1	State of Arkansas	A Bill	
2	95th General Assembly Regular Session, 2025	Abiii	SENATE BILL 483
3 4	Regulai Session, 2025		SENATE DILL 403
5	By: Senator Irvin		
6	By. Schator II viii		
7			
8		For An Act To Be Entitled	
9	AN ACT TO REPEAL CERTAIN REPORTING REQUIREMENTS FOR		
10		NSURANCE DEPARTMENT AND THE STATE	
11	SECURITIES	DEPARTMENT; TO REVISE CERTAIN REPORTI	NG
12	REQUIREMENT	'S FOR THE STATE INSURANCE DEPARTMENT;	AND
13	FOR OTHER P	URPOSES.	
14			
15			
16		Subtitle	
17	TO REF	PEAL CERTAIN REPORTING REQUIREMENTS	
18	FOR TH	HE STATE INSURANCE DEPARTMENT AND	
19	THE ST	TATE SECURITIES DEPARTMENT; AND TO	
20	REVISE	E CERTAIN REPORTING REQUIREMENTS	
21	FOR TH	HE STATE INSURANCE DEPARTMENT.	
22			
23	BE IT ENACTED BY THE GE	NERAL ASSEMBLY OF THE STATE OF ARKANS	AS:
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25	SECTION 1. Arkan	sas Code § 23-42-111 is repealed.	
26	<del>23-42-111. Quart</del>	• •	
27		curities Department shall provide to	
28		tt Budget Committee if the General Ass	-
29	-	basis a report of all funds received	-
30	_	nized or required through court order	<del>'s or settlement</del>
31	agreements.		1 11
32	(D) INC report r	equired under subsection (a) of this	Section Snail
33 34		se name of the court order or settlem	ant agraement.
35		wount of funds received or transaction	_
36		eent for each court order or settlemen	9

1	(3)(A) A plan for disbursement of the received funds.			
2	(B) If funds received from a court order or settlement			
3	agreement are expended for any purpose, including investor education and			
4	enforcement activities, the report shall itemize specific activities subject			
5	to the exclusions provided in § 25-1-403(1)(B);			
6	(4) An itemization of the specific investor education and			
7	enforcement activities funded for the department;			
8	(5) An explanation of whether the funds received or transactions			
9	recognized or required from a court order or settlement agreement are			
10	directed to a specific entity, and if so, the department shall provide a			
11	summary of input regarding the drafting of the court order or settlement			
12	agreement;			
13	(6) A report of the rationale for disbursing funds to a specific			
14	entity if the department receives funds from a court order or settlement			
15	agreement that does not require disbursement of funds to a specific entity;			
16	<del>and</del>			
17	(7) A report of current balances of all unappropriated fund			
18	holdings the department received from a court order or settlement agreement.			
19	(c) The department shall provide the reports required under this			
20	section no later than the fifteenth day of the month immediately following			
21	the end of each quarter.			
22				
23	SECTION 2. Arkansas Code § 23-61-112(a), concerning the information			
24	required in the annual report of the State Insurance Department, is amended			
25	to read as follows:			
26	(a) As early in the calendar year as reasonably possible, the			
27	Insurance Commissioner annually shall prepare and deliver a report to the			
28	Secretary of the Department of Commerce showing, with respect to the			
29	preceding calendar year:			
30	(1) Names of the authorized insurers transacting insurance in			
31	this state, with a summary of their financial statements that the			
32	commissioner considers proper;			
33	(2) Names of admitted insurers that closed during the year or			
34	entered liquidation, a concise statement concerning the cause for each			
35	proceeding, and the amount of assets and liabilities as ascertainable;			
36	(3) The total receipts and expenses of the State Insurance			

