1	State of Arkansas
2	95th General Assembly
3	Regular Session, 2025 HCR 1007
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5	By: Representatives Painter, Vaught, McAlindon, Achor, C. Cooper, Lundstrum, K. Moore
6	By: Senator C. Penzo
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8	HOUSE CONCURRENT RESOLUTION
9	TO ENCOURAGE THE UNITED STATES CONGRESS TO REEVALUATE
10	THE MEDICARE PHYSICIAN FEE SCHEDULE LOCALITY
11	STRUCTURE AND ENSURE ACCURATE GEOGRAPHIC PRACTICE
12	COST INDICES FOR THE METROPOLITAN STATISTICAL AREAS
13	OF THIS STATE.
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16	Subtitle
17	TO ENCOURAGE THE UNITED STATES CONGRESS
18	TO REEVALUATE THE MEDICARE PHYSICIAN FEE
19	SCHEDULE LOCALITY STRUCTURE AND ENSURE
20	ACCURATE GEOGRAPHIC PRACTICE COST
21	INDICES FOR THE METROPOLITAN STATISTICAL
22	AREAS OF THIS STATE.
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24	WHEREAS, the State of Arkansas plays a vital role in the national
25	economy, serving as the headquarters for globally influential corporations
26	such as Walmart Inc., Tyson Foods, and J.B. Hunt Transport Services, Inc., as
27	well having a thriving aerospace, defense, and steel manufacturing industry;
28	and
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30	WHEREAS, this state's diverse economic landscape includes major
31	metropolitan regions that differ significantly in cost structure from rural
32	areas, particularly within the Metropolitan Statistical Areas of
33	Fayetteville-Springdale-Rogers, AR (CBSA 22220), and Little Rock-North Little
34	Rock-Conway, AR (CBSA 30780), as delineated by the United States Office of
35	Management and Budget; and
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HCR1007

WHEREAS, the Medicare Physician Fee Schedule locality structure
currently designates all regions of this state under Locality 13, grouping
both urban and rural areas into a single reimbursement category despite clear
economic and cost-of-practice differences; and

6 WHEREAS, the Geographic Practice Cost Indices assigned to this state do 7 not accurately reflect the actual costs incurred by medical practices in its 8 metropolitan areas, placing undue financial strain on healthcare providers, 9 and reducing access to essential medical services for residents; and

10 WHEREAS, Arkansas ranks as the third-worst state in Medicare locality 11 reimbursement, trailing only Mississippi and the "Rest of Missouri" 12 localities, further disadvantaging healthcare providers and limiting patient 13 access to care; and

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WHEREAS, this state's urban centers experience significantly higher commercial lease rates, labor costs, and other operational expenses that necessitate a reevaluation of Medicare Physician Fee Schedule localities to ensure fair Medicare reimbursement and a sustainable healthcare system; and

WHEREAS, carving out CBSA 22220, which is Fayetteville-Springdale-Rogers, AR, and CBSA 30780, which is Little Rock-North Little Rock-Conway, AR, into separate locality numbers would more accurately reflect the unique economic conditions of these metropolitan areas and align Arkansas with national standards for Medicare locality determination; and

26 WHEREAS, failure to correct this misalignment perpetuates inequitable 27 healthcare reimbursement policies that hinder this state's healthcare 28 providers' ability to deliver essential medical services,

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30 NOW THEREFORE,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-FIFTH GENERAL
ASSEMBLY OF THE STATE OF ARKANSAS, THE SENATE CONCURRING THEREIN:
THAT the House of Representatives and the Senate concurring encourages
the United States Congress to:

36 (1) Conduct a thorough review of the current Medicare Physician

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HCR1007

Fee Schedule locality structure as applicable to this state to ensure reimbursement rates align with actual regional cost structures; (2) Examine and reassess the Geographic Practice Cost Indices assigned to this state's localities to guarantee that the Geographic Practice Cost Indices accurately reflect the expenses incurred by healthcare providers in different regions of the state; (3) Carve out CBSA 22220, which is Fayetteville-Springdale-Rogers, AR, and CBSA 30780, which is Little Rock-North Little Rock-Conway, AR, into separate locality numbers to ensure fair reimbursement that reflects the economic realities of these metropolitan areas; and (4) Take swift action to correct these inaccuracies to prevent further financial disadvantages for the healthcare providers of this state and ensure equitable access to medical services for residents. BE IT FURTHER RESOLVED THAT upon adoption of this resolution, an appropriate copy be provided by the Chief Clerk of the House of Representatives to the the members of the Arkansas congressional delegation, the Administrator of the Centers for Medicare & Medicaid Services, the Secretary of the United States Department of Health and Human Services, and the Director of the United States Office of Management and Budget.