

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
94th General Assembly
Regular Session, 2023

As Engrossed: H2/14/23 H2/20/23
A Bill

HOUSE BILL 1129

By: Representative L. Johnson
By: *Senator Irvin*

For An Act To Be Entitled

AN ACT TO REQUIRE THE ARKANSAS MEDICAID PROGRAM AND INSURANCE POLICIES TO REIMBURSE FOR BEHAVIORAL HEALTH SERVICES PROVIDED IN CERTAIN SETTINGS; AND FOR OTHER PURPOSES.

Subtitle

TO REQUIRE THE ARKANSAS MEDICAID PROGRAM AND INSURANCE POLICIES TO REIMBURSE FOR BEHAVIORAL HEALTH SERVICES PROVIDED IN CERTAIN SETTINGS.

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

SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is amended to add an additional section to read as follows:

20-77-148. Coverage for screening for behavioral health conditions and for behavioral health services.

(a) The Arkansas Medicaid Program shall reimburse for screening for behavioral health conditions and behavioral health services provided in:

- (1) A hospital outpatient clinic; or
- (2) A physician clinic.

(b) The Department of Human Services shall apply for any federal waiver, Medicaid state plan amendment, or other authority necessary to implement this section.

(c) Screening for behavioral health conditions and behavioral health services as described in subsection (a) of this section may be provided via



telemedicine and reimbursed by the Arkansas Medicaid Program as required under § 20-77-141.

(d) Any prior authorization required for screening for behavioral health conditions and behavioral health services in another setting shall apply to screening for behavioral health conditions and behavioral health services provided as described in subsection (a) of this section.

SECTION 2. Arkansas Code Title 23, Chapter 79, is amended to add an additional subchapter to read as follows:

Subchapter 24 – Coverage for Screening for Behavioral Health Conditions and Coverage for Behavioral Health Services

23-79-2401. Definitions.

As used in this subchapter:

(1)(A) “Health benefit plan” means:

(i) An individual, blanket, or group plan or a policy or contract for healthcare services issues or delivered by a healthcare insurer; and

(ii) Any health benefit program receiving state or federal appropriations from the State of Arkansas, including the Arkansas Medicaid Program and the Arkansas Health and Opportunity for Me Program, or any successor program.

(B) “Health benefit plan” includes:

(i) Indemnity and managed care plans; and

(ii) Nonfederal governmental plans as defined in 29 U.S.C. Section 1002(32), as it existed on January 1, 2024.

(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) A medical payment under automobile or homeowner’s insurance plans;

(v) 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.;

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

(vii) An accident-only plan;

(viii) A long-term-care-only plan;

(ix) A vision-only plan; or

(x) A dental-only plan; and

(2) "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 health maintenance organization, a hospital medical service corporation, a self-insured governmental or church plan in this state, or the Arkansas Medicaid Program.

23-79-2402. Coverage for screening for behavioral health conditions and coverage for behavioral health services.

(a) A healthcare insurer that offers, issues, or renews a health benefit plan in this state shall provide coverage for screening for behavioral health conditions and coverage for behavioral health services provided in a:

(1) Hospital outpatient clinic; or

(2) Physician clinic.

(b) The coverage for screening for behavioral health conditions or for behavioral health services as described in this section:

(1) Is not subject to policy deductibles or copayment requirements; and

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

(c) The coverage for screening for behavioral health and coverage for behavioral health services by a government self-insured plan is subject to any health benefit plan provisions that apply to other services covered by the health benefit plan.

(d) Screening for behavioral health conditions and behavioral health services provided as described in subsection (a) of this section may be provided via telemedicine and reimbursed as required under § 23-79-1601 et

seq.

(e) Any prior authorization required for screening for behavioral health conditions and behavioral health services provided in another setting shall apply to screening for behavioral health conditions and behavioral health services provided as described in subsection (a) of this section.

/s/L. Johnson