

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

A Bill

SENATE BILL 222

5 By: Senators B. Davis, J. Dismang, Gilmore, B. Johnson, C. Tucker, D. Wallace, G. Leding
6 By: Representatives L. Johnson, Hudson, Beaty Jr., A. Collins, Achor, K. Brown, Brooks
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For An Act To Be Entitled

8 AN ACT TO AMEND THE MEDICAID PROVIDER-LED ORGANIZED
9 CARE ACT; TO CLARIFY MARKETING BY PROVIDERS UNDER THE
10 MEDICAID PROVIDER-LED ORGANIZED CARE ACT; TO DECLARE
11 AN EMERGENCY; AND FOR OTHER PURPOSES.
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Subtitle

15 TO AMEND THE MEDICAID PROVIDER-LED
16 ORGANIZED CARE ACT; TO CLARIFY MARKETING
17 BY PROVIDERS UNDER THE MEDICAID
18 PROVIDER-LED ORGANIZED CARE ACT; AND TO
19 DECLARE AN EMERGENCY.
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22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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24 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 27, is
25 amended to add an additional section to read as follows:

26 20-77-2709. Marketing – Legislative intent.

27 (a) It is the intent of the General Assembly to ensure that potential
28 and actual enrollees in a risk-based provider organization have a right to
29 know:

30 (1) Whether a direct service provider is or will be in-network
31 with a particular risk-based provider organization; and

32 (2) The consequences of choosing a risk-based provider
33 organization in which that direct service provider is not participating as a
34 network direct service provider.

35 (b) It is not a marketing violation for a direct service provider to
36 inform an existing or potential Medicaid enrollee in a risk-based provider



1 organization of its network status with a particular risk-based provider
 2 organization.

3 (c) The Department of Human Services or a risk-based provider
 4 organization shall not:

5 (1) Require a direct service provider to separate communications
 6 about its network status from communications about open enrollment if the
 7 direct service provider informs the existing or potential enrollee that the
 8 enrollee has freedom of choice among risk-based provider organizations and
 9 network providers; or

10 (2) Restrict direct service providers from responding to an
 11 individual's questions about open enrollment or network status if the direct
 12 service provider does not attempt to influence that individual's choice of
 13 risk-based provider organizations or respond in any manner that is inaccurate
 14 or misleading.

15 (d) The department shall revise the marketing rules to comply with
 16 this section.

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 18 SECTION 2. EMERGENCY CLAUSE. It is found and determined by the
 19 General Assembly of the State of Arkansas that enrollees and providers both
 20 face confusion and uncertainty around the information a provider may
 21 communicate to an enrollee about the provider and its network status with
 22 risk-based provider organizations; that this confusion is negatively
 23 impacting the ability of Medicaid beneficiaries to make informed decisions
 24 about their care; that Medicaid beneficiaries face these decisions at least
 25 annually when the Medicaid beneficiaries are assigned to a risk-based
 26 provider organization or waiver wait list and "for cause" at any time due to
 27 circumstances that may be out of their control; and that this act is
 28 immediately necessary to ensure that Medicaid beneficiaries receive
 29 appropriate information from their providers to ensure continuity of care.
 30 Therefore, an emergency is declared to exist, and this act being immediately
 31 necessary for the preservation of the public peace, health, and safety shall
 32 become effective on:

33 (1) The date of its approval by the Governor;

34 (2) If the bill is neither approved nor vetoed by the Governor,
 35 the expiration of the period of time during which the Governor may veto the
 36 bill; or

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(3) If the bill is vetoed by the Governor and the veto is overridden, the date the last house overrides the veto.