| 1        | State of Arkansas                      | 11' ط                        |                          |
|----------|--|------------------------------|--------------------------|
| 2        | 94th General Assembly                  | A Bill                       |                          |
| 3        | Regular Session, 2023                  |                              | SENATE BILL 122          |
| 4        |  |                              |                          |
| 5        | By: Senator B. King                    |                              |                          |
| 6        |  |                              |                          |
| 7        |  | An Act To Be Entitled        |                          |
| 8        |  | IE HEALTHCARE COST-SHA       |                          |
| 9        | COLLECTIONS ACT; AN                    | ID FOR OTHER PURPOSES.       |                          |
| 10       |  |                              |                          |
| 11       |  | 0.1.4.41.                    |                          |
| 12       |  | Subtitle                     |                          |
| 13       |  | HEALTHCARE COST-SHARI        | ING                      |
| 14       | COLLECTIONS AC                         | CT.                          |                          |
| 15       |  |                              |                          |
| 16       |  |                              |                          |
| 17       | BE IT ENACTED BY THE GENERAL AS        | SEMBLY OF THE STATE O        | F AKKANSAS:              |
| 18       |  |                              | to emerginal to relation |
| 19<br>20 | SECTION 1. Arkansas Code               | _                            | , is amended to add an   |
| 20<br>21 | additional subchapter to read a        | s torrows:                   |                          |
| 22       | Subchanter 16 - Heal                   | lthcare Cost-Sharing (       | Collections Act          |
| 23       |  |                              | Joirections Act          |
| 24       |  |                              |                          |
| 25       | This subchapter shall be               | known and may be cite        | d as the "Healthcare     |
| 26       | Cost-Sharing Collections Act".         |                              |                          |
| 27       |  |                              |                          |
| 28       | 23-99-1602. Definitions.               | _                            |                          |
| 29       | As used in this subchapte              | er:                          |                          |
| 30       | <u>(1)(A) "Cost shari</u>              | ng" means the share o        | f costs covered by a     |
| 31       | <u>health benefit plan for which a</u> | <u>n enrollee is financi</u> | al responsible.          |
| 32       | <u>(B) "Cost sh</u>                    | aring" includes deduc        | tibles, coinsurance,     |
| 33       | <u>copayments, or similar charges.</u> | _                            |                          |
| 34       | <u>(C) "Cost sh</u>                    | aring" does not inclu        | de premiums, balance     |
| 35       | billing amounts for nonnetwork         | providers, or the cos        | t of noncovered          |
| 36       | healthcare services;                   |                              |                          |



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| 1  | (2)(A) "Contracting entity" means a healthcare insurer,                       |  |  |
|----|---|--|--|
| 2  | subcontractor, affiliate, or other entity that contracts directly or          |  |  |
| 3  | indirectly with a healthcare provider for the delivery of healthcare services |  |  |
| 4  | to an enrollee.   |  |  |
| 5  | (B) "Contracting entity" includes without limitation:                         |  |  |
| 6  | (i) An insurance company;   |  |  |
| 7  | (ii) A health maintenance organization;                                       |  |  |
| 8  | (iii) A hospital and medical service corporation;                             |  |  |
| 9  | (iv) A preferred provider organization;                                       |  |  |
| 10 | (v) A risk-based provider organization;                                       |  |  |
| 11 | (vi) Third-party administrator; and   |  |  |
| 12 | (vii) A prescription benefit management company;                              |  |  |
| 13 | (3) "Enrollee" means an individual who is entitled to receive                 |  |  |
| 14 | healthcare services under the terms of a health benefit plan;                 |  |  |
| 15 | (4) "Entity of the state" means any agency, board, bureau,                    |  |  |
| 16 | commission, committee, council, department, division, institution of higher   |  |  |
| 17 | education, office, public school, quasi-public organization, or other         |  |  |
| 18 | political subdivision of the state;   |  |  |
| 19 | (5)(A) "Health benefit plan" means an individual, blanket, or                 |  |  |
| 20 | group plan, policy, or contract for healthcare services issued, renewed, or   |  |  |
| 21 | extended in this state by a healthcare insurer.                               |  |  |
| 22 | (B) "Health benefit plan" includes a nonfederal                               |  |  |
| 23 | governmental plan as defined in 29 U.S.C. § 1002(32), as it existed on        |  |  |
| 24 | January 1, 2023.  |  |  |
| 25 | (C) "Health benefit plan" does not include:                                   |  |  |
