

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: S3/20/25

## A Bill

SENATE BILL 331

By: Senator G. Leding  
By: Representative L. Johnson

### For An Act To Be Entitled

AN ACT CONCERNING COVERAGE FOR GENETIC TESTING FOR  
INHERITED CANCER MUTATIONS; TO CREATE THE GENETIC  
TESTING ACT; AND FOR OTHER PURPOSES.

### Subtitle

CONCERNING COVERAGE FOR GENETIC TESTING  
FOR INHERITED CANCER MUTATIONS; AND TO  
CREATE THE GENETIC TESTING ACT.

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 – Genetic Testing Act

##### 23-79-2901. Title.

This subchapter shall be known and may be cited as the "Genetic Testing Act".

##### 23-79-2902. Definitions.

As used in this subchapter:

(1) "Clinical genetic testing for an inherited cancer mutation" means germline testing for an inherited mutation associated with an increased cancer risk according to evidence-based, clinical practice guidelines;

(2) "Cost-sharing requirements" means a deductible payment, coinsurance amount, copayment, or any similar out-of-pocket expense;



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

(4) "Evidence-based cancer imaging" means an evidence-based cancer imaging modalities according to the National Comprehensive Cancer Network clinical practice guidelines;

(5)(A) "Health benefit plan" means any individual, blanket, or group plan, policy, or contract for healthcare services issued or delivered by a healthcare insurer in this state.

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

(i) Accident-only plans;

(ii) Specified disease plans;

(iii) Disability income plans;

(iv) Plans that provide only for indemnity for hospital confinement;

(v) Long-term-care-only plans that do not include pharmacy benefits;

(vi) Other limited-benefit health insurance policies or plans;

(vii) Health benefit plans 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.;

(viii) The Arkansas Medicaid Program;

(ix) A program established by the Arkansas Health and Opportunity for Me Act of 2021, § 23-61-1001 et seq.;

(x) Any state or local governmental employee plan; or

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

(6)(A) "Healthcare insurer" means a:

(i) Health insurance issuer that is subject to state law regulating insurance;

(ii) Health maintenance organization;

(iii) Hospital and medical service corporation; or

(iv) An entity that provides plans as 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; and

(7) "Healthcare professional" 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.

23-79-2903. Coverage for genetic testing for inherited cancer mutations.

(a) On and after January 1, 2026, a health benefit plan that is offered, issued, or renewed in this state shall provide coverage for:

(1) Clinical genetic testing for a clinical genetic testing for an inherited cancer mutation for an enrollee with a personal or family history of cancer if the clinical genetic testing for a clinical genetic testing for an inherited cancer mutation is recommended by a healthcare professional; and

(2) Evidenced-based cancer imaging for an enrollee with an increased risk of cancer as recommended by National Comprehensive Cancer Network clinical practice guidelines.

(b) The coverage under subsection (a) of this section is not subject to any cost-sharing requirements under other applicable law.

(c)(1) If application of this section would result in health savings account ineligibility under guidance issued by the United States Department of the Treasury under 26 U.S.C. § 223, as in effect on January 1, 2025, then this section shall apply only to health savings accounts with qualified high deductible health plans with respect to the deductible of a health benefit plan after the individual has satisfied the minimum deductible.

(2) This section does apply to items or services that are considered to be preventive care under 26 U.S.C. § 223(c)(2)(C), as in effect on January 1, 2025, whether or not the minimum deductible has been satisfied.

23-79-2904. Rules.

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

*/s/G. Leding*