

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

State of Arkansas  
92nd General Assembly  
Regular Session, 2019

As Engrossed: S3/7/19  
**A Bill**

SENATE BILL 472

By: Senator Maloch

### **For An Act To Be Entitled**

AN ACT TO REQUIRE A HEALTH INSURER TO CONTRACT WITH A LICENSED HEALTHCARE PROVIDER IF THE HEALTHCARE PROVIDER IS PERMITTED TO PARTICIPATE IN MEDICARE, MEDICAID, OR ANY OTHER FEDERAL HEALTH BENEFIT PLAN; TO DECLARE AN EMERGENCY; AND FOR OTHER PURPOSES.

### **Subtitle**

TO REQUIRE A HEALTH INSURER TO CONTRACT WITH A LICENSED HEALTHCARE PROVIDER IF THE HEALTHCARE PROVIDER IS PERMITTED TO PARTICIPATE IN MEDICARE, MEDICAID, OR ANY OTHER FEDERAL HEALTH BENEFIT PLAN; AND TO DECLARE AN EMERGENCY.

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

SECTION 1. Arkansas Code Title 23, Chapter 99, Subchapter 8, is amended to add an additional section to read as follows:

23-99-804. Health insurer - Healthcare provider contracts.

(a) A healthcare provider, including without limitation a physician, nurse, pharmacist, dentist, physical therapist, physician assistant, or any other healthcare provider licensed and in good standing with the state licensing board responsible for the licensing of the healthcare provider, shall not be excluded from contracting with a health insurer, third-party administrator, pharmacy benefits manager, or other entity that is subject to § 23-99-802, if the healthcare provider is permitted to participate in Medicare, Medicaid, or any other federal health benefit plan.



(b) This section does not preempt § 23-99-204 regarding the requirement that a healthcare provider accept a health benefit plan's operating terms and conditions, schedule of fees, covered expenses, and utilization regulations and quality standards to participate in that health benefit plan.

SECTION 2. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that healthcare providers in Arkansas, often practicing in rural areas where there is limited access to healthcare providers, are not being approved by healthcare insurers, even if the healthcare provider is licensed and has been approved by Medicare and Medicaid; that this act is needed to allow an individual who has insurance coverage to use a healthcare provider of his or her choice in communities that are often underserved; and that this act is immediately necessary because failure by health insurers to recognize some healthcare providers creates a burden on individuals with insurance coverage and limits the healthcare providers available to an individual who has coverage. Therefore, an emergency is declared to exist, and this act being immediately necessary for the preservation of the public peace, health, and safety shall become effective on:

(1) The date of its approval by the Governor;

(2) If the bill is neither approved nor vetoed by the Governor, the expiration of the period of time during which the Governor may veto the bill; or

(3) If the bill is vetoed by the Governor and the veto is overridden, the date the last house overrides the veto.

/s/Maloch