

1 State of Arkansas
2 93rd General Assembly
3 Fiscal Session, 2022

HR 1005

4
5 By: Representatives Wardlaw, Shepherd, Dotson, Beaty Jr., Beck, M. Berry, Bragg, Brown, C. Cooper,
6 Crawford, Dalby, M. Davis, Ennett, Eubanks, C. Fite, D. Garner, Godfrey, Hawks, M. Hodges,
7 Hollowell, Hudson, Jett, Love, Maddox, McCullough, S. Meeks, Nicks, Perry, Scott, S. Smith, Speaks,
8 Vaught, Warren, D. Whitaker, Wing, Wooten

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HOUSE RESOLUTION

11 TO AUTHORIZE THE INTRODUCTION OF A NONAPPROPRIATION
12 BILL TO ESTABLISH COVERAGE FOR THE DIAGNOSIS AND
13 TREATMENT OF MORBID OBESITY UNDER THE STATE AND
14 PUBLIC SCHOOL LIFE AND HEALTH INSURANCE PROGRAM.

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Subtitle

17
18 TO AUTHORIZE THE INTRODUCTION OF A
19 NONAPPROPRIATION BILL TO ESTABLISH
20 COVERAGE FOR THE DIAGNOSIS AND TREATMENT
21 OF MORBID OBESITY UNDER THE STATE AND
22 PUBLIC SCHOOL LIFE AND HEALTH INSURANCE
23 PROGRAM.

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26 BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-THIRD GENERAL
27 ASSEMBLY OF THE STATE OF ARKANSAS:

28

29 THAT Senator Rice or Senator Irvin is authorized to introduce a bill
30 which as introduced will read substantially as follows:

31

32 "Title

33 AN ACT TO ESTABLISH COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF MORBID
34 OBESITY UNDER THE STATE AND PUBLIC SCHOOL LIFE AND HEALTH INSURANCE PROGRAM;
35 TO DECLARE AN EMERGENCY; AND FOR OTHER PURPOSES.

36



1 Subtitle
2 TO ESTABLISH COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF MORBID OBESITY UNDER
3 THE STATE AND PUBLIC SCHOOL LIFE AND HEALTH INSURANCE PROGRAM; AND TO DECLARE
4 AN EMERGENCY.

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

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8 SECTION 1. Arkansas Code Title 21, Chapter 5, Subchapter 4, is amended
9 to add an additional section to read as follows:

10 21-5-419. Coverage for diagnosis and treatment of morbid obesity –
11 Legislative findings and intent – Definitions – Rules.

12 (a) The General Assembly finds that:

13 (1) Morbid obesity causes many medical problems and costly
14 health complications, such as diabetes, hypertension, heart disease, and
15 stroke;

16 (2) The cost of managing the complications of morbid obesity,
17 largely due to inadequate treatment, far outweighs the cost of expeditious
18 and effective medical treatment;

19 (3) The recommended guidelines developed by the National
20 Institutes of Health, the American Society for Metabolic and Bariatric
21 Surgery, the American Obesity Association, and Shape Up America and embraced
22 by the American Medical Association and the American College of Surgeons are
23 that patients who are morbidly obese receive responsible and affordable
24 medical treatment for their obesity;

25 (4) The rate of bariatric surgery use has increased in the past
26 decade to more than one hundred seventy thousand (170,000) surgical
27 procedures per year in the United States;

28 (5) Payers can rely on bariatric surgery paying for itself
29 through decreased comorbidities within two (2) to four (4) years;

30 (6) In 2019, the majority of members who had bariatric surgery
31 under the State and Public School Life and Health Insurance Program had a
32 total per-member per-month cost reduction of thirty-seven percent (37%),
33 primarily due to a reduction of forty-five percent (45%) in medical per-
34 member per-month costs;

35 (7) There is a clinical and financial benefit to reducing the
36 burden of chronic disease through coverage; and

1 (8) The diagnosis and treatment of morbid obesity should be a
2 clinical decision made by a physician based on evidence-based guidelines.

3 (b) It is the intent of the General Assembly to provide coverage for
4 the diagnosis and treatment of morbid obesity.

5 (c) As used in this section:

6 (1) "Body mass index" means body weight in kilograms divided by
7 height in meters squared; and

8 (2) "Morbid obesity":

9 (A) Means a weight that is at least two (2) times the
10 ideal weight for frame, age, height, and sex of an individual as determined
11 by an examining physician; and

12 (B) May be measured as a body mass index:

13 (i) Equal to or greater than thirty-five kilograms
14 per meter squared (35 kg/m²) with comorbidity or coexisting medical
15 conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or
16 diabetes; or

17 (ii) Greater than forty kilograms per meter squared
18 (40 kg/m²).

