

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

SR 8

4  
5 By: Senators Rice, Hickey, Irvin, Beckham, L. Chesterfield, J. Dismang, Elliott, J. English, Flippo,  
6 Gilmore, Hill, K. Ingram, G. Leding, B. Sample

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8 **SENATE RESOLUTION**

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

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15 **Subtitle**

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

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24 BE IT RESOLVED BY THE SENATE OF THE NINETY-THIRD GENERAL ASSEMBLY OF THE  
25 STATE OF ARKANSAS:

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

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30 "Title

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

34  
35 Subtitle

36 TO ESTABLISH COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF MORBID OBESITY UNDER



1 THE STATE AND PUBLIC SCHOOL LIFE AND HEALTH INSURANCE PROGRAM; AND TO DECLARE  
2 AN EMERGENCY.

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

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

8 21-5-419. Coverage for diagnosis and treatment of morbid obesity –  
9 Legislative findings and intent – Definitions – Rules.

10 (a) The General Assembly finds that:

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

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

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

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

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

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

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

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

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

3 (c) As used in this section:

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

6 (2) "Morbid obesity":

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

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

11 (i) Equal to or greater than thirty-five kilograms  
12 per meter squared (35 kg/m<sup>2</sup>) with comorbidity or coexisting medical  
13 conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or  
14 diabetes; or

15 (ii) Greater than forty kilograms per meter squared  
16 (40 kg/m<sup>2</sup>).

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

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

23 (A) Gastric bypass surgery;

24 (B) Adjustable gastric banding surgery;

25 (C) Sleeve gastrectomy surgery; and

26 (D) Duodenal switch biliopancreatic diversion.

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

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

33 (i) Cardiovascular disease;

34 (ii) Coronary artery disease;

35 (iii) Diabetes mellitus;

36 (iv) Evidence of fatty liver disease, including

1 without limitation nonalcoholic fatty liver disease or nonalcoholic  
2 steatohepatitis;

3 (v) Gastroesophageal reflux disease refractory to  
4 medical therapy;

5 (vi) Hyperlipidemia;

6 (vii) Lower extremity lymphatic or venous  
7 obstruction;

8 (viii) Mechanical arthropathy in a weight-bearing  
9 joint or symptomatic degenerative joint disease in a weight-bearing joint;

10 (ix) Obstructive sleep apnea;

11 (x)(a) Poorly controlled hypertension.

12 (b) As used in subdivision (d)(3)(B)(x)(a) of  
13 this section, "poorly controlled hypertension" means a systolic blood  
14 pressure of at least one hundred forty millimeters of mercury (140 mmHg) or a  
15 diastolic blood pressure of ninety millimeters of mercury (90 mmHg) or  
16 greater, despite medical management; or

17 (xi) Pulmonary hypertension.

18 (C)(i) Any additional clinical recommendations for adding  
19 or removing diagnoses under subdivision (d)(3)(B) of this section as being  
20 recognized by medical science to reduce healthcare costs and that are  
21 determined by the Director of the Employee Benefits Division in consultation  
22 with the University of Arkansas for Medical Sciences and consistent with  
23 guidelines or recommendations issued by the American Society for Metabolic  
24 and Bariatric Surgery shall result in the diagnoses' being added or removed.

25 (ii) Additional guidelines or recommendations that  
26 may be considered under subdivision (d)(3)(C)(i) of this section include  
27 without limitation those issued by:

28 (a) The American Diabetes Association;

29 (b) The American Association of Clinical  
30 Endocrinology; and

31 (c) The American Gastroenterological  
32 Association.

33 (e) The coverage for morbid obesity diagnosis and treatment offered  
34 under this section does not diminish or limit benefits otherwise allowable  
35 under the Arkansas State Employees Health Benefit Plan and the Arkansas  
36 Public School Employees Health Benefit Plan.

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

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

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

8               (3) Promulgate rules to implement this section.

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

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

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

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

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