

ARKANSAS SENATE
95th General Assembly - Regular Session, 2025
Amendment Form

Subtitle of Senate Bill 83

TO MANDATE COVERAGE FOR BREAST RECONSTRUCTION SURGERIES; TO
REQUIRE PRIOR AUTHORIZATION FOR BREAST RECONSTRUCTION SURGERIES;
AND TO ESTABLISH A MINIMUM REIMBURSEMENT RATE FOR BREAST
RECONSTRUCTION SURGERIES.

Amendment No. 1 to Senate Bill 83

Amend Senate Bill 83 as originally introduced:

Page 6, line 8, delete "deductibles or copayment" and substitute
"deductibles, copayment requirements, or coinsurance"

AND

Page 6, delete lines 16 through 23, and substitute the following:
"plan solely for the purpose of avoiding the requirements of this subchapter.

(c) If an enrollee is forced to use an out-of-network provider due to a healthcare insurer's network inadequacy, the enrollee's financial responsibility shall remain at an in-network rate.

23-79-2903. Prior authorization required for breast reconstruction surgery – Single case agreements.

(a) A healthcare insurer shall require prior authorization for breast reconstruction surgery.

(b) If a healthcare insurer does not have a participating provider who provides a breast reconstruction surgery that has been determined as the best course of treatment by a healthcare professional and is consistent with prevailing medical standards and in consultation with the patient, then the healthcare insurer that provides a prior authorization or predetermination of



the healthcare service shall automatically approve a single case agreement at the same rate as a participating provider for the out-of-network provider.

23-79-2904. Reimbursement rate – Penalties for late payment or nonpayment."

AND

Page 7, delete line 4, and substitute the following:

"professional in a healthcare facility under this subchapter.

(c)(1) In the case of a healthcare insurer that does not reimburse an out-of-network provider or a healthcare facility as required under this section, the healthcare insurer, in addition to making the required payment for the healthcare services, shall pay the out-of-network provider or healthcare facility an amount that is three (3) times the difference between:

(A) The initial payment, or in the case of a notice of denial of payment, zero dollars (\$0.00); and

(B) The out-of-network reimbursement rate required under this section, less any cost-sharing required to be paid by the enrollee.

(2) The payment that is required under subdivision (c)(1) of this section is subject to interest in a manner specified by the Insurance Commissioner by rule."

AND

Page 7, delete line 16, and substitute the following:

"void.

(c) This subchapter shall not be used by a healthcare insurer to lower reimbursement rates for other healthcare services involving breast reconstruction provided by a participating provider."

AND

Page 7, line 19, delete "may develop" and substitute "shall develop"

AND

Page 7, line 21, delete "may develop" and substitute "shall develop"

The Amendment was read the first time, rules suspended and read the second time and _____

By: Senator J. Bryant

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Secretary