



Exhibit D

Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, Arkansas 72204 • (501) 686-2700 • Fax (501) 686-2714

Governor Asa Hutchinson

José R. Romero, MD, Secretary of Health

Sue A. Tedford, MNSc, APRN, Director

MEMORANDUM

DATE:

October 27, 2020

TO:

Office of the Bureau of Legislative Research

suttonj@blr.arkansas.gov

FROM:

Leslie Suggs

Executive Assistant to the Director

RE:

Proposed Changes to the ASBN Rules.

Chapter One-General Provisions

Chapter Two- Licensure: RN, LPN, and LPTN Chapter Four- Advanced Practice Registered Nurse Chapter Six- Standards for Nursing Education Programs

Chapter Seven- Rules of Procedure

Chapter Eight- Medication Assistant-Certified

Chapter Nine- Insulin and Glucagon Administration

Our public comment period concerning this matter ends on November 27, 2020. A public hearing at our office is scheduled to take place on November 24, 2020 at 10:00 a.m.

Following is a summary of the proposed changes:

Chapter 1

The definition of Prescriptive Authority was changed from Schedule III to II pursuant to Act 593 of 2019.

Chapter 2

In accordance with Act 990 of 2019, ACA §17-87-312 was changed to ACA §17-03-102. The term "nonrenewable" was added, and clarification on application and review of pre-licensure determination of granting a waiver for specific criminal convictions was made. For consistency among all compact states, we clarified how federal criminal records are handled among party states, how to handle active duty military personnel and their spouses, and on dispute resolution among party states. Filed as emergency rule effective May 15, 2020 to expire September 13, 2020, "1,000 hours within the one year" was changed to "within the two years" after it was determined this was an impediment to qualified nurses being able to work where needed during this pandemic is an imminent peril to public health, safety and welfare.

Chapter 4

In accordance with Act 990 of 2019, ACA §17-87-312 was changed to ACA §17-03-102 and the term "nonrenewable" was added.

Chapter 6

In accordance with Act 990 of 2019, ACA §17-03-102 was added.

Proposed Changes to ASBN Rules Page 2 of 2

Chapter 7

In accordance with Act 990 of 2019, ACA §17-87-312 was changed to ACA §17-03-102.

Chapter 8

We have changed the definition of "Designated Facilities", "Supervision", the terms "nursing home" to "designated facility" and "Nursing Homes" to "Designated Facilities" to broaden use of MACs in correctional facilities. Clarification for the practice of MA-Cs in nursing homes due to restriction not needed in correctional facilities was made.

Chapter 9

We added a statement permitting public school employees to volunteer and updated the agency throughout the chapter as requested by Department of Education.

DEPARTMENT/AGENCY: Department of Health

DIVISION: Division of Health Related Board and Commissions/State Board of Nursing

DIVISION DIRECTOR: Matt Gilmore CONTACT PERSON: Sue Tedford

ADDRESS: 1123 S. University Ave., Suite 800; Little Rock, AR 72204

PHONE NO.: (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.tedford@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING: Sue Tedford

PRESENTER E-MAIL: sue.tedford@arkansas.gov

INSTRUCTIONS

A. Please make copies of this form for future use.

- B. Please answer each question <u>completely</u> using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton Administrative Rules Review Section Arkansas Legislative Council Bureau of Legislative Research One Capitol Mall, 5th Floor Little Rock, AR 72201

	Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No				
5.	Is this a ne the rule.	ew rule? Yes	No X If yes, please p	provide a brief summary ex	xplaining
	be include	ed with your comple	ted questionnaire. If it is be giving an explanation of w	eing replaced with a new r	aled rule is to ule, please
	showing the summary	he changes in the ex	isting rule? Yes X No_ isting rule and a summary of at the amendment does, a	of the substantive changes.	. Note: The
6.		ate law that grants the Code citation.	he authority for this propos	ed rule? If codified, pleas	e give the
	Administr	ative Procedures Ac	et; A.C.A. § 25-15-201, et. s	seq.	
7.	What is th	ne purpose of this pro	oposed rule? Why is it nece	essary?	
		RULE	CHANGE	REASON FOR CHANGE]
		Ch. 1, pg. 1-5, Section IV Definitions	Definition of Prescriptive Authority – change Schedule III to II	Act 593 of 2019	
8.	Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.arsbn.org				
9.	Will a public hearing be held on this proposed rule? Yes X No If yes, please complete the following:				
	Date: No	vember 24, 2020			
	Time: <u>10</u>	:00 a.m	_		
	Place: 112	23 South University A	Avenue, Suite 800, Little Roo	ck, AR 72204	
10.	Place: 1123 South University Avenue, Suite 800, Little Rock, AR 72204 When does the public comment period expire for permanent promulgation? (Must provide a date.) November 27, 2020				

- What is the proposed effective date of this proposed rule? (Must provide a date.)

 Date pending legislative review and approval. (Original proposed date was January 1, 2020)
- 12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.

Attached

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).

Attached

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Association of Nurse Anesthetists, Arkansas Nurses Association, Arkansas Nurse Practitioner Association, Arkansas Medical Society, Arkansas Medical Board, Arkansas Nursing Educational Programs

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT/AGENCY: Department of Health **DIVISION:** Division of Health Related Board and Commissions/State Board of Nursing PERSON COMPLETING THIS STATEMENT: Sue Tedford **PHONE NO.:** (501) 686-2703 **FAX NO.:** (501) 686-2714 E-MAIL: sue.teford@arkansas.gov To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules. SHORT TITLE OF THIS RULE ____ Chapter One - General Provisions 1. Does this proposed, amended, or repealed rule have a financial impact? Yes _____ No _X__ 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes X In consideration of the alternatives to this rule, was this rule determined by the agency to be the 3. least costly rule considered? Yes X No If an agency is proposing a more costly rule, please state the following: (a) How the additional benefits of the more costly rule justify its additional cost; N/A (b) The reason for adoption of the more costly rule; N/A (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please N/A If the purpose of this rule is to implement a federal rule or regulation, please state the following: 4. (a) What is the cost to implement the federal rule or regulation? **Current Fiscal Year Next Fiscal Year** General Revenue 0 General Revenue 0 Federal Funds 0 Federal Funds 0 Cash Funds 0 Cash Funds 0 Special Revenue 0 Special Revenue 0 Other (Identify) 0 Other (Identify) 0 Total 0 Total 0

(b) What is the additional cost of the state rule? **Current Fiscal Year Next Fiscal Year** General Revenue General Revenue Federal Funds____ 0 Federal Funds 0 0 Cash Funds Cash Funds 0 Special Revenue____ Special Revenue 0_ 0 Other (Identify) 0 Other (Identify) 0 0 Total Total 5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected. **Current Fiscal Year Next Fiscal Year** \$ 0 ____ What is the total estimated cost by fiscal year to state, county, and municipal government to 6. implement this rule? Is this the cost of the program or grant? Please explain how the government is affected. **Current Fiscal Year Next Fiscal Year** 0 7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined? Yes No X If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following: (1) a statement of the rule's basis and purpose; (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute; (3) a description of the factual evidence that: (a) justifies the agency's need for the proposed rule; and (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs:

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not

adequately address the problem to be solved by the proposed rule;

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

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Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

What is	the short title of this rule?
	Chapter Two- Licensure: RN, LPN, and LPTN
What is	the subject of the proposed rule?
	Licensure: RN, LPN, and LPTN
	alle required to comply with a federal statute, rule, or regulation? Yes X No of 2019
Act 990 Was this	
Act 990 Was this Yes	of 2019 rule filed under the emergency provisions of the Administrative Procedure Act?

	Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No
5.	Is this a new rule? Yes NoX If yes, please provide a brief summary explaining the rule.
	Does this repeal an existing rule? Yes No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.
	Is this an amendment to an existing rule? Yes X No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearl labeled "mark-up."
6.	Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.
	Administrative Procedures Act; A.C.A. § 25-15-201, et. seq.

