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ADVOCACY UPDATE

October 30, 2025

1

95th General Assembly

January 13, – 2025 May 5, 2025

End of Session Wrap Up

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2

Bill Statistics

DIGEST ARKANSAS

Bill Statistics
Session: 25R
05-29-2025 - 12:42:27

		Democrat		Republican		Independent		Total		
Bill Type	Range	Filed	Enacted	Filed	Enacted	Filed	Enacted	Filed	Enacted	
House Bills	HB 1001 - HB 2005	100	31	810	477	95	94	1005	602	60%
House Concurrent Resolutions	HCR1001 - HCR1011	2	0	9	0	0	0	11	0	0%
House Joint Resolutions	HJR1001 - HJR1020	3	0	17	0	0	0	20	0	0%
House Resolutions	HR 1001 - HR 1120	27	0	93	0	0	0	120	0	0%
Interim Study Proposals	ISP 1 - ISP 38	5	0	33	0	0	0	38	0	0%
Senate Bills	SB 1 - SB 647	60	31	509	315	78	78	647	424	66%
Senate Concurrent Resolutions	SCR 1 - SCR 8	6	0	2	0	0	0	8	0	0%
Senate Joint Resolutions	SJR 1 - SJR 24	2	0	22	0	0	0	24	0	0%
Senate Resolutions	SR 1 - SR 75	19	0	56	0	0	0	75	0	0%
Total		224	62	1551	792	173	172	1948	1026	53%

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3

Medicaid Expansion

- SB 527 (Act 774)
  - Reauthorized the program that covers 19 – 64 year old Arkansans at or below 138% of the federal poverty level
  - Adds a work requirement
  - Increases the medical loss ratio (MLR) to force insurers to use 85% of the premiums to pay providers and fund quality initiatives

- SB 33 (Act 887)
  - Appropriation for the Division of Medical Services
  - Requires a ¾ vote
    - Senate 34 Yeas; 1 non voting
    - House 87 Yeas; 2 Nays; 7 Present; 4 non voting

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4

Maternal Health

- SB 213 (Act 140)
  - Healthy Moms; Healthy Babies
    - requires Medicaid to reimburse providers for depression screenings of pregnant women;
    - requires Medicaid to reimburse providers for prenatal, delivery, and postpartum serves separately (no longer in a bundled payment);
    - adds "presumptive eligibility" (temporary Medicaid coverage while the full Medicaid application is being processed) for pregnant women;
    - requires Medicaid to cover blood pressure monitoring services for pregnant women;
    - requires Medicaid to cover medically necessary remote ultrasound procedures; and
    - adds Medicaid reimbursement opportunities for community health workers and doulas related to prenatal and postpartum care.

- HB 1181 (Act 138)
  - Allows certified nurse midwives admitting and vital statistics privileges if approved by hospital medical staff
- HB 1826 (Act 866)
  - Mandates coverage for deliveries in licensed birthing centers
- HB 1252 (Act 965)
  - Doulas
- HB 1258 (Act 435)
  - Community Health Workers
- HB 1296 (Act 556)
  - Mobile Units as Site of Service
- HB 1333 (Act 627)
  - Breastfeeding and lactation consultant services

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5

Health Insurance

- HB 1287 (Act 136)
  - Insurers required to notify a provider when a claim is down-coded
- HB 1288 (Act 423)
  - Insurers required to retroactively reimburse providers waiting on in-network credentials to the ate the medical board submits the completed packet to the insurer
- HB 1300 (Act 510)
  - Creates a trust fund for the Arkansas Insurance Department to collect penalties and fees for a healthcare insurer's noncompliance with the Prior Authorization Transparency laws

- HB 1301 (Act 511)
  - Defines the "Gold Card" program that requires a healthcare insurer to authorize exemptions from a healthcare insurer's or pharmacy benefits manager's prior authorization requirements

- HB 1314 (Act 512)
  - Creates the Medical Audit Bill of Rights to ensure fair audits of claims

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6

Pharmacy

- SB 58 (Act 52)
  - Removed the prohibition on nonprofit, tax-exempt, or governmentally funded hospitals holding a licensed retail pharmacy permit

- HB 1150 (Act 624)
  - Prohibits a pharmacy benefits manager from maintaining or obtaining a pharmacy permit

- HB 1531 (Act 630)
  - Prohibits pharmaceutical manufacturers from restricting or limiting prescription medications to a limited distribution of out-of-state pharmacies

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7

Workforce

- SB 435 (Act 753)
  - Augments the definition of "healthcare worker" in the enhanced penalties statute for assault and battery of a healthcare worker
- HB 1788 (Act 571)
  - Requires insurers to make network determinations of non-physician providers within 90 calendar days from the date of application

- HB 1384 (Act 196)
  - Amends the Graduate Medical Education Residency Expansion Board to ensure start-up costs for new programs can be grant funded
- SB 601 (Act 971)
  - Creates a licensure pathway for certain medical students serving in medically underserved areas

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8

Remained "Just a Bill"

- HB 1636 – soft drink tax repeal (which funds discretionary portion of the Medicaid Trust Fund)
- HB 1930 – by January 1, 2030, minimum hospital and physician (and certain other healthcare providers) reimbursement from commercial insurance plans would be set at 100% of the average commercial rate of Louisiana, Mississippi, Missouri, Oklahoma, Tennessee, and Texas

