

Stricken language would be deleted from and underlined language would be added to present law.
Act 651 of the Regular Session

State of Arkansas
95th General Assembly
Regular Session, 2025

As Engrossed: S4/7/25

A Bill

HOUSE BILL 1771

By: Representative Perry

By: Senator R. Murdock

For An Act To Be Entitled

AN ACT TO AMEND THE LAW CONCERNING DISCLOSURES TO
POLICYHOLDERS; TO REQUIRE MONTHLY REPORTING BY
INSURERS; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE LAW CONCERNING DISCLOSURES
TO POLICYHOLDERS; AND TO REQUIRE MONTHLY
REPORTING BY INSURERS.

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

SECTION 1. Arkansas Code § 23-86-119 is amended to read as follows:

23-86-119. Disclosure to policyholders.

(a)(1) Upon request from a policyholder with more than ~~twenty-five~~
(25) fifty (50) insured employees under a comprehensive group health
insurance policy, ~~any~~ an insurer issuing or delivering a group accident and
health insurance ~~policies~~ policy in this state shall provide to the
policyholder the following information for the most recent twelve-month
period or for the entire period of coverage, whichever is shorter:

(A)(i) A monthly premium, claims, and enrollment report.

(ii) A monthly premium, claims, and enrollment
report required under subdivision (a)(1)(A)(i) of this section shall include
without limitation:

(1)(a) ~~Claims incurred~~ Medical claims on a
paid basis by month;

(b) Pharmacy claims on a paid basis by month;

(2)(c) Premiums paid by month; and



~~(3)(d) Number Total number of insureds to include dependents enrolled members, including dependents by month; and~~

~~(4) Claims exceeding ten thousand dollars (\$10,000) on any individual with diagnosis during the same period.~~

(B)(i) A high-cost claimant report that is applicable to an enrolled member with claims exceeding ten thousand dollars (\$10,000).

(ii) A high-cost claimant report required under subdivision (a)(1)(B)(i) of this section shall include for each enrolled member:

(a) Current coverage status, either active or terminated;

(b) Total medical claims on a paid basis by month; and

(c) Total pharmacy claims on a paid basis by month.

(2) A report required under subdivision (a)(1)(A)(i) or subdivision (a)(1)(B)(i) of this section shall be provided to the policyholder no later than thirty (30) days from the date of the request of the policyholder.

(3) A policyholder may request reporting under this section no more frequently than on a quarterly basis.

(b) This section does not require the insurer to disclose any information that is required by law to be confidential.

(c) As used in this section, "enrolled member":

(1) Means an insured employee under a comprehensive group health insurance policy; and

(2) Includes a subscriber or a certificate holder.

(d) In conformity with the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, this section does not require an insurer or health maintenance organization to disclose any claims information or data that reasonably, or by reasonable inference, may reveal the identity of an enrolled member under the standards of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

/s/Perry

APPROVED: 4/16/25