7. What is the purpose of this proposed rule? Why is it necessary?

RULE	CHANGE	REASON FOR CHANGE
Ch. 2, pg. 2-1, Section I(E) Qualifications	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019
Ch. 2, pg. 2-5, Section III 408, Interstate Nurse Licensure Compact	Added clarification on how federal criminal records are handled among party states.	Consistency among all compact states.
Ch. 2, pg. 2-6, Section III 409, Interstate Nurse Licensure Compact	Added clarification on how to handle active duty military personnel and their spouses.	Consistency among all compact states.
Ch. 2, pg. 2-6, Section III 502(2), Interstate Nurse Licensure Compact	Added clarification on dispute resolution among party states.	Consistency among all compact states.
Ch. 2, pg. 2-8, Section V (C) and (F), Criminal Background Check	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019

Ch. 2, pg. 2-8, Section V (F), Background Check	Added clarification on application and review of pre-licensure determination of granting a waiver for specific criminal convictions.	
Ch. 2, pg. 2-8, Section VI (A) (1), Temporary Permits	Added "nonrenewable"	Act 990 of 2019
Ch. 2, pg. 2-9, Section VI (A)(2), Temporary Permits	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019
Ch. 2, pg. 2-10, Section VII (C)(3), Continuing Education NOTE: Approved as Emergency Rule on May 15, 2020	Change 1,000 hours within the one year to within the two years	Determined this impediment to qualified nurses being able to work where needed during this pandemic is an imminent peril to public health, safety and welfare
Ch. 2, pg. 2-1, Section I(E) Qualifications	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019
Ch. 2, pg. 2-8, Section V (C) and (F) Criminal Background Check	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019
Ch. 2, pg. 2-8, Section VI (A) (1) Temporary Permits	Added "nonrenewable"	Act 990 of 2019
Ch. 2, pg. 2-9, Section VI (A)(2) Temporary Permits	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019
Ch. 2, pg. 2-10, Section VII (C)(3), Continuing Education NOTE: Approved as Emergency Rule on May 15, 2020	Change 1,000 hours within the one year to within the two years	Determined this impediment to qualified nurses being able to work where needed during this pandemic is an imminent peril to public health, safety and welfare

8.	Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).
	www.arsbn.org
9.	Will a public hearing be held on this proposed rule? Yes X No If yes, please complete the following:
	Date: November 24, 2020
	Time: 10:00 a.m.
	Place: 1123 South University Avenue, Suite 800, Little Rock, Arkansas 72204
10.	When does the public comment period expire for permanent promulgation? (Must provide a date.)
	November 27, 2020
11.	What is the proposed effective date of this proposed rule? (Must provide a date.)
	Date pending legislative review and approval. (Original proposed date was January 1, 2020)
12.	Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.
	Attached
13.	Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).
	Attached
14.	Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.
	Arkansas Association of Nurse Anesthetists, Arkansas Nurses Association, Arkansas Nurse Practitioner Association, Arkansas Medical Society, Arkansas Medical Board, Arkansas Nursing Educational Programs

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEP	PARTMENT/AGENCY	: Department of He	alth				
			nd Commissions/State Board	of Nursing			
	SON COMPLETING T						
PHC	ONE NO.: (501) 686-270	<u>)3</u> FAX NO.:	(501) 686-2714 E-MAIL :	sue.teford@arkansas.gov			
	omply with Ark. Code A ement and file two copies		please complete the following iire and proposed rules.	g Financial Impact			
SHC	ORT TITLE OF THIS F	RULE Licensure	e: RN, LPN, and LPTN				
1.	Does this proposed, a Yes X		I rule have a financial impact?	,			
2.		tion available conce	btainable scientific, technical, erning the need for, consequen				
3.			rule, was this rule determined	l by the agency to be the			
	If an agency is propos	If an agency is proposing a more costly rule, please state the following:					
	(a) How the additiona N/A	l benefits of the mor	re costly rule justify its addition	onal cost;			
	(b) The reason for add N/A	(b) The reason for adoption of the more costly rule; N/A					
	(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and N/A						
	(d) Whether the reaso explain. N/A	n is within the scope	e of the agency's statutory aut	thority, and if so, please			
4.	If the purpose of this ru	le is to implement a	federal rule or regulation, pleas	e state the following:			
	(a) What is the cost to	implement the federa	al rule or regulation?				
	Current Fiscal Year		Next Fiscal Year				
	General Revenue	0	General Revenue	0			
	Federal Funds	0	Federal Funds	0			
	Cash Funds	0	Cash Funds	0			
	Special Revenue	0	Special Revenue	0			
	Other (Identify)	0	Other (Identify)	0			
	Total	0	Total	0			

