

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

State of Arkansas
91st General Assembly
Regular Session, 2017

A Bill

SENATE BILL 683

By: Senator D. Sanders

For An Act To Be Entitled

AN ACT TO AMEND THE ARKANSAS HEALTHCARE TRANSPARENCY
INITIATIVE ACT OF 2015; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE ARKANSAS HEALTHCARE
TRANSPARENCY INITIATIVE ACT OF 2015.

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

SECTION 1. Arkansas Code § 19-5-1145(c), concerning the Arkansas Healthcare Transparency Initiative Fund, is amended to read as follows:

(c) The following moneys shall be paid into the fund:

(1) Penalties imposed on submitting entities pursuant to the Arkansas Healthcare Transparency Initiative Act of 2015, § 23-61-901 et seq., and rules promulgated under the Arkansas Healthcare Transparency Initiative Act of 2015, § 23-61-901 et seq.;

~~(2) Funds received from the federal government;~~

~~(3)~~(2) Appropriations from the General Assembly; and

~~(4)~~(3) All other payments, gifts, grants, bequests, or income from any source subscription fees or payments made by third parties to the State Insurance Department for data access.

SECTION 2. Arkansas Code § 23-61-902(a), concerning the legislative intent and purpose for the Arkansas Healthcare Transparency Initiative, is amended to read as follows:

(a) It is the intent of the General Assembly to create and maintain an informative source of healthcare information to support consumers,



researchers, and policymakers in healthcare decisions within the state, including decisions by the State Insurance Department to regulate the business of insurance in this state.

SECTION 3. Arkansas Code § 23-61-903(9), concerning definitions for the Arkansas Healthcare Transparency Initiative, is amended to read as follows:

(9)(A) "Submitting entity" means:

(i) An entity that provides health or dental insurance or a health or dental benefit plan in the state, including without limitation an insurance company, medical services plan, managed care organization, hospital plan, hospital medical service corporation, health maintenance organization, or fraternal benefit society, provided that the entity has covered individuals and the entity had at least two thousand (2,000) covered individuals in the previous calendar year;

(ii) A health benefit plan offered or administered by or on behalf of the state or an agency or instrumentality of the state, including benefits administered by a managed care organization whether or not the managed care organization had at least two thousand (2,000) covered individuals in the previous year;

(iii) A health benefit plan offered or administered by or on behalf of the federal government with the agreement of the federal government;

(iv) The Workers' Compensation Commission;

(v) Any other entity providing a plan of health insurance or health benefits subject to state insurance regulation, a third-party administrator, or a pharmacy benefits manager, provided that the entity has covered individuals and the entity had at least two thousand (2,000) covered individuals in the previous calendar year;

(vi) A health benefit plan subject to the Employee Retirement Income Security Act of 1974, Pub. L. No. 93-406, ~~as permitted by federal law, provided that the health benefit plan does not include an employee welfare benefit plan, as defined by federal law, as amended from time to time, that is also a trust established pursuant to collective bargaining subject to the Labor Management Relations Act of 1947, 29 U.S.C. §§ 401—531 that is fully insured; and~~

(vii) An entity that contracts with institutions of the Department of Correction or Department of Community Correction to provide medical, dental, or pharmaceutical care to inmates; and

(viii) Risk-based provider organizations certified by the State Insurance Department.

(B) "Submitting entity" does not include:

(i) an An entity that provides health insurance or a health benefit plan that is accident-only, specified disease, hospital indemnity, long-term care, disability income, or other supplemental benefit coverage; ~~and~~

(ii) An employee welfare benefit plan, as defined by federal law as it existed on January 1, 2107, that is also a trust established pursuant to collective bargaining subject to the Labor Management Relations Act of 1947, 29 U.S.C. §§ 401 – 531; or

(iii) A health benefit plan subject to the Employee Retirement Income Security Act of 1974, Pub. L. No. 93-406, that is self-funded.

SECTION 4. Arkansas Code § 23-61-905(a)(1), concerning the membership of the Arkansas Healthcare Transparency Initiative Board, is amended to read as follows:

(a)(1) There is created the Arkansas Healthcare Transparency Initiative Board, which shall be composed of the following members:

- (A) A representative of the Department of Human Services;
- (B) A representative of the Department of Health;
- (C) A representative of the Office of Health Information Technology or its successor entity as provided by state law;
- (D) The Surgeon General; and
- (E) Nine (9) members appointed by the Governor as follows:
 - (i) Two (2) representatives from the health insurance industry, one (1) of whom shall be a multistate representative and one (1) of whom shall be a domestic representative;
 - (ii) Two (2) representatives from the healthcare provider community;
 - (iii) A representative from a self-insured employer;
 - (iv) A representative from an employer of fewer than

one hundred (100) full-time employees that provides healthcare coverage to employees through a fully-insured product;

(v) A representative from a healthcare consumer organization;

(vi) A representative from the academic research community with expertise in healthcare claims data analysis; ~~and~~

(vii) A representative with expertise in health data privacy and security; and

(F) A representative from the Arkansas Biosciences Institute, who shall serve ex officio.