdivision (d)(2)(A) of this section, "hearing aids" includes behind the ear, in the ear, wearable bone conduction, surgically implanted bone conduction services, and cochlear implants; and

(3) Every four (4) years, a dehumidifier.

(e)(1) A nationally approved cleft-craniofacial team that is located in other states may provide the healthcare services, treatment, evaluation, authorizations, and review as described in this section.

(2) For healthcare services performed outside of this state under this section, the insured or enrollee shall not be penalized for out-of-network charges subject to the terms and conditions of the health benefit plan.

SECTION 7. Arkansas Code § 23-79-1503 is amended to read as follows:  
23-79-1503. Rules – Report.

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

(b) ~~The State and Public School Life and Health Insurance Board may develop and promulgate rules for the administration of this subchapter~~ shall follow the rules promulgated by the department for administration of this subchapter for the plans providing health benefits to state and public school employees under § 21-5-401 et seq.

(c) The department shall submit biannual reports to the Chair of the House Committee on Insurance and Commerce and the Chair of the Senate Committee on Insurance and Commerce.

SECTION 8. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that this state has a limited number of approved certified craniofacial specialists to review and treat individuals with craniofacial anomalies; that increasing healthcare coverage for craniofacial patients allows a nationally approved cleft-craniofacial team outside of this state to provide healthcare services for residents of

this state can decrease the delay in treatment; and that this act is immediately necessary because there are residents in this state who are in need of healthcare services to treat individuals with craniofacial anomalies. Therefore, an emergency is declared to exist, and this act being immediately necessary for the preservation of the public peace, health, and safety shall become effective on:

(1) The date of its approval by the Governor;

(2) If the bill is neither approved nor vetoed by the Governor, the expiration of the period of time during which the Governor may veto the bill; or

(3) If the bill is vetoed by the Governor and the veto is overridden, the date the last house overrides the veto.

*/s/Irvin*

**APPROVED: 4/27/21**