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HEARING

IN THE MATTER OF
PROPOSED AMENDED RULE 111
"CRANIOFACIAL ANOMALY
RECONSTRUCTIVE SURGERY COVERAGE"

HONORABLE DAN HONEY,
HEARING OFFICER
ARKANSAS INSURANCE DEPARTMENT

HEARING PROCEEDINGS

DECEMBER 10, 2021

at 10:00 A.M.

GRIGSBY REPORTING SERVICES
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MS. ERICKA MILLER
MS. SUZANNE COCO
MS. HOLLY JOHNSON
MS. ASHLI MESARIS
MS. MICHAELA KINLEY
MS. NICOLE HELD
DR. MARK T. JANSEN, M.D.
MS. ZANE A. CHRISMAN
MR. FRANK B. SEWALL
DR. ROBERT TAYLOR
MR. ANDREW TUCKER
MR. GRANT FORTSON
MR. DEAN McNEEL
MS. RITA WILSON, RN
MS. ELLIE WALTON
MR. MILLS BRYANT
MS. SARAH IRONSIDE
MR. MITCH PERSENAIRE
DR. SAGAR MEHTA, M.D.
MS. WENDELYN OSBORNE
MS. BRANDY WEDSTED
MR. JIM BRADER
MS. TERI MECCA
MR. EDDIE DAVIS
MS. CLARA MEZZA

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CAPTION

PROCEEDINGS in the above-styled and numbered cause on the 10th day of December, 2021, before Faith Grigsby, Arkansas Supreme Court Certified Court Reporter #686, at 10:00 a.m., at the Arkansas Insurance Department, 1 Commerce Way, Diamond Mine Hearing Room, Little Rock, Arkansas, pursuant to the agreement hereinafter set forth.

* * * * * * * * * *

1 PROCEEDINGS
2 DECEMBER 10, 2021
3 HEARING OFFICER: Good morning. It is
4 10:00. We are in the Diamond Mine Room 203 at
5 the Arkansas Department of Commerce, One
6 Commerce Way in Little Rock, Arkansas. We are
7 gathered here to consider Arkansas Insurance
8 Department Proposed Rule 111, Craniofacial
9 Anomaly Reconstructive Surgery Coverage. I am
10 Dan Honey. I have been appointed as hearing
11 officer by Commissioner McClain. The attorney
12 representing the Department in this matter is
13 Mr. Booth Rand.
14 Mr. Rand, would you like to -- do you have
15 an opening statement?
16 MR. RAND: Thank you, Mr. Hearing Officer.
17 I don't, but I would like to admit into the
18 record some exhibits for your consideration at
19 this time.
20 HEARING OFFICER: Okay. Please proceed.
21 MR. RAND: Exhibit 1 is the designation of
22 hearing officer form signed by the Commissioner
23 appointing you as hearing officer.
24 Exhibit 2 is Act 955 of 2021, which is
25 Wendelyn's Law, Craniofacial Law, that

1 authorizes the rule making that we are engaged
2 in this morning.
3 Exhibit 3 is the e-mail approval from the
4 Governor's office for issuance of this rule.
5 Exhibit 4 is a copy of the proposed rule
6 mockup to an earlier Rule 111.
7 Exhibit Number 5 is a clean version of
8 Amended Rule 111 without the markup.
9 Exhibit 6 is a copy of the attestation form
10 that has been made part of this rule for
11 purposes of procedures that need to be filed --
12 or documents that need to be filed by various
13 craniofacial or non-craniofacial providers.
14 It's part of the rule.
15 Exhibit Number 7 is a summary that we send
16 to the Arkansas Bureau of Legislative Research.
17 Exhibit 8 is our Notice of Public Hearing
18 that goes out to the industry by blast, by
19 electronic e-mail, advising the health
20 insurance industry of our hearings. It had a
21 date of November 30, 2021.
22 Exhibit Number 9 is a copy of Arkansas
23 Insurance Department Amended Notice of Public
24 Hearing with a new hearing date of December 10,
25 2021. We had to do an amendment changing the

1 hearing date from November 30 to December 10.
2 Exhibit Number 10 -- Mr. Hearing Officer,
3 as you know, the Insurance Department has a
4 list of licensees that receive notices of our
5 electronic mail distributions of rules and
6 proposed rules that we do. Exhibit 10 is a
7 copy of the electronic mail distribution to the
8 insurance industry regarding Proposed Rule 111
9 dated November 1.
10 Exhibit Number 11 is a copy of another
11 Notice of Public Hearing. After we changed the
12 hearing date, it was blasted out to the
13 industry.
14 Exhibit 12 is the first ad we ran at the
15 Arkansas Democrat Gazette advising the public
16 of the date and time of this hearing, and the
17 subject matter of the hearing, which ran
18 October 31st, November 1st, and November 2nd in
19 the classified ads at the back of the
20 newspaper.
21 Exhibit 13 -- after we changed the hearing
22 date, we ran another ad advising the public of
23 today's hearing date, which ran November 5th,
24 November 6th, and November 7th.
25 Exhibit 14 is an e-mail and copy of the

1 Arkansas Insurance Department October 29, 2021,
2 letter to Jessica Whittaker of BLR with the
3 Legislative Council questionnaire, Financial
4 Impact Statement, and Economic Impact
5 Statements.
6 As the Hearing Officer understands for
7 those, we have to file various numbers of
8 documents with BLR, a lot of it dealing with
9 financial impacts about rules that we're
10 promulgating.
11 Exhibit 15 is an e-mail to Jessica
12 Whittaker, again, with updated Notice of Public
13 Hearing.
14 The rest of these documents -- Exhibit 16
15 -- are courtesy copies of filings that we make
16 with various state officials.
17 Exhibit 16 is a copy of the Arkansas
18 Insurance Department letter and e-mail to
19 Secretary of State advising SOS of our proposed
20 rule making.
21 Exhibit 17 is a copy of the Insurance
22 Department letter and e-mail to the Secretary
23 of State with the updated Notice of Public
24 Hearing.
25 Exhibit 18 is a courtesy copy that we sent

1 to the Attorney General's Office advising the
2 Attorney General's Office of our proposed rule
3 making.
4 And Exhibit 20 is a copy of the Arkansas
5 Insurance Department letter and filing with the
6 Arkansas State Library about the proposed rule.
7 Exhibit 21 are comments that we received on
8 behalf of the rule during the public comment
9 period.
10 Exhibit 21, Exhibit Number 1 is a letter in
11 support of the rule by the American Society of
12 Plastic Surgeons.
13 Exhibit 2 are questions and answers by BLR,
14 Attorney Lacey Johnson, and she engaged with me
15 in the e-mails related to various technical
16 questions related to the rule.
17 Exhibit Number 3 is a letter in opposition
18 of the rule from Lax Vaughan Fortson Rowe &
19 Threet, by Grant Fortson, who's an attorney who
20 may be speaking here today against the rule.
21 Exhibit 4 is a letter that we received
22 somewhat advising us of different various
23 issues by Arkansas Blue Cross Blue Shield by
24 Frank Sewall.
25 They are here today. I don't really want

1 to go through all their letters. If they're
2 here to speak, they can bring up those points
3 here when they testify.
4 HEARING OFFICER: And as usually, the
5 procedure as far as our responses to these
6 comments will be generated after the hearing.
7 MR. RAND: That's correct. We have to do a
8 post hearing summary for BLR. I will address
9 each of the objections and technical correction
10 requests in that particular document, which
11 will be drafted after this hearing is finished.
12 HEARING OFFICER: Now, you are not going to
13 be calling any witnesses yourself.
14 MR. RAND: No.
15 HEARING OFFICER: Would you like to give us
16 a --
17 MR. RAND: I'll give a brief update.
18 Absolutely.
19 HEARING OFFICER: -- brief update and
20 summary of what exactly the rule is meant to --
21 MR. RAND: Absolutely. Thank you, Mr.
22 Hearing Officer.
23 The proposed rule sets up procedures for
24 craniofacial claims consistent with the
25 statute. We are trying to improve craniofacial

1 claim adjudications with this rule and with
2 this law by making sure that these craniofacial
3 claims are admitted or denied within two
4 working days for non-urgent cases, and for
5 urgent cases within 24 hours. So the mechanism
6 that we have established is by doing it through
7 this rule.
8 And as I indicated, one of the things that
9 we wanted to try to clarify was -- and we did
10 create an attestation form for providers for
11 non-craniofacial providers to submit to the
12 ACPA approved teams so that they would have
13 authorization for approval of these services.
14 Those would be submitted to the health benefit
15 plan, and the health benefit plan would only
16 have two working days to actually admit or deny
17 the claim. So we're trying to speed up
18 craniofacial claim adjudications.
19 The other parts of this rule, we provided
20 definitions of urgent and non-urgent care. The
21 statute did not provide those definitions, and
22 the rule does provide that.
23 The rule also provides additional coverages
24 for Sclera contact lenses, ocular impressions
25 of eyes, autologous serum eye drops. It

1 requires coverage of eye weights and hearing
2 aids, and any incidental tests and procedures.
3 But the most important part of this rule --
4 if I could identify one of the most important
5 parts of this rule is, we are now going to be
6 requiring health insurers to pay the ACPA
7 approved teams for evaluations and
8 consultations for outside work. So when an
9 ACPA team gets a referral, or a referral is
10 made out to a non-craniofacial provider and the
11 ACPA approved team has to evaluate or consult
12 the actual proposed treatment, the insurance
13 companies now will have to pay the ACPA
14 approved teams for that work. So we believe
15 that's going to financially motivate the ACPA
16 approved teams to do a better job in evaluating
17 and doing consulting and approval process, and
18 help speed up payment of the claims, because
19 they will now be paid.
20 HEARING OFFICER: I know that we generally
21 don't get into the actual amounts that are paid
22 to providers.
23 MR. RAND: We're completely --
24 HEARING OFFICER: Are there going to be
25 guidelines as far as --

1 MR. RAND: Yes, sir.
2 HEARING OFFICER: -- how much they are paid
3 for these consultations?
4 MR. RAND: The proposed rule sets out a
5 requirement that the Insurance Department has
6 to issue a bulletin to establish coding fees
7 for these teams. So we will be issuing a
8 bulletin that will establish these fees, and it
9 will be consistent. Every health insurer will
10 have to pay the exact same amount. So Blue
11 Cross won't be paying anything more or less
12 than what United Healthcare would pay. So it's
13 something that we'd have to establish by
14 bulletin.
15 HEARING OFFICER: It'll be you.
16 MR. RAND: Yeah.
17 HEARING OFFICER: Well, if that is all that
18 you have for now, I guess we should -- we have
19 a full house and several folks that would like
20 to testify. I have your list of whether or not
21 you want to testify. I guess it wouldn't hurt
22 to just go down the list and have -- we don't
23 necessarily have the fors first and the against
24 second. So I'll go ahead and start here. It
25 looks like that Michaela Kinley with Ozark

1 Prosthodontics. Please come to the --
2 MS. KINLEY: Good morning everybody.
3 HEARING OFFICER: Please identify yourself
4 for the record and testify.
5 MS. KINLEY: My name is Michaela Kinley,
6 like he said. I am a craniofacial patient. I
7 was diagnosed with ectodermal dysplasia, which
8 is a craniofacial anomaly. My brother also has
9 this anomaly. He wasn't able to be here today.
10 And, also, just in advance, if I start to get
11 emotional, I'm sorry. It's just, this has been
12 a really long and hard process that I've walked
13 through.
14 The thing that's hard is when people see me
15 now and see the -- the main thing is my teeth.
16 They're like, "Well, I don't really understand
17 what you've been through or why this is so
18 hard," but they see the end result, which is
19 what's so great and so easy for me to speak and
20 eat and function and live, but what I had
21 before was not.
22 So, basically, I was born without the
23 majority of my permanent teeth, and the baby
24 teeth that I have were very small, not very
25 well functioning at all. I couldn't eat a lot.

1 My brother couldn't either. They were
2 misshaped. And if you could imagine growing
3 up, that was super hard mentally. And just the
4 ways that we were treated, it was really hard.
5 And, so, this is my mom, who's Nicole. She
6 went through a lot as a single mom of my
7 brother and I just like figuring out how
8 insurance could help us pay for this because,
9 obviously, we all know it's super expensive.
10 So she spent a lot of time learning about
11 insurance and what Arkansas could provide.
12 And, thankfully, we are some of the people
13 that were qualified as craniofacial patients
14 because of Act 373, and we were able to --
15 after a long time -- decades of going through
16 different treatment plans and things failing
17 and not working, and things that were supposed
18 to be the final treatment, but it wasn't
19 working because we just weren't set up with the
20 right provider.
21 After going through all of this and
22 different, like, legislative things -- my mom
23 knows way more about that than I do. I just
24 remember as a child it was always super
25 stressful. But after going through that long

1 process and finally getting set up with the
2 specialty that we needed and getting to see
3 that one day we would be able to have a set of
4 teeth that would help us long term, not
5 something that was just a year fix that might
6 break in a week or something -- which happened
7 all the time, by the way.
8 But after getting to find these providers
9 that were able to give us a long-term solution
10 and able to utilize this Act for insurance, it
11 was like we finally were able to breathe for
12 the first time in almost -- I mean, I remember
13 this all started when I was 7. I'm 27 now.
14 And I got my final set of teeth when I was 25.
15 So going through that whole process and finally
16 getting to find somewhere that we could trust
17 in the system and had somebody that could
18 provide the best standard of care for us that
19 would last for the rest of my life, I mean, it
20 changed my life forever.
21 I can tell you, I'm completely different
22 than who I was then. I never really smiled
23 before. I had a lot of confidence issues. And
24 now I'm actually a dental hygienist myself, and
25 I did that because I wanted to provide hope for

1 patients like me. And I have felt that I can
2 provide that hope because of what I was able to
3 go through, and that's something that I've
4 always believed in, especially because I have
5 my own daughter and I am super worried that one
6 day she might present with the same symptoms,
7 and that's something that really scares me.
8 And I've always had the hope that this same
9 type of treatment that we have, we could
10 provide for her and utilize insurance.
11 But now I understand there's some changes
12 that are taking place, and I'm worried that she
13 won't get to utilize that, and that makes me
14 really scared. And just with the families that
15 I've been able to meet along the way have had
16 -- felt a lot of hope from seeing my brother
17 and I and what we went through. And so I just
18 hope that you would really consider some of
19 these changes that are being made, because it
20 really affects a lot of people and a lot of
21 families. Sorry. I'm also pregnant again.
22 I'm really emotional, I guess, obviously.
23 But I also can say that I don't really
24 understand exactly, you know, all the changes
25 that are being made, but I know that there are

1 changes. I also used to work at Children's and
2 I know it's a really great place and they want
3 to provide a kind of care. I think some of the
4 proposed plans that are being made, I don't
5 know if the current system, if it's something
6 that can provide the best standard of care for
7 the amount of patients that are needing to
8 utilize insurance for craniofacial anomalies.
9 So, yeah, I would just hope that you would
10 really consider some of the changes that are
11 being made, you know, thinking long term for my
12 children and for other families that I've met
13 along the way as a hygienist, and just really
14 consider what's being made -- changes. Do you
15 have any questions of me now? Sorry I got
16 emotional. I'm really trying not to.
17 HEARING OFFICER: Thank you very much for
18 your testimony, Ms. Kinley.
19 It looks like Nicole Held is next.
20 MS. HELD: I think she covered it for me.
21 HEARING OFFICER: Sounds good. I'll call
22 now Mr. Frank Sewall, Arkansas Blue Cross Blue
23 Shield.
24 MR. SEWALL: My name is Frank Sewall and
25 I'm Senior Counsel of Regulatory Services for

1 Arkansas Blue Cross and Blue Shield, and I'm
2 here to speak on behalf of my company in favor
3 of the proposed rule and amended rule.
4 Arkansas Blue Cross and Blue Shield supports
5 the two principal goals of this rule and the
6 implementing Wendelyn Craniofacial Law.
7 The first goal is to assure that
8 individuals who are actively diagnosed with a
9 craniofacial anomaly. And the second goal is
10 to assure that patients with a craniofacial
11 anomaly receive appropriate treatment. The
12 proposed rule implements the first goal by
13 requiring, in Section 7, the use of an
14 attestation or authorization form to be signed
15 by the surgical member of an approved
16 craniofacial anomaly cleft palate team when the
17 claim -- and submit it along with the claim to
18 the carrier.
19 One criticism that I have of the rule is,
20 it only requires so-called non-craniofacial
21 providers. Those are providers who are not
22 part of a craniofacial anomaly team. They're
23 not required under the rule to submit the
24 attestation form. However, the law requires
25 that any craniofacial anomaly, regardless of

1 the provider, include attestation or approval
2 by the surgical member of the team.
3 And we think that's important because this
4 law is unusual in the fact that if the
5 craniofacial anomaly team has diagnosed this
6 person as having a craniofacial anomaly and has
7 approved the treatment plan, the insurance
8 carriers, or the healthcare plans, are very
9 limited in what they can do after that.
10 Basically, we have to accept the decision and
11 pay for the services. And we're all in favor
12 of doing that because the appropriate people
13 that looked at the patient, according to this
14 rule, and have reviewed the proposed treatment
15 and approved it.
16 The second goal is implemented by the plan
17 by requiring health carriers to pay the
18 craniofacial anomaly team for its work and
19 making its decision as to whether a
20 craniofacial anomaly exists, and for reviewing
21 the treatment plan, and monitoring the
22 treatment plan as it goes along. We're very
23 much in favor of that. I think this is the
24 only way we're going to get adequate
25 participation by teams, and we're willing to

1 work with the Department in helping it propose
2 the annual bulletin.
3 There are some other changes that I
4 recommended in the rule that are more technical
5 than anything that I could say -- need to say
6 this morning, so I'm going to accept any
7 questions you may have, Mr. Hearing Officer.
8 HEARING OFFICER: No. I guess
9 specifically, can you address how this -- you
10 think this improves the rule both from the
11 carrier's perspective and from the healthcare
12 consumer's perspective?
13 MR. SEWALL: I think so. Before the rule
14 and before the recent amendment to the law, the
15 rule -- the law required that a craniofacial
16 anomaly team actually submit its authorization,
17 which would require a review and submission by
18 the team, and there was some -- a lot of
19 confusion as to exactly what that meant. We've
20 had -- we had a number of providers -- or one
21 or two providers that submitted a simple form
22 from a member of the team, or a past member of
23 the team, and that didn't satisfy the terms of
24 the law. So the law was changed to allow a
25 single person on the team to submit the

1 authorization form and sign off on it, but it
2 had to be the surgical member; the person that
3 would be doing the actual -- and be a surgical
4 member so that -- because surgery is the most
5 important part of the beginning of the
6 treatment. The other things are -- the other
7 multidisciplinary treatments, the psychology
8 and so forth, are important, but not as
9 important as the surgical.
10 HEARING OFFICER: Good. Well, it sounds
11 like then that the new law and the new rule --
12 or amended law and amended rule actually
13 clarify some things and will make the payment
14 of claims run more smoothly from an
15 administrative standpoint. Is that fair to
16 say?
17 MR. SEWALL: We hope so.
18 HEARING OFFICER: Do you have any
19 questions, Mr. Rand?
20 MR. RAND: No.
21 HEARING OFFICER: No further questions from
22 me. I thank you for your testimony, Mr.
23 Sewall.
24 MR. SEWALL: You're welcome.
25 HEARING OFFICER: Mr. Robert Taylor.

1 Please identify yourself for the record.
2 DR. TAYLOR: Dr. Robert Taylor. I'm a
3 craniofacial surgeon in Fayetteville. I had
4 some concerns. You know, one of my largest
5 concerns with the whole rule and the whole law
6 is, it seems to me that it was done in the
7 middle of the night without any input from the
8 providers who actually are on the frontlines
9 taking care of the patients, Number One.
10 Number Two, I feel like that, when I looked
11 at the law just cursory before I came in, I
12 didn't see anything about acquired craniofacial
13 deformities, yet the rule does mention acquired
14 craniofacial deformities. And from that
15 standpoint as I read the rule, I didn't
16 understand why, as a provider in Northwest
17 Arkansas, I needed to seek approval and
18 confirmation from a provider in Central
19 Arkansas. And Central Arkansas, specifically,
20 Arkansas Children's Hospital, is the only
21 certified cleft lip and palate team in the
22 state of Arkansas.
23 And the certification for cleft palates and
24 teams has a long past history in that
25 craniofacial surgeons, cleft surgeons are like

1 hairdressers. We all think we're the best and
2 we don't think anybody else can do it the same
3 way we can do it. And, so, these teams were
4 designed in the past to jealously guard their
5 territory. So the Dallas cleft lip and palate
6 team, or the North Dallas cleft lip and palate
7 team would seek certification and then seek to
8 block certification of other cleft palate
9 teams. And, so, these teams were grandfathered
10 in to this organization and then these very
11 stringent rules were put in place to prevent
12 further certification of other teams.
13 And I wouldn't expect the person who wrote
14 the rule to -- and adopted these laws to
15 understand that. But it's important to know
16 that if you can't develop a cleft lip and
17 palate team without having patients, and you
18 can't take care of patients without having a
19 cleft lip and palate team, it makes it almost
20 impossible for other teams to get started.
21 And then think about the bureaucratic
22 nightmare it's going to require if somebody is
23 in a car wreck in Northwest Arkansas and has
24 panfacial fractures and I have to now seek the
25 -- you know, get the proper documentation, x-

1 rays, before I can treat this patient either
2 urgently or semi-urgently, and there's one team
3 -- one person on one team for the entire state
4 of Arkansas, I mean, it's completely untenable.
5 You can't do it.
6 So I guess that's the biggest reason why I
7 decided to take off work and come down today is
8 to find out why we decided to include acquired
9 craniofacial deformity in a law that was
10 clearly designed for congenital abnormalities.
11 And as a craniofacial surgeon and someone who
12 was on staff at the International Craniofacial
13 Institute in Dallas, who taught other
14 craniofacial surgeons how to do this surgery, I
15 believe in a team approach for developmental
16 disorders and the fact that you need all
17 ancillary services that go along with it, but
18 for acquired deformities, these are things that
19 we have historically taken care of since we --
20 since medicine has been practiced in Arkansas.
21 And now, then, unless I'm misreading this
22 rule, it takes the physician on the frontlines
23 diagnostic and treatment protocols and submits
24 them to the whim of someone who maybe was
25 trained with less experience and certainly

1 hasn't examined the patient. You can't.
2 transport the patient down here to Children's
3 Hospital and have him looked at and then have
4 him transported back to Washington Regional and
5 taken care of.
6 So I don't see any -- I think the rule is
7 overly broad and I think it's poorly written.
8 I think -- I was looking at Mr. Sewall's -- he
9 thought the reason we needed this law was for
10 accurate diagnosis and appropriate treatment,
11 but I think more likely the law is written for
12 denying of services and limiting access to the
13 patients. I don't see a reason for the
14 acquired deformities, and do applaud the need
15 for teams for taking care of congenital
16 abnormalities.
17 HEARING OFFICER: Let me ask Mr. Rand a
18 question here.
19 MR. RAND: I think the problem here --
20 HEARING OFFICER: The acquired -- when
21 you're talking about there's a 24 hour for an
22 acute situation such as a car accident --
23 MR. RAND: The problem that he is pointing
24 his finger to is from the statute itself. The
25 statute of law itself is mandating that these

1 authorizations go through an ACPA approved
2 team, and we've only got one in Arkansas. So
3 I'm sympathetic with your problem because it's
4 requiring a funnel to be placed strictly on
5 that ACPA approved team. There's only one in
6 the state, so that team would have to do a fast
7 turnaround on car wreck cases and that sort of
8 thing. So what you're complaining about is
9 from the law itself, not from the rule. So if
10 you want to change this particular process of
11 going through the ACPA approved teams, the best
12 way to do that is through legislation that
13 would repeal the law, or we develop more teams.
14 So I think your criticism is valid. We
15 have had issues with the ACPA approved teams
16 turning around consultations and evaluations
17 quickly enough for outside providers to do
18 their work. But they've got their own patients
19 at that team itself and they're backloaded, and
20 so one of the things that we wanted to do here
21 is pay them. Make the insurance companies pay
22 them to do consultations and evaluations. So
23 we feel like that might more quickly motivate
24 them to do evaluations for your office. But I
25 can't -- really, I'm sympathetic with what

1 you're saying. A lot of it is just
2 institutional.
3 DR. TAYLOR: Well, let me ask you this,
4 though. When I read the rule -- the law, I
5 didn't see acquired deformities as -- is it
6 part of the law?
7 MR. RAND: No, it's not. We added that. I
8 will certainly take your comment into -- the
9 Commissioner is going to decide what language
10 is going to be in this proposed rule in
11 response to public comment, so we'll take your
12 public comment and look at that language, for
13 sure.
14 DR. TAYLOR: And then I think another
15 important thing that people will miss. When
16 you're sitting here -- say I'm an attorney and
17 I think everybody that walks into Children's
18 Hospital and wants to take care of kids is a
19 calling from God. But I'm telling you, when I
20 graduated medical school in Little Rock, there
21 were three programs in the entire country that
22 you could go straight into plastic surgery, and
23 of those three programs, I was lucky to be
24 accepted into two of them.
25 I decided -- my boss at the time was a

1 craniofacial and cleft surgeon. I decided I
2 wanted to do this. It was beautiful surgery.
3 And, so, of the four accepted craniofacial
4 programs, the one in Dallas I was accepted to
5 that, and personally did well enough then that
6 they had asked me to stay on staff and teach
7 other fellows.
8 I got a call from the chairman of surgery,
9 at the time. He was my -- at the time when I
10 was in medical school. His name was Bob
11 Lawrence. And he said "Bob, I'd like for you
12 to come and apply for the craniofacial position
13 at Children's Hospital." I said, "I'd love to
14 do that, but I'm a cleft surgeon, too." And in
15 1993, only the ear, nose and throat doctors
16 could do cleft surgery at Children's Hospital.
17 They wouldn't let the plastic surgeons do it.
18 I don't know if that's changed now or not, but
19 I can tell you, in 1993, that was the case.
20 And he said, "Well, you know, otolaryngology is
21 very strong and they're not necessarily under
22 my auspices. I cannot make them let you have
23 those privileges." And I said, "Well, you
24 know, I don't want to come and limit half of my
25 practice just to one thing."

