

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas  
90th General Assembly  
Regular Session, 2015

As Engrossed: S3/26/15 S3/27/15

# A Bill

SENATE BILL 943

By: Senator Elliott

By: Representative D. Ferguson

## For An Act To Be Entitled

*AN ACT TO IMPROVE THE LEVEL OF INSURANCE FOR HEALTH CARE IN ARKANSAS; TO REQUIRE THAT CONTINUING HEALTH INSURANCE INFORMATION REGARDING THE HEALTH CARE INDEPENDENCE PROGRAM BE PROVIDED TO ENROLLEES OF THE HEALTH CARE INDEPENDENCE PROGRAM; AND FOR OTHER PURPOSES.*

## Subtitle

*TO IMPROVE THE LEVEL OF INSURANCE FOR HEALTH CARE IN ARKANSAS; AND TO REQUIRE THAT HEALTH INSURANCE INFORMATION REGARDING THE HEALTH CARE INDEPENDENCE PROGRAM BE PROVIDED TO ENROLLEES OF THE HEALTH CARE INDEPENDENCE PROGRAM.*

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

*SECTION 1. Arkansas Code Title 23, Chapter 79, Subchapter 1, is amended to add an additional section to read as follows:*

*23-79-160. Health insurance information regarding Health Care Independence Program.*

*Upon notification to enrollees in the Health Care Independence Program established by the Health Care Independence Act of 2013, § 20-77-2401 et seq., that the Health Care Independence Program ends on December 31, 2016, the Department of Human Services shall simultaneously provide to enrollees in the Health Care Independence Program the following information in accordance*



with the Arkansas Health Reform Act of 2015, Acts 2015, No. 46:

(1) Upon program termination, recommend an alternative healthcare coverage model and legislative framework to ensure the continued availability of healthcare services for vulnerable populations covered by the Health Care Independence Program;

(2) Explore and recommend options to modernize Medicaid programs serving the indigent, aged, and disabled; and

(3) Identify the populations eligible for and participating in the Health Care Independence Program, including:

(A) Individuals newly eligible for health coverage under the Health Care Independence Program; and

(B) Individuals previously eligible for Medicaid before the effective date of the Health Care Independence Program, whether under a Medicaid waiver or some other eligibility criteria.

/s/Elliott