

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

State of Arkansas  
93rd General Assembly  
Regular Session, 2021

As Engrossed: S4/13/21

# A Bill

SENATE BILL 672

By: Senator Irvin

By: Representative Boyd

## For An Act To Be Entitled

*AN ACT TO REQUIRE FAIR MARKET PAY FOR AMBULATORY  
SURGERY CENTERS; TO DECLARE AN EMERGENCY; AND FOR  
OTHER PURPOSES.*

### Subtitle

*TO REQUIRE FAIR MARKET PAY FOR AMBULATORY  
SURGERY CENTERS; AND TO DECLARE AN  
EMERGENCY.*

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

SECTION 1. Arkansas Code § 23-79-115(a), concerning payment or reimbursement for services under a policy, contract, plan, or agreement, is amended to read as follows:

(a)(1) Notwithstanding any ~~provisions of any provision of an~~ individual or group accident and health insurance policy, ~~or~~ any provision of a policy, contract, plan, or agreement covering hospital or medical services, network participation agreement or an agreement between an insurer and a healthcare provider, in cases in which the insurer under a policy, contract, plan, or agreement provides for payment or reimbursement for any healthcare service provided by hospitals or related facilities as defined in § 20-9-201 or § 20-10-213, the person entitled to payment or reimbursement for services under the policy, contract, plan, or agreement, including without limitation a healthcare provider, is entitled to payment or reimbursement on an equal basis for the service when the service is provided by facilities licensed as outpatient surgery centers under §§ 20-9-214 and 20-9-215.



(2) This subsection applies to insurance policies and hospital service corporation contracts that are delivered or issued for delivery in this state more than one hundred twenty (120) days after July 6, 1977, and to such other contracts, plans, or agreements that are entered into or effectuated in this state more than one hundred twenty (120) days after July 6, 1977, including without limitation network participation agreements and agreements between insurers and healthcare providers.

(3)(A) An insurer may consider and apply the Patient Protection Act of 1995, § 23-99-201 et seq., and enforcement of any willing provider laws, § 23-99-801 et seq., if setting rates for payment or reimbursement of outpatient surgery centers licensed under §§ 20-9-214 and 20-9-215.

(B) However, an insurer shall not set a rate less than ninety percent (90%) of an average rate of payment or reimbursement by an insurance company by using Current Procedural Terminology codes, otherwise known as "CPT codes", for procedures billed as a hospital outpatient service for the state in which the outpatient surgery center licensed under §§ 20-9-214 and 20-9-215 is located.

SECTION 2. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that ambulatory surgery centers do not receive fair market pay for the healthcare services provided to patients in this state; that an urgent need exists to clarify the policy for reimbursement for healthcare services under an insurance policy; and that this act is immediately necessary because patients in this state deserve access to healthcare services offered by ambulatory surgery centers that provide quality care and should be reimbursed and paid at fair market value. 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/ Irvin*