1 And so that was my first example, or my
2 first exposure to the fact how jealously this
3 surgery is guarded. And not only that, the
4 International Craniofacial Institute, there's
5 two surgeons there: Ian Munro and Ken Salyer.
6 They hated each other. Vied for patients. And
7 I think the biggest problem is, is these
8 deformities, fortunately, are quite rare, and
9 so it takes millions of covered lives in order
10 to generate enough patients to have a practice.
11 And so I can foresee an instance where the
12 grandfathered cleft palate team actively limits
13 the ability for other teams in Jonesboro, El
14 Dorado, Texarkana, Fayetteville, in order to
15 start their own teams, because it might
16 withdraw patients from this central entity.
17 And, also, I'm curious as to who was in the
18 room when the rules were written, you know.
19 Was it Arkansas Children's Hospital and Blue
20 Cross Blue Shield? Because that makes me even
21 more suspicious of why these rules and this
22 bottleneck funneling of patients to this one
23 entity.
24 MR. RAND: So that's from the law itself,
25 okay? That's not from this rule. If you want

1 to change the bottleneck going through ACPA
2 approved teams, you're going to have to change
3 the law. So the way the law is written right
4 now, it's got to go through these teams. So
5 all the rule is doing is amplifying the rule a
6 little bit about what the law talks about. So,
7 again, this process of going through ACPA
8 approved team approval process is something
9 that's in the statute and I can't change.
10 DR. TAYLOR: Right.
11 MR. RAND: So if the plastic surgeons and
12 craniofacial providers feel like there's too
13 much of a bottleneck going through these teams
14 to get adequate, timely turnarounds, then
15 that's something you need to visit with, with
16 the legislature.
17 DR. TAYLOR: But even on a personal level,
18 I wouldn't recognize their authority to even
19 suggest how I took care of a patient. And I
20 think you're going to find that, not just
21 unique to me, it's everybody who's spent the
22 time and the effort into, you know, the
23 expertise in order to do this type of surgery.
24 I think it's poorly written, and I think there
25 were probably nefarious, not just making sure

1 that the patients' deformities are covered, but
2 by specifically who covered them and by
3 limiting the amount of access people have to
4 the coverage.
5 MR. RAND: Again, that's by the law.
6 DR. TAYLOR: Right. Thank you.
7 HEARING OFFICER: Thank you, Dr. Taylor.
8 We have Andrew Tucker. Good morning. Please
9 identify yourself for the record.
10 MR. TUCKER: My name is Andrew Tucker, and
11 I am the CEO of Ozark Prosthodontics. I have
12 worked with many dental practices in my day.
13 In the last eight years I've worked with almost
14 500 different dental practices, and I had
15 directly worked with at least eight
16 craniofacial team members across the country,
17 predominantly with their orthodontic
18 components. In my time working with those
19 practices, no other practice stands out like
20 Ozark Prosthodontics.
21 I think it's really important to highlight
22 that Ozark Prosthodontics fits a need in
23 dentistry that doesn't exist in other places.
24 Ozark Prosthodontics focuses, not on
25 malocclusion, not on cosmetics, but on helping

1 patients with medical issues resolve those
2 medical issues as they relate to dentistry,
3 doing so under the appropriate licensure in the
4 state of Arkansas, and do so with the
5 appropriate treatment plans and the appropriate
6 standards of care in order to conduct that
7 treatment.
8 While aesthetic outcomes are certainly part
9 of the equation, there's no crime against that.
10 Plastic surgeons have achieved aesthetic
11 outcomes for reconstruction of their patients
12 for accident victims, for victims of cancer,
13 which is another patient group that we work
14 predominantly with, for years/for decades, and
15 insurance companies have fought over those
16 rules, as well. So we find ourselves kind of
17 in the same group in the same camp.
18 I highlight all this because we're not the
19 typical dental practice. And I think a lot of
20 times it feels like in the conversations as it
21 relates to this law -- and I promise I'm going
22 somewhere with this. I'm just setting the
23 table. But conversations as it orients around
24 this law feel very accusatory. They suggest
25 that there's some sort of attempt to leverage,

1 or some sort of attempt to abuse, or there's an
2 inappropriate standard of care that's being
3 violated. There's attestation requirements
4 that are necessary for treatment. But the
5 reality is, we are what should be, if we could
6 collaborate with the team, an access
7 professional for a craniofacial team. I plan
8 to address that in a moment.
9 We have a great relationship with the
10 National Federation for Ectodermal Dysplasia.
11 We are on their website in the patient
12 resources. That is one of the most common
13 craniofacial disorders we deal with. And
14 although I'm not a physician nor a dentist, I
15 feel like we are a great place for an
16 ectodermal dysplasia patient to start, like
17 Michaela. We also have a great relationship
18 with the National Organization for Rare
19 Disease, and a great relationship with the
20 Society for Down Syndrome.
21 Patients that matter tremendously to us,
22 and also patients that are very clearly
23 articulated and carved out in the full spectrum
24 of what we do medically. Patients that are
25 very appropriately treated by our practice, and

1 have been historically, and hopefully will
2 continue to be. Although, that's a threat in
3 what we talked about here today.
4 We are -- like I mentioned, the ACPA, the
5 craniofacial association, we are someone that
6 -- there's not a direct term necessarily we're
7 known for, but we're an access professional.
8 So, theoretically, a team would leverage us to
9 be able to assist in cases that they have. We
10 have many doctors who have memberships with
11 ACPA, but we are not ourselves in the team.
12 Although, we would love to have that
13 conversation if that was something that was
14 ever on the table.
15 This isn't to editorialize about the poor
16 legislation that was passed. This isn't to
17 editorialize about how damaging things have
18 been since the passage of the law that fixes to
19 the system have ultimately rendered the system
20 useless. This isn't an editorialization to
21 that. This is really to talk about the core
22 principal of the act and some of the elements
23 in the rule that derive at trying to achieve
24 the primary stated purpose of 955, which is to
25 serve residents in this state who are in need

1 of healthcare services to treat craniofacial
2 abnormalities.
3 Ultimately, when you look at the ACPA and
4 the way teams are structured, there are three
5 required members of an ACPA team. One is a
6 physician, and that physician is not required
7 to be the team lead. One is a dental
8 professional. And the challenge to this is
9 that, in a system that was created -- the ACPA
10 was created and rehabilitated to eliminate a
11 lot of these issues, to create equal footing so
12 people don't practice outside of the scopes of
13 their licensure in order to be able to execute
14 this treatment. In order to pursue that, we
15 have ultimately boiled everything down to the
16 approval of one single individual with an
17 affidavit, and which were ruled out of many
18 teams because -- well, not necessarily many
19 teams, but several teams, because they don't
20 have an M.D. or D.O. or a board certified
21 surgeon.
22 I've got some important figures to share
23 before I get into the specific issues that we
24 have with the rule. Thirty-one. Thirty-one
25 patients so far in our practice that would have

1 been treated under the old format of the rule
2 cannot be treated. These are ectodermal
3 dysplasia patients. These are amelogenesis
4 imperfecta patients. These are patients --
5 children center patients. These are patients
6 with whom it makes complete sense for treatment
7 to begin in the process of standard of care in
8 the state of Arkansas with appropriate
9 licensure and for us to review.
10 Things that make complete sense for us to
11 be starting the ball on those cases, we're not
12 permitted to start with those patients, and are
13 not being treated. The patients who are
14 currently in the system while other people wait
15 to be able to be paid for their consults are
16 being paid for on our dime, because the thing
17 we care for the most is seeing that our
18 patients are treated and the treatment is
19 carried out and followed through.
20 186 teams, at last view -- ACPA teams -- 39
21 of them do not have an M.D. or a D.O. as a team
22 lead. It's even harder to figure out how many
23 of those are board certified surgeons, but
24 that's a whole different argument in its own
25 right.

1 17 of those teams -- 90 percent -- are led
2 by a geneticist. Kaiser Permanente puts
3 geneticists in charge of the teams, because
4 this is considered a genetic team. So this
5 suggestion that surgeons are the most integral
6 part is disagreed with by at least ten percent
7 of the population out there who prioritizes the
8 geneticist, with whom we've typically and
9 traditionally collaborated our very limited
10 cases that we put in for craniofacial purposes,
11 those are the people who collaborated with.
12 Zero. Zero patients have we been able to
13 collaborate with Arkansas Children's since the
14 tedious and pedantic interpretation of the term
15 "team" that began a year ago. Zero. Zero
16 patients have resulted in collaboration. And
17 zero is the number of times that we have had
18 complaints from patients that treatment plans
19 were inappropriate for patients since the
20 beginning of Ozark Prosthodontics almost 30
21 years ago.
22 We fixed a problem that didn't exist. This
23 is a further fix to a problem that doesn't
24 exist to create barriers between the insurance
25 -- create barriers for patients seeking

1 insurance reimbursement -- insurance coverage
2 for the treatment that they are contractually
3 and statutorily obligated to. So when it comes
4 to the rule -- we can't fix the legislation
5 today. And when it comes to the rule, I think
6 that a lot of things -- a lot of places, the
7 best that can be done has been done.
8 But there are really two primary concerns
9 that we have. Mr. Fortson has been kind enough
10 to be able to draft a memorandum that I believe
11 has been entered into the exhibits. But of
12 that -- of the two things I really -- of that
13 whole entire memorandum, I want to highlight
14 two of them in particular. One is the concept
15 of the initiation of a referral for covered
16 services.
17 I have tremendous concerns about that
18 because the fact that we spent so much time
19 fighting about the definition of what "team"
20 means, and that such a tedious and difficult
21 definition was applied by different parties, I
22 can only imagine that we will all be back in
23 the same room in three months fighting about
24 what the definition of initiated means. I
25 would like to see that we can continue to refer

1 patients and, hopefully, that we can see there
2 be a clear of the log jam to be able to
3 actually get them back so that we can pursue
4 treatment for our patients.
5 Number Two, the attestation of the surgical
6 member. There's a couple of issues with that.
7 Number One, not all oral surgeons are M.D.s or
8 D.O.s. Not all oral surgeons are board
9 certified. That does not mean those people
10 were not competent and capable at their jobs.
11 And the reality is -- a history lesson, in case
12 you're interested -- in 1840, the dentistry
13 department that went to University of Baltimore
14 and said, "Hey, we think we're a medical
15 specialty," and because of the barbaric history
16 of industry as it related to barbers, they said
17 no. And health insurance companies latched on
18 to that bifurcation and have continued to
19 perpetuate that, despite the direct correlation
20 between healthcare and dental care for the last
21 150 years. So I say that from the perspective
22 of, I grow frustrated that dental professionals
23 are not viewed in the same respect and the same
24 peerage as physicians.
25 There are certain cases that are most

1 appropriately initiated by physicians. There
2 are other that are most appropriately initiated
3 by dental professionals. For a physician to
4 initiate a dental case first is arguably the
5 unauthorized practice of dentistry, and the
6 statute just put those practitioners in a
7 position to have to do that under this law.
8 The suggestion that there needs to be
9 notarization on this, in my opinion, is an
10 inference of impropriety. You have people
11 notarize things traditionally in law -- I
12 failed to mention, I'm also a licensed attorney
13 in the state of North Carolina. Traditionally,
14 you have notarization requirements when there
15 is a concern of impropriety and you need
16 someone to affy [sic] as a third party that
17 something wasn't forged.
18 When we called other craniofacial teams
19 with whom we have a relationship, all of them
20 said, no, we do not have a notary. We don't
21 have a notary. We can go down -- we've got
22 some people who are notaries who do wills and
23 things for people who are kind of, you know, in
24 their dire straits, but we'd have to go down to
25 the ER for that. We'd have to go to, you know,

1 intensive care for that. And the next question
2 from many of them was, but why. Why? And it's
3 because, in my opinion, I believe that there is
4 an unfair viewpoint of the role of dentistry in
5 treatment for craniofacial disorders.
6 Our patients may achieve cosmetic and
7 aesthetic outcomes, but the cases that we
8 initiate are within the scope of our licensure.
9 We feel comfortable with the standard of care
10 to be advising on the things that we are
11 advising on. And why we love collaborating
12 with other physicians, we struggle to find ones
13 that will do it in the boundaries of our own
14 state. This law does nothing but continue to
15 belabor and exacerbate that. Any questions?
16 HEARING OFFICER: No. Well, I guess, Mr.
17 Rand, I have a question. Everything that
18 you've covered here is included in Mr.
19 Fortson's --
20 MR. TUCKER: The finer points.
21 MR. RAND: It's important to note that his
22 physician has also provided us with an
23 alternative language, so Mr. Fortson not only
24 echoed the concerns that this witness raised,
25 but also submitted to the Commissioner

1 alternative language for the Commissioner to
2 consider.
3 HEARING OFFICER: And that will be taken
4 into consideration?
5 MR. RAND: Yes.
6 MR. TUCKER: I just want to say, we
7 appreciate the efforts, Booth, that you've had
8 in this rule and hope to find a good one, but
9 we just wanted to raise these concerns.
10 HEARING OFFICER: Well, thank you, Mr.
11 Tucker.
12 MR. TUCKER: Thank you
13 HEARING OFFICER: We have Rita Wilson.
14 MS. WILSON: Good morning everyone. As he
15 said, my name is Rita Wilson and I have been a
16 patient with Dean, Lori, and Ozark
17 Prosthodontics since about 2016. I have spent
18 20 years or more trying to get care that I
19 needed to -- for this congenital abnormality
20 with ectodermal dysplasia and, quite honestly,
21 I'm tired of these fights.
22 Folks, this is medical. There is no back
23 and forth. You know, I spent all that time --
24 how many times I walked into a dental office
25 and they would tell me, nothing they could do.

1 You talk to the doctor and your doctor tells
2 you, oh no, that's dental. You got to talk to
3 your dental insurance.
4 I'm here today with someone who has had
5 five family members treated. This starts from
6 the time we're born. The teeth don't develop.
7 The bridges are underdeveloped. I had
8 dentures. What was already underdeveloped just
9 goes away. Somebody had to do something. I
10 went all over looking. It wasn't until,
11 miraculously, I found Ozark and Lori was like,
12 "No, I think we can do something. You need to
13 come see Dean."
14 Gentleman over here with the insurance
15 company says we need a form. After all the
16 treatment plan was worked up, that had to be
17 authorized. It had to be sent in to the team.
18 They reviewed it. Now we're talking about
19 sending this form -- the way I read the rule,
20 they're talking about, it needs a notary. For
21 what? So we can delay it more? I spent 20
22 years, folks. I've been doing treatment for
23 five before we got it right. Why are we
24 delaying? Because that's what it seems like
25 this is for is just to put it off. It's one

1 more hardship for me to go through; one more
2 thing to fight, you know.
3 I had this all planned out, but it doesn't
4 really go that way. I get a little upset with
5 it. Honestly, get it right. That's all. This
6 is not something I could have changed. There's
7 nothing we could have done. Acquired or not,
8 when you can't chew food well enough to get it
9 down. When you're worried that you didn't get
10 it chewed up well enough that when you swallow
11 it, it's going to be stuck. Then we go to the
12 ER, right? I've been a nurse for 16 years.
13 Delaying treatment. Make additional steps.
14 Now we got to have a form. We're going to add
15 more paperwork to it. Anybody remember, we're
16 in a pandemic. Working for the Department of
17 Health, I can tell you, I'm tired, and if you
18 add more paperwork to that, it just makes it
19 that much worse. It's not going to make it
20 better. If you're going to fix this, do it
21 right for the patients. I mean, guys, I travel
22 four hours one way to get treatment.
23 You want the notary on it. You want it
24 sent it. I'm like Andrew, for what? What's
25 the point of that? And we have standards.

1 They're all ethically bound. And I'll take --
2 just like I had to take an oath as a nurse, I'm
3 going to do my best. I'm going to be a patient
4 advocate. They all take theirs. But now we're
5 going to do a notary? To what point? Because
6 somebody doesn't believe what's being said?
7 So I'm going to have an extra appointment
8 because we're going to take the time, we got to
9 get the notary, we got to get the provider, we
10 got to get me, get it all scheduled, and I'm
11 going to drive four hours, increasing my cost
12 from that and from the time off work to be able
13 to go up and do it. One more step. One more
14 way to keep me from getting what I need. That
15 much longer.
16 I'm like Michaela, nobody understands this.
17 You see it. You see it at the end. You didn't
18 see a lot of time coming up with it. You don't
19 see the money that was spent beforehand on what
20 was missing, misshaped, underdeveloped. The
21 $20,000 that was spent beforehand with braces
22 and the orthodontist and all the other dentists
23 trying to fix it for it to be gone by the age
24 of 30. But then I'm told, it's just a dental
25 problem. No, it's not. No, it's not.

1 The fact that I can actually go somewhere
2 now and sit down and eat and I don't have to
3 worry. I can actually eat it. I can actually
4 do it. I know that I'm okay. That's worth
5 something. But without medical insurance
6 covering it, it wouldn't have happened.
7 Without Dean and Lori helping to help me figure
8 it out and get through it. I've been turned
9 down by more dentists, orthodontists, doctors'
10 offices than I care to admit trying to get it
11 fixed.
12 So with these rules keep in mind -- I don't
13 know about all the others -- the imperfecta and
14 all the others. I know with ectodermal
15 dysplasia, there's a lot of us out there.
16 There's a lot of us out there, and every single
17 one of us need the help. I've done everything
18 I could do. I've made calls to senators and
19 representatives to try to get it passed
20 federally so that insurance has to cover.
21 Arkansas was ahead of the game. I was
22 lucky when I started this, because we were
23 ahead of the game. The state actually had it
24 put in place. There are others in Texas and
25 Oklahoma that don't get that because their

1 state doesn't require it. So if we're going to
2 do it, fix it right, please. I think I'm good.
3 Do y'all have any questions?
4 HEARING OFFICER: None from me.
5 Do you have any questions?
6 MR. RAND: Huh-uh.
7 MS. WILSON: Thank you.
8 HEARING OFFICER: Thank you. The last name
9 we have signed up here is Mills Bryant.
10 MR. BRYANT: Hello, my name is Mills
11 Bryant. I took time out of my day today. I
12 came from Fayetteville. And in lieu of
13 studying for my final on Monday -- I've got a
14 contracts final for my law school class --
15 which, I'm listening to the stuff on the way,
16 so don't worry. But I came down here because
17 this is important to me and because I've not
18 only received competent care from Ozark
19 Prosthodontics, I received extraordinary care
20 from Ozark Prosthodontics.
21 And this rule seems -- the way I read it --
22 I'm not completely versed in this whole deal,
23 but this rule seems to bar care that I have
24 received from Ozark Prosthodontics. It seems
25 to put a railroad block in their way from

1 providing me the care that they have. And, to
2 me, that is super important.
3 I'm obviously a patient of theirs. I've
4 got a genetic disorder. And, literally, me and
5 my wife pray that our children do not have the
6 same disorder. She's already saying, "Mills, I
7 pray they don't have your teeth." And I agree
8 with her. And we say that in jest, but it's
9 true. I mean, the things that we've gone
10 through have been explained today, and they're
11 true. When I was a small child, I couldn't
12 even enjoy ice cream.
13 You know, I received -- I was a big
14 football player, so people didn't really mess
15 with me, but the one thing they did mess me
16 with was about my teeth, and they would make
17 fun of me and all this kind of stuff saying
18 they looked like corn nuggets and all this kind
19 of stuff. And I took that to heart, because
20 there's nothing I could do. And my parents
21 tried to receive dental care. They were
22 educators and they gave us everything we
23 needed, but they couldn't provide those things
24 for us because dentists would give us
25 exorbitant numbers saying this is what you'll

1 have to pay to correctly fix this issue.
2 And one day we found out about Ozark
3 Prosthodontics and what they could do for us,
4 and ever since we found out that day, they have
5 provided the most extraordinary care that we
6 could have ever asked for. And now I'm
7 confident. I have teeth that I can be proud
8 of. I don't hurt. I don't ache. I can eat
9 what I want to eat, and things that are
10 enjoyable.
11 So this rule seems to block my access to
12 their care, because it's not even clear that I
13 would be able to receive care from them. If
14 the board did not approve that care from Ozark
15 Prosthodontics, I may have to go to someone
16 else which, to me, would be -- I wouldn't do
17 it. I just wouldn't do it. I'd have to find a
18 way around it. And it also -- the rule that I
19 read is too broad giving discretion to the
20 board, because it seems that they could deny
21 care if they didn't think that it was urgent,
22 or if they thought that the non-urgent care
23 that we were asking for was unnecessary.
24 So, to me, this rule is written not clearly
25 enough. All it says for non-urgent care is

1 just care that's not urgent. I mean, if we're
2 going to come up with a definition, we need to
3 do a better job of that. And we need to make
4 sure that patients receive care through
5 insurance. And that's why I'm here today to
6 voice my concerns that I won't be able to
7 receive care, but, in the future, if I do have
8 a child who is unfortunate enough to have this
9 condition, that they won't receive care either.
10 And, you know, we all want to do the best by
11 our kids and, in the future, I want to do the
12 same thing, so it's very important for me to be
13 here today. So thank you very much.
14 HEARING OFFICER: Thank you, Mr. Bryant.
15 That is everyone that I have listed to sign up.
16 Obviously, if there is anyone else in the room
17 that would like to speak either for or against
18 the implementation of the rule, please come
19 forward.
20 DR. MEHTA: Nice to meet you. My name is
21 Sagar Mehta. I am the director of the
22 craniomaxillofacial team at the Arkansas
23 Children's Hospital. So, for me, you know, I
24 had conversations with Lori McNeel and everyone
25 coming from the get-go. I came here from

1 Cincinnati, initially, and I was in Cincinnati
2 for a little bit, and then I was in Salt Lake
3 City before that.
4 I have done a lot of craniofacial work and
5 it's a passion. Like Dr. Taylor said, it's --
6 I feel the same way Wendelyn does in some way,
7 where it is kind of like a God's calling. You
8 have these patients that really struggle on a
9 day-to-day basis with who they are, how they
10 feel, and the life that they live, you know. I
11 see that with Michaela. I see that with, you
12 know, many people that have kind of come forth
13 today, and Wendelyn and I have had these
14 conversations before, as well, you know.
15 It's hard not to bring God or religion or
16 anything into this process because the question
17 is why, right? Why does this happen to certain
18 individuals and not to others, realistically?
19 And my goal and what I do is help those
20 individuals that these congenital and acquired
21 deformities occur for, and to make sure that
22 they are taken care of to the best of our
23 ability.
24 So, yes, we are the only ACPA approved team
25 in the state. Based on the insurance rules

1 that were provided to me before all this stuff
2 went through, I was confined in some ways about
3 how to approve care for Ozark Prosthodontics
4 and things like that. I didn't have the
5 ability in certain instances to make the
6 recommendation, even though I am the surgeon on
7 the team, for them to proceed with care. And I
8 have sent them letters for certain patient
9 populations that they have referred to us.
10 I am only one man, obviously. And I think
11 that's one of the things that Booth Rand talked
12 about, right, is the manpower that's required
13 in the process of doing this. And because I am
14 a surgical member of the craniomaxillofacial
15 team at Arkansas Children's Hospital, it all
16 kind of falls on me. But I operate on Monday,
17 Tuesday, Wednesday mornings, and Friday
18 afternoon. I am literally coming from a case
19 right now. And, so, I'm only one man.
20 And I have no argument to the fact that,
21 yes, access to care can be difficult, as
22 Michaela said, and, you know, as Rita has kind
23 of pointed out, as well. It is really
24 difficult, and it's really -- and I will tell
25 you in some ways one of the big reasons why I

1 came to Arkansas was because of this law,
2 because I knew that I would just be able to
3 provide care for my patients and not have to
4 battle insurance policies to be able to manage
5 my patients when I know what they need. Does
6 that make sense? And Dr. Taylor is the same
7 way, right, where he knows what they need. And
8 my goal as an ACPA approved team lead in this
9 state is never to impede care.
10 The rules that had been provided before
11 that, and the conversations that I've had with
12 insurance companies is that the individual that
13 is in question about whether they have a
14 craniofacial anomaly or not is required to see
15 every member of the team. Now, the rule that's
16 set forth before us now is that it has to be
17 the surgical member of the team.
18 So the realistic thing is that, even
19 though, yes, it does create a funnel on me
20 and/or the partners that I am hiring -- I have
21 two people that we are -- that are interested
22 in coming here, as well, and would be a part of
23 the process, as well. The thing is, is I think
24 that it actually helps to release some of the
25 onus of the dental expectations, or some of

1 those expectations that Ozark Prosthodontics is
2 experts at.
3 I have no qualms with the care that they
4 provide. I really don't. And I think that
5 sometimes, because I kind of sit as the entity,
6 the bubble that kind of gets pushed around
7 between insurance companies and providers and
8 patients, right, in some ways that ultimately,
9 it comes on me. And I'm okay to take that onus
10 and burden. And I try to take that onus and
11 burden with Lori's team and Dean's team, as
12 well as -- we had a meeting about a year ago
13 about this same process.
14 I'm not here to fight the process. I can
15 only do what insurance companies have requested
16 of me in some ways. So when they say they need
17 to see every member of my team, then I have to
18 bring them into team and I have to have them
19 see every dentist and everyone, and then we
20 have to come up with a team approach and
21 recommendation based off of that. Before that,
22 I wrote you guys a few letters on patients that
23 you guys sent to me, you know, and that wasn't
24 enough, unfortunately. That's not -- that was
25 told to be an inadequate thing. But I actually

1 argued that this rule in some ways may help
2 with the expedition of that process,
3 realistically.
4 And, yes, I won't lie to you in a sense
5 that, when Lori and Dean sent those things to
6 me, again, I'm one man. I have a family of my
7 own. I have two little kids. I have a lot of
8 that stuff. So it is difficult for me to sit
9 down, go through all of the recommendations and
10 all the thought processes, come up with the
11 expertise, read the literature on it, and then
12 kind of come up with a diagnosis, so, for
13 instance, amelogenesis imperfecta.
14 You know, I was -- I have -- and we have
15 done a lot of literature review and research in
16 some of the things and I -- you know, and I
17 want to create guidelines for each one of these
18 craniomaxillofacial diagnoses. I want to have
19 a checklist that says if they have this, this,
20 this, and this, they have a family history,
21 they have, you know, certain enameloplasty
22 issues, certain measurement, certian this and
23 that, they qualify under amelogenesis
24 imperfecta. That's a checklist. The checklist
25 is checked off. We send them for approval and

1 they get approved. Does that make sense?
2 I want this to be a streamlined process.
3 I'm not here to belabor it or to be the final.
4 I don't want to be the final. It's actually --
5 realistically, being at the end of the final is
6 not really a fun place to be, to be honest.
7 Because, honestly, I want to take care of
8 patients. I feel -- when Rita is talking, and
9 when Michaela are talking, when Wendelyn is
10 talking to me, I see those in my kids, right --
11 the kids that I take care of on a day-to-day
12 basis, and I don't want that for their care.
13 Does that make sense? I don't want them to
14 have to bounce from provider to provider to
15 provider. I want them to find their home. I
16 want their home to then delineate what they
17 need. And that's not --
18 And the same thing with Dr. Taylor. You
19 know, you expressed with acquired deformities
20 and things of that nature. I don't want to be
21 the final that prevents that patient from
22 getting their facial fractures taken care of in
23 a timely fashion, if that's what's necessary.
24 We all know that there's a time when you can
25 take good care of facial fractures and then

1 there's a time where it becomes significantly
2 more difficult. My goal in all of this as the
3 member of the ACPA team that is director is not
4 to impede care in Arkansas -- in the state of
5 Arkansas. It is, in fact, to flourish the care
6 as much as possible and to make it as
7 streamlined a process.
8 Yes, there are rules and there are issues
9 and there are legislative problems, and there
10 may be -- but the goal of the providers that
11 are in this room, right -- the actual people
12 like Dean and myself and Dr. Taylor, and, you
13 know, I see a whole slew of the Ozark
14 Prosthodontics team here -- should be to rise
15 above that. It shouldn't be about the nuances
16 or the whatever, you know.
17 And I appreciate Booth's support in some of
18 this. And these are conversations that I
19 actually had with the insurance companies, as
20 well, in terms of, to be able to develop
21 manpower, you need the money. Then we've had
22 some conversation with Dean, as well, you know,
23 where you need money to be able to have people
24 that can help with the processes and expediting
25 things and making sure things happen in a

1 timely fashion. And the beauty -- the sum of
2 this rule is that it helps to give us the
3 processes to do so. And I've also brought this
4 forward to the Children's Hospital system, as
5 well.
6 I want to help the people of Arkansas. And
7 if I -- if people within the state of Arkansas
8 are telling me I've had a congenital condition
9 and I am not being taken care of, you bet your
10 bottom dollar -- I was going to use a more
11 profane word than that -- but you bet your
12 bottom dollar that I will advocate for that
13 patient to the best of my ability.
14 Wendelyn and I have had conversations hours
15 sometimes and we talk about this, and we talk
16 about the beauty of the process that could be
17 if everything was just -- just happened -- does
18 that makes sense -- and there was no impedance
19 in terms of that process. And I am
20 wholeheartedly about that process, and I will
21 do what I can as the director of the team to
22 make sure those things occur.
23 I would argue that in some ways, though,
24 yes, this appears like a bottleneck. I don't
25 think it actually is in some ways, because

