

Stricken language would be deleted from and underlined language would be added to present law.  
Act 615 of the Regular Session

State of Arkansas

As Engrossed: S2/9/23 S3/6/23 H4/3/23

94th General Assembly

# A Bill

Regular Session, 2023

SENATE BILL 178

By: Senators K. Hammer, *Irvin*

By: Representative *Vaught*

## For An Act To Be Entitled

AN ACT TO AMEND THE ARKANSAS HEALTH CARE CONSUMER ACT; TO PROVIDE REIMBURSEMENT AND BENEFITS FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS THAT ARE DELIVERED THROUGH A PSYCHIATRIC COLLABORATIVE CARE MODEL; AND FOR OTHER PURPOSES.

## Subtitle

TO AMEND THE ARKANSAS HEALTH CARE CONSUMER ACT; AND TO PROVIDE REIMBURSEMENT AND BENEFITS FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS THAT ARE DELIVERED THROUGH A PSYCHIATRIC COLLABORATIVE CARE MODEL.

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

SECTION 1. Arkansas Code Title 23, Chapter 99, Subchapter 4, is amended to add an additional section to read as follows:

23-99-422. Benefits for mental illness or substance use disorders delivered through psychiatric collaborative care model – Definitions – Rules.

(a) As used in this section:

(1)(A) “Healthcare insurer” means an insurance company, hospital and medical service corporation, or health maintenance organization issuing or delivering health benefit plans in this state and subject to the following laws:

(i) The Arkansas Insurance Code;



(ii) Section 23-76-101 et seq., pertaining to health maintenance organizations; and

(iii) Section 23-75-101 et seq., pertaining to hospital and medical service corporations;

(B) "Healthcare insurer" does not mean the Arkansas Medicaid Program and Medicaid services provided under the Arkansas Medicaid Program if those services are managed or reimbursed by another healthcare insurer or a risk-based provider organization; and

(2) "Psychiatric collaborative care model" means the delivery of care that is:

(A) An evidence-based, integrated behavioral health service delivery method described at 81 Fed. Reg. 80230-80239, as it existed on March 31, 2023, and the MLN Booklet for Behavioral Health Integration Services published by the Centers for Medicare & Medicaid Services, as it existed on March 31, 2023; and

(B) A method typically used by a primary care team consisting of a primary care provider and a care manager who works in collaboration with a psychiatric consultant, including without limitation a psychiatrist.

(b) A healthcare insurer that provides benefits for the treatment of mental illness or substance use disorders shall provide reimbursement for those benefits if the benefits are delivered through a psychiatric collaborative care model.

(c) The care provided by a primary care team shall:

(1) Be directed by the primary care team;

(2) Include structured care management with regular assessments of clinical status using validated tools; and

(3) Include modification of treatment, as appropriate.

(d) A psychiatric consultant who participates in a primary care team shall:

(1) Provide regular consultations to the primary care team;

(2) Review the clinical status and care of the covered person;

and

(3) Make recommendations.

(e)(1) A healthcare insurer may deny reimbursement for healthcare services delivered through a psychiatric collaborative care model on the

grounds of medical necessity only if the medical necessity determinations are in compliance with state law and the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Pub. L. No. 110-343, § 511 et seq.

(2) For care provided through a psychiatric collaborative care model, a healthcare insurer shall not:

(A) Place a benefit limitation or cap on the amount of time, number of units, or dollar payments for care manager activities in any month in a manner that is contrary to state law or the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Pub. L. No. 110-343, § 511 et seq.;

(B) Limit the ability of federally qualified health centers or rural health clinics to receive reimbursement;

(C) Impose any licensure requirements enacted by state or federal law for a care manager;

(D) Limit the age of a patient for whom the care is a covered service; or

(E) Limit coverage to a patient with a specific diagnosis.

(f)(1) The Arkansas Medicaid Program may:

(A) Apply for a grant for a psychiatric collaborative care model; and

(B) Work in consultation with nongovernmental entities that are recognized to have expertise in psychiatric collaborative care models.

(2) Beginning on September 1, 2023, and on a quarterly basis thereafter, the Arkansas Medicaid Program shall report to the Senate Committee on Insurance and Commerce and the House Committee on Insurance and Commerce concerning the progress and activities under subdivision (f)(1) of this section.

(g) The Insurance Commissioner may promulgate rules necessary to implement this section.

SECTION 2. DO NOT CODIFY. EFFECTIVE DATE. This act is effective on and after October 1, 2023.

**APPROVED: 4/11/23**