

Stricken language would be deleted from and underlined language would be added to present law.
Act 483 of the Regular Session

State of Arkansas
95th General Assembly
Regular Session, 2025

As Engrossed: S3/18/25

A Bill

SENATE BILL 264

By: Senator Irvin

By: Representative L. Johnson

For An Act To Be Entitled

AN ACT TO ESTABLISH THE ARKANSAS PRIMARY CARE PAYMENT
IMPROVEMENT WORKING GROUP; AND FOR OTHER PURPOSES.

Subtitle

TO ESTABLISH THE ARKANSAS PRIMARY CARE
PAYMENT IMPROVEMENT WORKING GROUP.

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

SECTION 1. DO NOT CODIFY. Legislative findings and intent.

(a) The General Assembly finds that:

(1) There is extensive data demonstrating that a population's increased access to quality primary care reduces overall healthcare costs and improves health outcomes;

(2) Without access to high-quality primary care, healthcare costs rise, preventable health issues escalate, and chronic disease burden worsens;

(3) Studies demonstrate that investing more in primary care reduces health system costs and improves a population's health; and

(4) A population's increased access to primary care results in fewer emergency department visits, hospital stays, and surgeries.

(b) It is the intent of the General Assembly to form a working group to better understand the primary care system in this state and its effect on health outcomes for Arkansans.

SECTION 2. DO NOT CODIFY. TEMPORARY LANGUAGE. Arkansas Primary Care Payment Improvement Working Group.



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(a) There is established the Arkansas Primary Care Payment Improvement Working Group, to be composed of the following nine (9) members:

(1) The Secretary of the Department of Human Services, or his or her designee;

(2) The Insurance Commissioner, or his or her designee;

(3) A designee of the Arkansas Center for Health Improvement;

(4) A practicing primary care physician appointed by the Speaker of the House of Representatives;

(5) A representative of the Arkansas commercial health insurance community from an Arkansas-based insurer appointed by the Speaker of the House of Representatives;

(6) A pediatrician representative of the primary care community in this state appointed by the Speaker of the House of Representatives;

(7) A practicing primary care physician appointed by the President Pro Tempore of the Senate;

(8) An advanced practice registered nurse representative of the primary care community in this state appointed by the President Pro Tempore of the Senate; and

(9) A primary care physician employed by or primarily practicing in a federal qualified health center appointed by the President Pro Tempore of the Senate.

(b) The practicing primary care physician appointed by the President Pro Tempore of the Senate shall serve as Chair of the Arkansas Primary Care Payment Improvement Working Group and be responsible for scheduling regular meetings of the working group.

(c) All members of the working group are voting members.

(d) Any vacancies that occur for any membership positions that are not held as a function of office shall be filled by the selecting body upon vacancy.

(e) The working group shall:

(1)(A) Establish a definition of primary care to be utilized by the working group.

(B) The definition shall be applicable to primary care and services provided under the Arkansas Medicaid Program and commercial insurance plans;

(2) Identify any portion of the Arkansas Medicaid Program

population that should not be included in the study due to the unique circumstances of the population;

(3) Create templates for data submission from commercial insurance carriers and the Arkansas Medicaid Program;

(4) Conduct an evaluation of the current amount spent on primary care and other healthcare services, both as it relates to the Arkansas Medicaid Program and the commercial insurance carriers, including Medicare Advantage plans;

(5) Determine the adequacy of the primary care delivery system in Arkansas, including the effect this system has on the supply of the primary care providers in this state;

(6) Study the primary care payment landscape in other states, specifically considering states that have implemented a primary care spending target; and

(7) Identify data collection and measurement systems as a basis for creation of a primary care spending target for the Arkansas Medicaid Program and commercial insurance carriers operating in this state that includes a method by which to measure improvements made toward the primary care spending target.

(f)(1) The working group may request and receive data from commercial insurance carriers that do business in this state related to the provision of and payment for primary care as a percentage of overall claims payment.

(2) Data received under subdivision (f)(1) of this section shall include without limitation commercial insurance carrier submitted templates that report information such as:

(A) Fee-for-service payments;

(B) Non-fee-for-service payments;

(C) Primary care incentive programs and requirements;

(D) The numbers of participating providers;

(E) Performance metrics;

(F) Prices;

(G) Utilization;

(H) Total cost trends; and

(I) Other information as identified in annual notices.

(3) A commercial insurance carrier shall use templates supplied by the group in consultation with the State Insurance Department to provide

prospective and retrospective information to the group.

(4) The State Insurance Department shall monitor and ensure compliance with this section.

(g)(1) No later than April 1, 2026, the working group shall submit a report of its findings and recommendations to the Legislative Council.

(2) The report shall include a recommendation for a primary care spending target for both commercial insurance carriers and the Arkansas Medicaid Program designed to achieve better health outcomes and decreased healthcare costs for the people of Arkansas.

(3) If the Arkansas Medicaid Program or any commercial insurance carrier fails to meet the primary care spending targets adopted by the Legislative Council based on the report under subdivision (g)(1) of this section, the Legislative Council may request that a representative of the entity failing to meet the primary care spending target appear before the Legislative Council and provide details on the efforts the entity is making to meet the primary care spending target.

SECTION 3. Arkansas Code § 23-61-906(a), concerning data submission under the Arkansas Healthcare Transparency Initiative, is amended to read as follows:

(a) Except as provided in subsection (d) of this section, ~~no later than January 1, 2016, and~~ every quarter thereafter, a submitting entity shall submit health and dental claims data, unique identifiers, and geographic and demographic information for covered individuals as permitted in this subchapter, nonclaims-based payments made to providers, and provider files to the Arkansas Healthcare Transparency Initiative in accordance with standards and procedures adopted by the State Insurance Department.

/s/ Irvin

APPROVED: 4/8/25