1 rather than this being on the -- I don't
2 disagree with the expertise of Ozark
3 Prosthodontics. I don't disagree with that.
4 But I also -- when they're requested to be met
5 -- be seen by every member of the team, and if
6 a member of the team does not agree with the
7 processes that are in place, I ultimately have
8 to listen to them. I also do believe in the
9 democratic process. I very much believe that
10 everyone has a beautiful mind and they have
11 something to contribute to the world, right.
12 And so for me, personally, whether it's a
13 craniofacial patient or a dental provider or
14 whoever else it may be, I have no arguments
15 with that.
16 I also believe in accountability. I
17 believe that, you know, I don't want patients
18 that are not "congenital" to have issues in
19 regards to, you know, meth abuse, or whatever
20 it may be, and be covered. And I'm not saying
21 that's what Ozark Prosthodontics is doing, or
22 anyone is doing, realistically. All I'm saying
23 is, is there should be checks and balances in
24 this process, as well.
25 And I want to help to develop those checks

1 and balances with the team members. Like I
2 said, have a checklist. Have things that we,
3 and Ozark Prosthodontics or whatever dental
4 provider may be, agree upon. And when all
5 those things are checked off, then it's not
6 even a question, right. I just have to sign
7 off on the form and make sure that everything
8 occurs the way -- you know, in terms of that.
9 And that's all I want. I want
10 accountability so that this law doesn't become
11 a beast that can't be controlled in a sense
12 that anyone can get anything done and the onus
13 of that ultimately falls on, you know, whether
14 it's Medicare or Medicaid or any other
15 individual, because that ultimately falls on us
16 in some ways, as well, right.
17 I want to work with the providers of this
18 team. That's why I came here. That's why I
19 met with you guys. That's why I've had the
20 conversations we've had. That's why I've even
21 sat and spent long hours reviewing your patient
22 charts and doing that. I don't want to be an
23 impedance, and I don't want people like
24 Michaela or Rita, anyone, to feel like they
25 didn't get the care that they deserve. That's

1 just not who I am as a person.
2 And I don't care. You know, I am a busy
3 surgeon and I believe in the results that I
4 have. I think I do a good job with the
5 craniomaxillofacial patient population of this
6 state, and I'm proud of the work that we do. I
7 will be absolutely honest with you on that. I
8 do not think that I am the only person in the
9 absolute world that can take care of these
10 patients and that no one else has the skill or
11 expertise. I know that -- I'm assuming that if
12 you trained under Ian Munro, who is one of the
13 most forefronts in the craniomaxillofacial
14 world, then you have a level of expertise.
15 But you're right, the ACPA has certain
16 burdens associated with it. You have to have a
17 neuropsychologist on board. You have to have
18 all these processes on board. And we have
19 those resources at Arkansas Children's
20 Hospital. And I think it's good. I think some
21 of those patients do need that. I do think if
22 you're talking about the social issues that
23 occur from bullying or from not being able to
24 function and eat for years, or the abuse that
25 some kids go through because they are not

1 normal, you know, they need other resources
2 provided to them, and it's really important to
3 provide those resources. And the ACPA has the
4 ability, and we have started working on
5 networking to develop those.
6 And that's the same thing for dental
7 providers, as well. I don't want this to be a
8 damn. I don't want to block the care and then
9 me pick and choose which ones go through the
10 damn and which ones get stuck. That's not what
11 my goal is in any of this, and I think that's
12 really important for me to stress in this
13 process.
14 I agree that there are some portions of the
15 law that are frustrating, but, for me, I'm not
16 a legislator and I am not a lawyer. I can
17 assure you, I could have probably been one of
18 those at some point in my life, but that's just
19 not what I chose to be. What I really wanted
20 to be was a patient advocate and a doctor,
21 right. And that's my goal and what I do for my
22 patients is to take care of them and to
23 advocate for them in any way possible, whether
24 that's with Ozark or whether that's with the
25 orthodontists in Jonesboro, or whoever else it

1 may be. I will never -- if someone asks me for
2 a craniomaxillofacial patient, how can we get
3 this done sooner, I will do everything in my
4 power to try to make it happen to a fault. You
5 can call my wife if you want to. She tells me
6 I work too much.
7 So that's where I stand on this. I
8 understand the nuances. I understand that it
9 can be frustrating in some ways. My goal as,
10 again, the only ACPA approved team here within
11 the state is to help support that process. And
12 I am the surgical member of that team, and I
13 honestly think that actually may help in a lot
14 of instances.
15 Now, everyone is going to have
16 disagreements. That's just the truth of the
17 matter. You expressed that yourself. You
18 know, Ian Munro and Ken Salyer had
19 disagreements, you know. It's not that people
20 don't -- the beauty of a democratic process
21 when everyone contributes to it is, even if
22 there are disagreements, I oftentimes think
23 that that oftentimes allows for the best care
24 of the patient. When one person has absolute
25 control, it doesn't.

1 And, yes, it seems like, you know, I'm
2 sitting here and I can delineate one way or the
3 other. I am not that person. I am never the
4 person that's going to say, "No, this is just
5 what I think. Good bye. See you later." I am
6 very much going to be like, "Well, this is the
7 issue," if there's a question of whether we
8 consider amelogenesis imperfecta -- and I use
9 this term because I think that's one of the
10 diagnosis that we struggled with the most,
11 right. If there's a question whether it's
12 truly a congenital diagnosis or not, which is
13 what has been come back to me about, right,
14 when I talk to insurance companies about
15 whether it is or not, and what true diagnosis
16 amelogenesis imperfecta are not, and what genes
17 they may need to have, or whatever it may be,
18 to get truly approved for that diagnosis.
19 Again, like I said, all I want to say is,
20 Ozark Prosthodontics and the ACPA team have
21 come up with this checklist for what they need
22 to be diagnosed with amelogenesis imperfecta.
23 They have checked off all of these
24 requirements. This is considered a congenital
25 diagnosis. It needs to be taken care of, and

1 that's the end of the matter, right.
2 Like I don't want to have to fight and I
3 don't want to spend more time than we need to
4 on this. That's just me. I'm sorry. I just
5 -- the discrepancy of some of this stuff hurts
6 my soul. I don't like seeing patients cry,
7 like it makes me feel something, too,
8 emotionally. I hate it. The one thing I ask
9 my patients before any case -- after any case
10 is, are you happy. And you probably ask the
11 same question in your practice, as well; are
12 you happy with what we did, right.
13 Because that's the most important thing in
14 this answer, right, is if they're happy with
15 what we did. If they feel better because they
16 can put their best foot forward in that
17 situation, then we've done that for the
18 patient. And that's all I want to do. I want
19 to make sure our patients are happy; they're
20 taken care of appropriately. And that's all.
21 Thank you.
22 HEARING OFFICER: So you're not necessarily
23 speaking against the rule, but you think that
24 it probably -- both the law and the rule could
25 be improved.

1 DR. MEHTA: I don't know the answer. Yes,
2 I guess to some extent there's always
3 improvements that can occur. I think Wendelyn,
4 you know, who had a big part in this rule and
5 this law, did a really good job, right. Like,
6 I am not the only siphon, right. There are
7 other craniomaxillofacial teams that a patient
8 can go to, because the law actually states in
9 there that they can go out of state when they
10 need to, right. So, yes, I am the person that
11 appears in front of you today, but I'm not the
12 siphon to that process. Does that make sense?
13 It could be any ACPA approved team.
14 And, yes, the politics of that world are
15 old and I don't believe in those politics. I
16 don't believe in the politics that, like, I'm
17 the only one that can take care of
18 craniosynostosis in this state. Do I think I
19 do a really good job with it? Yeah, I'm pretty
20 proud of how I do it.
21 But I'm not arguing that there aren't other
22 great providers out there that can do the same
23 thing. I'm not arguing that there aren't great
24 providers out there that can do the
25 prosthodontic work part of the population. I

1 have no questions from that perspective, and I
2 have no problems with how that works. So, for
3 me, yeah, this is just a law. It doesn't --
4 again, for me, it means something in the sense
5 that it helps our patient population get the
6 care that they need. But it also -- and it
7 gives me the ability to take care of my
8 patients without a significant impedance in
9 that process. Does that make sense?
10 DR. TAYLOR: That is exactly the point.
11 There is no impedance. There is no barrier if
12 the cleft palate team at Children's Hospital
13 decides something needs to be done. But when
14 the Northwest Arkansas cleft palate team comes
15 online, are we going to be reviewing their
16 cases? Are they going to submit their patients
17 and their protocols and then we, therefore,
18 then go over them and give the permission? And
19 how would Dr. Mehta feel about that if, before
20 he could operate on somebody, he'd have to get
21 my permission? I don't think he would be
22 nearly as enthralled with this rule or the law.
23 MR. RAND: Again, this is --
24 DR. TAYLOR: This is the law.
25 MR. RAND: This is the law. And if you

1 don't like the law, then go to the legislature
2 and get the law repealed.
3 DR. TAYLOR: Well, it's not just the law
4 though. The rule incorporates some of that,
5 too, particularly when you require the form be
6 signed.
7 MR. RAND: I agree. But, again, a lot of
8 the genesis of that is due to the law. So if
9 it gets to a point -- now, I told the
10 Commissioner this -- that our only ACPA
11 approved team is so backlogged and unable to
12 process these claims for evaluation, or they
13 get into business -- or gets into patient load
14 issues, then we need to reevaluate this
15 program. But I'm hoping that -- again, one of
16 the big things this rule does is we're, for the
17 first time, going to pay Dr. Mehta and
18 Children's, or the ACPA approved team to do
19 these evaluations. So I think that will
20 provide some substantiation. There will
21 hopefully be some manpower to do that.
22 DR. MEHTA: And I also think that your
23 concern about the acquired deformities that
24 occur in patient populations with congenital
25 craniomaxillofacial are -- I never found that

1 to be an issue when I was in Cincinnati
2 (INAUDIBLE) for approval as is with or without
3 (INAUDIBLE) when I was in Cincinnati. If a
4 patient had a panfacial fracture, it was
5 approved. It wasn't like you needed an ACPA
6 approved team to do so. And I don't imagine
7 that being an issue, realistically, from my
8 perspective -- from an insurance coverage
9 perspective. If that is, then I will fight
10 with you on that. That's ridiculous. That's
11 just not how it's supposed to be done.
12 HEARING OFFICER: That is an acute
13 situation.
14 DR. MEHTA: That's an acute situation.
15 DR. TAYLOR: I'm sorry, but I don't see a
16 discrepancy.
17 MR. RAND: I agree, and it's something
18 we'll look at when we leave out here.
19 DR. MEHTA: I'm not here to fight with you
20 on that. And I'm not here to -- again, patient
21 access is my primary goal in this process. I
22 never really fought for that otherwise and I --
23 you know, I know I'm taking a lot of people's
24 time and I apologize. I just feel like I know
25 that there have been a lot of issues in this

1 process, but it's more been for me an
2 administrative issue than it has necessarily
3 been a provider issue. And, so, I just want
4 just speak to that before we kind of go through
5 this process.
6 Yes, everything can change. Everything can
7 be more perfect. But the problem is, is if you
8 get into the nitty-gritties of it, if you start
9 really, really hammering down every single
10 detail, what I'm worried about is, there are
11 some patients that are going to miss out on
12 that process, as well.
13 HEARING OFFICER: Thank you, Doctor.
14 DR. MEHTA: Thank you.
15 MS. McNEEL: Morning, afternoon, whatever
16 it is right now in your time zone. And to the
17 people on Zoom, my name is Lori McNeel. I'm
18 the patient advocate at Ozark Prosthodontics.
19 I happen to be the Lori that people are
20 referencing in the room, just to make sure
21 everybody knows that one. That happens to be
22 my husband, Dr. Dean McNeel. This is year 27
23 for Dean. I want to be as pertinent and brief
24 as I can for you with Rule 111.
25 First of all, Children's Hospital can

1 absolutely send a claim in for exams, and CTs,
2 and telemedicine, and there's CPT codes for
3 doctor consulting fees. So, Booth, what you're
4 saying with some of this, and Frank, it's not
5 true, and I can't stand here as someone who
6 files medical insurance and look at you guys
7 and say it's fair that you throw the
8 smokescreen up to say they can't get paid for
9 his services. There's 100 CPT codes to do it,
10 and if you can't figure it out, call me. I
11 offered that up to you a year ago. These are
12 legitimate CPT codes that the World Health
13 Organization makes up. I didn't invent them.
14 You didn't invent them. There was no reason
15 you couldn't have gotten paid for everything
16 that you reviewed, period. So that is BS,
17 okay.
18 Number Two, obviously, you've invented a
19 process for this man to be bottlenecked. He's
20 a surgeon trying to help kids three days a week
21 in the operating room. How is he going to do
22 this? This whole fight began because you guys
23 -- and I'm seeing one of Arkansas Blue Cross
24 right now -- decided that we're a team, but it
25 was your predecessors who invented the process.

1 And now where are we? Back to using one
2 person, not the entire team.
3 I feel as if I'm on Planet Janet, Booth.
4 All team members. Most team members. No, no,
5 no. Now a surgical member of the team, and the
6 guy has limited hours in the day. So there's
7 no way in hell this could work. And why you
8 guys fought that, I don't know. And it's
9 unfortunate and embarrassing, and 31 people
10 didn't get help in the state of Arkansas
11 because of your company. You were the ones
12 that fought it, legitimately. And I think
13 every person in the room who has ten minutes of
14 knowledge knows that. So we're reinventing the
15 process that makes it nice for them. Is that
16 what this is about? Because I'm not for that.
17 I also don't need you to go and get new fee
18 schedules. I can't wait until that disaster
19 happens. Is United going to bring a new
20 contract and, by the way, here's your updated
21 2022 fee schedules just for the congenital
22 team? Now, how do I go prove that to them,
23 Booth? I'm going to go send them a claim. Do
24 you think they've got the ability to decipher
25 that out and re-code all of that and now pay he

1 and I just for those craniofacial fees? That's
2 not happening, loud and clear. What are you
3 going to do with an out-of-network doctor?
4 Even if you give them a fee schedule, they
5 haven't hit the out-of-network fees, there is
6 no money taking place. Patients are going to
7 still pay for it.
8 So why can't we just be honest about what
9 the existing system is and let it work.
10 They've got their fee schedule. If I'm an in-
11 network doctor -- which I am at this moment; I
12 may not be after this meeting -- but if he's an
13 in-network doctor, we have to live with their
14 fee schedule, no if, ands, or buts. If they
15 allow $35 an exam, 128 for a CT, then he
16 deserves to get it. We deserve to get it if
17 it's -- you know, period, for any kind of a
18 patient. If it's an allowed service covered in
19 their plan, why are we going to go and get more
20 bureaucracy for that? I think that is a
21 terrible idea, Booth. And I know you were
22 trying to help. I really believe that; AID was
23 really trying to help, Jim, I know that. That
24 will not work.
25 You guys get e-mails from me. You're about

1 to get like 30,000. I mean, I don't even want
2 to think about that process, okay.
3 And you're alluding to the fact that all of
4 these craniofacial teams -- 32 percent of them
5 don't even have an M.D. or a D.O. That's what
6 you put in your form. Your form says only,
7 Frank, no craniofacial surgeon. Only an M.D.
8 or a D.O. board certified can sign off on this
9 form, so 32 percent of teams in the nation
10 can't even play. Now we'll eliminate the ones
11 that don't have a notary on staff. Now we're
12 down to about 26 percent of those that can
13 actually participate. That won't work either.
14 And, by the way, who's going to pay for the
15 notary? Are we going to give that to the
16 patients to pay for? Are you going to have the
17 physician to pay for it? Are you going to have
18 Arkansas Blue pay for it? Who's paying for the
19 notary? When is the last time you had
20 something notarized? It's somewhere between
21 $15 and $35. Well, the patient doesn't have a
22 deductible left. Why would they or Blue Cross
23 pay for that expense? So I'm assuming that
24 would be AID paid for it, because you guys
25 required it.

1 MR. RAND: Right.
2 MS. McNEEL: Good. Write that down,
3 please.
4 MR. RAND: I think we've heard enough
5 public comment that --
6 MS. McNEEL: About the notary?
7 MR. RAND: No, it does not need to be
8 notarized. I honestly don't know where that
9 came from.
10 MS. McNEEL: This is the third time we've
11 shut down our practice for this topic. I'm
12 with Rita. I'm exhausted by it. It makes no
13 sense. There are good-hearted people, smart-
14 minded people in this room to fix problems. If
15 it requires legislation changes, that's
16 happening, okay. Wendelyn, this is your baby.
17 You have to be on point to fix this so patients
18 can get care. You guys took it just the
19 opposite way, unfortunately.
20 Dr. Mehta is doing what he can do, he
21 really is, and he is swamped. I wouldn't
22 expect him to get to read a hello note from any
23 of us Monday through Friday, so you're asking
24 him to do it Friday night through Sunday night,
25 right. That's not smart. That's not going to

1 work for him.
2 Last, but not least, with all due respect,
3 if he actually goes forward and does diagnosing
4 planning for us, then I'm going to have to file
5 another lawsuit, because he's operating outside
6 the scope of his license. He can't read enough
7 peer reviewed articles to become an expert.
8 Dr. McNeel cannot become a plastic surgeon by
9 reading these things. It's a licensure.
10 That's why we take it so seriously. So let the
11 guys stay in their boundaries where they have
12 these expertise. We are specialists. We don't
13 pretend to be anything else than what -- the
14 way that we file in, right. That's all we want
15 to do.
16 You have heard these lovely people in the
17 back. They've driven -- Mills, by the way,
18 pray to God he gets a good grade. Everybody
19 pray for that one. But these people are here.
20 You saw them. You heard them, right? These
21 are people who fought for two decades trying to
22 get help.
23 And we had Arkansas Act 373, and the only
24 thing that went wrong with it was the
25 definition of team, and now you guys have

1 flipped the coin over like it didn't happen,
2 and now we're back to one team member can do
3 all this approval. Now, you're going to let a
4 guy that is overwhelmed -- even if he hires 16
5 more staff members, he doesn't have the
6 licensure or expertise to go do this -- to make
7 these decisions, like we wouldn't for his
8 cases.
9 MR. RAND: Why didn't you bring this up in
10 legislation? The legislation requires
11 authorization.
12 MS. McNEEL: We did.
13 MR. RAND: Okay.
14 MS. McNEEL: We did. Apparently we got to
15 the game late. But we have full force working
16 on it to ensure it changes. But we have to
17 have a patch between now and then, guys. All
18 you're going to have is now 60 more people
19 showing up mad, 200 more people showing up mad,
20 et cetera.
21 Let's don't do that. Arkansas is better
22 than this. One thing I was so proud of
23 whenever I go around and talk to the nation
24 about medical insurance and cases like this is
25 how good our state works. We are so lucky.

1 We're small and we're lean and we're mean.
2 We're 49th and we're proud of it. You know
3 why? Because we fight harder.
4 So I'm in favor of everyone working
5 together trying to find a simple resolution.
6 So on behalf of what I can say for Ozark
7 Prosthodontics and these people that are in the
8 room with us that flew from North Carolina to
9 be here with you guys to say something, we are
10 here. We're not going away. I think that's
11 clear. We're not going away.
12 We have -- these people behind me, I'm --
13 Dean and I are going to make sure this happens
14 one way or the other. I think Dr. Mehta is
15 committed to his patient base, too. I think
16 Dr. Taylor is committed to his patient base,
17 too. Please encourage and get these providers
18 in these conversations. Please. Please.
19 Invite some patients in these conversations.
20 These patients suffer, so please get them. But
21 Rule 111, bad idea.
22 MR. RAND: Thank you.
23 HEARING OFFICER: Thank you. Anyone else?
24 MS. MILLS: I do have a statement I'd like
25 to read. Mine is short and sweet. I

1 apologize. I was a little bit late getting
2 here. I have to keep it short and sweet and on
3 focus, because this is a topic that is --
4 HEARING OFFICER: Please identify yourself
5 for the record.
6 MS. MILLS: My name is Lori Mills. But,
7 again, I have to keep it on focus, because this
8 is a condition I could go on and on about for
9 quite some time.
10 I have amelogenesis imperfecta, it's a
11 craniofacial anomaly, and my biological sister
12 and her two biological sons also have this
13 condition. My entire life has been
14 continuously getting my mouth worked on.
15 That's where I could just go on forever. It's
16 been a nightmare. And I've had to deal and
17 struggle with the finances out of pocket.
18 Having the ability to leverage my health
19 insurance for this treatment is and has been
20 life changing. However, having to jump through
21 hoops year after year is ridiculous.
22 And I didn't think that, being in my 40s,
23 I'd have to pause treatment, go to a Children's
24 Hospital to get an approval, then go back to
25 finish my treatment. And for the time aspect

1 that is difficult enough, it was hard enough
2 for me to get here today. But most
3 importantly, I don't understand how I can pay
4 premiums every month, use providers in my
5 network, but for this part of my treatment I'm
6 told who I can go to for this service. And as
7 I mentioned before, my family has an extensive
8 history with this craniofacial disorder, and
9 finding appropriate providers has been scary.
10 It's been hard.
11 Had my nephews not taken these first steps,
12 I wouldn't have found the provider that I did,
13 and I have full faith and confidence in them,
14 and I couldn't imagine going anywhere else, and
15 hindering that ability to choose is simply
16 unfair. And I and others with craniofacial
17 anomalies deserve better than this and it's my
18 hope that Rule 111 will be seriously
19 reevaluated after you hear my story.
20 MR. RAND: Thank you.
21 HEARING OFFICER: Anyone else?
22 MS. OSBORNE: Hello everyone. I am
23 Wendelyn Osborne, the one that you're really
24 mad at in this room. I'm going to tell you a
25 little bit about myself, and I'm going to tell

1 you, I'm getting -- all of you patients, I'm
2 going to give you some ideas of what you can
3 do, and what we need to do as the state of
4 Arkansas to make this all better.
5 I started working on this bill -- this law
6 in 2000. 21 years I have been working on this.
7 I started out in D.C. In fact, my very first
8 trip to D.C., when we were going to introduce
9 my bill on the House floor, ended up being --
10 at 12:00 p.m. ended up being 9-1-1. Osama bin
11 Laden had other plans, so we had to delay and
12 we couldn't do anything until 2002.
13 While I was in D.C. working on the D.C.
14 bill, I contacted my representative at the town
15 that I was living in at the time, who is also a
16 dentist, and asked if we can write this same
17 bill in the state of Arkansas. I poured my
18 blood, sweat, and tears into getting this law
19 passed for ten whole years. There are lawyers
20 in here. I don't see any legislators in here.
21 You could talk a big game, but if you don't
22 know how to play that game, then it's no good.
23 I have a craniofacial anomaly myself. In
24 fact, I have the father of craniofacial
25 anomalies as my doctor; Dr. Paul Tessier of

1 Paris, France. I had him in the 80s. He did
2 surgeries on me -- Blue Cross Blue Shield --
3 I've always had an entity of Blue Cross Blue
4 Shield. Always denied it. Always cosmetic.
5 Always cosmetic. Always cosmetic. Do you know
6 how frustrating that is? It is very
7 frustrating. Do you know how frustrating it is
8 when you're in a lot of pain and you have to
9 walk around and you just want to live normally?
10 You just want to be normal and be accepted, and
11 you're not. I know. I know that. I know some
12 of you had spoken about that this morning. I
13 am well aware of ectodermal dysplasia.
14 I have craniodiaphyseal dysplasia. I am
15 one -- I was the 16th case in medical history,
16 diagnosed, in the world -- medical history
17 means world -- with craniodiaphyseal dysplasia.
18 I came down with double pneumonia at eight
19 months old. The doctors took an x-ray of my
20 chest and noticed that my bones were just solid
21 white, not shadowy. So they told my parents to
22 go -- I was born on an Air Force base. So they
23 told my parents to go to another Air Force base
24 once I was well, and that's where they
25 diagnosed me as the 16th case in medical

1 history with craniodiaphyseal dysplasia. They
2 also told me -- told them that I would not live
3 to be ten and I would never walk. Life
4 expectancy is fourteen.
5 If you want to get a good whiff of kind of
6 the stuff that I've gone through, go get the
7 movie this weekend, it's called Mask, M-A-S-K,
8 staring Cher. It is the true story of Rocky
9 Dennis. And, by golly, they did a phenomenal
10 job on the makeup on this guy that played Rocky
11 Dennis. And it's so real that I was only --
12 and I've only been able to watch that one time.
13 And I have -- Cher herself gave me the 25th
14 edition anniversary copy of the DVD. So if you
15 want to get a glimpse of some of the stuff that
16 I've been through.
17 Just because you have a diagnosis doesn't
18 mean you're going to have every characteristic
19 of that diagnosis, okay. So I've had numerous
20 and numerous and numerous and numerous of
21 surgeries. I've had five different sets of
22 braces. I've had -- I can't tell you all the
23 other things that I've had done. But I tell
24 you what, I know pain, I know ignorance, and I
25 know agony on all levels, from lawyers, from

1 doctors, from normal human beings just walking
2 around having their own life, okay. We're not
3 all perfect. None of us are perfect. None of
4 us are without pain.
5 Yes, I'm a little agitated here because
6 some things have been made up that are not
7 true. Don't lie to me or don't lie about me.
8 If you want to get me going, that's what you
9 do. So here's -- I'm going to bring out some
10 things here.
11 I've had very good doctors. I know
12 craniofacial patients all across the world, and
13 I know them personally, and I help them. I
14 know the struggles they go through. I have
15 kids out there. I call -- anybody with a
16 craniofacial anomaly are called my kids. I
17 don't technically have kids. I have kids that
18 are as old as my parents that I call kids. But
19 I have kids who have had -- and they're in
20 their -- you know, they have 20-plus surgeries
21 in their single digits years of life. I have
22 kids right now that are in college that have
23 had 49 surgeries, 45 surgeries, okay. It's not
24 fun going under anesthesia. Those of us with
25 craniofacial anomalies tend to have a small

1 oral cavity, and it freaks the
2 anesthesiologists out because they're thinking,
3 oh my Gosh, something's going to happen. They
4 freak out. They don't relax.
5 When you have the conditions -- you know,
6 the craniofacial anomalies that require a lot
7 of surgeries, you become immune to a lot of
8 medications, and your body does not react
9 normal, like they are taught in medical school,
10 and a lot of doctors cannot think outside the
11 box. They have to do textbook-type stuff.
12 Believe me, I do it to all of them.
13 Audiologists are hard to find. I wear
14 hearing aids. I have a severe loss and a -- I
15 just went completely blank. I have a severe
16 loss and a profound loss. I have a mixed
17 hearing loss, meaning I have both sensoineural
18 and conductive hearing losses. I even had
19 audiologists tell me that went to Arkansas
20 Medical School, "Oh, well this is your new
21 normal. There's nothing we can do about it."
22 Because of all of the digital hearing aids,
23 everything sounded like Mickey Mouse and Donald
24 Duck.
25 I'm a vocalist. I sing. I know what real

1 sound sounds like. And I looked at some of
2 these audiologists -- well, one particular, and
3 I looked at him and I said, "Hearing aids are a
4 manmade product. Therefore, they can be
5 fixed." I now go to an audiologist who thinks
6 outside the box, got her training outside of
7 the state of Arkansas and, by golly, everything
8 sounds perfectly normal like I've always heard.
9 From the time I was fitted for my very first
10 hearing aid when I was in first grade, six
11 years old.
12 Okay. So I told you that Paul Tessier was
13 one of my surgeons. I currently have a surgeon
14 that trained under him, and who is world
15 renowned, and I think the world of him. And I
16 know a lot of craniofacial surgeons out on the
17 east coast and I know some on the west. I know
18 some just here in the middle part of the
19 country, like in Tennessee and things like
20 that.
21 But, you know, we all in this room, we
22 follow rules, okay. Sometimes rules are made
23 up by people, sometimes they're made up by the
24 legislators or laws, et cetera, et cetera.
25 These rules and laws are put into place to

1 protect us. You don't run a red light when it
2 turns red, because you could get hit by
3 somebody else. That law is in place to protect
4 us. You may not think of it that way, but
5 that's why. We cannot get through life without
6 rules to help us keep things in order.
7 Craniofacial anomalies take up two percent
8 of the United States population. In Arkansas
9 we have just over 5,000 living with some form
10 of the craniofacial anomaly. The most common
11 is cleft lip and palate. I worked very hard
12 for 21 years educating federal and state
13 legislators of the ins and outs of living with
14 a craniofacial anomaly. I have not ever
15 benefitted from my law, ever, because I've
16 always had federal insurance. So this being
17 said, I work and I talk with other people --
18 medical professionals that work in the
19 craniofacial world. They like my law and they
20 like the rule.
21 Is it perfect? No, it's not perfect,
22 because you have to work with legislators, and
23 they don't understand things all the way
24 through. And the way our legislative session
25 is set up, it's go, go, go, go, go, go. You've

1 only got a certain amount of time to get all
2 the stuff done. And I just want y'all to know,
3 our legislators are human beings, too. They
4 have families. They have other jobs that they
5 actually get paid for. And then they're trying
6 to help all the other -- all the people out
7 there, and there's so many people needing
8 things done, they don't have time to get it all
9 done. So try to put yourself in the shoes of
10 the legislators, okay. It's not all about us.
11 They are trying to help. Now, there are some
12 bad ones, just like there are some bad doctors,
13 bad lawyers, bad everything. Okay.
14 So my law -- I think the world of my kids
15 and there is not one thing I wouldn't do for
16 any of my kids, and I don't even know most of
17 them, okay. My law is put into place to
18 protect the craniofacial patient from well
19 intentioned doctors. That's always been the
20 bottom line. This past legislative session I
21 put forth everything that I know without a
22 doubt in my mind that God told me to put in
23 this amendment and, guess what, there were
24 things that -- even Booth said, "That's never
25 going to happen. That's never going to

1 happen." Guess what, it happened. When God
2 wants to do something, he's going to do it and
3 nobody's going to thwart it. No one.
4 Y'all -- in the law -- in the letter that
5 Mr. Clark wrote, I was just appalled. I'm
6 like, y'all have just basically rewritten this
7 law to say things that it doesn't say. We --
8 there is nothing in my law that says you have
9 to go to Arkansas Children's Hospital. That is
10 not in my law. You put that in the letter that
11 way. That is not true.
12 You also state that we need a notary. You
13 don't need a notary. You don't need a notary.
14 You don't have to go pay all that money that
15 Lori says you have to pay, and all the rest of
16 you that think that we have to have a notary,
17 including you.
18 You know what, we have to work with
19 different people to serve everyone, and that
20 includes our insurance companies. They have to
21 make -- you know, when you're looking at
22 business sides of things, every business has to
23 make money. And I'm going to tell you
24 something right now. Sometimes in life you got
25 to do what you don't want to do. And like Dr.

