

1 State of Arkansas
2 93rd General Assembly
3 Regular Session, 2021
4

A Bill

SENATE BILL 672

5 By: Senator Irvin
6 By: Representative Boyd
7

For An Act To Be Entitled

9 AN ACT TO REQUIRE PAYOR PARITY BETWEEN HOSPITAL
10 OUTPATIENT SURGERY CENTERS AND AMBULATORY SURGERY
11 CENTERS; AND FOR OTHER PURPOSES.
12
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Subtitle

15 TO REQUIRE PAYOR PARITY BETWEEN HOSPITAL
16 OUTPATIENT SURGERY CENTERS AND AMBULATORY
17 SURGERY CENTERS.
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20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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22 SECTION 1. Arkansas Code § 23-79-115(a), concerning payment or
23 reimbursement for services under a policy, contract, plan, or agreement, is
24 amended to read as follows:

25 (a)(1) Notwithstanding any ~~provisions of any provision of an~~
26 individual or group accident and health insurance policy, ~~or~~ any provision of
27 a policy, contract, plan, or agreement covering hospital or medical services,
28 network participation agreement or an agreement between an insurer and a
29 healthcare provider, in cases in which the insurer under a policy, contract,
30 plan, or agreement provides for payment or reimbursement for any healthcare
31 service provided by hospitals or related facilities as defined in § 20-9-201
32 or § 20-10-213, the person entitled to payment or reimbursement for services
33 under the policy, contract, plan, or agreement, including without limitation
34 a healthcare provider, is entitled to payment or reimbursement on an equal
35 basis for the service when the service is provided by facilities licensed as
36 outpatient surgery centers under §§ 20-9-214 and 20-9-215.



1 (2) This subsection applies to insurance policies and hospital
2 service corporation contracts that are delivered or issued for delivery in
3 this state more than one hundred twenty (120) days after July 6, 1977, and to
4 such other contracts, plans, or agreements that are entered into or
5 effectuated in this state more than one hundred twenty (120) days after July
6 6, 1977, including without limitation network participation agreements and
7 agreements between insurers and healthcare providers.

8 (3)(A) An insurer may consider and apply the Patient Protection
9 Act of 1995, § 23-99-201 et seq., and enforcement of any willing provider
10 laws, § 23-99-801 et seq., if setting rates for payment or reimbursement of
11 outpatient surgery centers licensed under §§ 20-9-214 and 20-9-215.

12 (B)(i) However, an insurer shall not set a rate less than
13 ninety percent (90%) of an average rate of payment or reimbursement by an
14 insurance company by using Current Procedural Terminology codes, otherwise
15 known as "CPT codes", for procedures billed as a hospital outpatient service
16 for the county in which the outpatient surgery center licensed under §§ 20-9-
17 214 and 20-9-215 is located.

18 (ii) As an alternative to the county-by-county
19 minimum rate under subdivision (a)(3)(B)(i) of this section, an insurer may
20 substitute congressional districts or a statewide average.

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