

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

State of Arkansas  
95th General Assembly  
Regular Session, 2025

As Engrossed: H1/30/25 H2/27/25

## A Bill

HOUSE BILL 1164

By: Representative J. Mayberry

By: Senator C. Penzo

### For An Act To Be Entitled

AN ACT TO ALLOW A PHYSICIAN OR HEALTHCARE PROVIDER TO OFFER COGNITIVE ASSESSMENTS FOR CERTAIN PATIENTS; TO MANDATE THAT INSURANCE POLICIES COVER ASSESSMENTS FOR COGNITIVE FUNCTION, ALZHEIMER'S DISEASE, OR DEMENTIA FOR CERTAIN PATIENTS; AND FOR OTHER PURPOSES.

### Subtitle

TO ALLOW A PHYSICIAN OR HEALTHCARE PROVIDER TO OFFER COGNITIVE ASSESSMENTS FOR CERTAIN PATIENTS; AND TO MANDATE THAT INSURANCE POLICIES COVER ASSESSMENTS FOR COGNITIVE FUNCTION FOR CERTAIN PATIENTS.

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

SECTION 1. Arkansas Code Title 20, Chapter 15, Subchapter 1, is amended to add an additional section to read as follows:

20-15-103. Cognitive assessment.

(a) A physician or healthcare provider who is providing medical treatment in this state may offer annually a cognitive assessment of a patient for cognitive function, Alzheimer's disease, or dementia if the patient is:

(1) Sixty (60) years of age or older; or

(2) Forty-five (45) years or older and at a higher risk for Alzheimer's disease, dementia, or impaired cognitive function, including without limitation having a family history of dementia, Down Syndrome,



traumatic brain injury, or another condition that has been identified through clinical evidence as elevating the likelihood of Alzheimer's disease, dementia, or impaired cognitive function.

(b)(1) If a patient declines to be assessed under subsection (a) of this section, the physician or healthcare provider shall document in the medical records of the patient that he or she was not assessed based upon the refusal of the patient.

(2) The record of a patient's refusal under subdivision b)(1) of this section relieves the physician or healthcare provider of liability under this subsection.

(c) Records, reports, data, or other information collected or maintained under this section that identify or could be used to identify an individual patient, healthcare provider, or institution are confidential and are not subject to disclosure under the Freedom of Information Act of 1967, § 25-19-101 et seq.

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

Subchapter 29 – Coverage for Cognitive Assessments

23-79-2901. 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 issued 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. § 1002(32), as it existed on January 1, 2025.

(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 homeowners 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 specified disease plan;
- (ix) A long-term-care-only plan;
- (x) A dental-only plan; or
- (xi) A vision-only plan;

(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; and

(3) "Healthcare provider" means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession, excluding individuals whose practice does not involve direct care relevant to Alzheimer's disease, dementia, or impaired cognitive function.

23-79-2902. Coverage for cognitive assessment.

(a) A healthcare insurer that offers, issues, or renews a health benefit plan in this state shall provide coverage for assessment for cognitive function, Alzheimer's disease, or dementia for a patient who is:

- (1) Sixty (60) years of age or older; or
- (2) Forty-five (45) years or older and at a higher risk for Alzheimer's disease, dementia, or impaired cognitive function, including without limitation having a family history of dementia, Down Syndrome,

traumatic brain injury, or another condition that has been identified through clinical evidence as elevating the likelihood of Alzheimer's disease, dementia, or impaired cognitive function.

(b) The coverage for assessment under this section does not diminish or limit benefits otherwise allowable under a health benefit plan.

(c) Coverage provided for assessment under subsection (a) of this section for a self-insured government plan is subject to any health benefit plan provisions that apply to other services covered by the health benefit plan.

(d) Coverage for an assessment under subsection (a) of this section shall be available only one (1) time annually.

SECTION 3. Effective Date.

The requirement in § 23-79-2902 of providing coverage for assessment of cognitive function, Alzheimer's disease, or dementia is effective on and after January 1, 2026.

*/s/J. Mayberry*