1 Sagar -- I'm sorry -- Dr. Mehta said, some
2 things you just don't need to argue about. You
3 just need to figure out how to work together.
4 The one thing I will not -- I will not -- I
5 will not cave on, there are -- craniofacial
6 teams have rules that they follow. And when I
7 told my doctors -- not just my doctors, but
8 several craniofacial doctors, my law is now,
9 everything begins and ends with the
10 craniofacial surgeons, and they said, thank
11 goodness. All craniofacial teams are busy.
12 The previous rule that we had -- the former
13 Rule 111 -- because the legislature would not
14 let us go out of the state, and there was only
15 one craniofacial team in Arkansas, and that was
16 Children's Hospital. What about me? Even
17 though I've never benefitted from my law, what
18 about me? I'm an adult and this is my law.
19 But I -- you know, they weren't going to let me
20 benefit from it. Well, we had to write a rule
21 to help those adult patients in the state of
22 Arkansas, and so we did.
23 But the main thing is, is we put more
24 pressure on the craniofacial team here at
25 Children's, they couldn't do it. They could

1 not do it to where they had to monitor medical
2 professionals who had no training in
3 craniofacial anomalies to make sure that the
4 patients were being taken care of and things
5 were done right. Oh, that was -- that just was
6 not a good idea. That was bad.
7 Now my law specifically says patients can
8 go to any of the ACPA approved team in the
9 United States of America. My law does not say
10 you have to go to Arkansas Children's Hospital,
11 which is what your letter said, Mr. Clark.
12 That is not true. You can -- there -- and the
13 reason I wanted to have that in there is
14 because not every craniofacial team treats
15 every craniofacial anomaly or do they have
16 ample experience in treating that craniofacial
17 anomaly.
18 I don't know if you remember, or maybe I
19 don't know if I even told y'all this, but I am
20 one of 3,000 in the world with my diagnosis.
21 It would be hard for you to find a craniofacial
22 team in this country who has one, much less
23 more than that. But the doctor I see, I'm one
24 of six. I'm not going to go to just any
25 craniofacial surgeon whose ACPA approved and

1 all that, too, if they're not experienced in my
2 condition. You have to have a good rapport
3 with the craniofacial team. Sometimes people
4 just don't get along; they butt heads. You
5 don't need to have that kind of person as your
6 doctor. You have to have respect and you have
7 to be able to trust that doctor with your life
8 or your child's life. There's a right fit for
9 everyone. Currently, at this very moment,
10 there are 200 ACPA approved teams, including
11 Hawaii, if you want to go to Hawaii, that will
12 be covered in-network.
13 The attestation form is there -- like I
14 told you, my main concern is the safety of my
15 craniofacial kids from well intentioned
16 doctors. That attestation form -- no, it was
17 not my idea but, you know what, I like it. Do
18 you want to know why I like it? Because, no,
19 you don't need a notary, so y'all need to wipe
20 that and scratch that from your little minds,
21 because that's not in -- that is not in the
22 black-and-white writing. Y'all made that up.
23 In my current law it says the surgical team
24 member -- first of all, if you want to take
25 advantage of my law as a patient or as a

1 medical professional, then you need to follow
2 the rules. If you don't, then you don't get to
3 take advantage of it. That's just plain and
4 simple. My law is in place to protect my
5 craniofacial kids from well intentioned
6 doctors.
7 Believe me, I've had several non-
8 craniofacial doctors well intended that had
9 made several mistakes on me. I have to live
10 with them. The doctors can go off and, you
11 know, live their lives. They don't have to
12 live with what they've done to somebody, but
13 the patient does. And pretty much 100 percent
14 of the time you cannot fully correct what that
15 doctor did.
16 Craniofacial doctors on craniofacial teams
17 spend more of their time correcting wonderful
18 procedures done by well intentioned doctors,
19 putting that patient through more surgeries,
20 more pain and all that, and still not be able
21 to fix it. So that's why we've got it in
22 place, everything begins with the surgical team
23 member and ends with the craniofacial surgical
24 team member.
25 A geneticist does not know how to treat a

1 craniofacial anamoly. He might could diagnose
2 it. He might can do all the tests and blood
3 work and all that and tell you what you have,
4 but he doesn't know how -- he or she does not
5 know how to treat it.
6 Orthodontists can do surgeries, and they
7 do. Orthodontics is the only area in dentistry
8 that has a subspecialty in craniofacial
9 anomalies. Do you want to know why? Because
10 orthodontists are used in 100 percent of all
11 craniofacial anomaly cases. Prosthodontists,
12 endodontists, periodontists and any other
13 dontist specialist that's in the dental world
14 are used maybe two percent of all craniofacial
15 cases. Numbers don't lie, folks.
16 We're not saying that Ozark Prosthodontics
17 is bad. I don't have anything bad to say about
18 anything that y'all do there. I don't have
19 anything bad to say about that. Just like I
20 don't have anything bad to say about other
21 doctors here in town that I know have done some
22 stuff. But they're not trained. They don't
23 have the proper craniofacial training so,
24 therefore, they need to be monitored by the
25 craniofacial team.

1 In fact, the only person who has to sign
2 off on that attestation form is the referring
3 -- the referring, not Dr. -- not the director.
4 Whatever referring surgical team member on that
5 team that recommended you go to see that non-
6 craniofacial person. The thing is, is, they
7 say, okay, well I've done all I can do right
8 now. You need to get such-and-such done. So
9 they have to go see some other subspecialty
10 that they don't have the training in. And, so
11 -- but they could go to anybody they want to in
12 the country, as long as they're Arkansans --
13 they're Arkansas residents, and get it covered,
14 okay. You're not bound to just people in
15 Arkansas. That is stuff that y'all put in your
16 heads. That is not the truth.
17 But you are going to be -- if you want to
18 take advantage of Wendelyn's Craniofacial Law,
19 by golly, you're going to have to follow the
20 rules. And I don't care if you are a medical
21 professional or if you are a patient. I'm
22 sorry, but I have had enough damage done to me
23 from the well intentioned doctors. I have
24 families -- y'all talk about traveling four
25 hours to go see Dean and Lori. I had families

1 that traveled from Vermont down to Dallas. I
2 had families that travel from Ohio down to
3 Dallas, or Colorado down to Dallas. I had
4 families that traveled from New Mexico up to
5 Salt Lake City. I had families who traveled
6 from Florida all the way to Washington State
7 for craniofacial surgeons to get the right
8 craniofacial care that they need for their
9 child or themselves, period.
10 I'm not denouncing Dr. Sagar at all -- at
11 all. I'm telling you something. That man
12 loves what he's doing. He has a love and
13 desire for all his patients. And you cannot be
14 a craniofacial surgeon and not love it.
15 Because if you go to a craniofacial surgeon who
16 doesn't like it and is in there for money only
17 -- because let me tell you, you don't make
18 money in craniofacial anomalies, not like you
19 do -- he could go to plastics and make tons of
20 money -- tons more than what he's making. But
21 I'm talking about all the craniofacial surgeons
22 all across the country, they're not in there
23 making all the bookoodles. They could go to
24 the other parts of their profession, whether
25 it's neurosurgery, whether it's orthodontics,

1 whether it's otolaryngology, or whether it's
2 plastics, and they can make tons more than what
3 they're making.
4 So my thing is here. The problem we have
5 in the state of Arkansas -- not in the state of
6 Arkansas, but all over the country, is that
7 obstetrician -- did you know in medical school
8 you might spend like maybe two hours of all
9 your four years of medical school on
10 craniofacial anomalies? So when an
11 obstetrician delivers a baby and it's so
12 deformed -- I think they're all beautiful, by
13 the way -- that is so deformed, they don't know
14 what to do.
15 The parents -- my parents were first time
16 parents when they had me. I looked like a
17 normal baby. But then my mom -- I was the
18 first grandchild on my mom's side of the
19 family. And at some point my mom asked my
20 grandma, "Well, when is she going to start
21 smiling?" You know, they didn't know until I
22 was ten months old that something was wrong
23 with me, other than the fact that my face
24 didn't move and it was really hard for me to
25 breathe, because my nasal passage was totally

1 obstructed.
2 But -- and I argued -- believe me, I argued
3 with Dr. Paul Tessier in our preop
4 consultation. He said, can you -- "You can't
5 breathe." I said, "Yes, I can." I asked -- I
6 absolutely argued with him. I was in the tenth
7 grade. When I woke up from surgery, I asked my
8 mom, I said -- no, no. I'm sorry. I was in
9 the twelfth grade. He did several surgeries on
10 me. I said, "There's all this cold stuff in
11 the back of my throat. Why?" She says,
12 "Because you're breathing through your nose."
13 I said, "Oh, I guess Dr. Tessier won that
14 argument." I literally thought I could
15 breathe. Because people with craniofacial
16 anomalies, we've learned to navigate through
17 the things that we can't do. We find other
18 ways to do things.
19 I've had people -- I'm a vocalist. I've
20 had musical professors that could not get over
21 the fact that my face didn't move and I
22 couldn't do this and I couldn't do that. When
23 we'd go to music lessons and I'm sitting here
24 and they -- we spent the first 15 minutes or 20
25 minutes of my musical session asking me all

1 these questions. Finally, about the fifth time
2 I looked at him and I said, "I don't know how I
3 do anything. This is the way God made me.
4 Let's get over this. I'm ready to sing."
5 What we need to do here in the state of
6 Arkansas, we need to educate, get the word out.
7 I don't know what the exact answer is, but we
8 need to get word out to obstetricians. We need
9 to get word out to pediatricians. We need to
10 get word out to everybody so that you and you
11 and you don't have to spend years and years and
12 years looking for treatment when all you had to
13 do was go to a craniofacial team and let them
14 refer you to where you need to go. Let them
15 treat you.
16 And then if you need to do outside stuff
17 like prosthodontic work, because craniofacial
18 teams do not do prothodontic work -- and
19 obviously -- and what I know for sure is that
20 prosthodontists are needed with ectodermal
21 dysplasia. I have no doubt about that. I
22 don't have a problem with that. But somebody
23 who knows and has many years experience in
24 training craniofacial anomalies and training in
25 those areas needs to be the one to do all the

1 guiding.

2 My parents had no clue what a craniofacial
3 anomaly was. It took them six years to find a
4 doctor who'd even look at me, because back in
5 the 60s doctors didn't say "I don't know" like
6 they do now. And then I finally found a doctor
7 -- or they found a doctor that would see me.
8 Guess who she was? Dr. Betty Lowe. She used
9 to be the medical director at Arkansas
10 Children's Hospital. And she got us started,
11 and got us started with the plastics, and the
12 plastics got us started with an orthodontist
13 and an endodontist -- not endodontist, an
14 otolaryngologist, and they created their own
15 craniofacial team before they even existed.
16 Craniofacial teams came in existence in 1989.

17 So what we need to do is educate, get the
18 word out there so that everybody knows there
19 are craniofacial teams that you need to go to.
20 You cannot under my law -- and it's not safe to
21 do it -- you know, just listen to your friends,
22 or listen to Joe Schmoe, or listen to Google or
23 whatever and take -- pick and choose what you
24 need to do. You don't know all the things
25 about your condition internally. I don't know

1 everything about the stuff internally with me.
2 So you need to have a governing body, which
3 is a craniofacial team -- an ACPA approved
4 craniofacial team. There are 200 in the
5 country. You can go wherever you want to. You
6 don't have to come down here to Arkansas
7 Children's Hospital. You can go wherever you
8 want. And then they do what needs to be done.
9 And then anything that needs to be done outside
10 of their scope and profession, they will tell
11 you where you need -- tell you what you need,
12 and you get to choose who you want to use. But
13 they could also say, well, we know so-and-so
14 and so-and-so. So Lori and Dean could develop
15 a rapport with however many craniofacial teams
16 that they want to and say, "Hey, whenever you
17 need something with prosthodontic work, here we
18 are in Northwest Arkansas." And then when that
19 happens, that's how that could be taken care
20 of.
21 And then when they go and see Joe Schmoe,
22 well then Joe Schmoe has two days to get back
23 with the referring surgeon on the craniofacial
24 team with what they're thinking about doing.
25 Then they agree on it, you know, whatever.

1 They say, okay, that sounds good, blah-blah-
2 blah. And then so that the insurance companies
3 know that these are craniofacial people and so
4 forth and so forth, and keep track so that they
5 don't -- you know, we're trying to protect the
6 craniofacial patient from well intentioned
7 doctors and well intentioned procedures.
8 It goes back to the referring physician on
9 the craniofacial team -- the referring surgical
10 team member -- to sign that. That is not a
11 notary, and you will not pay 15 or 35 or 1,000
12 for that notarization. I don't know where in
13 the world y'all came up with that.
14 And, lastly, I'm going to say this. In
15 2017, I had surgery. 2015 -- my -- the
16 characteristics of my condition, as you can
17 tell, my seventh nerve -- the seventh nerve is
18 your facial nerve. It controls your facial
19 expressions. I was having -- my bones are
20 still growing. As you're looking at me right
21 now, my bones are still growing. It causes me
22 to have a lot of migraines because there is so
23 much -- my head probably weighs about 40-45
24 pounds, and I have to carry that on the rest of
25 my body.

1 I was having such bad migraines all through
2 2015 and 2016 that my quality of life was
3 pretty much nothing. I reached out to my
4 surgeon and told him, and he said, go get a CAT
5 scan with contrast. I got the CAT scan with
6 contrast. He consulted the pediatric
7 neurosurgeon on the craniofacial team and they
8 noted that my bone was pressing up so much
9 against all my nerves and everything else in my
10 head, and my brain, which was causing the
11 headaches. So we did a bilateral craniotomy.
12 I call it brain surgery just to be -- make it
13 easier for the layman person to be able to
14 understand, and my surgeon does not like that.
15 Don't tell people that we did brain surgery.
16 But I said it's easier to do that than --
17 The bilateral craniotomy -- there's several
18 different kinds. But mine, they went in and
19 trimmed away an inch of bone off of each side
20 of my brain to give me some space. But when
21 they went in there, oh my goodness -- these two
22 doctors both have 30 years plus experience in
23 treated craniofacial anomalies of all kinds.
24 Yet again, I'm one of the more rare cases
25 because of my diagnosis. They got in there and

1 they were blown away. They had just performed
2 this surgery on a young man the year before
3 that was 20 years old. At the time, I was 50.
4 Your brain -- if you go to the grocery
5 store today, pick up a cauliflower and feel it
6 and look at the shape of it. That's what your
7 brain is supposed to look like. Mine is smooth
8 as all get-out. The bone was growing
9 everywhere. It had nowhere else to go.. It
10 started growing into my brain. So the
11 pediatric neurosurgeon had to intricately take
12 out each of the bone so that it wouldn't cause
13 me to lose all my bodily functions. Because
14 you know, all your bodily functions are
15 controlled in your brain, and there's different
16 areas of your brain. And I'm not going to go
17 into -- I love the brain. That's my favorite
18 part of the body.
19 So anyway, I am so thankful that I had
20 those doctors doing that surgery on me.
21 Doctors who know craniofacial anomalies, who
22 have had 30-plus years in working on people
23 with craniofacial anomalies. Each of them.
24 Not together, each of them. And they had five
25 other people with my particular diagnosis. I

1 guarantee you, you're not going to find any
2 other surgeon -- craniofacial surgeon out there
3 who will have -- they might have one. I mean,
4 hey, there's -- this is a big world we live in.
5 I've never been outside of the United States
6 other than Toronto, Canada. 3,000 people,
7 that's not very many people when you consider
8 all the people in the world.
9 I am so thankful that I had them, because
10 they were able to -- even though they were
11 taken back by what they saw, they fell back on
12 all of their training, all their experience
13 with all of their craniofacial experience. And
14 guess what? I am here today. If I had gone to
15 a regular plastic surgeon and a regular
16 pediatric neurosurgeon, I probably would not be
17 here.
18 When I went back for my two month follow-up
19 postop surgery appointment, I was told that,
20 had I not had my surgery when I did, that my
21 bone growth would have been fatal within five
22 years. And we are monitoring my bone growth
23 annually. And I have so much room in my brain
24 that my doctor told me, he said, "You have all
25 this stuff in your brain to grow." I said,

1 "Please don't tell anybody else. They might
2 get a little annoyed, you know, if something
3 else would come up." But, you know, I have a
4 very good memory and stuff like that.
5 So the things is that we need to do, guys,
6 is, we need to get the word out and start --
7 and surrounding states, too, to let people know
8 about craniofacial anomalies so when they run
9 into somebody, or somebody runs into them, that
10 they can get them -- say, "You need to go find
11 a craniofacial team." And tell you -- get you
12 the information so that you can go to that team
13 and not have to go and search for this, search
14 for this, and try to treat yourself. You're
15 not trained in craniofacial anomalies. You're
16 not. I'm sorry.
17 HEARING OFFICER: Could we get back to the
18 topic of the rule or maybe --
19 MS. OSBORNE: That is the rule. That is
20 the rule.
21 HEARING OFFICER: (INAUDIBLE)
22 MS. OSBORNE: And another thing that I'm
23 frustrated with, too. That rule that y'all
24 keep referring to the rule, the rule, the rule,
25 let me tell you something, when you write a

1 law, you have to write a rule. It is illegal
2 for us to write stuff in the rule that's not in
3 the law. And you stated that you don't
4 understand why we address the definition for
5 acquired craniofacial anomaly. Yes, that is in
6 the law. Go look at the definition. Go look
7 at the definition of a craniofacial anomaly,
8 and it's in there.
9 HEARING OFFICER: We're getting close to
10 lunchtime now if you wanted to wrap up --
11 MS. OSBORNE: I'm done.
12 HEARING OFFICER: Thank you.
13 MS. OSBORNE: I'm sorry I got so --
14 HEARING OFFICER: No, that's fine.
15 MS. OSBORNE: But the main point is, if you
16 want to take advantage of this law and you --
17 whether you are a medical provider or you are a
18 patient, then you need to follow the rules.
19 Otherwise, you don't need to take advantage of
20 it.
21 HEARING OFFICER: Thank you so much.
22 MR. TUCKER: I have a point of
23 clarification on the aspects, just in case.
24 The most recent copy of the amendment --
25 MR. RAND: It is notarized.

1 MR. TUCKER: I just wanted to make sure --
2 MR. RAND: We are not going to require
3 notarization.
4 HEARING OFFICER: Well, we've had much
5 spirited testimony here, and do we have any
6 more?
7 MR. RAND: No.
8 HEARING OFFICER: Anyone else? Mr. Rand --
9 MR. RAND: The Commissioner will consider
10 everyone's comments. We will get a record of
11 the proceedings from the court reporter and the
12 Commissioner will review your concerns and
13 alternative language and make a decision.
14 HEARING OFFICER: Is the record closed?
15 MR. RAND: The record is closed.
16 HEARING OFFICER: So we will -- and what's
17 our time frame?
18 MR. RAND: Two weeks.
19 HEARING OFFICER: Well thank you all very
20 much. We are off the record.
21 (WHEREUPON, the proceedings were concluded
22 in this matter at 12:08 p.m.)
23 * * * * * * * * * * *
24
25

CERTIFICATE

STATE OF ARKANSAS)
)ss
COUNTY OF PULASKI)

I, Faith Grigsby, CCR, Certified Stenomask Reporter before whom the foregoing testimony was taken, do hereby certify that the witness was duly sworn by me; that the testimony of said witness was taken by me and was thereafter reduced to typewritten form under my supervision; that the deposition is a true and correct record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by the parties to the action in which this deposition was taken, and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially interested in the outcome of this action.

I FURTHER CERTIFY that I have no contract with the parties within this action that affects or has a substantial tendency to affect impartiality, that requires me to relinquish control of an original deposition transcript or copies of the transcript before it is certified and delivered to the custodial attorney, or that requires me to provide any service not made available to all parties to the action.

WITNESS MY HAND AND SEAL this 2nd day of January, 2022.

ARKANSAS SUPREME COURT FAITH GRIGSBY CERTIFIED COURT REPORTER

FAITH GRIGSBY
Arkansas State Supreme Court
Certified Court Reporter #686

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

DESIGNATION OF HEARING OFFICER

DATE: December 10, 2021

SUBJECT: PROPOSED AMENDED RULE 111: CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE

HEARING OFFICER: Dan Honey
Product Compliance Counsel

Pursuant to Arkansas Code Annotated § 23-61-103(e)(1), I hereby delegate Dan Honey ,Product Compliance Counsel, to serve as the Hearing Officer in the above-referenced matter. Pursuant to this Designation, Mr. Honey will have at his disposal all of the powers and duties vested in the office of the Commissioner of Insurance for the State of Arkansas.

Alan McClain

ALAN McCLAIN
INSURANCE COMMISSIONER
STATE OF ARKANSAS

12-7-2021

Date

State of Arkansas *As Engrossed: S3/30/21 S4/13/21*
93rd General Assembly
Regular Session, 2021

A Bill

SENATE BILL 602

By: Senators Irvin, L. Eads

For An Act To Be Entitled

AN ACT TO MODIFY THE LAW CONCERNING CRANIOFACIAL COVERAGE; TO ESTABLISH WENDELYN'S CRANIOFACIAL LAW – CRANIOFACIAL COVERAGE; TO DECLARE AN EMERGENCY; AND FOR OTHER PURPOSES.

Subtitle

TO MODIFY THE LAW CONCERNING CRANIOFACIAL COVERAGE; TO ESTABLISH WENDELYN'S CRANIOFACIAL LAW – CRANIOFACIAL COVERAGE; AND TO DECLARE AN EMERGENCY.

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

SECTION 1. Arkansas Code Title 23, Chapter 79, Subchapter 15, is amended to add an additional section to read as follows:

23-79-1504. Title.

This subchapter shall be known and may be cited as "Wendelyn's *Craniofacial Law – Craniofacial Coverage".*

SECTION 2. Arkansas Code § 23-79-1501(1), concerning the definition of "craniofacial anomaly" used in the coverage for craniofacial anomaly reconstructive surgery, is amended to read as follows:

(1) "Craniofacial anomaly" means ~~a congenital or acquired musculoskeletal disorder that primarily affects the cranial facial tissue~~ the *abnormal development of the skull and face;*

SECTION 3. Arkansas Code § 23-79-1501(2)(C), concerning the definition

of "health benefit plan" used in the coverage for craniofacial anomaly reconstructive surgery, is amended to read as follows:

(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) Medical payments under an automobile or homeowners' insurance plan;

(v) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., and 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; ~~or~~

(viii) A specified disease plan; or

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

SECTION 4. Arkansas Code § 23-79-1501(3), concerning the definition of "reconstructive surgery" used in the coverage for craniofacial anomaly reconstructive surgery, is amended to read as follows:

(3) "Reconstructive surgery" means the use of surgery to alter the form and function of the cranial facial tissues due to a congenital or acquired musculoskeletal disorder, *including surgery to alter the form and function of the skull and face*.

SECTION *5*. Arkansas Code § 23-79-1502(b), concerning medical care coverage for craniofacial anomaly reconstructive surgery requirements, is amended to read as follows:

(b) Medical care coverage required under this section includes coverage for reconstructive surgery, dental care, and vision care~~, and the use of at least one (1) hearing aid~~.

