1	State of Arkansas	A D:11	
2	93rd General Assembly	A Bill	
3	Regular Session, 2021		HOUSE BILL 1907
4			
5	By: Representative Lowery		
6	By: Senator K. Hammer		
7			
8	For A	An Act To Be Entitled	
9	AN ACT TO ENABLE HE	ALTHCARE PROVIDERS TO M	AKE
10	APPROPRIATE BILLING	DECISIONS THAT ARE IN T	THE BEST
11	INTEREST OF PATIENT	S; TO ESTABLISH THE BILL	LING IN THE
12	BEST INTEREST OF PA	TIENTS ACT; AND FOR OTH	ER
13	PURPOSES.		
14			
15			
16		Subtitle	
17	TO ENABLE HEAL	THCARE PROVIDERS TO MAK	Œ
18	APPROPRIATE BI	LLING DECISIONS THAT AR	RE IN
19	THE BEST INTER	REST OF PATIENTS; AND TO	
20	ESTABLISH THE	BILLING IN THE BEST	
21	INTEREST OF PA	TIENTS ACT.	
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23			
24	BE IT ENACTED BY THE GENERAL AS	SEMBLY OF THE STATE OF	ARKANSAS:
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26	SECTION 1. Arkansas Code	Title 23, Chapter 99,	is amended to add an
27	additional subchapter to read a	s follows:	
28	<u>Subchapter 14 — Billing</u>	g in the Best Interest o	of Patients Act
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30	23-99-1401. Title.		
31	This subchapter shall be	known and may be cited	as the "Billing in the
32	Best Interest of Patients Act".		
33			
34	23-99-1402. Definitions.		
35	As used in this subchapte	r:	
36	(1) "Enrollee" mea	ns an individual who is	entitled to receive

1	healthcare services under the terms of a health benefit plan;		
2	(2)(A) "Health benefit plan" means an individual, blanket, or		
3	group plan, policy, or contract for healthcare services issued, renewed,		
4	delivered, or extended in this state by a healthcare payor in this state.		
5	(B) "Health benefit plan" includes:		
6	(i) Indemnity and managed care plans; and		
7	(ii) Plans providing health benefits to state and		
8	public school employees under § 21-5-401 et seq.		
9	(C) "Health benefit plan" does not include:		
10	(i) A plan that provides only dental benefits or eye		
11	and vision care benefits;		
12	(ii) A disability income plan;		
13	(iii) A credit insurance plan;		
14	(iv) Insurance coverage issued as a supplement to		
15	liability insurance;		
16	(v) Medical payments under an automobile or		
17	homeowners' insurance plan;		
18	(vi) A health benefit plan provided under Arkansas		
19	Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et		
20	seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;		
21	(vii) A plan that provides only indemnity for		
22	hospital confinement;		
23	(viii) An accident-only plan; or		
24	(ix) A specified disease plan;		
25	(3) "Healthcare payor" means:		
26	(A) A health insurance company;		
27	(B) A health maintenance organization;		
28	(C) A hospital and medical services corporation; and		
29	(D) An entity that provides or administers a self-funded		
30	health benefit plan, including a governmental plan;		
31	(4) "Healthcare provider" means individuals or entities licensed		
32	by the State of Arkansas to provide healthcare services, limited to the		
33	following:		
34	(A) Advanced practice nurses;		
35	(B) Athletic trainers;		
36	(C) Audiologists:		

1	(D) Certified behavioral health providers;		
2	(E) Certified orthotists;		
3	(F) Chiropractors;		
4	(G) Community mental health centers or clinics;		
5	(H) Dentists;		
6	(I) Home health care;		
7	(J) Hospice care;		
8	(K) Hospital-based services;		
9	(L) Hospitals;		
10	(M) Licensed ambulatory surgery centers;		
11	(N) Licensed certified social workers;		
12	(0) Licensed dieticians;		
13	(P) Licensed intellectual and developmental disabilities		
14	service providers;		
15	(Q) Licensed professional counselors;		
16	(R) Licensed psychological examiners;		
17	(S) Long-term care facilities;		
18	(T) Occupational therapists;		
19	(U) Optometrists;		
20	(V) Pharmacists;		
21	(W) Physical therapists;		
22	(X) Physicians and surgeons (M.D. and D.O.);		
23	(Y) Podiatrists;		
24	(Z) Prosthetists;		
25	(AA) Psychologists;		
26	(BB) Respiratory therapists;		
27	(CC) Rural health clinics; and		
28	(DD) Speech pathologists;		
29	(5) "Healthcare services" means services and products, including		
30	prescription medication, provided by a healthcare provider within the scope		
31	of the healthcare provider's license; and		
32	(6) "Prescription medication" means a drug or biologic that is		
33	prescribed by a healthcare provider to a patient for the purpose of		
34	alleviating, curing, preventing, or healing illness, injury, or physical		
35	disability.		

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1	23-99-1403. Determination of best interest for enrollee - Billing		
2	decision.		
3	(a) A healthcare provider who provides healthcare services and		
4	prescribes prescription medication to an enrollee may make a determination		
5	that is in the best interest of the enrollee to bill the enrollee's:		
6	(1) Healthcare payor; or		
7	(2) Pharmacy benefits carrier.		
8	(b) Every health benefit plan that is issued, renewed, delivered, or		
9	extended in this state and every group health benefit plan that is issued,		
10	renewed, delivered, or extended outside this state, for an enrollee who is a		
11	resident of this state that provides coverage for prescription medication		
12	shall allow a healthcare provider to make any appropriate billing decisions		
13	concerning healthcare services and administering of prescription medication		
14	that is in the best interest of the enrollee.		
15	(c) A healthcare payor shall not require an enrollee to self-		
16	administer prescription medication if a healthcare provider determines it is		
17	in the best interest of the enrollee for a prescription medication to be		
18	administered by a healthcare provider regardless of the formulation or		
19	benefit category determination by the health benefit plan.		
20	(d) If a determination is made by a healthcare provider that it is in		
21	the enrollee's best interest for the healthcare provider to administer any		
22	prescription medication, then a healthcare payor shall not impose a		
23	copayment, coinsurance, or a deductible amount or a combination of a		
24	copayment, coinsurance, or a deductible amount charged to the enrollee for a		
25	prescription medication that may be self-administered that is greater than		
26	the copayment, coinsurance, or deductible amount charged to the enrollee for		
27	the cost of the prescription medication if it was self-administered by the		
28	enrollee.		
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30	23-99-1404. Rules.		
31	The Insurance Commissioner shall develop and promulgate rules for the		
32	implementation and administration of this subchapter.		
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