

1 State of Arkansas  
2 95th General Assembly  
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4

As Engrossed: H3/13/25

# A Bill

HOUSE BILL 1602

5 By: Representative L. Johnson  
6 By: Senator K. Hammer  
7

## For An Act To Be Entitled

9 AN ACT TO AMEND THE ARKANSAS PHARMACY BENEFITS  
10 MANAGER LICENSURE ACT; TO ESTABLISH FEES UNDER THE  
11 ARKANSAS PHARMACY BENEFITS MANAGER LICENSURE ACT; TO  
12 REQUIRE REPORTING OF CERTAIN INFORMATION BY A  
13 PHARMACY BENEFITS MANAGER UNDER THE ARKANSAS PHARMACY  
14 BENEFITS MANAGER LICENSURE ACT; AND FOR OTHER  
15 PURPOSES.  
16  
17

## Subtitle

19 TO AMEND THE ARKANSAS PHARMACY BENEFITS  
20 MANAGER LICENSURE ACT; TO ESTABLISH FEES  
21 UNDER THE ARKANSAS PHARMACY BENEFITS  
22 MANAGER LICENSURE ACT; AND TO REQUIRE  
23 REPORTING OF CERTAIN INFORMATION BY A  
24 PHARMACY BENEFITS MANAGER.  
25

26 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
27

28 SECTION 1. Arkansas Code § 23-92-503, concerning definitions used  
29 under the Arkansas Pharmacy Benefits Manager Licensure Act, is amended to add  
30 additional subdivisions to read as follows:

31 (16)(A) "Clean pharmacy claim" means a pharmacy claim that does  
32 not have a defect, including without limitation a lack of any required  
33 substantiating documentation or particular circumstance requiring special  
34 treatment that may prevent timely payment of the pharmacy claim.

35 (B) "Clean pharmacy claim" includes an electronic pharmacy  
36 claim that successfully processes in real time with an approval of drug,



1 dosing, prescriber, or patient eligibility upon an electronic adjudication of  
2 a pharmacy claim with the displayed paid amount from the pharmacy benefits  
3 manager and the patient copay.

4 (C) "Clean pharmacy claim" does not include a successfully  
5 adjudicated pharmacy claim that the pharmacy or pharmacist obtained by fraud  
6 or a clerical error or misrepresentation of the pharmacy claim elements;

7 (17)(A) "Pharmacy claims bank identification number" means a  
8 six-digit number or an eight-digit number from the National Council for  
9 Prescription Drug Programs Processor ID Number bank identification number  
10 that is utilized and shared by a pharmacy benefits manager to electronically  
11 process a pharmacy claim.

12 (B) "Pharmacy claims bank identification number" may be  
13 known as RXBIN or NCPDP Processor BIN;

14 (18)(A) "Pharmacy claims group number" means a unique set of  
15 numbers and letters that are used by a pharmacy benefits manager to identify  
16 a specific employer, plan sponsor, insurance provider, or plan type that a  
17 patient is enrolled in to cover and reimburse a pharmacy or a pharmacist for  
18 pharmacist services.

19 (B) "Pharmacy claims group number" may be known as an  
20 RxGroup number or a prescription group number;

21 (19)(A) "Pharmacy claims processor control number" means a  
22 secondary identifier that is alphanumerical and clarifies the pharmacy claim  
23 to a specific network or plan type that a pharmacy benefits manager may use  
24 in processing a pharmacy claim for pharmacist services.

25 (B) "Pharmacy claims processor control number" may be  
26 known as PCN or RxPCN; and

27 (20) "Unique combination for pharmacy claims" means a pharmacy  
28 claims bank identification number, pharmacy claims group number, pharmacy  
29 claims processor control number, or any combination of a pharmacy claims bank  
30 identification number, pharmacy claims group number, and pharmacy claims  
31 processor control number that is used by a pharmacy benefits manager to  
32 process a pharmacy claim.

33  
34 SECTION 2. Arkansas Code § 23-92-504 is amended to read as follows:

35 23-92-504. License to do business – Application – Fees – Rules.

36 (a)(1) A person or organization shall not establish or operate as a

1 pharmacy benefits manager in Arkansas for health benefit plans without  
2 obtaining a license from the Insurance Commissioner under this subchapter.

3 (2) The commissioner shall prescribe the application for a  
4 license to operate in Arkansas as a pharmacy benefits manager ~~and may charge~~  
5 ~~application fees and renewal fees as established by rule.~~

6 (b) The commissioner shall issue rules establishing the licensing,  
7 ~~fees,~~ application, financial standards, penalties, compliance and enforcement  
8 requirements, and reporting requirements of pharmacy benefits managers under  
9 this subchapter.

10 (c)(1) An initial application fee for a license as a pharmacy benefits  
11 manager is twenty thousand dollars (\$20,000) per pharmacy benefits manager  
12 licensed under this subchapter.

13 (2)(A) A renewal application fee for a license as a pharmacy  
14 benefits manager is twenty thousand dollars (\$20,000) per pharmacy benefits  
15 manager licensed under this subchapter.