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9

One Big Beautiful Bill Act

119th Congress - H.R. 1

(218-214 H; 51-50 S)

July 4, 2025

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10

OB3

- Tax Cuts
  - No taxes on tips and overtime
  - Tax relief for certain Seniors ($6,000 deduction under $75,000)
  - Extension of the 2017 Tax Cuts and Jobs Act rates
    - Increased Standard Deduction ($12,000 single, $18,000 HOH, and $24,000 joint)
    - Mortgage interest payments up to $750,000 of new acquisition debt are deductible
    - Child tax credit increased to $1700
    - 529 accounts - $20,000

- Border and Defense Spending
  - $140 billion immigrant enforcement
  - $150 billion military increase (specific allocations for missile defense systems)

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11

OB3 – Social Program Reforms

- Medicaid (cut $1 trillion)
  - Eligibility determinations every 6 months
  - Work Requirements
  - Expansion v non-expansion Provider Taxes/Supplemental Payments
    - State Directed Payments (Medicaid Managed Care)
    - Upper Payment Limit (Fee for service)
- Medicare
  - PAYGO
- Commercial
- 340B
- Supplemental Nutrition Assistance Program (SNAP)

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12

Rural Health Transformation Program ($50 b)

https://www.cms.gov/priorities/rural-health-transformation-rht-program/rural-health-transformation-rht-program

- $25 billion
  - Each state receives $500 million
  - Guidance has not been released
  - Applications due by December 31, 2025

"Rural health facilities" –
includes a critical access hospital (CAH); sole community hospital; Medicare-dependent, small rural hospital; low-volume hospital (LVH), rural emergency hospital (REH); rural health clinic; federally qualified health center (FQHC); community mental health center; opioid treatment program; health center receiving a grant under section 330 of the Public Health Service Act; and/or certified community behavioral health clinic located in a rural census tract.
(Note that FQHCs, community mental health centers, and grantees under section 330 of the Public Health Service Act are not necessarily rural, as they can also be located in urban or suburban areas.)

- $25 billion – discretionary
  - CMS decides
  - At least 25% of the states must receive an allocation (13/37)
  - Four Considerations
    - Rural census tract of a metropolitan statistical area
    - Rural health facilities in the state relative to the number of rural health facilities nationwide
    - Situation of HOSPITALS in the state
    - Catch-all: anything else CMS wants to consider

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13

RHTP Plan Requirements

Plan Components

- Improve access to hospitals or other health care providers and services for rural residents;
- Improve health care outcomes of rural residents;
- Prioritize the use of new and emerging technologies, emphasizing the prevention and management of chronic disease;
- Initiate and strengthen local and regional strategic partnerships between rural hospitals and other health care providers to promote quality improvement, financial stability and share best practices;
- Enhance economic opportunity and supply of health care providers through enhanced recruitment and training;
- Prioritize data and technology-driven solutions that help rural hospitals and providers deliver high-quality services, as close to a patient's home;
- Outline strategies to manage long-term financial solvency and operating models of rural hospitals; and
- Identify causes driving the accelerating rate of stand-alone rural hospitals becoming at risk of closure, service reduction or conversion.

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14

RHTP Plan Requirements

Use of Funds Categories (3+)

- Promoting evidence-based interventions to improve prevention and chronic disease management;
- Providing payments to health care providers for health care items or services;
- Promoting consumer-facing and technology-driven solutions for the prevention and management of chronic disease;
- Providing training and assistance for the development and adoption of technology-enabled solutions in rural hospitals, like remote monitoring, artificial intelligence (AI) or robotics;
- Recruiting and retaining clinical workforce talent in rural areas for at least five years;
- Providing assistance for informational technology to enhance cybersecurity and improve patient health outcomes or efficiency;
- Assisting rural communities to "right-size" their health care delivery systems;
- Supporting access to opioid use disorder treatment services and mental health services;
- Developing innovative models of care, including value-based care arrangements or alternative payment models; and
- Additional uses designed to promote sustainable access to high-quality health care services.

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15

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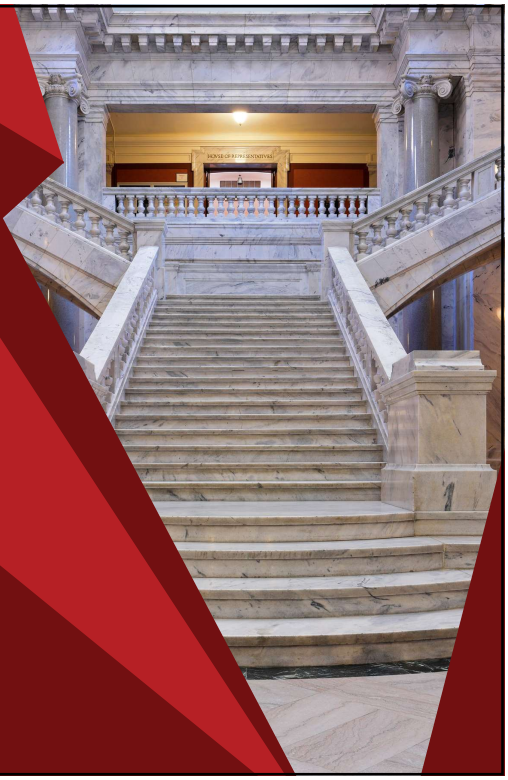
QUESTIONS?



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16