

Stricken language would be deleted from and underlined language would be added to present law.  
Act 348 of the Regular Session

State of Arkansas  
95th General Assembly  
Regular Session, 2025

As Engrossed: H3/6/25

## A Bill

HOUSE BILL 1583

By: Representative Bentley

By: Senator J. Boyd

### For An Act To Be Entitled

AN ACT TO MANDATE COVERAGE FOR ACQUIRED BRAIN INJURY;  
AND FOR OTHER PURPOSES.

### Subtitle

TO MANDATE COVERAGE FOR ACQUIRED BRAIN  
INJURY.

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 29 – Coverage for Acquired Brain Injury

##### 23-79-2901. Definitions.

##### As used in this subchapter:

(1) "Acquired brain injury" means an injury to the brain that occurs after birth and may be caused by:

- (A) An infectious disease;
- (B) A metabolic disorder;
- (C) An endocrine disorder;
- (D) Diminished oxygen;
- (E) A brain tumor;
- (F) A toxin;
- (G) A disease that affects the blood supply to the brain;
- (H) A stroke; or
- (I) A traumatic brain injury;



(2) "Adverse determination" means a determination by a clinical peer reviewer, upon review based on the clinical information provided, that an admission, extension of stay, or any other covered acquired brain injury service is not medically necessary;

(3) "Clinical peer reviewer" means a healthcare professional who:

(A) Specializes in and has experiences of the delivery of treatments and services for an individual with acquired brain injuries; and

(B)(i) If applicable, possesses a current and valid license, certificate, or registration to provide treatments and services of an acquired brain injury.

(ii) If a license, certificate, or registration is not required for treatments and services of an acquired brain injury, the healthcare professional shall be credentialed by the national accrediting body appropriate to the profession;

(4) "Cognitive communication therapy" means treating a problem with communication that has an underlying cause in one (1) or more cognitive deficits rather than a primary language or speech deficit;

(5) "Cognitive rehabilitation therapy" means a process of relearning cognitive skills essential for daily living through the coordinated, specialized, and integrated therapeutic treatments that are provided in dynamic settings designed for efficient and effective relearning following damage to brain cells or brain chemistry due to an acquired brain injury;

(6) "Community reintegration services" means the provision of incremental guided real-world therapeutic training to develop skills essential for an enrollee to:

(A) Participate in life;

(B) Reenter employment;

(C) Attend school and engage in other productive activity;

(D) Safely live independently; and

(E) Participate within his or her community while avoiding rehospitalization and long-term support needs;

(7) "Enrollee" means an individual entitled to coverage of healthcare services from a healthcare insurer;

(8)(A) "Functional rehabilitation therapy" means a structured

approach that emphasizes learning by doing and focuses on relearning a specific task in a prescribed format with maximum opportunity for repeated corrective practice.

(B) "Functional rehabilitation therapy" includes:

(i) Compensatory strategies that are developed for relearning skills that are persistently impaired; and

(ii) Training for individuals on daily implementation of the compensatory strategies, with a focus on relearning those skills essential for safe daily living in a home or community setting to ensure acquisition and use of the skills;

(9)(A) "Health benefit plan" means an individual, blanket, or group plan or a policy or contract for healthcare services offered, issued, renewed, delivered, or extended in this state by a healthcare insurer.

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

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

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

(ii) A disability income plan;

(iii) A credit insurance plan;

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

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

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

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

(viii) An accident-only plan;

(ix) A specified disease plan;

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

(xi) A plan providing health benefits to state and public school employees under § 21-5-401 et seq;

(10)(A) "Healthcare insurer" means an entity subject to the insurance laws of this state or the jurisdiction of the Insurance Commissioner that contracts or offers to contract to provide health insurance

coverage, including without limitation an insurance company, a hospital and medical service corporation, a health maintenance organization, a self-insured governmental or church plan in this state, or a nonprofit agricultural membership organization as defined in § 23-60-104.

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

(11) "Medically necessary" means healthcare services that are consistent with generally accepted principles of professional medical practice;

(12) "Neurobehavioral therapy" means a set of medical and therapeutic assessments and treatments focused on behavioral impairments associated with brain disease or an acquired brain injury and the amelioration of these impairments through the development of prosocial behavior;

(13) "Neurocognitive therapy" means a treatment of disorders in which the primary clinical deficit is in cognitive function that has not been present since birth and is a decline from a previously attained level of function;

(14)(A) "Neurofeedback therapy" means a direct training of brain function to enhance self-regulatory capacity or a patient's ability to exert control over behavior, thoughts, and feelings.

(B) "Neurofeedback therapy" includes a form of biofeedback through which an enrollee can learn to control brain activity that is measured and recorded by an electroencephalogram;

(15) "Neuropsychological testing" means a set of medical and therapeutic assessments and treatments focused on the amelioration of cognitive, emotional, psychosocial, and behavioral deficits caused by an acquired brain injury; and

(16)(A) "Post-acute care residential treatment" means an integrated medical and therapeutic service, treatment, education, and skills training program provided in a home or community setting.

(B) "Post-acute care residential treatment" includes treatment that is designed to create the maximum opportunity for correct practice of skill in the context of use to develop new neural pathways to enable the enrollee to avoid rehospitalization and long-term care.

23-79-2902. Coverage for medically necessary treatment related to acquired brain injury.

(a)(1) On and after January 1, 2026, a health benefit plan that is offered, issued, renewed, delivered, or extended in this state shall provide coverage to an enrollee for medically necessary treatment related to or as a result of an acquired brain injury.

(2) As required under subdivision (a)(1) of this section, medically necessary treatment shall include without limitation:

(A) Cognitive rehabilitation therapy;

(B) Cognitive communication therapy;

(C) Community reintegration services;

(D) Functional rehabilitation therapy;

(E) Neurocognitive therapy and rehabilitation;

(F) Home and community-based treatment;

(G) Inpatient services;

(H) Neurobehavioral therapy, neurocognitive therapy, and neuropsychological testing;

(I) Neurofeedback therapy;

(J) Outpatient and day treatment services; and

(K) Post-acute care residential treatment services.

(b) The coverage for medically necessary treatment for an acquired brain injury under subdivision (a)(1) of this section:

(1)(A) Is not subject to a lifetime limitation or an unreasonable annual limitation of the number of days or sessions of medically necessary treatment services.

(B) A limitation on rehabilitation services in an inpatient rehabilitation facility shall be:

(i) Separate from and shall not be included in any limitation of post-acute care rehabilitation services; and

(ii) Stated separately by the healthcare insurer;

(2) Is not subject to a greater deductible, coinsurance, copayment, or out-of-pocket limits than any other benefit provided by a healthcare insurer under a health benefit plan; and

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

(c) For medically necessary treatment covered under this section, only

a clinical peer reviewer may preauthorize coverage or conduct utilization review.

(d) The Insurance Commissioner shall promulgate rules to create a process to permit an expedited appeal of an adverse determination by the healthcare insurer for medically necessary treatment covered under this section.

(e) An individual practitioner and treatment facility shall be qualified to provide acute care and post-acute care rehabilitation services to an enrollee with an acquired brain injury through possession of the appropriate licenses, accreditation, training, and experience deemed customary and routine in the appropriate trade practice.

23-79-2903. Rules.

(a) The Insurance Commissioner may develop and promulgate rules for the implementation and administration of this subchapter.

(b) The Department of Human Services shall apply for a waiver or add this population to an existing waiver program to allow a beneficiary under the Arkansas Medicaid Program to have the appropriate home and community-based services to meet the beneficiary's needs.

*/s/Bentley*

**APPROVED: 3/20/25**