SECTION *6*. Arkansas Code § 23-79-1502, concerning coverage for craniofacial anomaly reconstructive surgery requirements, is amended to add

1 additional subsections to read as follows:
2 (c)(1) The services included in the coverage described in subsection
3 (b) of this section shall be authorized by *a surgical member* of a nationally
4 approved cleft-craniofacial team of the American Cleft Palate-Craniofacial
5 Association.
6 *(2) For healthcare services to be performed by a nationally*
7 *approved cleft-craniofacial team, a request for written authorization or*
8 *approval shall be reviewed by the administrator of the health benefit plan:*
9 *(A)* Within two (2) working days from the request by a
10 nationally approved *cleft-craniofacial surgical team* member, for a nonurgent
11 case; or
12 *(B)* Within twenty-four (24) hours from the request *by a*
13 *nationally approved cleft-craniofacial surgical team member, for an urgent*
14 *case.*
15 *(3)(A) For healthcare services that are recommended by a*
16 *surgical member of a nationally approved cleft-craniofacial team that are to*
17 *be performed by a medical provider that is not on a nationally approved*
18 *cleft-craniofacial team, a request for written authorization or approval*
19 *shall be reviewed:*
20 *(i) Within two (2) working days from the request by*
21 *a nationally approved cleft-craniofacial surgical team member, for a*
22 *nonurgent case; or*
23 *(ii) Within twenty-four (24) hours from the request*
24 *by a nationally approved cleft-craniofacial surgical team member, for an*
25 *urgent case.*
26 *(B) A medical provider that is not a craniofacial*
27 *specialist shall communicate in a timely manner its proposed healthcare*
28 *services to the nationally approved cleft-craniofacial surgical team member*
29 *who initiated the recommendation described in subdivision (c)(3)(A) of this*
30 *section.*
31 (d) A health benefit plan shall include coverage for the following, if
32 medically necessary:
33 (1) On an annual basis:
34 (A) Sclera contact lenses, including coatings;
35 (B) Office visits;
36 (C) An ocular impression of each *eye; and*

1 (D) Any additional tests or procedures that are medically
2 necessary for a craniofacial patient;
3 (2)(A) Every two (2) years, two (2) hearing aids and two (2)
4 hearing aid molds for each ear.
5 (B) As used in subdivision (d)(2)(A) of this section,
6 "hearing aids" includes behind the ear, in the ear, wearable bone
7 conductions, surgically implanted bone conduction services, and cochlear
8 *implants; and*
9 *(3) Every four (4) years, a dehumidifier.*
10 *(e)(1) A nationally approved cleft-craniofacial team that is located*
11 *in other* states may provide the healthcare services, treatment, evaluation,
12 authorizations, and review as described in this section.
13 *(2) For healthcare services performed outside of this state*
14 *under this section, the insured or enrollee shall not be penalized for out-*
15 *of-network charges subject to the terms and conditions of the health benefit*
16 *plan.*
17
18 SECTION *7*. Arkansas Code § 23-79-1503 is amended to read as follows:
19 23-79-1503. Rules — Report.
20 (a) The State Insurance Department shall develop and promulgate rules
21 for the implementation and administration of this subchapter.
22 (b) The State and Public School Life and Health Insurance Board ~~may~~
23 ~~develop and promulgate rules for the administration of this subchapter~~ shall
24 follow the rules promulgated by the department for administration of this
25 subchapter for the plans providing health benefits to state and public school
26 employees under § 21-5-401 et seq.
27 (c) The department shall submit biannual reports to the Chair of the
28 House Committee on Insurance and Commerce and the Chair of the Senate
29 Committee on Insurance and Commerce.
30
31 SECTION *8*. EMERGENCY CLAUSE. It is found and determined by the
32 General Assembly of the State of Arkansas that this state has a limited
33 number of approved certified craniofacial specialists to review and treat
34 individuals with craniofacial anomalies; that increasing healthcare coverage
35 for craniofacial patients allows a nationally approved cleft-craniofacial
36 team outside of this state to provide healthcare services for residents of

this state can decrease the delay in treatment; and that this act is immediately necessary because there are residents in this state who are in need of healthcare services to treat individuals with craniofacial anomalies. Therefore, an emergency is declared to exist, and this act being immediately necessary for the preservation of the public peace, health, and safety shall become effective on:

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

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

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

/s/Irvin

APPROVED: 4/27/21

Clara Mezza

om: Booth Rand
Sent: Thursday, October 28, 2021 3:52 PM
To: Clara Mezza; Brandy Wedsted; Jim Brader
Subject: Re: AID Rule 111 is ready to go again

This has now been approved. Please file tomorrow before noon thanks

Get Outlook for iOS

From: Booth Rand
Sent: Thursday, October 28, 2021 8:39:01 AM
To: Clara Mezza <Clara.Mezza@arkansas.gov>; Brandy Wedsted <Brandy.Wedsted@arkansas.gov>; Jim Brader <Jim.Brader@arkansas.gov>
Subject: AID Rule 111 is ready to go again

Clara, I went through and changed the dates on the rule 111 amended filing forms: if you will print these out and bring to me for signature and please file all of these tomorrow. Thanks.

Its in legal_shared/Booth/Rule111Amended

From: Clara Mezza <Clara.Mezza@arkansas.gov>
Sent: Wednesday, October 27, 2021 10:43 AM
o: Booth Rand <booth.rand@arkansas.gov>; Brandy Wedsted <Brandy.Wedsted@arkansas.gov>; Jim Brader <Jim.Brader@arkansas.gov>
Cc: Clara Mezza <Clara.Mezza@arkansas.gov>
Subject: RE: New Hearing date Rule 111

I have scheduled the pending hearing for December 7th at 10 in the Diamond Mine Room

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

From: Booth Rand <booth.rand@arkansas.gov>
Sent: Wednesday, October 27, 2021 8:49 AM
To: Clara Mezza <Clara.Mezza@arkansas.gov>; Brandy Wedsted <Brandy.Wedsted@arkansas.gov>; Jim Brader <Jim.Brader@arkansas.gov>
Subject: New Hearing date Rule 111

The gov office continues not answer the phone or call back.

I need a new hearing date for Rule 111, needs to be December 6, 7th, or 8th 10 AM

Request for Governor's Approval of Proposed Rules and Regulations

Department/Agency: Arkansas Insurance Department

Short Title of Rule: RULE 116: CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE

New Rule: ☐ Yes ☒ No **Amendment to Existing Rule**: ☒ Yes ☐ No

State Mandate: ☒ Yes ☐ No **Federal Mandate**: ☐ Yes ☒ No
If yes, please provide the rule, regulation, and/or statute citation:

Act 955 of 2021 attached. Also, see Ark. Code Ann. § 23-79-1503.

Authority to Promulgate the Rule: Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery under Ark. Code Ann. § 23-79-1501 et seq.

Proposed Effective Date: August 2, 2021

Emergency Rule: ☐ Yes ☒ No **Expedited Rule Requested**: ☐ Yes ☒ No

Summary of Proposed New Rule or Proposed Amendment to Existing Rule:

See attached Summary.

Financial Impact: ☐ Yes ☒ No ☐ Unknown; **If yes or unknown, please explain**:

Public Hearing: ☒ Yes ☐ No **Controversial**: ☐ Yes ☒ No

Unknown at this time. AID will update Governor's office in the event of controversy or opposition to this Rule should such occur.

Documents Required for Approval Process
Please note that the Governor's office will not begin the approval process if any of the following applicable documents are not enclosed with the approval request.

☒ BLR Questionnaire
☒ BLR Financial Impact Statement
☒ Proposed Rule – clean version
☒ Mark-Up of Rule, if amended from previous version
☒ Copy of Act or Regulation, if Rule is pursuant to State or Federal mandate

PROPOSED AMENDED RULE 111
MARK UP DRAFT
~~CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE~~

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~~SECTION 1. AUTHORITY~~
~~SECTION 2. DEFINITIONS~~
~~SECTION 3. COVERAGE REQUIREMENT REVIEW~~
~~SECTION 4. EFFECTIVE DATE~~

~~SECTION 1. AUTHORITY~~

~~This Rule is issued pursuant to Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery under Ark. Code Ann. § 23-79-1501 et seq.~~

~~SECTION 2. DEFINITIONS~~

~~Unless otherwise separately defined in this rule and consistent with state law, the terms or phrases as used in this rule shall follow the definitions of such terms or phrases as defined in Ark. Code Ann. § 23-79-1501.~~

~~SECTION 3. COVERAGE REQUIREMENT REVIEW~~

~~(a) Pursuant to Ark. Code Ann. § 23-79-1502(a)(1), a health benefit plan that is offered, issued, provided, or renewed in this state shall include coverage and benefits for reconstructive surgery and related medical care for a person of any age who is diagnosed as having a craniofacial anomaly if the reconstructive surgery and treatment are medically necessary to improve a functional impairment that results from the craniofacial anomaly as determined by a nationally approved cleft-craniofacial team, approved by the American Cleft Palate-Craniofacial Association ("ACPA approved team") in Chapel Hill, North Carolina.~~

~~(1) The services included in the coverage and benefits for reconstructive surgery and related medical care may be performed in this state by providers in an ACPA approved team that has diagnosed a craniofacial anomaly, or may be performed by licensed and qualified specialist in this state not in an ACPA approved team as long as such specialist has received: (i) a diagnosis or evaluation that the patient has a craniofacial anomaly by an ACPA~~

~~approved team; (ii) a written authorization or approval of the proposed services and treatment plan by an ACPA approved team, including approval of any additional services or care, subsequent to the treatment plan; (iii) the licensed and qualified specialist agrees it must maintain clinical records and provide appropriate documentation whenever requested by an ACPA approved team; (iv) the licensed and qualified specialist must be willing to allow the member(s) of the ACPA approved team to closely oversee all treatment(s); and (v) the licensed and qualified medical specialist must also agree to the ACPA team providing ongoing review for all authorized services including accepting any limitations or withdrawal of such approvals depending on the outcome and medical needs and care of the patient.~~

~~(2) Due to the limited number of ACPA approved teams in this state needed to perform diagnoses and review surgery treatment plans for patients with craniofacial anomalies at this time, an ACPA approved team outside this state may provide the evaluation, authorizations and review as required in Section Three (3) (a)(1)(i)-(v) of this rule. Nothing in this rule is intended to require a health benefit plan to provide coverage and benefits for reconstructive surgery services themselves to be performed outside this state.~~

~~(b) Pursuant to Ark. Code Ann. § 23-79-1502(b), a health benefit plan shall also provide coverage for dental and vision care as approved by an ACPA approved team following the requirements of this section.~~

~~SECTION 4. EFFECTIVE DATE~~

~~The effective date of this Rule is November 23, 2015.~~

~~ALLEN W. KERR~~
~~INSURANCE COMMISSIONER~~

~~DATE~~

CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE
"WENDELYN'S CRANIOFACIAL LAW"

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SECTION 1. AUTHORITY

This Rule is issued pursuant to Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery and recommended treatment under Ark. Code Ann. § 23-79-1501 et seq. This Rule is also issued to implement Act 955 of 2021, "An Act to Modify the Law Concerning Craniofacial Coverage and to Establish Wendelyn's Craniofacial Law" (hereafter, Act 955, formerly codified from Act 1226 of 2013 and Act 373 of 2015).

SECTION 2. DEFINITIONS

For purposes of this Rule, the following definitions will apply:

(1) "acquired craniofacial anomaly" means a craniofacial condition caused or brought on only by trauma or tumor.

(2) "craniofacial anomaly" means the abnormal development of the skull and face.

(3) "healthcare service" means a healthcare procedure, treatment, or service provided by a medical provider.

(4) "medical provider" means a person who performs healthcare services for patients with a craniofacial anomaly.

(5) "nonurgent" healthcare service means any craniofacial healthcare service which is not urgent.

(6) "reconstructive surgery" means the use of surgery to alter the form and function of cranial facial tissues due to a congenital or acquired musculoskeletal disorder, including surgery to alter the form and function of the skull and face.

(7) "surgical team member" means a surgical member of an American Cleft Palate-Craniofacial Association ("ACPA") approved team who specializes in craniofacial anomaly reconstructive surgery or a surgical member of an approved team with requisite and equivalent craniofacial surgical experience in the field of service requested to be reviewed.

(8) "urgent healthcare service" means a craniofacial healthcare service for a non-life-threatening condition that, in the opinion of a provider with knowledge of a craniofacial patient's medical condition, requires prompt medical care in order to prevent:

(A) A serious threat to life, limb, or eyesight;

(B) Worsening impairment of a bodily function that threatens the body's ability to regain maximum function;

(C) Worsening dysfunction or damage of any bodily organ or part that threatens the body's ability to recover from the dysfunction or damage; or

(D) Severe pain that cannot be managed without prompt medical care.

SECTION 3. COVERAGE REQUIREMENTS FOR HEALTH INSURERS UNDER THIS RULE

(a) Health insurers shall be subject to all Sections of this Rule.

(b) Pursuant to Ark. Code Ann. § 23-79-1502(b), a health benefit plan shall provide coverage for dental and vision care as approved by an ACPA approved surgical team member following the requirements of this section.

(c) A health benefit plan shall include coverage for the following:

(1) On an annual basis, or during the course of a year:

(A) Sclera contact lenses, including coatings;

(B) Office visits;

(C) An ocular impression of each eye;

(D) Autologous serum eye drops;

(E) eye weights, either surgically and/or external eye weights in one or both eyes as directed by an eye specialist, as needed;

(2) (A) Every two (2) years, two (2) hearing aids and two (2) hearing aid molds for each ear.

(B) As used in this section, "hearing aids" includes behind the ear, in the ear, wearable bone conductions, surgically implanted bone conduction services, and cochlear implants; and

(d) A health benefit plan, or any third party administrator for the plan, shall not require mail order, walkin clinics, or in-network protocols, for compliance with any audiology or others services, as mandated by this Rule.

(e) Any additional tests or procedures that are medically necessary for a craniofacial patient and any diagnostic service incidental to the provision of these benefits in this Section.

(f) For healthcare services to be performed by a nationally approved cleft-craniofacial team, or recommended non craniofacial provider, a request for written authorization or approval shall be reviewed by the administrator (health insurer) of the health benefit plan:

(A) Within two (2) working days from the request by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(B) Within twenty-four (24) hours from the request by a nationally approved cleft-craniofacial surgical team member, for an urgent case. The health insurer must be familiar with or willing to become familiar with the particular craniofacial diagnoses in question and recommended procedure prior to making a determination. The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 4. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR ACPA APPROVED TEAMS FOR CRANIOFACIAL PROVIDERS

(a) Medical Provider Office Requirements for ACPA Approved Teams.

(b) For healthcare services that are recommended by a surgical member of a nationally approved cleft-craniofacial team, a request for written authorization shall be submitted to the health benefit plan:

(A) Within two (2) working days from the appointment date or services rendered date, by a nationally approved cleft-craniofacial surgical team, for a nonurgent case; or

(B) Within twenty-four (24) hours from the appointment date or services rendered date, by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) Every needed service or recommended procedure shall be initiated from and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical team member.

(d) The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 5. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR NON CRANIOFACIAL PROVIDERS

(a) Medical Provider Office Requirements for Noncraniofacial Providers. A medical provider that is not on a nationally approved cleft craniofacial team shall communicate and respond within two (2) working days from the appointment or services rendered date to any medical information requests made by the nationally approved cleft-craniofacial surgical team member who initiated the recommendation described in this section.

(b) For healthcare services that are recommended by a surgical team member of a nationally approved cleft-craniofacial team that are to be performed by a medical provider that is not on a nationally approved cleft-craniofacial team, a request for written authorization or approval shall be submitted to the health benefit plan:

(i) Within two (2) working days from the appointment date or date of the requested services as recommended by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(ii) Within twenty-four (24) hours from the appointment date or date of requested services as recommended by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) The recommended needed services shall be initiated from a referral to the medical provider and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical team member.

(d) The noncraniofacial provider shall comply with Section 7 for referrals for services.

(e) The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 6. CODING FEE FOR EVALUATION

Every health benefit plan covering residents or enrollees in this State shall cover charges for evaluations performed by a nationally approved cleft-craniofacial team in its review of proposed services under Section Five (5) of this Rule. The coding designation number and fee amount for such charges shall be the same for all health benefit plans pursuant to an explanatory bulletin by the Commissioner which will be issued annually or as needed.

SECTION 7. ATTESTATION OR AUTHORIZATION FORM

For services to be reviewed under Section Five (5) of this Rule, the non craniofacial provider shall use the Attestation or Authorization form which shall be designated as Wendelyn's Craniofacial Law Authorization Form as Exhibit "A" to this Rule.

SECTION 8. EFFECTIVE DATE

The effective date of this Rule is January 1, 2022.

_____

ALAN MCCLAIN
INSURANCE COMMISSIONER

_____

DATE

PROPOSED AMENDED RULE 111

CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE "WENDELYN'S CRANIOFACIAL LAW"

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SECTION 2. DEFINITIONS
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SECTION 5. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR NONCRANIOFACIAL PROVIDERS
SECTION 6. CODING FEE FOR EVALUATION
SECTION 7. ATTESTATION OR AUTHORIZATION FORM
SECTION 8. EFFECTIVE DATE

SECTION 1. AUTHORITY

This Rule is issued pursuant to Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery and recommended treatment under Ark. Code Ann. § 23-79-1501 et seq. This Rule is also issued to implement Act 955 of 2021, "An Act to Modify the Law Concerning Craniofacial Coverage and to Establish Wendelyn's Craniofacial Law" (hereafter, Act 955, formerly codified from Act 1226 of 2013 and Act 373 of 2015).

SECTION 2. DEFINITIONS

For purposes of this Rule, the following definitions will apply:

(1) "acquired craniofacial anomaly" means a craniofacial condition caused or brought on only by trauma or tumor.

(2) "craniofacial anomaly" means the abnormal development of the skull and face.

(3) "healthcare service" means a healthcare procedure, treatment, or service provided by a medical provider.

(4) "medical provider" means a person who performs healthcare services for patients with a craniofacial anomaly.

(5) "nonurgent" healthcare service means any craniofacial healthcare service which is not urgent.

(6) "reconstructive surgery" means the use of surgery to alter the form and function of cranial facial tissues due to a congenital or acquired musculoskeletal disorder, including surgery to alter the form and function of the skull and face.

(7) "surgical team member" means a surgical member of an American Cleft Palate-Craniofacial Association ("ACPA") approved team who specializes in craniofacial anomaly reconstructive surgery or a surgical member of an approved team with requisite and equivalent craniofacial surgical experience in the field of service requested to be reviewed.

(8) "urgent healthcare service" means a craniofacial healthcare service for a non-life-threatening condition that, in the opinion of a provider with knowledge of a craniofacial patient's medical condition, requires prompt medical care in order to prevent:

(A) A serious threat to life, limb, or eyesight;

(B) Worsening impairment of a bodily function that threatens the body's ability to regain maximum function;

(C) Worsening dysfunction or damage of any bodily organ or part that threatens the body's ability to recover from the dysfunction or damage; or

(D) Severe pain that cannot be managed without prompt medical care.

SECTION 3. COVERAGE REQUIREMENTS FOR HEALTH INSURERS UNDER THIS RULE

(a) Health insurers shall be subject to all Sections of this Rule.

(b) Pursuant to Ark. Code Ann. § 23-79-1502(b), a health benefit plan shall provide coverage for dental and vision care as approved by an ACPA approved surgical team member following the requirements of this section.

(c) A health benefit plan shall include coverage for the following:

(1) On an annual basis, or during the course of a year:

(A) Sclera contact lenses, including coatings;

(B) Office visits;

(C) An ocular impression of each eye;

(D) Autologous serum eye drops;

(E) eye weights, either surgically and/or external eye weights in one or both eyes as directed by an eye specialist, as needed;

(2) (A) Every two (2) years, two (2) hearing aids and two (2) hearing aid molds for each ear.

(B) As used in this section, "hearing aids" includes behind the ear, in the ear, wearable bone conductions, surgically implanted bone conduction services, and cochlear implants; and

(d) A health benefit plan, or any third party administrator for the plan, shall not require mail order, walkin clinics, or in-network protocols, for compliance with any audiology or others services, as mandated by this Rule.

(e) Any additional tests or procedures that are medically necessary for a craniofacial patient and any diagnostic service incidental to the provision of these benefits in this Section.

(f) For healthcare services to be performed by a nationally approved cleft-craniofacial team, or recommended non craniofacial provider, a request for written authorization or approval shall be reviewed by the administrator (health insurer) of the health benefit plan:

(A) Within two (2) working days from the request by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(B) Within twenty-four (24) hours from the request by a nationally approved cleft-craniofacial surgical team member, for an urgent case. The health insurer must be familiar with or willing to become familiar with the particular craniofacial diagnoses in question and recommended procedure prior to making a determination. The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 4. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR ACPA APPROVED TEAMS FOR CRANIOFACIAL PROVIDERS

(a) Medical Provider Office Requirements for ACPA Approved Teams.

(b) For healthcare services that are recommended by a surgical member of a nationally approved cleft-craniofacial team, a request for written authorization shall be submitted to the health benefit plan:

(A) Within two (2) working days from the appointment date or services rendered date, by a nationally approved cleft-craniofacial surgical team, for a nonurgent case; or

(B) Within twenty-four (24) hours from the appointment date or services rendered date, by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) Every needed service or recommended procedure shall be initiated from and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical team member.

(d) The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 5. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR NONCRANIOFACIAL PROVIDERS

(a) Medical Provider Office Requirements for Noncraniofacial Providers. A medical provider that is not on a nationally approved cleft craniofacial team shall communicate and respond within two (2) working days from the appointment or services rendered date to any medical information requests made by the nationally approved cleft-craniofacial surgical team member who initiated the recommendation described in this section.

(b) For healthcare services that are recommended by a surgical team member of a nationally approved cleft-craniofacial team that are to be performed by a medical provider that is not on a nationally approved cleft-craniofacial team, a request for written authorization or approval shall be submitted to the health benefit plan:

(i) Within two (2) working days from the appointment date or date of the requested services as recommended by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(ii) Within twenty-four (24) hours from the appointment date or date of requested services as recommended by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) The recommended needed services shall be initiated from a referral to the medical provider and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical team member.

(d) The noncraniofacial provider shall comply with Section 7 for referrals for services.

(e) The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 6. CODING FEE FOR EVALUATION

Every health benefit plan covering residents or enrollees in this State shall cover charges for evaluations performed by a nationally approved cleft-craniofacial team in its review of proposed services under Section Five (5) of this Rule. The coding designation number and fee amount for such charges shall be the same for all health

benefit plans pursuant to an explanatory bulletin by the Commissioner which will be issued annually or as needed.

SECTION 7. ATTESTATION OR AUTHORIZATION FORM

For services to be reviewed under Section Five (5) of this Rule, the noncraniofacial provider shall use the Attestation or Authorization form which shall be designated as Wendelyn's Craniofacial Law Authorization Form as Exhibit "A" to this Rule.

SECTION 8. EFFECTIVE DATE

The effective date of this Rule is January 1, 2022.

_____

ALAN MCCLAIN
INSURANCE COMMISSIONER

_____

DATE

APPENDIX A
ATTESTATION OF SURGICAL MEMBER OF AN
AMERICAN CLEFT PALATE-CRANIO-FACIAL ASSOCIATION
APPROVED TEAM

FOR NONCRANIOFACIAL PROVIDERS

I, [NAME], M.D. or D.O., am a board certified surgeon and a Member of [Name of organization], a cleft-craniofacial team approved by the American Cleft Palate-Craniofacial Association.

On _____, 20__, I examined [Patient's Name] and reviewed his/her medical records. In addition, I examined the proposed treatment plan submitted by Dr. [provider's name]. Copies of the medical records and treatment plan accompany this document.

As a result of these examinations, I attest that Mr./ Ms. [Patient's Last Name] suffers from craniofacial anomaly. I further attest that the proposed treatment plan will provide surgery and treatment that are medically necessary to improve a functional impairment that results from the craniofacial anomaly.

_____

SIGNATURE _____

PRINTED NAME _____

DATE _____

STATE OF ARKANSAS
COUNTY OF _____

On this _____ day of _____, 20_____, before me, _____, a Notary Public, appeared the within named _____ to me personally well known (or satisfactorily proven to be such person), who stated and acknowledged that [he, she or they] had so signed, executed and delivered said foregoing instrument for the consideration, uses and purposes therein mentioned and set forth.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, 20_____.

_____ (Seal)

Signature of Notary Public

My Commission Expires: _____

SUMMARY

ARKANSAS INSURANCE DEPARTMENT PROPOSED AMENDED RULE 111

Craniofacial Anomaly Reconstructive Surgery Coverage

==========

To: Arkansas Legislative Council & Arkansas Bureau of Legislative Research

From: Booth Rand, Managing Attorney, Arkansas Insurance Department

CC: Alan McClain, Arkansas Insurance Commissioner; Steve Porch, General Counsel, Arkansas Department of Commerce; Russ Galbraith, Deputy Insurance Commissioner; Jim Brader, General Counsel; Jennifer Bruce, Public and Legislative Affairs Director

Date: October 29, 2021

==========

LEGISLATIVE AUTHORITY FOR RULE

The proposed Rule implements Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery under Ark. Code Ann. § 23-79-1501 et seq

BACKGROUND AND PURPOSE OF RULE

The purpose of this Rule is to help implement recent changes to the Arkansas Craniofacial law made this last session in Act 955 of 2021, "An Act to Modify the Law Concerning Craniofacial Coverage and to Establish Wendelyn's Craniofacial Law" (hereafter, Act 955).

EXPLANATION OF THE PROPOSED RULE

The proposed Rule implements the new amendments by (1) creating a mechanism to review and evaluate craniofacial services for insurance adjudications; (2) the proposed Rule also permits fees or charges to insurers for evaluations of proposed services to help resource and pay for team efforts to review and approve services; and (3) the proposed Rule also provides needed definitions not in Act 955 of 2021 to help clarify the craniofacial coverage laws.

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

DATE: OCTOBER 29, 2021

TO: ALL HEALTH INSURERS & HMOs, AND OTHER INTERESTED PARTIES

FROM: ARKANSAS INSURANCE DEPARTMENT

SUBJECT: PROPOSED AMENDED RULE 111: CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE

NOTICE OF PUBLIC HEARING

Please find attached or available by electronic publication by the Arkansas Insurance Department ("AID") Proposed Amended Rule 111, "CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE."

Pursuant to Arkansas Administrative Procedures Act, and other applicable laws or rules, NOTICE is hereby given that a PUBLIC HEARING will be held on November 30, 2021 at 10:00 A.M., in the Second Floor Hearing Room ("Diamond Mine Room 203"), at the Arkansas Department of Commerce, 1 Commerce Way, ittle Rock, AR 72202.

The purpose of the Public Hearing will be to determine whether the Director should adopt the Proposed Amended Rule 111, "CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE." The Arkansas Insurance Commissioner is proposing a rule which implements Act 955 of 2021 pertaining to craniofacial anomaly coverage.

All interested persons are encouraged to make comments, statements, or opinions to the address below or attend the Public Hearing and present, orally or in writing, statements, arguments or opinions on the proposed Rule. All licensees and other interested persons are responsible for notifying all their personnel, agents, and employees about this Public Hearing.

Persons wishing to testify or make comments are requested to submit intended statements in writing in advance. Direct your inquiries to: Booth Rand, Managing Attorney, Arkansas Insurance Department, 501-371-2820, email: booth.rand@arkansas.gov. A copy of the proposed Rule may be obtained or viewed at https://www.insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/.

Sincerely,

Booth Rand

Booth Rand
Managing Attorney
\rkansas Insurance Department

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

DATE: NOVEMBER 3, 2021

TO: ALL HEALTH INSURERS & HMOs, AND OTHER INTERESTED PARTIES

FROM: ARKANSAS INSURANCE DEPARTMENT

SUBJECT: PROPOSED AMENDED RULE 111: CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE

AMENDED NOTICE OF PUBLIC HEARING

Please find attached or available by electronic publication by the Arkansas Insurance Department ("AID") Proposed Amended Rule 111, "CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE."

Pursuant to Arkansas Administrative Procedures Act, and other applicable laws or rules, NOTICE is hereby given that a PUBLIC HEARING will be held on December 10, 2021 at 10:00 A.M., in the Second Floor Hearing Room ("Riverview Room 203"), at the Arkansas Department of Commerce, 1 Commerce Way, Little .ock, AR 72202. Please note that a previous Notice of Public Hearing pertaining to this proposed Rule set the public hearing date for December 7, 2021. **This date has changed to December 10, 2021 at 10:00 AM.**

The purpose of the Public Hearing will be to determine whether the Director should adopt the Proposed Amended Rule 111, "CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE." The Arkansas Insurance Commissioner is proposing a rule which implements Act 955 of 2021 pertaining to craniofacial anomaly coverage.

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Persons wishing to testify or make comments are requested to submit intended statements in writing in advance. Direct your inquiries to: Booth Rand, Managing Attorney, Arkansas Insurance Department, 501-371-2820, email: booth.rand@arkansas.gov. A copy of the proposed Rule may be obtained or viewed at https://www.insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/.

