

1 State of Arkansas
2 95th General Assembly
3 Regular Session, 2025
4

A Bill

SENATE BILL 264

5 By: Senator Irvin
6 By: Representative L. Johnson
7

For An Act To Be Entitled

8 AN ACT TO ESTABLISH THE ARKANSAS PRIMARY CARE PAYMENT
9 IMPROVEMENT WORKING GROUP; AND FOR OTHER PURPOSES.
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Subtitle

11 TO ESTABLISH THE ARKANSAS PRIMARY CARE
12 PAYMENT IMPROVEMENT WORKING GROUP.
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14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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16 SECTION 1. DO NOT CODIFY. Legislative findings and intent.

17 (a) The General Assembly finds that:

18 (1) There is extensive data demonstrating that a population's
19 increased access to quality primary care reduces overall healthcare costs and
20 improves health outcomes;

21 (2) Without access to high-quality primary care, healthcare
22 costs rise, preventable health issues escalate, and chronic disease burden
23 worsens;

24 (3) Studies demonstrate that investing more in primary care
25 reduces health system costs and improves a population's health; and

26 (4) A population's increased access to primary care results in
27 fewer emergency department visits, hospital stays, and surgeries.

28 (b) It is the intent of the General Assembly to form a working group
29 to better understand the primary care system in this state and its effect on
30 health outcomes for Arkansans.

31 SECTION 2. DO NOT CODIFY. TEMPORARY LANGUAGE. Arkansas Primary Care
32 Payment Improvement Working Group.
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1 (a) There is established the Arkansas Primary Care Payment Improvement
2 Working Group, to be composed of the following eight (8) members:

3 (1) The Secretary of the Department of Human Services, or his or
4 her designee;

5 (2) The Insurance Commissioner, or his or her designee;

6 (3) A designee of the Arkansas Center for Health Improvement;

7 (4) A physician representative of the primary care community in
8 this state, as selected by the Arkansas Academy of Family Physicians, Inc.;

9 (5) A pediatrician representative of the primary care community
10 in this state, as selected by the Arkansas Chapter. American Academy of
11 Pediatrics;

12 (6) An advanced practice registered nurse representative of the
13 primary care community in this state, as selected by the Arkansas Nurses
14 Association;

15 (7) A representative of the Arkansas commercial health insurance
16 community from an Arkansas-based insurer, as selected by America's Health
17 Insurance Plans; and

18 (8) A practicing primary care physician as selected by the
19 Arkansas Medical Society, Inc.

20 (b) The member of the working group designated by the Arkansas Chapter
21 of the Arkansas Academy of Family Physicians, Inc., shall serve as Chair of
22 the Arkansas Primary Care Payment Improvement Working Group and be
23 responsible for scheduling regular meetings of the group.

24 (c) All members of the working group are voting members.

25 (d) Any vacancies that occur for any membership positions that are not
26 held as a function of office shall be filled by the selecting body upon
27 vacancy.

28 (e) The working group shall:

29 (1)(A) Establish a definition of primary care to be utilized by
30 the working group.

31 (B) The definition shall be applicable to primary care and
32 services provided under the Arkansas Medicaid Program and commercial
33 insurance plans;

34 (2) Identify any portion of the Arkansas Medicaid Program
35 population that should not be included in the study due to the unique
36 circumstances of the population;

1 (3) Create templates for data submission from commercial
2 insurance carriers and the Arkansas Medicaid Program;

3 (4) Conduct an evaluation of the current amount spent on primary
4 care and other healthcare services, both as it relates to the Arkansas
5 Medicaid Program and the commercial insurance carriers, including Medicare
6 Advantage plans;

7 (5) Determine the adequacy of the primary care delivery system
8 in Arkansas, including the effect this system has on the supply of the
9 primary care providers in this state;

10 (6) Study the primary care payment landscape in other states,
11 specifically considering states that have implemented a primary care spending
12 target; and

13 (7) Identify data collection and measurement systems as a basis
14 for creation of a primary care spending target for the Arkansas Medicaid
15 Program and commercial insurance carriers operating in this state that
16 includes a method by which to measure improvements made toward the primary
17 care spending target.

18 (f)(1) The working group may request and receive data from commercial
19 insurance carriers that do business in this state related to the provision of
20 and payment for primary care as a percentage of overall claims payment.

21 (2) Data received under subdivision (f)(1) of this section shall
22 include without limitation commercial insurance carrier submitted templates
23 that report information such as:

24 (A) Fee-for-service payments;

25 (B) Non-fee-for-service payments;

26 (C) Primary care incentive programs and requirements;

27 (D) The numbers of participating providers;

28 (E) Performance metrics;

29 (F) Prices;

30 (G) Utilization;

31 (H) Total cost trends; and

32 (I) Other information as identified in annual notices.

33 (3) A commercial insurance carrier shall use templates supplied
34 by the group in consultation with the State Insurance Department to provide
35 prospective and retrospective information to the group.

36 (4) The State Insurance Department shall monitor and ensure

1 compliance with this section.

2 (g)(1) No later than April 1, 2026, the working group shall submit a
3 report of its findings and recommendations to the Legislative Council.

4 (2) The report shall include a recommendation for a primary care
5 spending target for both commercial insurance carriers and the Arkansas
6 Medicaid Program designed to achieve better health outcomes and decreased
7 healthcare costs for the people of Arkansas.

8 (3) If the Arkansas Medicaid Program or any commercial insurance
9 carrier fails to meet the primary care spending targets adopted by the
10 Legislative Council based on the report under subdivision (g)(1) of this
11 section, the Legislative Council may request that a representative of the
12 entity failing to meet the primary care spending target appear before the
13 Legislative Council and provide details on the efforts the entity is making
14 to meet the primary care spending target.

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16 SECTION 3. Arkansas Code § 23-61-906(a), concerning data submission
17 under the Arkansas Healthcare Transparency Initiative, is amended to read as
18 follows:

19 (a) Except as provided in subsection (d) of this section, ~~no later~~
20 ~~than January 1, 2016, and~~ every quarter thereafter, a submitting entity shall
21 submit health and dental claims data, unique identifiers, and geographic and
22 demographic information for covered individuals as permitted in this
23 subchapter, nonclaims-based payments made to providers, and provider files to
24 the Arkansas Healthcare Transparency Initiative in accordance with standards
25 and procedures adopted by the State Insurance Department.

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