| 26 | (i) A plan that provides only dental benefits;                                |  |  |
| 27 | (ii) A disability income plan;  |  |  |
| 28 | (iii) A credit insurance plan;  |  |  |
| 29 | (iv) Insurance coverage issued as a supplement to                             |  |  |
| 30 | <u>liability insurance;</u>   |  |  |
| 31 | (v) Medical payments under an automobile or                                   |  |  |
| 32 | homeowners insurance plan;  |  |  |
| 33 | (vi) A health benefit plan provided under Arkansas                            |  |  |
| 34 | Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et   |  |  |
| 35 | seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;   |  |  |
| 36 | (vii) A plan that provides only indemnity for                                 |  |  |
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| 1  | hospital confinement;  |  |  |
|----|--|--|--|
| 2  | (viii) An accident-only plan;  |  |  |
| 3  | (ix) A specified disease plan;   |  |  |
| 4  | (x) A policy, contract, certificate, or agreement                            |  |  |
| 5  | offered or issued by a healthcare insurer to provide, deliver, arrange for,  |  |  |
| 6  | pay for, or reimburse any of the costs of healthcare services, including     |  |  |
| 7  | pharmacy benefits, to an entity of the state;                                |  |  |
| 8  | (xi) A long-term care insurance plan; or                                     |  |  |
| 9  | (xii) A healthcare provider self-insured plan;                               |  |  |
| 10 | (6) "Healthcare contract" means a contract entered into,                     |  |  |
| 11 | materially amended, or renewed between a contracting entity and a healthcare |  |  |
| 12 | provider for the delivery of healthcare services to an enrollee;             |  |  |
| 13 | (7)(A) "Healthcare insurer" means an entity that is subject to               |  |  |
| 14 | state insurance regulation and provides health insurance in this state.      |  |  |
| 15 | (B) "Healthcare insurer" includes:   |  |  |
| 16 | (i) An insurance company;  |  |  |
| 17 | (ii) A health maintenance organization;                                      |  |  |
| 18 | (iii) A hospital and medical service corporation;                            |  |  |
| 19 | (iv) A risk-based provider organization; and                                 |  |  |
| 20 | (v) Any sponsor of a nonfederal self-funded                                  |  |  |
| 21 | governmental plan in this state;   |  |  |
| 22 | (8) "Healthcare provider" means a person or entity that is                   |  |  |
| 23 | licensed, certified, or otherwise authorized by the laws of this state to    |  |  |
| 24 | administer healthcare services; and  |  |  |
| 25 | (9) "Healthcare services" means services or goods provided for               |  |  |
| 26 | preventing, diagnosing, treating, alleviating, relieving, curing, or healing |  |  |
| 27 | human illness, disease, condition, disability, or injury.                    |  |  |
| 28 |  |  |  |
| 29 | 23-99-1603. Collection by healthcare insurer – Authority.                    |  |  |
| 30 | (a) A healthcare insurer shall:  |  |  |
| 31 | (1) Pay a healthcare provider the full amount due for healthcare             |  |  |
| 32 | services under the terms of a health benefit plan, including any cost        |  |  |
| 33 | sharing;   |  |  |
| 34 | (2) Have the sole responsibility for collecting cost sharing                 |  |  |
| 35 | from an enrollee; and  |  |  |
| 36 | (3) Upon request of the enrollee, collect cost-sharing                       |  |  |

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| 1  | throughout the plan year in increments defined by the healthcare insurer.     |  |
|----|---|--|
| 2  | (b) A healthcare insurer shall not:   |  |
| 3  | (1) Withhold any amount for cost sharing from the payment to a                |  |
| 4  | healthcare provider; or   |  |
| 5  | (2) Require a healthcare provider to offer additional discounts               |  |
| 6  | to enrollees outside the terms of the healthcare contract between the         |  |
| 7  | healthcare insurer and the healthcare provider.                               |  |
| 8  | (c) Any value of a copay assistance coupon or similar assistance              |  |
| 9  | program shall be applied to an enrollee's annual cost-sharing requirement and |  |
| 10 | may be paid directly to the healthcare insurer on the enrollee's behalf.      |  |
| 11 | (d) A healthcare insurer shall not cancel the health benefit plan of          |  |
| 12 | an enrollee for failure to collect cost sharing.                              |  |
| 13 | (e) Any expenses of implementing this subchapter by a healthcare              |  |
| 14 | insurer shall not be used as justification to increase premiums or decrease   |  |
| 15 | payments to a healthcare provider.  |  |
| 16 |   |  |
| 17 | 23-99-1604. Violation of Trade Practices Act - Enforcement.                   |  |
| 18 | (a) A violation of this subchapter is a deceptive act, as defined by          |  |
| 19 | the Trade Practices Act, § 23-66-201 et seq.                                  |  |
| 20 | (b) All remedies, penalties, and authority granted to the Insurance           |  |
| 21 | Commissioner under the Trade Practices Act, § 23-66-201 et seq., shall be     |  |
| 22 | available to the commissioner for the enforcement of this subchapter.         |  |
| 23 |   |  |
| 24 | 23-99-1605. Rules.  |  |
| 25 | The Insurance Commissioner may promulgate rules necessary to implement        |  |
| 26 | and administer this subchapter.   |  |
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