Sincerely,

Booth Rand
Managing Attorney
Arkansas Insurance Department

Clara Mezza

From: Clara Mezza
Sent: Monday, November 1, 2021 9:21 AM
To: AID Directors; AID Legal Division
Cc: Lesia Carter; Jennifer Bruce
Subject: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Please click on the link below to view the Department's Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

https://insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/

Please direct any inquiries to Booth Rand of the Arkansas Insurance Department, Legal Division via phone at (501) 371-2820 or via email at Insurance.legal@arkansas.gov.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
01-683-3497

Clara Mezza

From: Arkansas Insurance Department <insurance.legal@arkansas.gov>
Sent: Monday, November 1, 2021 9:20 AM
To: Clara Mezza
Subject: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

View this email in your browser

Arkansas Insurance Department

Asa Hutchinson
Governor

Alan McClain
Commissioner

Legal Notice

Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Please click on the link below to view the Department's Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

https://insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/

Please direct any inquiries to Booth Rand of the Arkansas Insurance Department, Legal Division via phone at (501) 371-2820 or via email at Insurance.legal@arkansas.gov

1 Commerce Way, Suite 102, Little Rock, AR 72202 · (501) 371-2600 · (501) 371-2618 fax · www.insurance.arkansas.gov
Information (800) 282-9134 · Consumer Services (800) 852-5494 · Seniors (800) 224-6330 · Criminal Inv. (866) 660-0888

You are receiving this email because you opted in at our website or because you provided your email address when applying for a license with AID. If you no longer wish to receive emails from the Arkansas Insurance Department, please click unsubscribe from this list

update subscription preferences

Clara Mezza

From: Arkansas Insurance Department <insurance.legal@arkansas.gov>
Sent: Wednesday, November 3, 2021 3:28 PM
To: Clara Mezza
Subject: Updated: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Updated: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

View this email in your browser

Arkansas Insurance Department

Asa Hutchinson
Governor

Alan McClain
Commissioner

Legal Notice- UPDATED

Update to the Notice of Public Rulemaking for Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage.

Please note that the previous Notice of Public Hearing pertaining to this proposed Rule set the public hearing date for December 7, 2021. This date has changed to December 10, 2021 at 10:00 am.

Please click on the link below to view the Department's Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

https://insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/

Please direct any inquiries to Booth Rand of the Arkansas Insurance Department, Legal Division via phone at (501) 371-2820 or via email at insurance.legal@arkansas.gov

1 Commerce Way, Suite 102, Little Rock, AR 72202 · (501) 371-2600 · (501) 371-2618 fax · www.insurance.arkansas.gov
Information (800) 282-9134 · Consumer Services (800) 852-5494 · Seniors (800) 224-6330 · Criminal Inv. (866) 660-0888

You are receiving this email because you opted in at our website or because you provided your email address when applying for a license with AID. If you no longer wish to receive emails from the Arkansas Insurance Department, please click unsubscribe from this list.

update subscription preferences

Clara Mezza

From: Clara Mezza
Sent: Wednesday, November 3, 2021 12:47 PM
To: AID Directors; AID Legal Division
Cc: Lesia Carter; Jennifer Bruce
Subject: Updated Hearing Date: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

This email is to advise the Hearing for Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage date has been changed from December 7 to **December 10 at 10:00am.**

Please click on the link below to view the Department's Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

https://insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/

Please direct any inquiries to Booth Rand of the Arkansas Insurance Department, Legal Division via phone at (501) 371-2820 or via email at Insurance.legal@arkansas.gov.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Arkansas Democrat Gazette

STATEMENT OF LEGAL ADVERTISING

RECEIVED
NOV 0 8 2021
LEGAL
Arkansas Insurance Dept.

ARK. INSURANCE DEPT.
1 COMMERCE 102 WAY
LITTLE ROCK AR 72202

ATTN: Clara Mezza

DATE : 11/02/21 INVOICE #: 3253273
ACCT #: L6023555 P.O. #:

REMIT TO:
ARKANSAS DEMOCRAT-GAZETTE INC.
P.O. BOX 2221
LITTLE ROCK, AR 72203

For Billing Questions call: 501-399-3660

STATE OF ARKANSAS, }
COUNTY OF PULASKI, } ss.

I, Charles A McNeice Jr, do solemnly swear that I am the Business Manager of the Arkansas Democrat-Gazette, a daily newspaper printed and published in said County, State of Arkansas; that I was so related to this publication at and during the publication of the annexed legal advertisement the matter of:

HEARING

pending in the Court, in said County, and at the dates of the several publications of said advertisement stated below, and that during said periods and at said dates, said newspaper was printed and had a bona fide circulation in said County; that said newspaper had been regularly printed and published in said County, and had a bona fide circulation therein for the period of one month before the date of the first publication of said advertisement; and that said advertisement was published in the regular daily issues of said newspaper as stated below.

DATE	DAY	LINAGE	RATE	DATE	DAY	LINAGE	RATE
10/31	Sun	54	1.57				
11/01	Mon	54	1.35				
11/02	Tue	54	1.35				

TOTAL COST ---------- 230.58
Billing Ad #: 75483928

Charles A McNeice Jr

Subscribed and sworn to before me on this 3 day of Nov, 2021

Deanna Griffin
Signature of Notary Public

OFFICIAL SEAL - #12347408
DEANNA GRIFFIN
NOTARY PUBLIC-ARKANSAS
PULASKI COUNTY
MY COMMISSION EXPIRES: 03-30-26

AD COPY

NOTICE OF PUBLIC HEARING
The Arkansas Insurance Department will host a Public Hearing on December 7, 2021, at 10:00 AM., in the Second Floor Diamond Mine Hearing Room, in the Arkansas Department of Commerce Building, One Commerce Way, Little Rock, Arkansas 72202. The Arkansas Insurance Commissioner is considering adopting proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage" to consider adoption of a proposed rule which implements Act 955 of 2021, pertaining to insurance coverage for craniofacial anomalies. The proposed Rule implements the new amendments by (1) creating a mechanism to review and evaluate craniofacial services for insurance adjudications; (2) the proposed Rule also permits fees or charges to insurers for evaluations of proposed services to help resource and pay for team efforts to review and approve services; and (3) the proposed Rule also provides needed definitions not in Act 955 of 2021 to help clarify the craniofacial coverage laws. Copies of the proposed Rule may be obtained by writing or calling the Arkansas Insurance Department at 501-371-2820, or by visiting its internet site at https://www.insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/
75483928

Arkansas Democrat Gazette

STATEMENT OF LEGAL ADVERTISING

ARK. INSURANCE DEPT.
1 COMMERCE 102 WAY
LITTLE ROCK AR 72202

ATTN: Clara Mezza

DATE : 11/02/21 INVOICE #: 3253273
ACCT #: L6023555 P.O. #:

REMIT TO:
ARKANSAS DEMOCRAT-GAZETTE INC.
P.O. BOX 2221
LITTLE ROCK, AR 72203

For Billing Questions call: 501-399-3660

STATE OF ARKANSAS, }
COUNTY OF PULASKI, } ss.

I, Charles A McNeice Jr, do solemnly swear that I am the Business Manager of the Arkansas Democrat-Gazette, a daily newspaper printed and published in said County, State of Arkansas; that I was so related to this publication at and during the publication of the annexed legal advertisement the matter of:

HEARING

pending in the Court, in said County, and at the dates of the several publications of said advertisement stated below, and that during said periods and at said dates, said newspaper was printed and had a bona fide circulation in said County; that said newspaper had been regularly printed and published in said County, and had a bona fide circulation therein for the period of one month before the date of the first publication of said advertisement; and that said advertisement was published in the regular daily issues of said newspaper as stated below.

DATE	DAY	LINAGE	RATE	DATE	DAY	LINAGE	RATE
10/31	Sun	54	1.57				
11/01	Mon	54	1.35				
11/02	Tue	54	1.35				

TOTAL COST ---------- 230.58
Billing Ad #: 75483928

Subscribed and sworn to before me on this ____

day of _____ , 20 ___

Signature of Notary Public

AD COPY

PLEASE REMIT THIS COPY WITH PAYMENT

IN ACCORDANCE WITH FEDERAL RESERVE GUIDELINES, CHECKS YOU SEND US FOR PAYMENT MAY BE PROCESSED ELECTRONICALLY THIS MEANS CHECKS CLEAR FASTER AND BANK STATEMENTS ARE VALID PROOF OF PAYMENT

Clara Mezza

From: legalads@arkansasonline.com
Sent: Friday, October 29, 2021 9:25 AM
To: Clara Mezza
Subject: Re: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Will run Sun 10/31, Mon 11/1, and Tues 11/2.

Thank you.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Clara Mezza" <Clara.Mezza@arkansas.gov>
To: legalads@arkansasonline.com
Cc: "Clara Mezza" <Clara.Mezza@arkansas.gov>, "Brandy Wedsted" <Brandy.Wedsted@arkansas.gov>
Sent: Friday, October 29, 2021 9:12:36 AM
Subject: RE: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Please go ahead for the Legal Ad to run 10/31, 11/1, 11/2. Thank you.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

From: legalads@arkansasonline.com <legalads@arkansasonline.com>
Sent: Friday, October 29, 2021 9:08 AM
To: Clara Mezza <Clara.Mezza@arkansas.gov>
Subject: Re: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"
Importance: High

Clara,

I'm sorry, but deadline for Sat 10/30 was yesterday at 12 noon.

arliest I have right now is Sun 10/31, and deadline is 12 noon today (which is also deadline for Mon 11/1 and Tues 11/2).

Let me know how to proceed ASAP.

Thank you.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Clara Mezza" <Clara.Mezza@arkansas.gov>
To: legalads@arkansasonline.com
Cc: "Clara Mezza" <Clara.Mezza@arkansas.gov>, "Brandy Wedsted" <Brandy.Wedsted@arkansas.gov>
Sent: Friday, October 29, 2021 8:49:33 AM
Subject: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Gregg,

Please find attached a legal ad for Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage" which should be ran three consecutive days beginning **Saturday, October 30, 2021**.

Please let me know if you have any questions.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Clara Mezza

From: Clara Mezza
Sent: Friday, October 29, 2021 9:13 AM
To: legalads@arkansasonline.com
Cc: Clara Mezza; Brandy Wedsted
Subject: RE: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Please go ahead for the Legal Ad to run 10/31, 11/1, 11/2. Thank you.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

From: legalads@arkansasonline.com <legalads@arkansasonline.com>
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To: Clara Mezza <Clara.Mezza@arkansas.gov>
Subject: Re: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"
Importance: High

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Thank you.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Clara Mezza" <Clara.Mezza@arkansas.gov>
To: legalads@arkansasonline.com
Cc: "Clara Mezza" <Clara.Mezza@arkansas.gov>, "Brandy Wedsted" <Brandy.Wedsted@arkansas.gov>
Sent: Friday, October 29, 2021 8:49:33 AM
Subject: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Gregg,

Please find attached a legal ad for Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage" which should be ran three consecutive days beginning **Saturday, October 30, 2021**.

Please let me know if you have any questions.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Clara Mezza

om: Clara Mezza
Sent: Friday, October 29, 2021 8:50 AM
To: legalads@arkansasonline.com
Cc: Clara Mezza; Brandy Wedsted
Subject: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"
Attachments: NOTICE OF PUBLIC HEARING Legal Ad.docx; Letter Legal AD Rule 111.pdf

Dear Gregg,

Please find attached a legal ad for Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage" which should be ran three consecutive days beginning **Saturday, October 30, 2021**.

Please let me know if you have any questions.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
01-683-3497

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

October 29, 2021

Arkansas Democrat-Gazette
P O Box 2221
Little Rock, AR 72203
Attn: Legal Ad Department
Facsimile: 501-378-3591

sent via email: legalads@arkansasonline.com

RE: Legal Notices: Public Hearing on Proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Sir or Madam:

The Arkansas Insurance Commissioner ("Commissioner") is proposing to adopt Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." In order to publish it per the Arkansas Administrative Procedure Act, as amended, we need to publish a **FULL RUN** legal ad or notice for the Director's Public Hearing for the Rule set on December 7, 2021, at 10:00 A.M., in the Second Floor Hearing Room ("Diamond Mine Room"), at ıe Arkansas Insurance Department, One Commerce Way, Little Rock, Arkansas 72202.

In compliance with Ark. Code Ann. § 25-15-204 and § 16-3-102, please find enclosed a legal ad for Notice of Public Hearing which should be published for three (3) consecutive days beginning on October 30, 2021.

Please send the billing invoices to the Arkansas Insurance Department ("Department"), at Arkansas Insurance Department, One Commerce Way, Little Rock, AR 72202 accompanied by a printed copy of the Legal Ad and proof of publication. Thank you in advance for your cooperation.

Sincerely,

Booth Rand
Managing Attorney
Arkansas Insurance Department
501-371-2820
Booth.rand@arkansas.gov

Attachment – Legal Ad for Proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage"

NOTICE OF PUBLIC HEARING

The Arkansas Insurance Department will host a Public Hearing on December 7, 2021, at 10:00 AM., in the Second Floor Diamond Mine Hearing Room, in the Arkansas Department of Commerce Building, One Commerce Way, Little Rock, Arkansas 72202. The Arkansas Insurance Commissioner is considering adopting proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage" to consider adoption of a proposed rule which implements Act 955 of 2021, pertaining to insurance coverage for craniofacial anomalies. The proposed Rule implements the new amendments by (1) creating a mechanism to review and evaluate craniofacial services for insurance adjudications; (2) the proposed Rule also permits fees or charges to insurers for evaluations of proposed services to help resource and pay for team efforts to review and approve services; and (3) the proposed Rule also provides needed definitions not in Act 955 of 2021 to help clarify the craniofacial coverage laws. Copies of the proposed Rule may be obtained by writing or calling the Arkansas Insurance Department at 501-371-2820, or by visiting its Internet site at https://www.insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/.

Arkansas Democrat Gazette

STATEMENT OF LEGAL ADVERTISING

RECEIVED
NOV 12 2021
LEGAL
Arkansas Insurance Dept.

ARK. INSURANCE DEPT.
1 COMMERCE 102 WAY
LITTLE ROCK AR 72202

ATTN: Clara Mezza

REMIT TO:
ARKANSAS DEMOCRAT-GAZETTE INC.
P.O. BOX 2221
LITTLE ROCK, AR 72203

For Billing Questions call: 501-399-3660

DATE : 11/07/21 INVOICE #: 3253407
ACCT #: L6023555 P.O. #:

AD COPY

STATE OF ARKANSAS, }
COUNTY OF PULASKI, } ss.

I, Charles A McNeice Jr, do solemnly swear that I am the Business Manager of the Arkansas Democrat-Gazette, a daily newspaper printed and published in said County, State of Arkansas; that I was so related to this publication at and during the publication of the annexed legal advertisement the matter of:

Hearing

pending in the Court, in said County, and at the dates of the several publications of said advertisement stated below, and that during said periods and at said dates, said newspaper was printed and had a bona fide circulation in said County; that said newspaper had been regularly printed and published in said County, and had a bona fide circulation therein for the period of one month before the date of the first publication of said advertisement; and that said advertisement was published in the regular daily issues of said newspaper as stated below.

DATE	DAY	LINAGE	RATE	DATE	DAY	LINAGE	RATE
11/05	Fri	61	1.35				
11/06	Sat	61	1.35				
11/07	Sun	61	1.57				

TOTAL COST ---------- 260.47
Billing Ad #: 75485511

Charles A McNeice Jr

Subscribed and sworn to before me on this 9 day of Nov, 20 21

Deanna Griffin
Signature of Notary Public

OFFICIAL SEAL - #12347408
DEANNA GRIFFIN
NOTARY PUBLIC-ARKANSAS
PULASKI COUNTY
MY COMMISSION EXPIRES: 03-30-26

Arkansas Democrat Gazette

STATEMENT OF LEGAL ADVERTISING
THIS PAGE USED FOR ADDITIONAL AD COPY SPACE AS NEEDED. PAGE MAY BE BLANK

NOTICE OF PUBLIC HEARING

The Arkansas Insurance Department will host a Public Hearing on December 10, 2021, at 10:00 AM., in the Second Floor Diamond Mine Hearing Room, in the Arkansas Department of Commerce Building, One Commerce Way, Little Rock, Arkansas 72202. The Arkansas Insurance Commissioner is considering adopting proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage" to consider adoption of a proposed rule which implements Act 955 of 2021, pertaining to insurance coverage for craniofacial anomalies. Please note that the a previous Notice of Public Hearing pertaining to this proposed Rule set the public hearing date for December 7, 2021. This date has changed to December 10, 2021 at 10:00 AM. The proposed Rule implements the new amendments by (1) creating a mechanism to review and evaluate craniofacial services for insurance adjudications; (2) the proposed Rule also permits fees or charges to insurers for evaluations of proposed services to help resource and pay for team efforts to review and approve services; and (3) the proposed Rule also provides needed definitions not in Act 955 of 2021 to help clarify the craniofacial coverage laws. Copies of the proposed Rule may be obtained by writing or calling the Arkansas Insurance Department at 501-371-2820, or by visiting its Internet site at https://www.insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/.

75485511f

Arkansas Democrat Gazette

STATEMENT OF LEGAL ADVERTISING

ARK. INSURANCE DEPT.
1 COMMERCE 102 WAY
LITTLE ROCK AR 72202

ATTN: Clara Mezza

DATE : 11/07/21 INVOICE #: 3253407
ACCT #: L6023555 P.O. #:

REMIT TO:
ARKANSAS DEMOCRAT-GAZETTE INC.
P.O. BOX 2221
LITTLE ROCK, AR 72203

For Billing Questions call: 501-399-3660

STATE OF ARKANSAS, }
COUNTY OF PULASKI, } ss.

I, Charles A McNeice Jr, do solemnly swear that I am the Business Manager of the Arkansas Democrat-Gazette, a daily newspaper printed and published in said County, State of Arkansas; that I was so related to this publication at and during the publication of the annexed legal advertisement the matter of:

Hearing

pending in the Court, in said County, and at the dates of the several publications of said advertisement stated below, and that during said periods and at said dates, said newspaper was printed and had a bona fide circulation in said County; that said newspaper had been regularly printed and published in said County, and had a bona fide circulation therein for the period of one month before the date of the first publication of said advertisement; and that said advertisement was published in the regular daily issues of said newspaper as stated below.

DATE	DAY	LINAGE	RATE	DATE	DAY	LINAGE	RATE
11/05	Fri	61	1.35				
11/06	Sat	61	1.35				
11/07	Sun	61	1.57				

TOTAL COST ---------- 260.47
Billing Ad #: 75485511

Subscribed and sworn to before me on this ____

day of _____ , 20 ____

Signature of Notary Public

AD COPY

PLEASE REMIT THIS COPY WITH PAYMENT

IN ACCORDANCE WITH FEDERAL RESERVE GUIDELINES, CHECKS YOU SEND US FOR PAYMENT MAY BE PROCESSED ELECTRONICALLY THIS MEANS CHECKS CLEAR FASTER AND BANK STATEMENTS ARE VALID PROOF OF PAYMENT

Clara Mezza

From: legalads@arkansasonline.com
Sent: Wednesday, November 3, 2021 10:37 AM
To: Clara Mezza
Subject: Re: updated: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Will run Fri 11/5, Sat 11/6, and Sun 11/7.

Thank you.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Clara Mezza" <Clara.Mezza@arkansas.gov>
To: legalads@arkansasonline.com
Cc: "Clara Mezza" <Clara.Mezza@arkansas.gov>
Sent: Wednesday, November 3, 2021 7:52:12 AM
Subject: updated: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Gregg,

Please find attached a legal ad for Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage" which should be ran three consecutive days beginning **November 5, 2021**. The ad attached has been updated to show new hearing date of December 10.

Please let me know if you have any questions.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Clara Mezza

From: Clara Mezza
Sent: Wednesday, November 3, 2021 7:52 AM
To: legalads@arkansasonline.com
Cc: Clara Mezza
Subject: updated: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"
Attachments: Legal ad for newspaper with new hearing date and run dates.docx; Legal AD Letter Rule 111 with new Hearing date and run dates.pdf

Dear Gregg,

Please find attached a legal ad for Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage" which should be ran three consecutive days beginning **November 5, 2021**. The ad attached has been updated to show new hearing date of December 10.

Please let me know if you have any questions.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

November 3, 2021

Arkansas Democrat-Gazette
P O Box 2221
Little Rock, AR 72203
Attn: Legal Ad Department
Facsimile: 501-378-3591

sent via email: legalads@arkansasonline.com

RE: Legal Notices: Public Hearing on Proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Sir or Madam:

The Arkansas Insurance Commissioner ("Commissioner") is proposing to adopt Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." In order to publish it per the Arkansas Administrative Procedure Act, as amended, we need to publish a **FULL RUN** legal ad or notice for the Director's Public Hearing for the Rule set on December 10, 2021, at 10:00 A.M., in the Second Floor Hearing Room ("Room 203, Diamond line Room"), at the Arkansas Insurance Department, One Commerce Way, Little Rock, Arkansas 72202.

In compliance with Ark. Code Ann. § 25-15-204 and § 16-3-102, please find enclosed a legal ad for Notice of Public Hearing which should be published for three (3) consecutive days beginning on November 5, 2021.

Please send the billing invoices to the Arkansas Insurance Department ("Department"), at Arkansas Insurance Department, One Commerce Way, Little Rock, AR 72202 accompanied by a printed copy of the Legal Ad and proof of publication. Thank you in advance for your cooperation.

Sincerely,

Booth Rand
Managing Attorney
Arkansas Insurance Department
501-371-2820
Booth.rand@arkansas.gov

Attachment – Legal Ad for Proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage"

NOTICE OF PUBLIC HEARING

The Arkansas Insurance Department will host a Public Hearing on December 10, 2021, at 10:00 AM., in the Second Floor Diamond Mine Hearing Room, in the Arkansas Department of Commerce Building, One Commerce Way, Little Rock, Arkansas 72202. The Arkansas Insurance Commissioner is considering adopting proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage" to consider adoption of a proposed rule which implements Act 955 of 2021, pertaining to insurance coverage for craniofacial anomalies. Please note that the a previous Notice of Public Hearing pertaining to this proposed Rule set the public hearing date for December 7, 2021. This date has changed to December 10, 2021 at 10:00 AM. The proposed Rule implements the new amendments by (1) creating a mechanism to review and evaluate craniofacial services for insurance adjudications; (2) the proposed Rule also permits fees or charges to insurers for evaluations of proposed services to help resource and pay for team efforts to review and approve services; and (3) the proposed Rule also provides needed definitions not in Act 955 of 2021 to help clarify the craniofacial coverage laws. Copies of the proposed Rule may be obtained by writing or calling the Arkansas Insurance Department at 501-371-2820, or by visiting its Internet site at https://www.insurance.arkansas.gov/pages/industry-regulation/legal/proposed-rules/.

Clara Mezza

om: Whittaker, Jessica C. <whittakerj@blr.arkansas.gov>
Sent: Friday, October 29, 2021 12:06 PM
To: Clara Mezza
Cc: Miller-Rice, Rebecca; Booth Rand
Subject: Re: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Thanks, Clara.

Sent from my iPhone

> On Oct 29, 2021, at 11:35 AM, Clara Mezza <Clara.Mezza@arkansas.gov> wrote:
>
> Jessica,
>
> Good Morning, the Arkansas Insurance Department has a Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage," that we would like to have filed on today's date, October 29, 2021.
>
> I've attached the Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage" along with all other forms. I would appreciate a reply back showing this rule has been received by your office.

> Below is a list of the attachments for your review.
>
>
> 1. Letter to the Arkansas Legislative Council 2. A copy of the
> proposed amended rule 3. Mark-up of the Rule
> 4. A summary of the rule
> 5. Legislative Council Questionnaire 6. Financial Impact Statement
> 7. Notice of Public Hearing 8. Act 955 of 2021 9. Secretary of
> the State Confirmation of submission 10. Email from Arkansas Democrat
> Gazette legal ad run dates: October 24, 25, 26, 2021.
> 11. Confirmation of Arkansas State Library.
>
> Please let me know if you require anything further. Thank you so much and have a great day!
>
> Thank you,
>
> Clara D. Mezza
> Insurance Administrative Coordinator
> Legal Division
> Arkansas Insurance Department
> 501-683-3497
>

The Bureau of Legislative Research is a nonpartisan legislative agency. Arkansas Code § 7-1-103 prohibits the use of this e-mail and any files transmitted with it to be used for political purposes, including without limitation political advertising, fundraising, or campaigning.

CONFIDENTIALITY NOTICE: This e-mail, including any attachments, contains information from the Arkansas Bureau of Legislative Research, which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this e-mail in error, please notify the sender immediately by a "reply to sender only" message and destroy all electronic and hard copies of the communication, including attachments.

Clara Mezza

om:	Clara Mezza
Sent:	Friday, October 29, 2021 11:33 AM
To:	Whittaker, Jessica C.
Cc:	Miller-Rice, Rebecca; Clara Mezza; Booth Rand
Subject:	Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"
Attachments:	Letter BLR Rule 111.pdf; PROPOSED AMENDED RULE 111 CLEAN.pdf; PROPOSED AMENDED RULE 111 - MARKUP.pdf; Executive Summary Rule 111.pdf; Questionnaire Rule 111.pdf; NOPH Rule 111.pdf; Act955.pdf; SOS Proposed_Rule_Cover_Sheet Confirmation.pdf; Re: Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"; Library Confirmation rule_ 111.pdf

Jessica,

Good Morning, the Arkansas Insurance Department has a Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage," that we would like to have filed on today's date, October 29, 2021.

I've attached the Legal Notice: Public Hearing on Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage" along with all other forms. I would appreciate a reply back showing this rule has been received by your office.

Below is a list of the attachments for your review.

1) Letter to the Arkansas Legislative Council
2) A copy of the proposed amended rule
3) Mark-up of the Rule
4) A summary of the rule
5) Legislative Council Questionnaire
6) Financial Impact Statement
7) Notice of Public Hearing
8) Act 955 of 2021
9) Secretary of the State Confirmation of submission
10) Email from Arkansas Democrat Gazette legal ad run dates: October 24, 25, 26, 2021.
11) Confirmation of Arkansas State Library.

Please let me know if you require anything further. Thank you so much and have a great day!

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
rkansas Insurance Department
501-683-3497

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

October 29, 2021

Ms. Jessica Whittaker, ESQ.
Arkansas Legislative Council
Arkansas Bureau of Legislative Research
State Capitol, Suite 315
Little Rock, Arkansas 72201

sent via email: whittakerj@blr.arkansas.gov

RE: Proposed Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Ms. Whittaker:

Enclosed for your review and for filing with the Arkansas Legislative Council is proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

Pursuant to Arkansas Administrative Procedures Act, and other applicable laws or rules, NOTICE is hereby given that a PUBLIC HEARING will be held on December 7, 2021, at 10:00 A.M., in the Second Floor Hearing Room, at the Arkansas Department of Commerce, 1 Commerce Way, Little Rock, AR 72202.

The purpose of the Public Hearing will be to determine whether the Director should adopt the proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." The Arkansas Insurance Commissioner is proposing a rule which authorizes the Commissioner to issue a rule to implement Act 955 of 2021 pertaining to insurance coverage for craniofacial anomalies.

I have enclosed the proposed Rule, our Notice of Public Hearing, the standard Questionnaire, Financial Impact Statement as well as a summary of the proposed Rule.

Sincerely,

Booth Rand
Managing Attorney/Legal Division
booth.rand@arkansas.gov

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY Arkansas Insurance Department

DIVISION Legal Division

DIVISION DIRECTOR Jim Brader

CONTACT PERSON Booth Rand

ADDRESS 1200 West Third Street

PHONE NO. 501-371-2820 **FAX NO.** 501-371-2618 **E-MAIL** booth.rand@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING Booth Rand, Managing Attorney

PRESENTER E-MAIL booth.rand@arkansas.gov

INSTRUCTIONS

A. Please make copies of this form for future use.
B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica Whittaker, ESQ.
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

****

1. What is the short title of this rule? Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage. "WENDELYN'S CRANIOFACIAL LAW"

2. What is the subject of the proposed rule? This proposed regulation implements Act 955 of 2021 pertaining to insurance coverage and medical provider requirements for craniofacial reconstructive surgery coverage.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ☐ No ☒
If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes ☐ No ☒

If yes, what is the effective date of the emergency rule? N/A

When does the emergency rule expire? N/A

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?

Yes ☐ No ☒

5. Is this a new rule? Yes ☐ No ☒
If yes, please provide a brief summary explaining the regulation. See Attached Summary

Does this repeal an existing rule? Yes ☐ No ☒
If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. _____

Is this an amendment to an existing rule? Yes ☒ No ☐
If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

See attached mark-up of proposed changes. See attached Summary.

