

1 State of Arkansas  
2 94th General Assembly  
3 Regular Session, 2023  
4

# A Bill

SENATE BILL 548

5 By: Senator J. Boyd  
6 By: Representative D. Ferguson  
7

## For An Act To Be Entitled

9 AN ACT TO AMEND THE LAW CONCERNING THE ASSIGNMENT OF  
10 BENEFITS TO A HEALTHCARE PROVIDER; TO REQUIRE CONSENT  
11 TO THE ASSIGNMENT OF BENEFITS TO A HEALTHCARE  
12 PROVIDER; TO MANDATE NOTICE TO AN ENROLLEE OF THE  
13 ASSIGNMENT OF BENEFITS TO A HEALTHCARE PROVIDER; AND  
14 FOR OTHER PURPOSES.  
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## Subtitle

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18 TO REQUIRE CONSENT TO THE ASSIGNMENT OF  
19 BENEFITS TO A HEALTHCARE PROVIDER; AND TO  
20 MANDATE NOTICE TO AN ENROLLEE OF THE  
21 ASSIGNMENT OF BENEFITS TO A HEALTHCARE  
22 PROVIDER.  
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25 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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27 SECTION 1. Arkansas Code § 23-99-1301(3)(B), concerning the definition  
28 of "health benefit plan" used in assignment of benefits to a healthcare  
29 provider, is amended to read as follows:

30 (B) "Health benefit plan" does not include:

31 (i) A disability income plan;

32 (ii) A credit insurance plan;

33 (iii) Insurance coverage issued as a supplement to  
34 liability insurance;

35 (iv) Medical payments under an automobile or  
36 homeowners insurance plan;



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

4 (vi) A plan that provides only indemnity for hospital  
 5 confinement;

6 (vii) An accident-only plan;

7 (viii) A specified disease plan;

8 (ix) A long-term care insurance plan; or

9 (x) ~~A dental-only plan; or~~

10 ~~(xi) A vision-only plan;~~

11  
 12 SECTION 2. Arkansas Code § 23-99-1302 is amended to read as follows:  
 13 23-99-1302. Assignment of benefits - Consent and notice required.

14 (a) An enrollee, through an assignment of benefits, may assign to a  
 15 healthcare provider the enrollee's right to receive reimbursement for any  
 16 healthcare service rendered by a healthcare provider regardless of whether  
 17 the healthcare provider is a participating provider or an out-of-network  
 18 provider.

19 (b)(1) A healthcare provider that is provided an assignment of  
 20 benefits by an enrollee under this section shall provide notice to the payor  
 21 of the assignment of benefits with a claim for payment for healthcare  
 22 services provided to an enrollee.

23 (2) If the healthcare provider providing notice to the payor is  
 24 an out-of-network provider, the notice shall be accompanied by a complete  
 25 copy of the assignment of benefits bearing the enrollee's signature and the  
 26 date the assignment was executed.

27 (c)(1) A payor, upon receipt of the claim and notice of the assignment  
 28 of benefits submitted by the healthcare provider, shall promptly remit  
 29 payment of the claim directly to the healthcare provider.

30 (2) When payment is made directly to the healthcare provider,  
 31 the payor shall give written notice of the payment to an enrollee.

32 (3) A violation of this subsection is:

33 (A) An unfair trade practice under § 23-66-206; and

34 (B) Subject to the Trade Practices Act, § 23-66-201 et  
 35 seq.

36 (d)(1)(A) If an enrollee executes an assignment of benefits and the

1 healthcare provider submits notice of that assignment of benefits with the  
2 healthcare provider’s claim for payment under this section, the claim is not  
3 paid if the payor remits payment of the claim to the enrollee rather than to  
4 the healthcare provider.

5 (B) Notwithstanding the incorrect payment of a claim to an  
6 enrollee, a payor shall remain liable for remitting payment of the claim to  
7 the healthcare provider under the assignment of benefits.

8 (2) If an assignment of benefits has been executed but the payor  
9 remits payment of the claim to the enrollee, then the payor shall remit  
10 payment of the claim to the healthcare provider under the assignment of  
11 benefits within ten (10) days of receiving notice of the incorrect payment  
12 from the healthcare provider.

13 (e) For dental-only plans, an enrollee shall provide annual consent of  
14 an assignment of benefits to the healthcare provider and the healthcare  
15 insurer or payor.

16 (f) For dental-only plans, before providing healthcare services to an  
17 enrollee, a healthcare provider shall provide a notice or statement to the  
18 enrollee informing the enrollee:

19 (1) The healthcare provider is not a participating provider;

20 (2) The healthcare provider may charge the enrollee for  
21 noncovered healthcare services;

22 (3) The healthcare provider may charge the enrollee the balance  
23 bill for covered healthcare services;

24 (4) An estimate of the cost of healthcare services that the  
25 healthcare provider will provide the enrollee; and

26 (5) Any terms of payment that apply, including without  
27 limitation interest that the healthcare provider charges.

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29 SECTION 3. Arkansas Code § 23-99-1305 is amended to read as follows:  
30 23-99-1305. Rules.

31 ~~(a)~~ The Insurance Commissioner shall promulgate rules necessary to  
32 ensure compliance with this subchapter.

33 ~~(b)(1) When adopting the initial rules to ensure compliance with this~~  
34 ~~subchapter, the final rule shall be filed with the Secretary of State for~~  
35 ~~adoption under § 25-15-204(f);~~

36 ~~(A) On or before March 1, 2020; or~~

1                   ~~(B) If approval under § 10-3-309 has not occurred by March~~  
2 ~~1, 2020, as soon as practicable after approval under § 10-3-309.~~

3                   ~~(2) The commissioner shall file the proposed rule with the~~  
4 ~~Legislative Council under § 10-3-309(e) sufficiently in advance of March 1,~~  
5 ~~2020, so that the Legislative Council may consider the rule for approval~~  
6 ~~before March 1, 2020.~~

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8                   SECTION 4. DO NOT CODIFY. EFFECTIVE DATE. This act is effective on  
9 and after January 1, 2024.

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