1	Department for the year; and		
2	(4) A summary of the department's activities to investigate and		
3	combat health insurance fraud, including without limitation information		
4	regarding:		
5	(A) Referrals received;		
6	(B) Investigations initiated;		
7	(C) Investigations completed; and		
8	(D) Other material necessary or desirable to evaluate the		
9	department's efforts to investigate and combat health insurance fraud; and		
10	(5) Other pertinent information and matters the commissioner		
11	considers proper.		
12			
13	SECTION 3. Arkansas Code § 23-61-116 is repealed.		
14	23-61-116. Annual report on health insurance fraud.		
15	Annually on or before March 1, the Insurance Commissioner shall submit		
16	to the Secretary of the Department of Commerce, the President Pro Tempore of		
17	the Senate, the Speaker of the House of Representatives, and the Attorney		
18	General a report summarizing the State Insurance Department's activities to		
19	investigate and combat health insurance fraud, including without limitation		
20	information regarding:		
21	(1) Referrals received;		
22	(2) Investigations initiated;		
23	(3) Investigations completed; and		
24	(4) Other material necessary or desirable to evaluate the		
25	department's efforts under this section.		
26			
27	SECTION 4. Arkansas Code § 23-61-610 is repealed.		
28	23-61-610. Annual report.		
29	The Administrator of the Risk Management Division shall report annually		
30	to the Governor and the Legislative Council on his or her findings and		
31	recommendations.		
32			
33	SECTION 5. Arkansas Code § 23-61-805(a), concerning reports of the		
34	assessment and user fee under the Arkansas Health Insurance Marketplace, is		
35	amended to read as follows:		
36	(a) <del>(l)</del> The General Assembly shall establish a reasonable initial		

- l assessment or user fee and reasonable increases or decreases in the amount of
- 2 future assessments or user fees and penalties and interest charges for
- 3 nonpayment of an assessment or user fee charged to participating health
- 4 insurers for the efficient operation of the Arkansas Health Insurance
- 5 Marketplace.
- 6 (2) Annually by October 1, the State Insurance Department shall
- 7 report to the Legislative Council in the manner and format that the
- 8 Legislative Council requires the recommendations of the department for the
- 9 initial assessment or user fee and increases or decreases in the amount of
- 10 future assessments or user fees and penalties and interest charges for
- 11 nonpayment of an assessment or user fee charged to participating health
- 12 insurers.
- 13 (3) Annually by December 1, the Legislative Council shall review
- 14 the recommendations of the department under subdivision (a)(2) of this
- 15 section and report to the President Pro Tempore of the Senate and the Speaker
- 16 of the House of Representatives the recommendations of the Legislative
- 17 Council for the initial assessment or user fee and future increases or
- 18 decreases in the amount of assessments or user fees and penalties and
- 19 interest charges for nonpayment of an assessment or user fee charged to
- 20 participating health insurers.

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- SECTION 6. Arkansas Code § 23-67-313(b) and (c), concerning the report
- 23 of the Arkansas Workers' Compensation Insurance Plan and servicing carriers,
- 24 are amended to read as follows:
- 25 (b) The commissioner shall review the plan operations to ensure
- 26 compliance with this act. The commissioner shall review and report to the
- 27 Legislative Council and the Senate Committee on Insurance and Commerce and
- 28 the House Committee on Insurance and Commerce by September 1 of each year,
- 29 with the first report to be submitted no later than September 1, 1997,
- 30 including, but not limited to, the following information:
- 31 (1) Competitive selection of the administrator and servicing
- 32 carriers:
- 33 (2) Plan operating performance and service in accordance with
- 34 the intent of this act, including performance reviews of the administrator,
- 35 servicing carriers, and plan rules;
- 36 (3) Proper authority and independence of the Arkansas office to

1	properly perform and secure prompt, fair, and reasonable service as required
2	by this act; and
3	(4) Coverage provided by the plan in other states, including
4	evidence providing that carriers promptly provide coverage for employees of
5	Arkansas employers working in other states as provided in this act.
6	(c) The commissioner is encouraged to hold public hearings as needed
7	to assist in achieving the objectives of this act <del>and to assist with the</del>
8	review and report provided to the Legislative Council and the Senate
9	Committee on Insurance and Commerce and the House Committee on Insurance and
10	Commerce.
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12	SECTION 7. Arkansas Code § 23-79-1503(c), concerning the rules and
13	reporting requirements under Wendelyn's Craniofacial Law — Craniofacial
14	Coverage, is amended to read as follows:
15	(c) The department shall submit <del>biannual reports</del> <u>a report</u> to the Chair
16	of the House Committee on Insurance and Commerce and the Chair of the Senate
17	Committee on Insurance and Commerce upon receipt of a request from:
18	(1) A cochair of the House Committee on Insurance and Commerce;
19	<u>or</u>
20	(2) A cochair of the Senate Committee on Insurance and Commerce.
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