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.

Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery under Ark. Code Ann. § 23-79-1501 et seq

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of this rule is to implement provisions in Act 955 of 2021 by creating a mechanism to review and evaluate craniofacial services for more speedy or quick insurance adjudications. The proposed Rule also permits fees or charges to be placed upon insurers for evaluations of proposed services to help resource team efforts to review and approve outside team services. The proposed Rule also provides needed definitions not in Act 955 of 2021 to help clarify the craniofacial coverage laws.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

https://www.insurance.arkansas.gov/pages/industry-regulation/

9. Will a public hearing be held on this proposed rule? Yes ☒ No ☐
If yes, please complete the following:

Date: November 30, 2021

Time: 10:00 A.M.

Place: Arkansas Department of Commerce, Second Floor Hearing Room, 1 Commerce Way, Little Rock, AR 72202

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

Upon close of public hearing, November 30, 2021 unless the Commissioner decides to extend the record during the public hearing.

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

January 1, 2022, although we may have to extend this to January 15, 2022.

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.

We will update this after we send out our NOPH ("Notice of Public Hearing") and receive newspaper documentation from the Arkansas Democrat-Gazette.

13. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library as required pursuant to Ark. Code Ann. § 25-15-204(e).

Email sent to Secretary of the State and the Arkansas State Library with an confirm stamp

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

The Department does not know at this time but will update BLR and ALC in the public comments summary following the close of the comment period and public hearing.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Insurance Department

DIVISION Legal Division

PERSON COMPLETING THIS STATEMENT Booth Rand

TELEPHONE 501-371-2820 **FAX** 501-371-2618 **EMAIL:** Booth.rand@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE RULE 111: Craniofacial Anomaly Reconstructive Surgery Coverage

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☐ No ☒
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

   If an agency is proposing a more costly rule, please state the following:

   (a) How the additional benefits of the more costly rule justify its additional cost;

   (b) The reason for adoption of the more costly rule;

   (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

   (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

NONE or NOT APPLICABLE.

Current Fiscal Year **Next Fiscal Year**

General Revenue	_____	General Revenue	_____
Federal Funds	_____	Federal Funds	_____
Cash Funds	_____	Cash Funds	_____
Special Revenue	_____	Special Revenue	_____
Other (Identify)	_____	Other (Identify)	_____
Total	_____	Total	_____

(b) What is the additional cost of the state rule?

NONE

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	_____	General Revenue	_____
Federal Funds	_____	Federal Funds	_____
Cash Funds	_____	Cash Funds	_____
Special Revenue	_____	Special Revenue	_____
Other (Identify)	_____	Other (Identify)	_____
Total	_____	Total	_____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

There should be no financial impact on small business.

Current Fiscal Year	**Next Fiscal Year**
$ _____	$ _____

---

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

NONE

Current Fiscal Year	**Next Fiscal Year**
$ _____	$ _____

---

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

NOT APPLICABLE

Yes ☐ No ☐

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:
   (a) justifies the agency's need for the proposed rule; and
   (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
   (a) the rule is achieving the statutory objectives;
   (b) the benefits of the rule continue to justify its costs; and
   (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

ECONOMIC IMPACT STATEMENT
OF PROPOSED RULES OR REGULATIONS
EO 05-04: Regulatory Flexibility

Department: Arkansas Insurance Department
Division: Legal
Contact Person: Booth Rand
Date: October 26, 2021
Contact Phone: 501-371-2820
Contact Email: booth.rand@arkansas.gov

Title or Subject:

Proposed Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage.
"WENDELYN'S CRANIOFACIAL LAW"

Benefits of the Proposed Rule or Regulation

1. Explain the need for the proposed change(s). Did any complaints motivate you to pursue regulatory action? If so, please explain the nature of such complaints.

   This proposed regulation implements Act 955 of 2021 pertaining to insurance coverage for craniofacial services.

2. What are the top three benefits of the proposed rule or regulation?

   (1) creates a mechanism to more quickly review and evaluate craniofacial services for insurance adjudications; (2) the proposed Rule also permits fees or charges to insurers for evaluations of proposed services to help resource team efforts to review and approve services; and (3) the proposed Rule also provides needed definitions not in Act 955 of 2021 to help clarify the craniofacial coverage laws.

   See the Summary we attached to the BLR Questionnaire for more details.

3. What, in your estimation, would be the consequence of taking no action, thereby maintaining the status quo?

   Lack of clarification of the review process by outside medical providers would occur; also, delay in evaluations by approved teams for outside services in the event there is no fee or charge for evaluations.

4. Describe market-based alternatives or voluntary standards that were considered in place of the proposed regulation and state the reason(s) for not selecting those alternatives.

   None.

Impact of Proposed Rule or Regulation

5. Estimate the cost to state government of collecting information, completing paperwork, filing, recordkeeping, auditing and inspecting associated with this new rule or regulation.

   None.

6. What types of small businesses will be required to comply with the proposed rule or regulation? Please estimate the number of small businesses affected.

   None.

7. Does the proposed regulation create barriers to entry? If so, please describe those barriers and why those barriers are necessary.

   None.

8. Explain the additional requirements with which small business owners will have to comply and estimate the costs associated with compliance.

   None.

9. State whether the proposed regulation contains different requirements for different sized entities, and explain why this is, or is not, necessary.

   None.

10. Describe your understanding of the ability of small business owners to implement changes required by the proposed regulation.

    The propose Rule does not require "small business owners" to implement provisions in the proposed Rule.

11. How does this rule or regulation compare to similar rules and regulations in other states or the federal government?

    This proposed rule does not follow any other State or Federal law, rule or program, as far as we know.

12. Provide a summary of the input your agency has received from small business or small business advocates about the proposed rule or regulation.

    We have received no comments from small businesses at this time.

Clara Mezza

From: Whittaker, Jessica C. <whittakerj@blr.arkansas.gov>
Sent: Thursday, November 4, 2021 8:58 AM
To: Clara Mezza
Cc: Booth Rand; Brandy Wedsted; Jim Brader; Miller-Rice, Rebecca
Subject: Re: UPDATE: Proposed Amended Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage" Hearing date

Thanks, Clara!

Sent from my iPhone

On Nov 4, 2021, at 8:42 AM, Clara Mezza <Clara.Mezza@arkansas.gov> wrote:

Jessica,

Good Morning, I have attached the amended Notice of Public Hearing, Legal ad for the Arkansas Democrat Gazette run dates of November 5 through 7, and email to the Secretary of the State for their records to be updated. If any other information is needed please let me know.

Thank you have a wonderful day!

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

<NOPH Rule 111 with new hearing date.pdf> <mime-attachment> <mime-attachment>

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Clara Mezza

From: Clara Mezza
Sent: Thursday, November 4, 2021 8:42 AM
To: Whittaker, Jessica C.
Cc: Clara Mezza; Booth Rand; Brandy Wedsted; Jim Brader; Miller-Rice, Rebecca
Subject: UPDATE: Proposed Amended Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage" Hearing date
Attachments: NOPH Rule 111 with new hearing date.pdf; UPDATE: Proposed Amended Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage" Hearing Date; Re: updated: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage"

Jessica,

Good Morning, I have attached the amended Notice of Public Hearing, Legal ad for the Arkansas Democrat Gazette run dates of November 5 through 7, and email to the Secretary of the State for their records to be updated. If any other information is needed please let me know.

Thank you have a wonderful day!

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

November 4, 2021

Ms. Jessica Whittaker, ESQ.
Arkansas Legislative Council
Arkansas Bureau of Legislative Research
State Capitol, Suite 315
Little Rock, Arkansas 72201

sent via email: whittakerj@blr.arkansas.gov

RE: Proposed Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Ms. Whittaker:

Enclosed for your review and for filing with the Arkansas Legislative Council is proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

Pursuant to Arkansas Administrative Procedures Act, and other applicable laws or rules, NOTICE is hereby given that a PUBLIC HEARING will be held on December 10, 2021 at 10:00 A.M., in the Second Floor Hearing Room, at the Arkansas Department of Commerce, 1 Commerce Way, Little Rock, AR 72202. Please note that the revious Notice of Public Hearing pertaining to this proposed Rule set the public hearing date for December 7, 2021. **This date has changed to December 10, 2021 at 10:00 am.**

The purpose of the Public Hearing will be to determine whether the Director should adopt the proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." The Arkansas Insurance Commissioner is proposing a rule which authorizes the Commissioner to issue a rule to implement Act 955 of 2021 pertaining to insurance coverage for craniofacial anomalies.

I have enclosed the proposed Rule, our Notice of Public Hearing, the standard Questionnaire, Financial Impact Statement as well as a summary of the proposed Rule.

Sincerely,

Booth Rand

Booth Rand
Managing Attorney/Legal Division
booth.rand@arkansas.gov

RECEIVED
By Arkansas Secretary Of State at 9:58 am, Oct 29, 2021

ARKANSAS REGISTER

Proposed Rule Cover Sheet

Secretary of State
John Thurston
500 Woodlane Street, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov

Name of Department Arkansas Department of Commerce

Agency or Division Name Arkansas Insurance Department

Other Subdivision or Department, If Applicable

Previous Agency Name, If Applicable

Contact Person Booth Rand

Contact E-mail booth.rand@arkansas.gov

Contact Phone 501-371-2827

Name of Rule Proposed Amended Rule 111, Craniofacial Anomaly Reconstructive Surgery Coverage

Newspaper Name Arkansas Democrat Gazette

Date of Publishing 10/31 11/1 11/2

Final Date for Public Comment 12/7/2021

Location and Time of Public Meeting December 7, 2021, at 10:00 AM., in the Second Floor Diamond Mine Hearing Room, in the Arkansas Department of Commerce Building, One Commerce Way, Little Rock, Arkansas 72202

Clara Mezza

From: Clara Mezza
Sent: Friday, October 29, 2021 9:46 AM
To: register@sos.arkansas.gov
Cc: Clara Mezza; Brandy Wedsted
Subject: Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage"
Attachments: SOS Proposed_Rule_Cover_Sheet.pdf; Letter SOS Rule 111.pdf; NOPH Rule 111.pdf; PROPOSED AMENDED RULE 111 CLEAN.pdf

Good Morning,

The Arkansas Insurance Department has Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage," that we would like to have filed today, October 29, 2021.

I've attached the Proposed Amended Rule 111 along with Notice of Public Hearing.

Please let me know you have received all attachments, if you any have questions, feel free to contact me.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

ARKANSAS REGISTER

Proposed Rule Cover Sheet

Secretary of State
John Thurston
500 Woodlane Street, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov

Name of Department Arkansas Department of Commerce

Agency or Division Name Arkansas Insurance Department

Other Subdivision or Department, If Applicable

Previous Agency Name, If Applicable

Contact Person Booth Rand

Contact E-mail booth.rand@arkansas.gov

Contact Phone 501-371-2827

Name of Rule Proposed Amended Rule 111, Craniofacial Anomaly Reconstructive Surgery Coverage

Newspaper Name Arkansas Democrat Gazette

Date of Publishing 10/31 11/1 11/2

Final Date for Public Comment 12/7/2021

Location and Time of Public Meeting December 7, 2021, at 10:00 AM., in the Second Floor Diamond Mine Hearing Room, in the Arkansas Department of Commerce Building, One Commerce Way, Little Rock, Arkansas 72202

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

October 29, 2021

Honorable John Thurston
Arkansas Secretary of State
State Capitol Building
Little Rock, AR 72201
Attn. Arkansas Register

sent via email: register@sos.arkansas.gov

Re: Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

Dear Secretary:

The Arkansas Insurance Department has scheduled a public hearing as to Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." Enclosed are the DOI Notices of Public Hearing and a copy of the proposed rule.

Please arrange to publish the information in a format acceptable to the Secretary for at least 30 days in advance. Can you send us confirmation that we can use in the transcript as a public hearing exhibit?

An electronic filing will be made within the statutorily required 7 days. Thanks for your help.

Sincerely,

Clara Mezza

Clara Mezza
Legal Administrative Coordinator
Arkansas Insurance Department / Legal Division
clara.mezza@arkansas.gov
501-683-3497

Enclosures

Clara Mezza

To: register@sos.arkansas.gov
Cc: Clara Mezza
Subject: RE: UPDATE: Proposed Amended Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage" Hearing Date

Good morning,

Attached is a Amended Notice of Public Hearing for the Proposed Amended Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage", I don't know what all information I am needing to include to submit to change this information. If you could please let me know if more information is needed as the Proposed Rule did not change just the hearing date.

I appreciate all the help you do and understand.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

November 3, 2021

Honorable John Thurston
Arkansas Secretary of State
State Capitol Building
Little Rock, AR 72201
Attn. Arkansas Register

sent via email: register@sos.arkansas.gov

Re: Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

Dear Secretary:

The Arkansas Insurance Department has scheduled a public hearing as to Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." Enclosed are the DOI Notices of Public Hearing and a copy of the proposed rule. Please note that the previous Notice of Public Hearing pertaining to this proposed Rule set the public hearing date for December 7, 2021. **This date has changed to December 10, 2021 at 10:00 am.**

Please arrange to publish the information in a format acceptable to the Secretary for at least 30 days in advance. Can you send us confirmation that we can use in the transcript as a public hearing exhibit?

An electronic filing will be made within the statutorily required 7 days. Thanks for your help.

Sincerely,

Clara Mezza

Clara Mezza
Legal Administrative Coordinator
Arkansas Insurance Department / Legal Division
clara.mezza@arkansas.gov
501-683-3497

Enclosures

Clara Mezza

From:	Clara Mezza
Sent:	Friday, October 29, 2021 9:25 AM
To:	sara.farris@arkansasag.gov
Cc:	Clara Mezza
Subject:	Proposed Amended Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage"
Attachments:	Letter AG Rule 111.pdf; PROPOSED AMENDED RULE 111 CLEAN.pdf

Ms. Farris

Please find attached the Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage" for your review and records.

The purpose of the Public Hearing will be to determine whether the Director should adopt the Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." The Arkansas Insurance Commissioner is proposing a rule which authorizes the Commissioner to issue a rule to implement Act 955 of 2021 pertaining to insurance coverage for craniofacial anomalies.

If you have any questions or concerning please do not hesitate to contact Booth Rand at 501-371-2820 or booth.rand@arkansas.gov.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

October 29, 2021

Ms. Sara Farris, ESQ.
Office of the Attorney General
323 Center Street, Suite 200
Little Rock, AR 72201

sent via email: sara.farris@arkansasag.gov

RE: Arkansas Insurance Department Proposed Amended Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Ms. Farris:

Please find attached or available by electronic publication by the Arkansas Insurance Department ("AID") Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

Pursuant to Arkansas Administrative Procedures Act, and other applicable laws or rules, NOTICE is hereby given that a PUBLIC HEARING will be held on December 7, 2021, at 10:00 A.M., in the Second Floor Hearing Room ("Diamond Mine Room"), at the Arkansas Department of Commerce, 1 Commerce Way, Little Rock, AR 72202.

The purpose of the Public Hearing will be to determine whether the Director should adopt the proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." The Arkansas Insurance Commissioner is proposing a rule which authorizes the Commissioner to issue a rule to implement Act 955 of 2021 pertaining to insurance coverage for craniofacial anomalies.

Please do not hesitate to contact me at 371-2820 if you have any questions.

Sincerely,

Booth Rand
Managing Attorney/Legal Division
booth.rand@arkansas.gov

Clara Mezza

From: Clara Mezza
Sent: Thursday, November 4, 2021 8:23 AM
To: sara.farris@arkansasag.gov
Cc: Clara Mezza
Subject: UPDATE: Proposed Amended Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage" Hearing date
Attachments: ltr AG 111 with new hearing date.pdf

Sara,

I am attaching the Notice of Public Hearing as we have changed the hearing date to December 10, 2021 at 10:00AM. The rule did not have changes.

Please let me know if you have questions, concerns, or needing more information.

Have a wonderful day!

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

November 3, 2021

Ms. Sara Farris, ESQ.
Office of the Attorney General
323 Center Street, Suite 200
Little Rock, AR 72201

sent via email: sara.farris@arkansasag.gov

RE: Arkansas Insurance Department Proposed Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Ms. Farris:

Please find attached or available by electronic publication by the Arkansas Insurance Department ("AID") Proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

Pursuant to Arkansas Administrative Procedures Act, and other applicable laws or rules, NOTICE is hereby given that a PUBLIC HEARING will be held on December 10, 2021, at 10:00 A.M., in the Second Floor Hearing Room ("Diamond Mine Room"), at the Arkansas Department of Commerce, 1 Commerce Way, Little Rock, AR 72202. Please note that the previous Notice of Public Hearing pertaining to this proposed Rule set the public hearing date for December 7, 2021. **This date has changed to December 10, 2021 at 10:00 am.**

The purpose of the Public Hearing will be to determine whether the Director should adopt the proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." The Arkansas Insurance Commissioner is proposing a rule which authorizes the Commissioner to issue a rule to implement Act 955 of 2021 pertaining to insurance coverage for craniofacial anomalies.

Please do not hesitate to contact me at 371-2820 if you have any questions.

Sincerely,

Booth Rand
Managing Attorney/Legal Division
booth.rand@arkansas.gov

Clara Mezza

From: Clara Mezza
Sent: Friday, October 29, 2021 9:30 AM
To: ASLIB Government Docs
Cc: Clara Mezza
Subject: Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."
Attachments: PROPOSED AMENDED RULE 111 CLEAN.pdf; Financial Impact Rule 111.pdf; NOPH Rule 111.pdf; Letter Library Rule 111.pdf

Good Morning,

Enclosed is the Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage," the financial impact statement and the Notice of Public Hearing.

If you have any questions, please feel free to contact me.

Thank you,

Clara D. Mezza
Insurance Administrative Coordinator
Legal Division
Arkansas Insurance Department
501-683-3497

2021 OCT 29 AM 10:21
ARKANSAS STATE LIBRARY

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For Office Use Only

Classification Number:

Name of Agency:	**Division/Department/Office:**
Arkansas Insurance Department	Legal Division
Contact Person:	**Telephone:**
Booth Rand	501-371-2827

Statutory Authority for Promulgating Rules:
Ark. Code Ann. 23-61-1503, 23-61-1501 and ACT 955 of 2021

Title of Rule:
Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage"

Rule Status	Date Adopted by Agency	Effective Date
Amended *(Use drop down to select different status)*	MM/DD/YYYY	(●) 10 Days After Filing ( ) Other: _____ *(if other, specify date)*

☑ **Rule above is proposed and will be replaced by final version**

☑ **Financial and/or Fiscal Impact Statement Attached**

Certification of Authorized Officer

I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.

Signature: David D. Mayze **Date:** 10/29/2021

Title: Insurance Administrative Coordinator

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Agency Certification Form

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Classification Number:

Name of Agency:	**Division/Department/Office:**
Arkansas Insurance Department	Legal Division
Contact Person:	**Telephone:**
Booth Rand	501-371-2827

Statutory Authority for Promulgating Rules:
Ark. Code Ann. 23-61-1503, 23-61-1501 and ACT 955 of 2021

Title of Rule:
Proposed Amended Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage"

Rule Status	Date Adopted by Agency	Effective Date
Amended *(Use drop down to select different status)*	MM/DD/YYYY	◉ **10 Days After Filing** ○ **Other:** _____ *(if other, specify date)*

☑ **Rule above is proposed and will be replaced by final version**

☑ **Financial and/or Fiscal Impact Statement Attached**

Certification of Authorized Officer

I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.

Signature: [signature] **Date:** 10/29/2021

Title: Insurance Administrative Coordinator

Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

October 29, 2021

Arkansas State Library
One Capitol Mall
Little Rock, AR 72201

Sent via email: aslib-govdocs@ade.arkansas.gov

RE: Arkansas Insurance Department Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Ms. Brewer:

Please find enclosed a copy of the proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage," the Financial Impact Statement, and the Notice of Public Hearing.

Sincerely,

Booth Rand
Managing Attorney/Legal Division
Booth.rand@arkansas.gov
501-371-2820

Enclosures

AMERICAN SOCIETY OF PLASTIC SURGEONS
THE PLASTIC SURGERY FOUNDATION
444 East Algonquin Road • Arlington Heights, IL 60005-4664
847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

SESPRS
Southeastern Society of Plastic and Reconstructive Surgeons

November 30, 2021

Booth Rand, *Managing Attorney*
Arkansas Department of Insurance
1 Commerce Way
Little Rock, AR 72202

RE: Support of Proposed Amended Rule 111

Dear Mr. Rand:

On behalf of the Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS) and the American Society of Plastic Surgeons (ASPS), we write in support of Proposed Amended Rule 111. ASPS is the largest association of plastic surgeons in the world, and in conjunction with the SESPRS, represents more than 7,000 members and 94 percent of all board-certified plastic surgeons in the United States – including 38 board-certified plastic surgeons in Arkansas. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

Children with a congenital anomaly or birth defect or disorder who do not receive treatment at an early age face long-term physical and psychological injuries. Despite the ability of reconstructive surgical efforts to improve the outlook for these children, many insurers often claim that these services are "cosmetic" in nature, especially subsequent stage surgeries. However, the American Medical Association defines surgery performed on abnormal structures of the body caused by congenital defects or developmental abnormalities as reconstructive, not cosmetic. Furthermore, insurers frequently overlook the dental and orthodontic needs of these patients – which are essential to their achieving normal form and function – and mislead affected patients and the public when deeming these procedures cosmetic.

Proposed Amended Rule 111 will address the problem of insurance denials for reconstructive surgery and necessary adjunctive care for children suffering from congenital or development deformities. With your leadership, we can help children suffering from deformities and disfigurement receive coverage for the treatment they need.

We strongly support Proposed Amended Rule 111. Please do not hesitate to contact Patrick Hermes, ASPS's Director of Advocacy and Government Relations, at phermes@plasticsurgery.org or (847) 228-3331 with any questions.

Sincerely,

J. Peter Rubin, MD

J. Peter Rubin, MD, MBA, FACS
President, American Society of Plastic Surgeons

Jorge De la Torre, MD, FACS, MSHA
President, Southeastern Society of Plastic & Reconstructive Surgeons

Booth Rand

rom: Booth Rand
Sent: Monday, December 6, 2021 12:22 PM
To: Johnson, Lacey A.
Subject: RE: BLR - Proposed Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Yes

Sincerely,

Booth Rand
Managing Attorney
One Commerce Way, Suite 102
Little Rock, AR 72202
(501) 371-2827
booth.rand@arkansas.gov

Please be advised that my emails or responses are not intended to be binding Orders, Rules, Bulletins or Directives of the Arkansas Insurance Commissioner. This is an informal communication or reply which represents my best judgment at the time and does not constitute an advisory opinion, does not necessarily represent the formal position of AID, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: Johnson, Lacey A. <johnsonla@blr.arkansas.gov>
Sent: Monday, December 6, 2021 11:30 AM
To: Booth Rand <booth.rand@arkansas.gov>
Subject: RE: BLR - Proposed Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Thank you!

I asked that third question because I noticed that § 3(c)-(e) of the proposed rules specifically lists out everything included in A.C.A § 23-79-1502(d) except the dehumidifier. To clarify, the Insurance Department still requires health benefit plans to cover a dehumidifier as required by Act 955?

From: Booth Rand [mailto:booth.rand@arkansas.gov]
Sent: Monday, December 6, 2021 7:14 AM
To: Johnson, Lacey A.
Subject: RE: BLR - Proposed Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

1. We are supplying them in this Rule because the statute does not.
2. We will consider adding that.
3. No, we are just adding items not in the statute.

Sincerely,

Booth Rand 2

Managing Attorney
One Commerce Way, Suite 102
Little Rock, AR 72202
(501) 371-2827
booth.rand@arkansas.gov

Please be advised that my emails or responses are not intended to be binding Orders, Rules, Bulletins or Directives of the Arkansas Insurance Commissioner. This is an informal communication or reply which represents my best judgment at the time and does not constitute an advisory opinion, does not necessarily represent the formal position of AID, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: Booth Rand
Sent: Wednesday, December 1, 2021 7:45 AM
To: Johnson, Lacey A. <johnsonla@blr.arkansas.gov>
Subject: RE: BLR - Proposed Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Lacey, I'll respond to these on Friday. Thanks.

Sincerely,

Booth Rand
Managing Attorney
One Commerce Way, Suite 102
Little Rock, AR 72202
(501) 371-2827
booth.rand@arkansas.gov

Please be advised that my emails or responses are not intended to be binding Orders, Rules, Bulletins or Directives of the Arkansas Insurance Commissioner. This is an informal communication or reply which represents my best judgment at the time and does not constitute an advisory opinion, does not necessarily represent the formal position of AID, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: Johnson, Lacey A. <johnsonla@blr.arkansas.gov>
Sent: Monday, November 22, 2021 12:00 PM
To: Booth Rand <booth.rand@arkansas.gov>
Subject: BLR - Proposed Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Good morning,

I have just finished reviewing the proposed changes to Rule 111 and I have a few questions about them.

1. Is there a specific source for the definitions of "acquired craniofacial anomaly" and "urgent healthcare service," or were these definitions created for this rule?

2. Section 3(c), which lists out what health benefit plans must cover, mostly tracks with the list provided in Ark. Code Ann. § 23-79-1502(d). However, the statute states that a health benefit plan must include coverage "if medically necessary." Is there a reason the language regarding medical necessity was not included in the rule?

3. Ark. Code Ann. § 23-79-1502(d)(3) provides coverage for a dehumidifier every four years. Is there a reason this item was omitted from the list in the proposed rule?

appreciate your assistance in answering these questions.

Thank you,

Lacey A. Johnson
Legislative Attorney, Administrative Rules Review Section
Bureau of Legislative Research
1 Capitol Mall, 5th Floor
Little Rock, Arkansas 72201
501.683.1916

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3. Ark. Code Ann. § 23-79-1502(d)(3) provides coverage for a dehumidifier every four years. Is there a reason this item was omitted from the list in the proposed rule?

appreciate your assistance in answering these questions.

Thank you,

Lacey A. Johnson
Legislative Attorney, Administrative Rules Review Section
Bureau of Legislative Research
1 Capitol Mall, 5th Floor
Little Rock, Arkansas 72201
501.683.1916

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LAX | VAUGHAN
FORTSON ROWE & THREET P.A.
ATTORNEYS & COUNSELORS

Grant E. Fortson | Attorney
Direct Line 501.907.5443
gfortson@laxvaughan.com

11300 Cantrell Road, Suite 201
Little Rock, AR 72212
Telephone 501.376.6565
Facsimile 501.376.6666
www.laxvaughan.com

December 9, 2021

VIA EMAIL

Booth Rand, Esq.
Managing Attorney
Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, AR 72202
Booth.rand@arkansas.gov

Re: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage

Dear Mr. Rand:

These comments on proposed amended Rule 111 are submitted on behalf of Dean McNeel DDS and Ozark Prosthodontics in response to the Amended Notice of Public Hearing issued November 3, 2021, and in anticipation of the public hearing scheduled for December 10, 2021. Please submit them as part of the record at the hearing. While not exhaustive, these comments address the most significant issues with the proposed Rule.

The stated purpose of Act 955 of 2021 is to "serve residents in this state who are in need of healthcare services to treat individuals with craniofacial anomalies." [Act 955, Emergency Clause.] The statute requires Health Benefit Plans to include coverage and benefits for reconstructive surgery and related medical care for a person diagnosed as having a craniofacial anomaly if the care is medically necessary to improve a functional impairment "as determined by a nationally approved cleft-craniofacial team, approved by the American Cleft-Palate-Craniofacial Association in Chapel Hill, North Carolina." Arkansas Children's Hospital (ACH) has the only ACPA approved team in Arkansas. In contrast to the goals of the statute, in its present form the proposed amended Rule will *restrict* access to critical services for patients with a craniofacial anomaly.

Initiation of Referral for Covered Services - Proposed Rule § 5.