19 (d)(1) Each state and public school employee's health benefit plan
20 under the program that is offered, issued, or renewed on or after January 1,
21 2023, shall offer coverage for the diagnosis and treatment of morbid obesity.

22 (2) The coverage for the diagnosis and treatment of morbid
23 obesity offered under subdivision (d)(1) of this section shall include
24 without limitation coverage for bariatric surgery, including:

25 (A) Gastric bypass surgery;

26 (B) Adjustable gastric banding surgery;

27 (C) Sleeve gastrectomy surgery; and

28 (D) Duodenal switch biliopancreatic diversion.

29 (3)(A) Priority on coverage for the diagnosis and treatment of
30 morbid obesity offered under subdivision (d)(1) of this section shall be for
31 participants who have at least one (1) diagnosis that bariatric surgery has
32 been recognized by medical science to reduce healthcare costs.

33 (B) The diagnosis described in subdivision (d)(3)(A) of
34 this section shall include without limitation:

35 (i) Cardiovascular disease;

36 (ii) Coronary artery disease;

1 (iii) Diabetes mellitus;
2 (iv) Evidence of fatty liver disease, including
3 without limitation nonalcoholic fatty liver disease or nonalcoholic
4 steatohepatitis;
5 (v) Gastroesophageal reflux disease refractory to
6 medical therapy;
7 (vi) Hyperlipidemia;
8 (vii) Lower extremity lymphatic or venous
9 obstruction;
10 (viii) Mechanical arthropathy in a weight-bearing
11 joint or symptomatic degenerative joint disease in a weight-bearing joint;
12 (ix) Obstructive sleep apnea;
13 (x)(a) Poorly controlled hypertension.
14 (b) As used in subdivision (d)(3)(B)(x)(a) of
15 this section, "poorly controlled hypertension" means a systolic blood
16 pressure of at least one hundred forty millimeters of mercury (140 mmHg) or a
17 diastolic blood pressure of ninety millimeters of mercury (90 mmHg) or
18 greater, despite medical management; or
19 (xi) Pulmonary hypertension.
20 (C)(i) Any additional clinical recommendations for adding
21 or removing diagnoses under subdivision (d)(3)(B) of this section as being
22 recognized by medical science to reduce healthcare costs and that are
23 determined by the Director of the Employee Benefits Division in consultation
24 with the University of Arkansas for Medical Sciences and consistent with
25 guidelines or recommendations issued by the American Society for Metabolic
26 and Bariatric Surgery shall result in the diagnoses' being added or removed.
27 (ii) Additional guidelines or recommendations that
28 may be considered under subdivision (d)(3)(C)(i) of this section include
29 without limitation those issued by:
30 (a) The American Diabetes Association;
31 (b) The American Association of Clinical
32 Endocrinology; and
33 (c) The American Gastroenterological
34 Association.
35 (e) The coverage for morbid obesity diagnosis and treatment offered
36 under this section does not diminish or limit benefits otherwise allowable

1 under the Arkansas State Employees Health Benefit Plan and the Arkansas
2 Public School Employees Health Benefit Plan.

3 (f) To ensure the financial soundness and overall well-being of the
4 program, the State Board of Finance, subject to approval of the Legislative
5 Council, may:

6 (1) Discontinue or suspend a plan option offered under
7 subsection (d) of this section;

8 (2) Promulgate a rule to establish an annual expenditure limit
9 on a plan option offered under subsection (d) of this section; or

10 (3) Promulgate rules to implement this section.

11
12 SECTION 2. EMERGENCY CLAUSE. It is found and determined by the
13 General Assembly of the State of Arkansas that the State and Public School
14 Life and Health Insurance Program is inadequate to provide sustainable
15 affordable health benefits for public school employees and state employees;
16 that an urgent need exists to address the state's funding and administration
17 of benefits for public school employees and state employees in order for the
18 program to remain viable and to avoid severe financial hardship to plan
19 participants; and that this act is immediately necessary to provide
20 affordable health benefit options in a timely manner to the state's public
21 school employees participating in the program and state employees
22 participating in the program. Therefore, an emergency is declared to exist,
23 and this act being immediately necessary for the preservation of the public
24 peace, health, and safety shall become effective on:

25 (1) The date of its approval by the Governor;

26 (2) If the bill is neither approved nor vetoed by the Governor,
27 the expiration of the period of time during which the Governor may veto the
28 bill; or

29 (3) If the bill is vetoed by the Governor and the veto is
30 overridden, the date the last house overrides the veto."

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