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		
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7		An Act To Be Entitled	
8		IE HEALTHCARE COST-SHA	
9	COLLECTIONS ACT; AN	ID FOR OTHER PURPOSES.	
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11		0.1.4.41.	
12		Subtitle	
13		HEALTHCARE COST-SHARI	ING
14	COLLECTIONS AC	CT.	
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17	BE IT ENACTED BY THE GENERAL AS	SEMBLY OF THE STATE O	F AKKANSAS:
18			to emerginal to relation
19 20	SECTION 1. Arkansas Code	_	, is amended to add an
20 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".		
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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.		
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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.	
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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.	
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24	23-99-1605. Rules.	
25	The Insurance Commissioner may promulgate rules necessary to implement	
26	and administer this subchapter.	
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