As amended by Act 955 of 2021, the statute states that services included in the required coverage "shall be *authorized* by a surgical member of a nationally approved cleft-craniofacial team of the American Cleft Palate-Craniofacial Association." Ark. Code Ann. § 23-79-1502(c)(1) (emphasis added). The statute only requires that the services be *authorized* by a surgical team

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member. However, the Rule changes the authorization requirement to a requirement that the team not only authorize but *initiate* a *referral* for covered services. This change is not supported by the statute and will result in the denial of care to patients with a craniofacial anomaly.

Under the proposed Rule, "recommended services **shall initiate from a referral to** the medical provider . . . **by** the nationally approved cleft-craniofacial team." [Proposed Rule, § 5(c).] To "initiate" is "to start or begin (something)." https://www.merriam-webster.com/dictionary/initiate. In the medical community, a referral is the act of sending or directing a patient to another provider for treatment. The statute does not require every craniofacial anomaly patient in Arkansas to become a patient of ACH or another out-of-state ACPA approved team to obtain a referral for these critical services. Nor would such a requirement be reasonable since many such patients are adults. In fact, in the past, it has been reported that some adult patients with a craniofacial anomaly have been refused care by ACH precisely because they are adults. However, the proposed Rule is drafted in such a way that, in Arkansas, only ACH can "initiate" a "referral" to a medical provider who is not on the ACH ACPA approved team. [Proposed Rule, § 5(c).] In sum, the text of the proposed Rule can be construed as requiring that only ACH can begin the process of a patient receiving care from a provider who is not on ACH's craniofacial team, and that a non-team provider can only provide care if a referral is made by ACH to it in the first place. This requirement is not in the statute, and it will restrict care.

As you know, in recent years at least one Health Insurer has rejected claims for coverage under the statute based on a strict interpretation of the statute as requiring every member of the ACH team to see the patient (whether an adolescent or adult) and approve the proposed services. Act 955 was intended in part to stop that from occurring by allowing a surgical member of a team to authorize services by a non-team member provider. However, the language of the proposed Rule could similarly be asserted by a Health Insurer to reject authorization requests that arise from a non-team member submitting an authorization request with supporting documentation to the ACH team, as opposed to the team *initiating* the referral for services to the non-team member provider. It is not a stretch to envision a Health Insurer responding to a non-team member provider's preauthorization request with a request for that non-team member's referral from an ACPA approved team, even if the preauthorization request is accompanied by an Attestation, and then denying preauthorization based on the absence of a referral initiating the recommended services in the first place. Consequently, care will potentially be denied to adults who are not patients of ACH and for whom ACH will not accept appointments. This is completely inconsistent with the legislative intent behind Act 955 and an unnecessary limitation of the statute.

Although the Department has indicated that the intent of the Rule is that a provider can submit a patient's file to an ACPA approved team with a request that a surgical member of the team review it and sign an attestation that the treatment is medically necessary, I respectfully submit that this is not the process outlined in the text of the proposed Rule. If this is the Department's intent, it could be easily accomplished by a Rule that does not create an initiation requirement and contemplates a medical provider that is not on the team submitting a request for authorization to the ACPA team on behalf of its patient, supported with relevant medical records. This would be consistent with the stated objective of the statute to serve residents who need these services, and it would make the covered services more readily available to patients. It would avoid

the bottleneck that will be created if every craniofacial patient across the State of Arkansas is required to become a patient of ACH or obtain a referral from ACH before consulting a non-team member provider.

Similarly, the proposed Rule is flawed because it contemplates that the surgical member of an ACPA approved team will submit the preauthorization request to a Health Insurer, even for services that are to be provided by a provider that is not a member of the team. This is not only unreasonable, but also *impossible*. Under any plan, a request for preauthorization must be submitted *by the provider who will be providing the services and submitting the claim for payment*. ACH cannot submit a preauthorization request for an unaffiliated provider. The proposed Rule should address the applicability of the 2-day review requirement to a preauthorization request submitted to a Health Insurer directly by a non-team member provider if the request is supported with an authorization, or attestation, from a team member. Again, history tells us that the failure of the proposed Rule to address this circumstance could result in coverage denials to the patients who are supposed to be benefitted by the statute.

In addition, the use of the undefined terms "craniofacial provider" and "non craniofacial provider" appears unnecessary and will create ambiguity in the Rule. Even a medical provider that is not a member of an ACPA approved team may provide craniofacial services and would therefore be a craniofacial provider under any common understanding of the term. It is therefore inappropriate and confusing to refer to such a medical provider as a "non craniofacial provider." It is sufficient for purposes of the Rule to refer to providers as those who are members of an ACPA approved team and those who are not.

In addition, sections 4(b) and 5(b) of the proposed Rule appear to contain typos with respect to the use of the words "within" and "from." Any preauthorization must necessarily be acted upon before, not after, the date the services are to be provided. It would seem that the submissions referenced in those sections should be submitted to the health benefit plan before the proposed service date.

Attestation of Surgical Member of ACPA approved team – Proposed Rule, App. A.

Although not published with the proposed Rule, you have provided me with a copy of the "Appendix A: Attestation of Surgical Member of an American Cleft Palate-Cranio-Facial Association Approved Team." This Attestation is also problematic and will further restrict availability of care. The requirement that the Attestation be notarized imposes an additional requirement on ACPA approved teams that will hinder access to care. The authorization required by the statute is no different than other medical records and there is no requirement that preauthorization requests and supporting medical records submitted to Health Insurers be notarized. Not all teams have a notary public readily available to facilitate the notarization of every Attestation, and such a requirement will therefore unnecessarily burden the process for obtaining authorization.

The Attestation in Appendix A also appears to require that the signing team member be an M.D. or D.O. No such requirement exists in the statute. An unofficial survey of teams across the

region reveals that some surgical members of ACPA approved teams are neither an M.D. nor a D.O. For example, some teams are headed by an oral surgeon who is a D.D.S. The Attestation should not require or imply that only an M.D. or D.O. may authorize proposed services. This would be a serious and significant alteration of the statute resulting in less availability of care for patients.

Finally, the Attestation's requirement that the attesting team member be a "board certified surgeon" suffers from the same problem. No such requirement appears in the statute and imposing it will eliminate some ACPA approved teams. This is completely contrary to the legislature's intent to make ACPA approved teams outside of this state available to patients inside this state as set forth in the emergency clause of Act 955:

> SECTION 8. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that this state has a limited number of approved certified craniofacial specialists to review and treat individuals with craniofacial anomalies; **that increasing healthcare coverage for craniofacial patients allows a nationally approved cleft-craniofacial team outside of this state to provide healthcare services for residents of this state can decrease the delay in treatment**; and that this act is immediately necessary because there are residents in this state who are in need of healthcare services to treat individuals with craniofacial anomalies.

The Attestation should not require or imply that only a "board certified surgeon" who is an M.D. or D.O. may authorize proposed services.

In conclusion, I respectfully submit that the Department should revise the proposed amended Rule to address these very serious issues so that the final Rule is consistent with the legislative intent behind Act 955 and makes care more (and certainly not less) readily available to patients with craniofacial anomalies. With these comments, I am respectfully submitting a markup in redline form with proposed alternative language.

Thank you for your consideration.

Sincerely,

Grant E. Fortson

GEF
Encl. (markup of proposed Rule 111)

PROPOSED AMENDED RULE 111

CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE
"WENDELYN'S CRANIOFACIAL LAW"

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SECTION 1. AUTHORITY

This Rule is issued pursuant to Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery and recommended treatment under Ark. Code Ann. § 23-79-1501 et seq. This Rule is also issued to implement Act 955 of 2021, "An Act to Modify the Law Concerning Craniofacial Coverage and to Establish Wendelyn's Craniofacial Law" (hereafter, Act 955, formerly codified from Act 1226 of 2013 and Act 373 of 2015).

SECTION 2. DEFINITIONS

For purposes of this Rule, the following definitions will apply:

(1) "acquired craniofacial anomaly" means a craniofacial condition caused or brought on only by trauma or tumor.

(2) "craniofacial anomaly" means the abnormal development of the skull and face.

(3) "healthcare service" means a healthcare procedure, treatment, or service provided by a medical provider.

(4) "medical provider" means a person who performs healthcare services for patients with a craniofacial anomaly.

(5) "nonurgent" healthcare service means any craniofacial healthcare service which is not urgent.

(6) "reconstructive surgery" means the use of surgery to alter the form and function of cranial facial tissues due to a congenital or acquired musculoskeletal disorder, including surgery to alter the form and function of the skull and face.

(7) "surgical team member" means a surgical member of an American Cleft Palate-Craniofacial Association ("ACPA") approved team who specializes in craniofacial anomaly reconstructive surgery or a ~~surgical~~ member of an ACPA approved team with requisite and equivalent craniofacial surgical experience in the field of service requested to be reviewed.

(8) "urgent healthcare service" means a craniofacial healthcare service for a non-life-threatening condition that, in the opinion of a provider with knowledge of a craniofacial patient's medical condition, requires prompt medical care in order to prevent:

(A) A serious threat to life, limb, or eyesight;

(B) Worsening impairment of a bodily function that threatens the body's ability to regain maximum function;

(C) Worsening dysfunction or damage of any bodily organ or part that threatens the body's ability to recover from the dysfunction or damage; or

(D) Severe pain that cannot be managed without prompt medical care.

SECTION 3. COVERAGE REQUIREMENTS FOR HEALTH INSURERS UNDER THIS RULE

(a) Health insurers shall be subject to all Sections of this Rule.

(b) Pursuant to Ark. Code Ann. § 23-79-1502(b), a health benefit plan shall provide coverage for dental and vision care as approved by an ACPA approved surgical team member following the requirements of this section.

(c) A health benefit plan shall include coverage for the following:

(1) On an annual basis, or during the course of a year:

(A) Sclera contact lenses, including coatings;

(B) Office visits;

(C) An ocular impression of each eye;

(D) Autologous serum eye drops;

(E) eye weights, either surgically and/or external eye weights in one or both eyes as directed by an eye specialist, as needed;

(2) (A) Every two (2) years, two (2) hearing aids and two (2) hearing aid molds for each ear.

(B) As used in this section, "hearing aids" includes behind the ear, in the ear, wearable bone conductions, surgically implanted bone conduction services, and cochlear implants; and

~~(d)~~ (3) A health benefit plan, or any third party administrator for the plan, shall not require mail order, walkin clinics, or in-network protocols, for compliance with any audiology or others services, as mandated by this Rule.

~~(e)~~ (4) Any additional tests or procedures that are medically necessary for a craniofacial patient and any diagnostic service incidental to the provision of these benefits in this Section.

(~~f~~d) For healthcare services to be performed by a nationally approved cleft-craniofacial team, or recommended healthcare services to be performed by a medical provider that is not on a nationally approved cleft-craniofacial team~~non-craniofacial provider~~, a request for written authorization or approval shall be reviewed by the administrator (health insurer) of the health benefit plan:

(A) Within two (2) working days from the request by a nationally approved cleft-craniofacial surgical team member, or by a medical provider that is not on a nationally approved cleft-craniofacial team if the request is accompanied by an Attestation in the form established by this Rule that is signed by a surgical team member of an ACPA Approved Team, for a nonurgent case; or

(B) Within twenty-four (24) hours from the request by a nationally approved cleft-craniofacial surgical team member, or by a medical provider that is not on a nationally approved cleft-craniofacial team if the request is accompanied by an Attestation in the form established by this Rule that is signed by a surgical team member of an ACPA Approved Team, for an urgent case. The health insurer must be familiar with or willing to become familiar with the particular craniofacial diagnoses in question and recommended procedure prior to making a determination. The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 4. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR ACPA APPROVED TEAMS~~ FOR CRANIOFACIAL PROVIDERS~~

(a) Medical Provider Office Requirements for ACPA Approved Teams.

(b) For healthcare services that are recommended by a surgical member of a nationally approved cleft-craniofacial team, a request for written authorization shall be submitted to the health benefit plan:

(A) ~~Within~~At least two (2) working days ~~from~~before the proposed service date~~appointment date or services rendered date~~, by a nationally approved cleft-craniofacial surgical team, for a nonurgent case; or

(B) ~~Within~~At least twenty-four (24) hours ~~from~~before the proposed service date~~appointment date or services rendered date~~, by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) Every needed service or recommended procedure shall be initiated from and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical team member.

(d) The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 5. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR NON ACPA APPROVED TEAM MEMBERS~~CRANIOFACIAL PROVIDERS~~

(a) Medical Provider Office Requirements for Non ACPA Approved Team members~~craniofacial Providers~~. A medical provider that is not on a nationally approved cleft craniofacial team shall communicate and respond within two (2) working days from the ~~appointment or services rendered date~~ request to any medical information requests made by the nationally approved cleft-craniofacial surgical team member who ~~initiated~~made the recommendation described in this Rule~~section~~.

(b) For healthcare services that are recommended by a surgical team member of a nationally approved cleft-craniofacial team that are to be performed by a medical provider that is not on a nationally approved cleft-craniofacial team, a request for written authorization or approval shall be submitted to the health benefit plan:

(i) ~~Within~~At least two (2) working days ~~from~~before the proposed service date~~appointment date or date of the requested services~~ as recommended by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(ii) ~~Within~~At least twenty-four (24) hours ~~from~~before the proposed service date~~appointment date or date of requested services~~ as recommended by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) The recommended needed services shall be the subject of an attestation delivered by a surgical team member of an ACPA Approved Team ~~initiated from a referral~~ to the medical provider and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical team member.

(d) ~~The noncraniofacial provider~~A medical provider that is not on a nationally approved cleft-craniofacial team shall comply with Section 7 for referrals for services.

(e) The standards in this section shall follow the Prior Authorization Transparency Initiative.

(f) For claims to be admitted or paid under this Section, for purposes of subsection (b) of this Section, a medical provider that is not on a nationally approved cleft-craniofacial team shall submit to the health benefit plan a signed attestation form (Exhibit "A") by a surgical team member of an ACPA Approved Team. The health benefit plan shall have two (2) working days from the submission date to review such claim(s) for nonurgent cases, and twenty-four (24) hours for urgent cases.

SECTION 6. CODING FEE FOR EVALUATION

Every health benefit plan covering residents or enrollees in this State shall cover charges for evaluations performed by a nationally approved cleft-craniofacial team in its review of proposed services under Section Five (5) of this Rule. The coding designation number and fee amount for such charges shall be the same for all health benefit plans pursuant to an explanatory bulletin by the Commissioner which will be issued annually or as needed.

SECTION 7. ATTESTATION OR AUTHORIZATION FORM

For services to be reviewed under Section Five (5) of this Rule, the medical provider that is not on a nationally approved cleft-craniofacial team ~~non-craniofacial provider~~ **shall use the Attestation or Authorization form which shall be designated as Wendelyn's Craniofacial Law Authorization Form as Exhibit "A" to this Rule.**

SECTION 8. EFFECTIVE DATE

The effective date of this Rule is January 1, 2022.

ALAN MCCLAIN
INSURANCE COMMISSIONER

_____

DATE

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

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December 1, 2021

The Honorable Booth Rand
Managing Attorney
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage, "Wendelyn's Craniofacial Law – Craniofacial Coverage"

Dear Mr. Rand:

In response to the notice issued by the Arkansas Insurance Department on November 3, 2021, in connection with "Proposed Amended Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage," I am writing to provide comments on behalf of Arkansas Blue Cross and Blue Shield.

Arkansas Blue Cross supports the two principal goals of Rule 111 and its implementing law, Ark. Code Ann. §§23-79-1501 *et seq.* as amended by Act 955 of 2021. Those goals are

1. To assure individuals are accurately diagnosed with craniofacial anomaly; and

2. To assure that patients with craniofacial anomaly receive appropriate treatment.

The proposed amended rule implements the first goal by requiring in Section 7 the use of the "Attestation or Authorization form." However, the proposed rule limits the use of the rule to only noncraniofacial providers. Further, Section 7 does not explain how the attestation form shall be used. In accordance with Ark. Code Ann. §§23-79-1502(c), Section 7 should be revised to require the authorization form, completed and executed by a surgical member of a nationally approved cleft-craniofacial team, be submitted with all written authorizations of approval (claims) to health benefit plans for coverage of craniofacial anomaly treatment, whether the provider of proposed surgical services is a member of a nationally approved craniofacial team or not.

The proposed amended rule attempts to implement the second goal by requiring in Section 6 that health benefit plans providing coverage to Arkansans to cover charges for evaluations performed by a nationally approved cleft-craniofacial team in connection with a submission to the health benefit plan for its written authorization of coverage of craniofacial anomaly treatment. A payment structure afforded by submission of typical evaluation and management codes is commonly insufficient to reimburse the level of engagement, sophistication and experience required of and by a nationally approved team to guide the patient and treating provider to the best course of action. We at Arkansas

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Blue Cross recognize the need to adequately reimburse approved cleft-craniofacial teams for their determination of craniofacial anomaly and oversight of treatment. We propose that health benefit plans enter into contracts with an approved craniofacial team based upon expected hours of effort of various team members to perform a comprehensive, multidisciplinary evaluation and to arrive at an appropriate determination initially as well as to offer longitudinal oversight to the provider of services.

Since the initial enactment of the craniofacial anomaly law in 2013, Arkansas Blue Cross has received very few craniofacial anomaly claims with certification by an approved cleft-craniofacial team. The work to provide this information is time consuming and requires input from a number of physicians representing various specialties. Arkansas Blue Cross offers its assistance to the Commissioner in developing the evaluation reimbursements for approved cleft-craniofacial teams.

I have the following comments and recommendations about specific provisions of the proposed amended rule:

Provision	Comment or Recommendation
Section 2	Add a definition of "Administrator of the Health Benefit Plan." Subsection 3(f) refers to the administrator as "health insurer," but this in inaccurate if the health benefit plan is self-funded, providing health services to state and public school employees. Ark. Code Ann. §23-79-1501(2)(A).
Subsection 2(8)	Remove "for a non-life-threatening condition." This phrase is unnecessary and confusing because one of the reasons that a condition is urgent is a serious threat to life.
Subsection 3(c)(f)(B)	Delete the sentence "The standards in this section shall follow the Prior Authorization Transparency Initiative." Replace this sentence with specific standards from the Prior Authorization Transparency Act that are applicable to the provider and health benefit plan.
Sections 4 and 5	Although Arkansas Blue Cross and other health benefit plans are subject to this rule; however, I do not believe health benefit plans have any duties or obligations under Sections 4 and 5.

Ms. Zane Chrisman and I plan to be present at the hearing on December 10, 2021 and will be happy to further explain our comments or answer yours or the hearing officer's questions.

Respectfully submitted,

Frank B. Sewall

FBS:ad
enclosure

PROPOSED AMENDED RULE 111

CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE "WENDELYN'S CRANIOFACIAL LAW"

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SECTION 8. EFFECTIVE DATE

SECTION 1. AUTHORITY

This Rule is issued pursuant to Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery and recommended treatment under Ark. Code Ann. § 23-79-1501 et seq. This Rule is also issued to implement Act 955 of 2021, "An Act to Modify the Law Concerning Craniofacial Coverage and to Establish Wendelyn's Craniofacial Law" (hereafter, Act 955, formerly codified from Act 1226 of 2013 and Act 373 of 2015).

SECTION 2. DEFINITIONS

For purposes of this Rule, the following definitions will apply:

(1) "acquired craniofacial anomaly" means a craniofacial condition caused or brought on only by trauma or tumor.

(2) *"Administrator of the health benefit plan" means the person or organizational unit within the insurer, health maintenance organization, hospital medical service corporation or self-insured governmental or church plan underwriting the health benefit plan that is responsible for receiving and administering claims.*

(3) "craniofacial anomaly" means the abnormal development of the skull and face.

(4) healthcare service" means a healthcare procedure, treatment, or service provided by a medical provider.

(5) "medical provider" means a person who performs healthcare services for patients with a craniofacial anomaly.

(6) "nonurgent" healthcare service means any craniofacial healthcare service which is not urgent.

(7) "reconstructive surgery" means the use of surgery to alter the form and function of cranial facial tissues due to a congenital or acquired musculoskeletal disorder, including surgery to alter the form and function of the skull and face.

(8) "surgical team member" means a surgical member of an American Cleft Palate-Craniofacial Association ("ACPA") approved team who specializes in craniofacial anomaly reconstructive surgery or a surgical member of an approved team with requisite and equivalent craniofacial surgical experience in the field of service requested to be reviewed.

(9) "urgent healthcare service" means a craniofacial healthcare service ~~for a non-life-threatening condition~~ that, in the opinion of a provider with knowledge of a craniofacial patient's medical condition, requires prompt medical care in order to prevent:

(A) A serious threat to life, limb, or eyesight;

(B) Worsening impairment of a bodily function that threatens the body's ability to regain maximum function;

(C) Worsening dysfunction or damage of any bodily organ or part that threatens the body's ability to recover from the dysfunction or damage; or

(D) Severe pain that cannot be managed without prompt medical care.

SECTION 3. COVERAGE REQUIREMENTS FOR HEALTH INSURERS UNDER THIS RULE

(a) Health insurers shall be subject to all Sections of this Rule.

(b) Pursuant to Ark. Code Ann. § 23-79-1502(b), a health benefit plan shall provide coverage for dental and vision care as approved by an ACPA approved surgical team member following the requirements of this section.

(c) A health benefit plan shall include coverage for the following:

(1) On an annual basis, or during the course of a year:

(A) Sclera contact lenses, including coatings;

(B) Office visits;

(C) An ocular impression of each eye;

(D) Autologous serum eye dropseye weights, either surgically and/or external eye weights in one orboth eyes as directed by an eye specialist, as needed;

(2) (A) Every two (2) years, two (2) hearing aids and two (2) hearing aid molds for each ear.

(B) As used in this section, "hearing aids" includes behind the ear, in the ear, wearable bone conductions, surgically implanted bone conduction services, and cochlear implants; and

(d) A health benefit plan, or any third party administrator for the plan, shall not require mail order, walkin clinics, or in-network protocols, for compliance with any audiology or others services, as mandated by this Rule.

(e) Any additional tests or procedures that are medically necessary for a craniofacial patient and any diagnostic service incidental to the provision of these benefits in this Section.

(f) For healthcare services to be performed by a nationally approved cleft-craniofacial team, or recommended non craniofacial provider, a request for written authorization or approval shall be reviewed by the administrator ~~(health insurer)~~ of the health benefit plan:

(A) Within two (2) working days from the request by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(B) Within twenty-four (24) hours from the request by a nationally approved cleft-craniofacial surgical team member, for an urgent case. The ~~health insurer~~ *health benefit plan* must be familiar with or willing to become familiar with the particular craniofacial diagnoses in question and recommended procedure prior to making a *determination.* ~~*The standards in this section shall follow the Prior Authorization Transparency Initiative.*~~

(C) A health benefit plan may disapprove a request for written authorization of craniofacial treatment submitted in accordance with [this rule] if

(1) a surgical member of a nationally approved cleft-craniofacial team fails to submit the Authorization form set out in Exhibit A to this rule together with medical records utilized by the surgical member in making the finding of craniofacial anomaly and concurrence with the proposed treatment plan;

(2) the individual to receive the craniofacial anomaly treatment was not covered by the health benefit plan; or

(3) a treatment or service in request is not covered by the health benefit plan and not mandated by Ark. Code Ann. §§23-79-1501 et seq.

(D) A health benefit plan may subsequently deny a claim for reimbursement for craniofacial treatment previously authorized if:

(1) the treatment was never performed;

(2) specific information available for review by the appropriate state or federal agency shows that the subscriber or healthcare provider engaged in material misrepresentation, fraud or abuse regarding the claim.

(3) the authorization was granted more than ninety (90) days before the authorized healthcare services are provided.

SECTION 4. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR ACPAAPPROVED TEAMS FOR CRANIOFACIAL PROVIDERS

(a) Medical Provider Office Requirements for ACPA Approved Teams.

(b) For healthcare services that are recommended by a surgical member of a nationally approved cleft-craniofacial team, a request for written authorization shall be submitted to the health benefit plan:

(A) Within two (2) working days from the appointment date or services rendered date, by a nationally approved cleft-craniofacial surgical team, for a nonurgent case; or

(B) Within twenty-four (24) hours from the appointment date or services rendered date, by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) Every needed service or recommended procedure shall be initiated from and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical team member.

(d) The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 5. MEDICAL PROVIDER OFFICE REQUIREMENTS FOR NONCRANIOFACIAL PROVIDERS

(a) Medical Provider Office Requirements for Noncraniofacial Providers. A medical provider that is not on a nationally approved cleft craniofacial team shall communicate and respond within two (2) working days from the appointment or services rendered date to any medical information requests made by the nationally approved cleft-craniofacial surgical team member who initiated the recommendation described in this section.

(b) For healthcare services that are recommended by a surgical team member of a nationally approved cleft-craniofacial team that are to be performed by a medical provider that is not on a nationally approved cleft-craniofacial team, a request for written authorization or approval shall be submitted to the health benefit plan:

(i) Within two (2) working days from the appointment date or date of the requested services as recommended by a nationally approved cleft-craniofacial surgical team member, for a nonurgent case; or

(ii) Within twenty-four (24) hours from the appointment date or date of requested services as recommended by a nationally approved cleft-craniofacial surgical team member, for an urgent case.

(c) The recommended needed services shall be initiated from a referral to the medical provider and thereafter be monitored under the coordinated treatment plan until the completion of such services by the nationally approved cleft-craniofacial surgical

team member.

(d) The noncraniofacial provider shall comply with Section 7 for referrals for services.

(e) The standards in this section shall follow the Prior Authorization Transparency Initiative.

SECTION 6. CODING FEE FOR EVALUATION

Every health benefit plan covering residents or enrollees in this State shall cover charges for evaluations performed by a nationally approved cleft-craniofacial team in its review of proposed services under Section Five (5) of this Rule. The coding designation number and fee amount for such charges shall be the same for all health benefit plans pursuant to an explanatory bulletin by the Commissioner which will be issued annually or as needed.

SECTION 7. ATTESTATION OR AUTHORIZATION FORM

~~For services to be reviewed under Section Five (5) of this Rule , the noncraniofacial provider shall use~~ ***All providers submitting a request for written authorization of coverage for craniofacial anomaly treatment from a health benefit plan shall include in their request*** **the Attestation or Authorization form which shall bedesignated as Wendelyn's Craniofacial Law Authorization Form** ***set out*** **as Exhibit "A" to thisRule.**

SECTION 8. EFFECTIVE DATE

The effective date of this Rule is January 1, 2022.

_____

ALAN MCCLAIN
INSURANCE COMMISSIONER

_____

DATE

APPENDIX A
ATTESTATION OF SURGICAL MEMBER OF AN
AMERICAN CLEFT PALATE-CRANIO-FACIAL ASSOCIATION
APPROVED TEAM

~~FOR NONCRANIOFACIAL PROVIDERS~~

I, [NAME], M.D. or D.O., am a board certified surgeon and a Member of [Name of organization], a cleft-craniofacial team approved by the American Cleft Palate-Craniofacial Association.

On _____, 20__, I examined [Patient's Name] and reviewed his/her medical records. In addition, I examined the proposed treatment plan submitted by Dr. [provider's name]. Copies of the medical records and treatment plan accompany this document.

As a result of these examinations, I attest that Mr./ Ms. [Patient's Last Name] suffers from craniofacial anomaly. I further attest that the proposed treatment plan will provide surgery and treatment that are medically necessary to improve a functional impairment that results from the craniofacial anomaly.

SIGNATURE_____

PRINTED NAME_____

DATE_____

STATE OF ARKANSAS
COUNTY OF _____

On this _____ day of _____, 20_____, before me, _____, a Notary Public, appeared the within named _____ to me personally well known (or satisfactorily proven to be such person), who stated and acknowledged that [he, she or they] had so signed, executed and delivered said foregoing instrument for the consideration, uses and purposes therein mentioned and set forth.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, 20_____.

_____(Seal)

Signature of Notary Public

My Commission Expires: _____