

Heartland Whole Health Institute | 2025 Policy Priorities

VALUE-BASED PAYMENT & CARE

Policy Priority: Highlight reimbursement rate disparities between Arkansas and other top-performing states to encourage high-quality, patient-centered health care and a sustainable system infrastructure.

Facts:

- Arkansas federal reimbursement rates are among the lowest in the nation, yet chronic care needs are among the highest, significantly impeding an organization's ability to improve care quality and health outcomes [1].
- Reimbursement constraints negatively impact the recruitment and retention of health care providers, undermine the economic stability of Arkansas communities, and hinder the provision of low-volume, high-cost specialty services such as obstetrics and mental health care.

| State | Reimbursement Rate for Same Procedure Code | Difference from Arkansas |
|-------------|--|--------------------------|
| Arkansas | \$8,842 | |
| Missouri | \$11,767 | \$2,925 |
| Louisiana | \$11,988 | \$3,146 |
| Mississippi | \$12,517 | \$3,675 |
| Tennessee | \$13,681 | \$4,839 |
| Oklahoma | \$14,567 | \$5,725 |
| Texas | \$17,346 | \$8,504 |

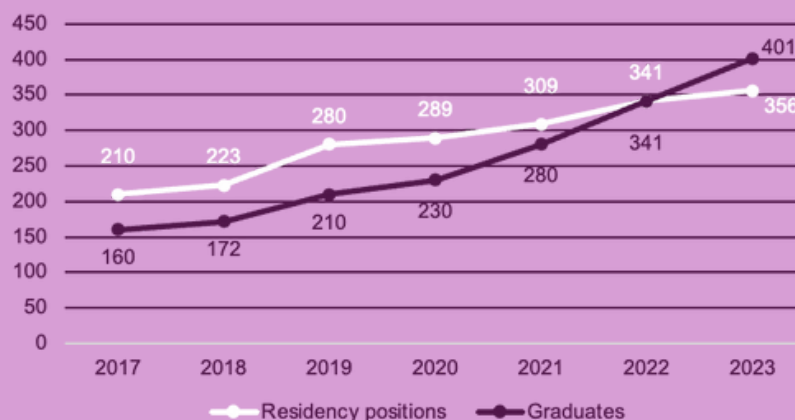
HEALTH CARE WORKFORCE

Policy Priority: Improve health care access and quality in Arkansas by expanding graduate medical education (GME) infrastructure, increasing interstate licensure compact participation, and removing practice barriers for health care providers.

Facts:

- Arkansas ranks 49th in the nation for active physicians per 100,000 people and 43rd for active primary care physicians, with rural areas being most affected [2].
- Over 27% of full-time primary care physicians are 60 years of age or older, while primary care physicians under 45 are more likely to practice part-time [3].
- Forty-two states, including all neighboring Arkansas, participate in the Interstate Medical Licensure Compact [4].
- Only 60% (214) of the 356 residency positions in Arkansas are funded by Medicare. While 44 states invest nearly \$7.39 billion in combined GME infrastructure using Medicaid funds, Arkansas is one of seven states that does not allocate Medicaid resources for this purpose [5].

AR Residency Availability



TELEHEALTH & VIRTUAL CARE

Policy Priority: Safeguard and expand telehealth and virtual services through value-based partnerships to pilot and scale both synchronous and asynchronous care delivery models. Strategies that can enhance access to a wide range of services, reduce disparities across the care continuum, and ultimately improve health outcomes include:

- Securing the continuation of federal Medicare waivers
- Exploring limited state licensure for essential services such as behavioral health care
- Remote patient monitoring for community-based rehabilitation

Facts:

- Arkansans have limited access to specialty care services. For example, Arkansas has approximately 1 cardiologist per 17,000 residents, significantly lower than the national average of 1:13,000. Heart disease is the leading cause of death for Arkansans [6].
- Implementing telehealth services and virtual hubs, along with other strategies, can improve a patient's access to specialty care providers for emergent and chronic needs.

*Heartland Whole Health Institute does not engage in direct grassroots lobbying, in accordance with IRS rules and regulations

[1] <https://online.flipppingbook.com/view/199987982/20/>

[2] https://www.americashealthrankings.org/explore/measures/PCP_NPPES/AR

[3] <https://achi.net/newsroom/first-year-residency-slots-in-arkansas-not-keeping-pace-with-number-of-medical-school-graduates/>

[4] <https://comphealth.com/resources/interstate-medical-licensure-compact#:~:text=The%20Interstate%20Medical%20Licensure%20Compact,one%20of%20the%20participating%20states.>

[5] https://journals.lww.com/academicmedicine/abstract/2024/10000/lessons_learned_from_state_based_efforts_to_27.aspx

[6] <https://www.cdc.gov/nchs/pressroom/states/arkansas/ar.htm>