

**Hall of the House of Representatives**  
95th General Assembly - Regular Session, 2025  
**Amendment Form**

---

**Subtitle of House Bill 1298**

TO MODIFY PAYMENT OF BENEFITS FOR CERTAIN HEALTHCARE PROVIDERS  
UNDER A HEALTH BENEFIT PLAN.

---

**Amendment No. 1 to House Bill 1298**

Amend House Bill 1298 as originally introduced:

Page 1, delete line 36, and substitute the following:

"healthcare insurer:"

AND

Page 2, delete lines 17 through 20, and substitute the following:

"(c) A healthcare insurer shall pay a claim for any indemnity provided by a health benefit plan on account of hospital, nursing, medical, or surgical services directly to the healthcare provider that provided the service for an out-of-network claim.

(d) As used in this section:

(1)(A) "Health benefit plan" means:

(i) An individual, blanket, or group plan or a policy or contract for healthcare services offered, issued, renewed, delivered, or extended in this state by a healthcare insurer; and

(ii) A health benefit program receiving state or federal appropriations from the State of Arkansas, including the Arkansas Medicaid Program and the Arkansas Health and Opportunity for Me Program established by the Arkansas Health and Opportunity for Me Act of 2021, § 23-61-1001 et seq., or any successor program.

(B) "Health benefit plan" includes:

(i) Indemnity and managed care plans; and



(ii) Nonfederal governmental plans as defined in 29 U.S.C. § 1002(32), as it existed on January 1, 2025.

(C) "Health benefit plan" does not include:

(i) A plan that provides only dental benefits or eye and vision care benefits;

(ii) A disability income plan;

(iii) A credit insurance plan;

(iv) Insurance coverage issued as a supplement to liability insurance;

(v) A medical payment under an automobile or homeowners insurance plan;

(vi) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

(vii) A plan that provides only indemnity for hospital confinement;

(viii) An accident-only plan;

(ix) A specified disease plan; or

(x) A long-term-care-only plan; and

(2)(A) "Healthcare insurer" means an entity subject to the insurance laws of this state or the jurisdiction of the Insurance Commissioner that contracts or offers to contract to provide health insurance coverage, including without limitation an insurance company, a hospital and medical service corporation, a health maintenance organization, a self-insured governmental or church plan in this state, or the Arkansas Medicaid Program.

(B) "Healthcare insurer" does not include an entity that provides only dental benefits or eye and vision care benefits."

AND

Page 2, line 26, delete "policy shall" and substitute "policy or health benefit plan shall"

AND

Page 2, line 35, delete "policy may" and substitute "policy or health benefit plan may"

AND

Page 2, line 36, delete "policy on" and substitute "policy or health benefit plan on"

AND

Page 3, line 1, delete "the insurer's" and substitute "the healthcare insurer's"

AND

Page 3, line 2, delete "policy ~~may~~" and substitute "policy or health benefit plan ~~may~~"

AND

Page 3, line 5, delete "the insurer's" and substitute "the healthcare insurer's"

AND

Page 3, delete lines 7 through 10, and substitute the following:

"(c) A healthcare insurer shall pay a claim for any indemnity provided by a health benefit plan on account of hospital, nursing, medical, or surgical services directly to the healthcare provider that provided the service for an out-of-network claim.

(d) As used in this section:

(1)(A) "Health benefit plan" means:

(i) An individual, blanket, or group plan or a policy or contract for healthcare services offered, issued, renewed, delivered, or extended in this state by a healthcare insurer; and

(ii) A health benefit program receiving state or

federal appropriations from the State of Arkansas, including the Arkansas Medicaid Program and the Arkansas Health and Opportunity for Me Program established by the Arkansas Health and Opportunity for Me Act of 2021, § 23-61-1001 et seq., or any successor program.

(B) "Health benefit plan" includes:

(i) Indemnity and managed care plans; and

(ii) Nonfederal governmental plans as defined in 29 U.S.C. § 1002(32), as it existed on January 1, 2025.

(C) "Health benefit plan" does not include:

(i) A plan that provides only dental benefits or eye and vision care benefits;

(ii) A disability income plan;

(iii) A credit insurance plan;

(iv) Insurance coverage issued as a supplement to liability insurance;

(v) A medical payment under an automobile or homeowners insurance plan;

(vi) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

(vii) A plan that provides only indemnity for hospital confinement;

(viii) An accident-only plan;

(ix) A specified disease plan; or

(x) A long-term-care-only plan; and

(2)(A) "Healthcare insurer" means an entity subject to the insurance laws of this state or the jurisdiction of the Insurance Commissioner that contracts or offers to contract to provide health insurance coverage, including without limitation an insurance company, a hospital and medical service corporation, a health maintenance organization, a self-insured governmental or church plan in this state, or the Arkansas Medicaid Program.

(B) "Healthcare insurer" does not include an entity that provides only dental benefits or eye and vision care benefits."

AND

Page 3, line 17, delete "policy may" and substitute "policy or health benefit plan may"

AND

Page 3, line 18, delete "policy on" and substitute "policy or health benefit plan on"

AND

Page 3, line 19, delete "the insurer's" and substitute "the healthcare insurer's"

AND

Page 3, line 20, delete "policy ~~may~~" and substitute "policy or health benefit plan ~~may~~"

AND

Page 3, line 23, delete "the insurer's" and substitute "the healthcare insurer's"

AND

Page 3, delete lines 25 through 28, and substitute the following:

"(c) A healthcare insurer shall pay a claim for any indemnity provided by a health benefit plan on account of hospital, nursing, medical, or surgical services directly to the healthcare provider that provided the service for an out-of-network claim.

(d) As used in this section:

(1)(A) "Health benefit plan" means:

(i) An individual, blanket, or group plan or a policy or contract for healthcare services offered, issued, renewed, delivered, or extended in this state by a healthcare insurer; and

(ii) A health benefit program receiving state or federal appropriations from the State of Arkansas, including the Arkansas Medicaid Program and the Arkansas Health and Opportunity for Me Program established by the Arkansas Health and Opportunity for Me Act of 2021, § 23-61-1001 et seq., or any successor program.

(B) "Health benefit plan" includes:

(i) Indemnity and managed care plans; and

(ii) Nonfederal governmental plans as defined in 29 U.S.C. § 1002(32), as it existed on January 1, 2025.

(C) "Health benefit plan" does not include:

(i) A plan that provides only dental benefits or eye and vision care benefits;

(ii) A disability income plan;

(iii) A credit insurance plan;

(iv) Insurance coverage issued as a supplement to liability insurance;

(v) A medical payment under an automobile or homeowners insurance plan;

(vi) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

(vii) A plan that provides only indemnity for hospital confinement;

(viii) An accident-only plan;

(ix) A specified disease plan; or

(x) A long-term-care-only plan; and

(2)(A) "Healthcare insurer" means an entity subject to the insurance laws of this state or the jurisdiction of the Insurance Commissioner that contracts or offers to contract to provide health insurance coverage, including without limitation an insurance company, a hospital and medical service corporation, a health maintenance organization, a self-insured governmental or church plan in this state, or the Arkansas Medicaid Program.

(B) "Healthcare insurer" does not include an entity that provides only dental benefits or eye and vision care benefits."

The Amendment was read \_\_\_\_\_  
By: Representative L. Johnson  
ANS228/ANS - 02-07-2025 10:35:56  
ANS228

\_\_\_\_\_  
Chief Clerk