

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

As Engrossed: S3/18/25

A Bill

SENATE BILL 264

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

For An Act To Be Entitled

9 AN ACT TO ESTABLISH THE ARKANSAS PRIMARY CARE PAYMENT
10 IMPROVEMENT WORKING GROUP; AND FOR OTHER PURPOSES.
11

Subtitle

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

20 (a) The General Assembly finds that:

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

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

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

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

31 (b) It is the intent of the General Assembly to form a working group
32 to better understand the primary care system in this state and its effect on
33 health outcomes for Arkansans.
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35 SECTION 2. DO NOT CODIFY. TEMPORARY LANGUAGE. Arkansas Primary Care
36 Payment Improvement Working Group.



1 (a) There is established the Arkansas Primary Care Payment Improvement
2 Working Group, to be composed of the following nine (9) 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 practicing primary care physician appointed by the Speaker
8 of the House of Representatives;

9 (5) A representative of the Arkansas commercial health insurance
10 community from an Arkansas-based insurer appointed by the Speaker of the
11 House of Representatives;

12 (6) A pediatrician representative of the primary care community
13 in this state appointed by the Speaker of the House of Representatives;

14 (7) A practicing primary care physician appointed by the
15 President Pro Tempore of the Senate;

16 (8) An advanced practice registered nurse representative of the
17 primary care community in this state appointed by the President Pro Tempore
18 of the Senate; and

19 (9) A primary care physician employed by or primarily practicing
20 in a federal qualified health center appointed by the President Pro Tempore
21 of the Senate.

22 (b) The practicing primary care physician appointed by the President
23 Pro Tempore of the Senate shall serve as Chair of the Arkansas Primary Care
24 Payment Improvement Working Group and be responsible for scheduling regular
25 meetings of the working group.

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

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

30 (e) The working group shall:

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

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

36 (2) Identify any portion of the Arkansas Medicaid Program

1 population that should not be included in the study due to the unique
2 circumstances of the population;

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

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

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

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

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

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

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

26 (A) Fee-for-service payments;

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

28 (C) Primary care incentive programs and requirements;

29 (D) The numbers of participating providers;

30 (E) Performance metrics;

31 (F) Prices;

32 (G) Utilization;

33 (H) Total cost trends; and

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

35 (3) A commercial insurance carrier shall use templates supplied
36 by the group in consultation with the State Insurance Department to provide

1 prospective and retrospective information to the group.

2 (4) The State Insurance Department shall monitor and ensure
3 compliance with this section.

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

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

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

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

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

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29 /s/ Irvin

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32 **APPROVED: 4/8/25**