

State of Arkansas

As Engrossed: S4/2/25

95th General Assembly

A Bill

Regular Session, 2025

HOUSE BILL 1700

By: Representative Achor

By: Senator J. Boyd

For An Act To Be Entitled

AN ACT TO AMEND THE PRIOR AUTHORIZATION TRANSPARENCY
ACT; TO CLARIFY THE PROCESS OF AN ADVERSE
DETERMINATION NOTICE UNDER THE PRIOR AUTHORIZATION
TRANSPARENCY ACT; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE PRIOR AUTHORIZATION
TRANSPARENCY ACT; AND TO CLARIFY THE
PROCESS OF AN ADVERSE DETERMINATION
NOTICE UNDER THE PRIOR AUTHORIZATION
TRANSPARENCY ACT.

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

SECTION 1. Arkansas Code § 23-99-1111(c)(3)(A), concerning the
information required from a utilization review entity in an adverse
determination notice under the Prior Authorization Transparency Act, is
amended to read as follows:

(3)(A)(i) Subject to this subdivision (c)(3), when an adverse
determination is issued by a utilization review entity that questions the
medical necessity, the appropriateness, or the experimental or
investigational nature of a healthcare service, the utilization review entity
shall provide in the notice of adverse determination the ~~name and~~ telephone
number of a physician who possesses a current and unrestricted license in
this state with whom the requesting healthcare provider may have a reasonable
opportunity to discuss the patient's treatment plan and the clinical basis
for the intervention.



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2 (ii) A physician contacted by a
3 requesting healthcare provider under subdivision (c)(3)(A)(i) of this section
4 shall disclose his or her name and license information to the requesting
5 healthcare provider.

6 (iii) If a healthcare provider submits an audio
7 recording demonstrating a violation of subdivision (c)(3)(A) of this section
8 to the State Insurance Department:

9 (a) The requested prior authorization is
10 deemed approved; and

11 (b) The department shall direct the
12 utilization review entity to immediately issue the requested prior
13 authorization to the healthcare provider.

14
15 SECTION 2. Arkansas Code § 23-99-1115(b), concerning the information
16 required in the written and verbal notice of an adverse determination under
17 the Prior Authorization Transparency Act, is amended to read as follows:

18 (b) The written or verbal notice ~~required~~ to a healthcare provider
19 under this section shall include:

20 (1) The following information:

21 (A) The ~~name, title, and~~ telephone number of the physician
22 responsible for making the adverse determination and, in the event that the
23 physician responsible for making the adverse determination is not available,
24 a telephone number where a peer-to-peer contact with another physician
25 regarding the adverse determination can be made;

26 (B) The reviewing physician's specialty or practice area,
27 including board certification status or board eligibility; ~~and~~

28 (C) A list of states in which the reviewing physician is
29 licensed ~~and the license number issued to the reviewing physician by each~~
30 ~~state;~~

31 (D) For a verbal notice, the name and license number of
32 the reviewing physician; and

33 (E) For a written notice, a telephone number that the
34 requesting healthcare provider may call to obtain the name and license number
35 of the reviewing physician;

36 (2) The written clinical criteria, if any, and any internal

1 rule, guideline, or protocol on which the utilization review entity relied
2 when making the adverse determination and how those provisions apply to the
3 subscriber's specific medical circumstance;

4 (3) ~~Information for the subscriber and the subscriber's~~
5 ~~healthcare provider~~ that describes the procedure through which the subscriber
6 ~~or~~ healthcare provider may request a copy of any report developed by
7 personnel performing the review that led to the adverse determination; and

8 (4)(A) ~~Information that explains to the subscriber and the~~
9 ~~subscriber's healthcare provider~~ the right to appeal the adverse
10 determination.

11 (B) The information required under subdivision (b)(4)(A)
12 of this section shall include:

13 (i) Instructions concerning how to perfect an appeal
14 and how the ~~subscriber and the subscriber's~~ healthcare provider may ensure
15 that written materials supporting the appeal will be considered in the appeal
16 process; and

17 (ii)(a) Addresses and telephone numbers to be used
18 by healthcare providers ~~and subscribers~~ to make complaints to ~~the Arkansas~~
19 ~~State Medical Board, the State Board of Health, and~~ the State Insurance
20 Department.

21 (b) Subdivision (b)(4)(B)(ii)(a) of this
22 section does not apply to self-insured plans for employees of governmental
23 entities.
24

25 SECTION 3. Arkansas Code § 23-99-1115, concerning the notice
26 requirements and process for appealing adverse determinations under the Prior
27 Authorization Transparency Act, is amended to add additional subsections to
28 read as follows:

29 (e)(1) Upon an adverse determination by a utilization review entity,
30 the utilization review entity shall provide a written notice to the
31 subscriber, which shall include without limitation:

32 (A)(i) An explanation in clear and ordinary terms of the
33 basis for the adverse determination.

34 (ii) An explanation under subdivision (e)(1)(A)(i)
35 of this section shall include without limitation:

36 (a) A listing of clinical criteria, if

1 applicable, and any internal rule, guideline, or protocol upon which a
2 utilization review entity relied when making an adverse determination; and

3 (b) The reason why the provisions listed in
4 subdivision (e)(1)(A)(ii)(a) of this section apply to the subscriber's
5 specific medical circumstance;

6 (B) A description of the procedure through which the
7 subscriber may request a copy of a report developed by personnel performing
8 the utilization review that led to the adverse determination;

9 (C) Information that explains to the subscriber the right
10 to appeal the adverse determination, including instructions concerning how to
11 perfect an appeal and how the subscriber may ensure that written materials
12 supporting the appeal will be considered in the appeals process; and

13 (D) An address and telephone number to be used by a
14 subscriber to make a complaint to the Arkansas State Medical Board, the State
15 Board of Health, and the State Insurance Department.

16 (2) A utilization review entity shall treat a subscriber's
17 request for any information related to a prior authorization, including a
18 general inquiry, as a request under subdivision (e)(1) of this section.

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20 /s/Achor

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23 APPROVED: 4/16/25