

1 State of Arkansas
2 95th General Assembly
3 Regular Session, 2025

A Bill

HOUSE BILL 1771

4
5 By: Representative Perry
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For An Act To Be Entitled

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

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15 TO AMEND THE LAW CONCERNING DISCLOSURES
16 TO POLICYHOLDERS; AND TO REQUIRE MONTHLY
17 REPORTING BY INSURERS.
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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. Arkansas Code § 23-86-119 is amended to read as follows:
22 23-86-119. Disclosure to policyholders.

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

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

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

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

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

36 ~~(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) Primary diagnosis;

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

(d) 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.