

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

# A Bill

HOUSE BILL 1700

5 By: Representative Achor  
6 By: Senator J. Boyd  
7

## For An Act To Be Entitled

8  
9 AN ACT TO AMEND THE PRIOR AUTHORIZATION TRANSPARENCY  
10 ACT; TO EXCLUDE THE NAME OF A REVIEWING PHYSICIAN  
11 FROM DISCLOSURE IN AN ADVERSE DETERMINATION NOTICE  
12 UNDER THE PRIOR AUTHORIZATION TRANSPARENCY ACT; AND  
13 FOR OTHER PURPOSES.  
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## Subtitle

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17 TO AMEND THE PRIOR AUTHORIZATION  
18 TRANSPARENCY ACT; AND TO EXCLUDE THE  
19 NAME OF A REVIEWING PHYSICIAN FROM  
20 DISCLOSURE IN AN ADVERSE DETERMINATION  
21 NOTICE UNDER THE PRIOR AUTHORIZATION  
22 TRANSPARENCY ACT.  
23

24 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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26 SECTION 1. Arkansas Code § 23-99-1111(c)(3)(A), concerning the  
27 information required from a utilization review entity in an adverse  
28 determination notice under the Prior Authorization Transparency Act, is  
29 amended to read as follows:

30 (3)(A)(i) Subject to this subdivision (c)(3), when an adverse  
31 determination is issued by a utilization review entity that questions the  
32 medical necessity, the appropriateness, or the experimental or  
33 investigational nature of a healthcare service, the utilization review entity  
34 shall provide in the notice of adverse determination the ~~name and~~ telephone  
35 number of a physician who possesses a current and unrestricted license in  
36 this state with whom the requesting healthcare provider may have a reasonable



1 opportunity to discuss the patient's treatment plan and the clinical basis  
2 for the intervention.

3 (ii) A physician contacted by a requesting  
4 healthcare provider under subdivision (c)(3)(A)(i) of this section shall  
5 disclose his or her name and license information to the requesting healthcare  
6 provider.

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8 SECTION 2. Arkansas Code § 23-99-1115(b), concerning the information  
9 required in the written and verbal notice of an adverse determination under  
10 the Prior Authorization Transparency Act, is amended to read as follows:

11 (b) The written or verbal notice ~~required~~ to a healthcare provider  
12 under this section shall include:

13 (1) The following information:

14 (A) The ~~name, title, and~~ telephone number of the physician  
15 responsible for making the adverse determination and, in the event that the  
16 physician responsible for making the adverse determination is not available,  
17 a telephone number where a peer-to-peer contact with another physician  
18 regarding the adverse determination can be made;

19 (B) The reviewing physician's specialty or practice area,  
20 including board certification status or board eligibility; ~~and~~

21 (C) A list of states in which the reviewing physician is  
22 licensed ~~and the license number issued to the reviewing physician by each~~  
23 ~~state;~~

24 (D) For a verbal notice, the name and license number of  
25 the reviewing physician; and

26 (E) For a written notice, a telephone number that the  
27 requesting healthcare provider may call to obtain the name and license number  
28 of the reviewing physician;

29 (2) The written clinical criteria, if any, and any internal  
30 rule, guideline, or protocol on which the utilization review entity relied  
31 when making the adverse determination and how those provisions apply to the  
32 subscriber's specific medical circumstance;

33 (3) Information ~~for the subscriber and the subscriber's~~  
34 ~~healthcare provider~~ that describes the procedure through which the ~~subscriber~~  
35 ~~or~~ healthcare provider may request a copy of any report developed by  
36 personnel performing the review that led to the adverse determination; and

1 (4)(A) Information that explains ~~to the subscriber and the~~  
 2 ~~subscriber's healthcare provider~~ the right to appeal the adverse  
 3 determination.

4 (B) The information required under subdivision (b)(4)(A)  
 5 of this section shall include:

6 (i) Instructions concerning how to perfect an appeal  
 7 and how the ~~subscriber and the subscriber's~~ healthcare provider may ensure  
 8 that written materials supporting the appeal will be considered in the appeal  
 9 process; and

10 (ii)(a) Addresses and telephone numbers to be used  
 11 by healthcare providers ~~and subscribers~~ to make complaints to ~~the Arkansas~~  
 12 ~~State Medical Board, the State Board of Health, and~~ the State Insurance  
 13 Department.

14 (b) Subdivision (b)(4)(B)(ii)(a) of this  
 15 section does not apply to self-insured plans for employees of governmental  
 16 entities.

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 18 SECTION 3. Arkansas Code § 23-99-1115, concerning the notice  
 19 requirements and process for appealing adverse determinations under the Prior  
 20 Authorization Transparency Act, is amended to add additional subsections to  
 21 read as follows:

22 (e)(1) Upon a request from a subscriber, a utilization review entity  
 23 shall provide:

24 (A)(i) An explanation in clear and ordinary terms of the  
 25 basis for the adverse determination.

26 (ii) An explanation under subdivision (e)(1)(A)(i)  
 27 of this section shall include without limitation:

28 (a) A listing of clinical criteria, if  
 29 applicable, and any internal rule, guideline, or protocol upon which a  
 30 utilization review entity relied when making an adverse determination; and

31 (b) The reason why the provisions listed in  
 32 subdivision (e)(1)(A)(ii)(a) of this section apply to the subscriber's  
 33 specific medical circumstance;

34 (B) A description of the procedure through which the  
 35 subscriber may request a copy of a report developed by personnel performing  
 36 the utilization review that led to the adverse determination;

1                   (C) Information that explains to the subscriber the right  
2 to appeal the adverse determination, including instructions concerning how to  
3 perfect an appeal and how the subscriber may ensure that written materials  
4 supporting the appeal will be considered in the appeals process; and

5                   (D) An address and telephone number to be used by a  
6 subscriber to make a complaint to the Arkansas State Medical Board, the State  
7 Board of Health, and the State Insurance Department.

8                   (2) A utilization review entity shall treat a subscriber's  
9 request for any information related to a prior authorization, including a  
10 general inquiry, as a request under subdivision (e)(1) of this section.

11                  (f) A utilization review entity shall not disclose the name or license  
12 number of a reviewing physician in a written notice to a healthcare provider  
13 or subscriber under this section.

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