

State of Arkansas  
95th General Assembly  
Regular Session, 2025

# A Bill

HOUSE BILL 1858

By: Representative Ladyman

## For An Act To Be Entitled

AN ACT TO REQUIRE A PEDIATRICIAN TO SCREEN FOR TYPE 1 DIABETES AT THE YEARLY WELL-CHILD VISIT; TO REQUIRE THAT THE ARKANSAS MEDICAID PROGRAM AND HEALTH BENEFIT PLANS COVER TYPE 1 DIABETES SCREENINGS; AND FOR OTHER PURPOSES.

## Subtitle

TO REQUIRE A PEDIATRICIAN TO SCREEN FOR TYPE 1 DIABETES AT THE YEARLY WELL-CHILD VISIT; AND TO REQUIRE THAT THE ARKANSAS MEDICAID PROGRAM AND HEALTH BENEFIT PLANS COVER TYPE 1 DIABETES SCREENINGS.

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. Screening for Type 1 diabetes – Legislative findings.

(a) The General Assembly finds that pediatricians do not regularly screen for Type 1 diabetes and often the diagnosis is only discovered due to an emergency hospitalization.

(b) A pediatrician shall screen for Type 1 diabetes during the yearly well-child visit beginning at three (3) years of age.

(c) The screening under subsection (b) of this section shall include a hemoglobin Alc testing, blood sugar testing, and further antibody testing if the pediatrician determines the antibody testing is necessary or if there is a family history of Type 1 diabetes.



SECTION 2. Arkansas Code Title 20, Chapter 77, Subchapter 1, is amended to add an additional section to read as follows:

20-77-155. Screening for Type 1 diabetes.

(a) The Arkansas Medicaid Program shall cover screening for Type 1 diabetes under § 20-15-103.

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

SECTION 3. Arkansas Code Title 23, Chapter 79, Subchapter 1 is amended to add an additional section to read as follows:

23-79-170. Coverage of Type 1 diabetes screening – Definition.

(a)(1) As used in this section, “health benefit plan” means:

(A) An individual, blanket, or group plan, policy, or contract for healthcare services issued or delivered by an insurer, health maintenance organization, hospital medical service corporation, or self-insured governmental or church plan in this state; and

(B) 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.

(2) As used in this section, “health benefit plan” includes:

(A) An indemnity and managed care plan; and

(B) A nonfederal governmental plan as defined in 29 U.S.C. § 1002(32), as it existed on January 1, 2025.

(3) As used in this section, “health benefit plan” does not include:

(A) A disability income plan;

(B) A credit insurance plan;

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

(D) Medical payments under an automobile or homeowner’s insurance plan;

(E) 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.;

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

(G) An accident-only plan;

(H) A specified disease plan; or

(I) A long-term-care-only plan.

(b) A health benefit plan that is offered, issued, or renewed in this  
state shall provide coverage for Type 1 diabetes screening under § 20-15-103  
by a pediatrician on or after January 1, 2026.