For An Act To Be Entitled

AN ACT TO AMEND THE ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE ACT OF 2015; TO AMEND THE ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE FUND; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE ACT OF 2015; AND TO AMEND THE ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE FUND.

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

SECTION 1. Arkansas Code § 19-5-1145(c), concerning the Arkansas Healthcare Transparency Initiative Fund, is amended to read as follows:

(c) The following moneys shall be paid into the fund:

(1) Penalties imposed on submitting entities pursuant to the Arkansas Healthcare Transparency Initiative Act of 2015, § 23-61-901 et seq., and rules promulgated under the Arkansas Healthcare Transparency Initiative Act of 2015, § 23-61-901 et seq.;

(2) Funds received from the federal government;

(3) Appropriations from the General Assembly; and

(4) All other payments, gifts, grants, bequests, or income from any source subscription fees or payments made by third parties to the State Insurance Department for data access.

SECTION 2. Arkansas Code § 23-61-902(a), concerning the legislative
intent of the Arkansas Healthcare Transparency Initiative Act of 2015, is
amended to read as follows:

(a) It is the intent of the General Assembly to create and maintain an
informative source of healthcare information to support consumers,
researchers, and policymakers in healthcare decisions within the state,
including decisions by the State Insurance Department to regulate the
business of insurance in this state.

SECTION 3. Arkansas Code § 23-61-903(9), concerning the definition of
"submitting entity" within the Arkansas Healthcare Transparency Initiative
Act of 2015, is amended to read as follows:

(9)(A) “Submitting entity” means:

(i) An entity that provides health or dental
insurance or a health or dental benefit plan in the state, including without
limitation an insurance company, medical services plan, managed care
organization, hospital plan, hospital medical service corporation, health
maintenance organization, or fraternal benefit society, provided that the
entity has covered individuals and the entity had at least two thousand
(2,000) covered individuals in the previous calendar year;

(ii) A health benefit plan offered or administered
by or on behalf of the state or an agency or instrumentality of the state,
including without limitation benefits administered by a managed care
organization whether or not the managed care organization had two thousand
(2,000) covered individuals in the previous year;

(iii) A health benefit plan offered or administered
by or on behalf of the federal government with the agreement of the federal
government;

(iv) The Workers' Compensation Commission;

(v) Any other entity providing a plan of health
insurance or health benefits subject to state insurance regulation, a third-
party administrator, or a pharmacy benefits manager, provided that the entity
has covered individuals and the entity had at least two thousand (2,000)
covered individuals in the previous calendar year;

(vi) A health benefit plan subject to the Employee
Retirement Income Security Act of 1974, Pub. L. No. 93-406, as permitted by
federal law, provided that the health benefit plan does not include an
employee welfare benefit plan, as defined by federal law, as amended from
time to time, that is also a trust established pursuant to collective
bargaining subject to the Labor Management Relations Act of 1947, 29 U.S.C.
§§ 401—531 and that is fully insured;

(vii) A risk-based provider organization licensed by
the State Insurance Department; and

(viii) An entity that contracts with
institutions of the Department of Correction or Department of Community
Correction to provide medical, dental, or pharmaceutical care to inmates.

(B) “Submitting entity” does not include:

(i) An entity that provides health insurance or a
health benefit plan that is accident-only, specified disease, hospital
indemnity, long-term care, disability income, or other supplemental benefit
coverage;

(ii) An employee of a welfare benefit plan as
defined by federal law that is also a trust established pursuant to
collective bargaining subject to the Labor Management Relations Act of 1947,
Pub. L. No. 80-101; or

(iii) A health benefit plan subject to the Employee
Retirement Income Security Act of 1974, Pub. L. No. 93-406, that is self-
funded; and

SECTION 4. Arkansas Code § 23-61-905(a)(1), concerning the membership
of the Arkansas Healthcare Transparency Initiative Board, is amended to add
an additional subdivision to read as follows:

(F) A representative from the Arkansas Biosciences
Institute who shall serve as an ex-officio, nonvoting member.

SECTION 5. Arkansas Code Title 23, Chapter 61, Subchapter 9, is
amended to add additional sections to read as follows:

23-61-909. Data collected under State Health Data Clearinghouse Act.

(a) The Department of Health shall submit data collected under the
State Health Data Clearinghouse Act, § 20-7-301 et seq., to the Arkansas
Healthcare Transparency Initiative for integration into the Arkansas
Healthcare Transparency Initiative database created under § 23-61-904.

(b) The data submitted under subsection (a) of this section:
(1) Shall be assigned a unique identifier as defined in § 23-61-903; and

(2) May be used in accordance with the purposes of the Arkansas Healthcare Transparency Initiative and the rules promulgated under this subchapter.

23-61-910. Data collected regarding hospital discharge and emergency department records.

(a) The Department of Health shall submit data collected regarding hospital discharge and emergency department records for the uninsured, birth and death records, and disease registry data under the State Health Data Clearinghouse Act, § 20-7-301 et seq., § 20-18-201, and § 20-15-201 et seq., to the Arkansas Healthcare Transparency Initiative Board for integration into the Arkansas Healthcare Transparency Initiative database created under § 23-61-904.

(b) The data submitted under subsection (a) of this section:

(1) Shall be assigned a unique identifier as defined in § 23-61-903; and

(2) May be used in accordance with the purposes of the Arkansas Healthcare Transparency Initiative and the rules promulgated under this subchapter.

/s/D. Sanders

APPROVED: 04/05/2017