16 (B) A renewal application and a renewal application fee  
17 are required annually.

18  
19 SECTION 3. Arkansas Code § 23-92-509(a)(2), concerning the rules under  
20 the Arkansas Pharmacy Benefits Manager Licensure Act, is amended to read as  
21 follows:

22 (2) Rules that the commissioner may adopt under this subchapter  
23 include without limitation rules relating to:

- 24 (A) Licensing;
- 25 (B) ~~Application fees;~~
- 26 ~~(C)~~ Financial solvency requirements;
- 27 ~~(D)~~(C) Pharmacy benefits manager network adequacy;
- 28 ~~(E)~~(D) Prohibited market conduct practices;
- 29 ~~(F)~~(E) Data reporting requirements under § 4-88-803;
- 30 ~~(G)~~(F) Compliance and enforcement requirements under § 17-
- 31 92-507 concerning Maximum Allowable Cost Lists;
- 32 ~~(H)~~(G) Rebates;
- 33 ~~(I)~~(H) Compensation; and
- 34 ~~(J)~~(I) Lists of health benefit plans administered by a
- 35 pharmacy benefits manager in this state.

36

1 SECTION 4. Arkansas Code Title 23, Chapter 92, Subchapter 5, is  
2 amended to add an additional section to read as follows:

3 23-92-512. Pharmacy claims – Pharmacy claims bank identification  
4 number, pharmacy claims group number, and pharmacy claims processor control  
5 number – Reporting.

6 (a) A pharmacy benefits manager may differentiate different health  
7 benefit plans, networks, or benefit packages with the use of a unique number  
8 or other form of identification.

9 (b) At the time of renewal of a pharmacy benefits manager license, a  
10 pharmacy benefits manager shall report to the Insurance Commissioner:

11 (1) Each pharmacy claims bank identification number, pharmacy  
12 claims group number, and pharmacy claims processor control number that is  
13 used by the pharmacy benefits manager;

14 (2) Each unique combination for pharmacy claims;

15 (3) Each unique combination for pharmacy claims by the estimated  
16 number of covered lives in each combination by:

17 (A) Less than five hundred (500);

18 (B) Five hundred (500) to five thousand (5,000);

19 (C) Five thousand (5,000) to twenty-five thousand  
20 (25,000);

21 (D) Twenty-five thousand (25,000) to one hundred thousand  
22 (100,000); and

23 (E) Greater than one hundred thousand (100,000); and

24 (4) Each unique combination for pharmacy claims by plan type and  
25 network that apply to:

26 (A) An employer-sponsored plan;

27 (B) A fully-insured plan;

28 (C) A self-funded plan;

29 (D) A plan or program that is funded by a state  
30 appropriation to furnish, cover the cost of, or otherwise provide for  
31 pharmacist services;

32 (E) A plan or program that is funded by the United States  
33 Government or covers a federal employee, including without limitation Tricare  
34 and Medicare Part D;

35 (F) A plan that is provided to municipal or county  
36 employees;

1 (G) A plan that is provided to the Division of Arkansas  
2 State Police;

3 (H) A plan that is provided to an employee of a public  
4 two-year or four-year institution of higher education, including a community  
5 college or technical collect;

6 (I) A plan provided under the Medicaid provider-led  
7 organized care system;

8 (J) A plan provided by the Arkansas Health and Opportunity  
9 for Me Program established by the Arkansas Health and Opportunity for Me Act  
10 of 2021, § 23-61-1001 et seq.; or

11 (K) Any other plan types identified by the commissioner by  
12 rule.

13 (c)(1) A pharmacy claims bank identification number may:

14 (A) Identify a specific pharmacy benefits manager, a  
15 specific employer, or a sponsor of a plan;

16 (B) Be connected to a nationwide pharmacy benefits manager  
17 database used to transmit and electronically process a pharmacy claim for a  
18 pharmacist or a pharmacy for pharmacist services; and

19 (C)(i) Be used if the pharmacy benefits manager does not  
20 use or issue a pharmacy benefit card with a magnetic stripe.

21 (ii) A pharmacy benefits manager that uses or issues  
22 a pharmacy benefit card with a magnetic stripe may use the current  
23 recommended International Organization for Standardization and the  
24 International Electrotechnical Commission issuer identifier number for  
25 electronically processing a pharmacy claim.

26 (2) The pharmacy claims bank identification number may be a  
27 mandatory routing number to be used in electronic pharmacy claims submitted  
28 through the National Council for Prescription Drug Programs billing  
29 standards.

30 (d)(1) A pharmacy claims group number may be used to process a  
31 pharmacy claim in addition to a pharmacy claims bank identification number.

32 (2) A pharmacy claims group number is not required for  
33 submission of a clean pharmacy claim unless the pharmacy benefits manager  
34 requires the pharmacy claims group number in order to identify a network or  
35 group of covered patients that require this information for submission of a  
36 clean pharmacy claim.

