Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

State of Arkansas
84th General Assembly
Regular Session, 2003

A Bill

HOUSE BILL 1033

By: Representative Dobbins

For An Act To Be Entitled

AN ACT TO ALLOW QUALIFYING COLLEGE STUDENTS TO RECEIVE MEDICAL COVERAGE UNDER THE ARKIDS FIRST PROGRAM; AND FOR OTHER PURPOSES.

Subtitle

AN ACT TO ALLOW QUALIFYING COLLEGE STUDENTS TO RECEIVE MEDICAL COVERAGE UNDER THE ARKIDS FIRST PROGRAM.

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

SECTION 1. Arkansas Code § 20-77-1104 is amended to read as follows:

20-77-1104. Waiver - Rules.

(a)(1) The Department of Human Services has obtained a waiver from the Health Care Financing Administration to create and administer the ARKids First Program as set forth in subdivision (b)(1)(A)(i).

(2)(A) The Department of Human Services shall use its best efforts to obtain any necessary waivers from the Health Care Financing Administration to create and administer the ARKids First Program as set forth in subdivisions (b)(1)(A)(ii) and (b)(1)(A)(iii).

(B) If the Department of Human Services is unable to obtain a Medicaid waiver from the Health Care Financing Administration for administration of the program as set forth under subdivisions (b)(1)(A)(ii) and (b)(1)(A)(iii), the program as set forth under those subdivisions shall be administered using solely state funds.

(b) The department shall administer and promulgate rules for the program in conformity with a Medicaid waiver or waivers and in a manner that:

(1)(A) Defines the population which may receive services provided or reimbursed through this program by limiting the program to:

(i) ~~children~~ Children eighteen (18) years of age or younger without health care coverage who are members of a family with a gross family income not exceeding two hundred percent (200%) of the federal poverty guidelines~~.~~;

(ii) Persons over eighteen (18) years of age but less than twenty-one (21) years of age who are:

(a) Without health care coverage;

(b) Members of a family with a gross family income not exceeding two hundred percent (200%) of the federal poverty guidelines; and

(c) Enrolled as students in a public or private college, university, technical institute, technical college or other institution of higher education located in the state; or

(iii) Persons over twenty (20) years of age but less than twenty-five (25) years of age who are:

(a) Without health care coverage;

(b) Members of a family with a gross family income not exceeding two hundred percent (200%) of the federal poverty guidelines; and

(c) Enrolled as students in a public or private college, university, technical institute, technical college or other institution of higher education located in the state.

(B) No person enrolled in the full Medicaid program may be concurrently enrolled in the ARKids First Program except as required by federal law;

(2) Defines health care coverage as health care insurance regulated by the State Insurance Department, specifically including group and employer-sponsored health insurance plans. The Department of Human Services may by rule exclude other plans or coverage from the definition of health care coverage;

(3) Provides for the automatic assignment of medical payments due as set out in §§ 20-77-302 and 20-77-307 as a condition of eligibility for benefits under the uninsured children's program;

(4)(A) Defines the services to be covered under the program,

which shall include parity for outpatient mental health care.

(B) As used in subdivision (4)(A) of this section, "parity for mental health care" means coverage for the diagnosis and mental health treatment of mental illnesses and the mental health treatment of those with developmental disorders under the same terms and conditions as provided for covered benefits offered under the program for the treatment of other medical illnesses or conditions and with no differences in the program in regard to any of the following:

(i) The duration or frequency of coverage;

(ii) The dollar amount of coverage; or

(iii) Financial requirements.

(C) Providers of covered services shall be those providers enrolled as Medicaid providers, and reimbursement shall be at the rates established by the program; and

(5) Establishes a copayment for services received in the program as permitted by Medicaid waiver and as determined through promulgated rules.