(b) What is the additional cost of the state rule? **Current Fiscal Year Next Fiscal Year** General Revenue General Revenue Federal Funds 0 Federal Funds 0 Cash Funds Cash Funds 0 0 Special Revenue 0 Special Revenue 0 Other (Identify) 0 Other (Identify) 0 0 Total Total What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected. **Current Fiscal Year Next Fiscal Year** 600.00 600.00 Affect nurses requesting reinstatement of a nursing license that has been expired or inactive for more than 5 years. Could potentially save nurse \$600 due to cost of refresher course. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected. **Current Fiscal Year Next Fiscal Year** With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined? Yes No X If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following: (1) a statement of the rule's basis and purpose; (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

5.

6.

7.

(3) a description of the factual evidence that:

- (a) justifies the agency's need for the proposed rule; and
- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
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DEPARTMENT/AGENCY: Department of Health

DIVISION: Division of Health Related Board and Commissions/State Board of Nursing

DIVISION DIRECTOR: Matt Gilmore CONTACT PERSON: Sue Tedford

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PHONE NO.: (501) 686-2703 FAX NO.: (501) 686-2714 E-MAIL: sue.tedford@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING: Sue Tedford

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Little Rock, AR 72201

When does the emergency rule expire?

	Will this emergency rule be Procedure Act? Yes	oe promulgated under the perm No	anent provisions of the Ad	ministrative		
5.	Is this a new rule? Yesthe rule.	No X If yes, please	provide a brief summary e	xplaining		
	Does this repeal an existir be included with your con provide a summary of the	ng rule? Yes No X npleted questionnaire. If it is to rule giving an explanation of the second	If yes, a copy of the reperence of the reperence of the repeated with a new repeated what the rule does.	aled rule is to rule, please		
	showing the changes in th	n existing rule? Yes <u>X</u> No e existing rule and a summary what the amendment does,	of the substantive changes	. Note: The		
6.	Cite the state law that gran Arkansas Code citation.	nts the authority for this propos	sed rule? If codified, pleas	e give the		
	Administrative Procedure	s Act; A.C.A. § 25-15-201, et.	seq.			
7.	What is the purpose of this proposed rule? Why is it necessary?					
	RULE	CHANGE	REASON FOR CHANGE]		
	Ch. 4, pg. 4-2, Section III (E)(1), Licensure	Added "nonrenewable"	Act 990 of 2019			
	Ch. 4, pg. 4-2, Section III (E)(1), Licensure	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019			
	Ch. 4, pg. 4-3, Section III (E)(2), Licensure	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019			
8.	Please provide the address as required by Arkansas C	s where this rule is publicly accorde § 25-19-108(b).	cessible in electronic form	via the Internet		
	www.arsbn.org					
9.	Will a public hearing be h If yes, please complete the	eld on this proposed rule? Yes e following:	s_XNo			
	Date: November 24, 2020)				
	Time: 10:00 a.m.					
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14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Association of Nurse Anesthetists, Arkansas Nurses Association, Arkansas Nurse Practitioner Association, Arkansas Medical Society, Arkansas Medical Board, Arkansas Nursing Educational Programs

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DEPARTMENT/AGENCY: Department of Health DIVISION: Division of Health Related Board and Commissions/State Board of Nursing PERSON COMPLETING THIS STATEMENT: Sue Tedford **PHONE NO.:** (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.teford@arkansas.gov To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules. SHORT TITLE OF THIS RULE <u>Chapter Four – Advanced Practice Registered Nurse</u> 1. Does this proposed, amended, or repealed rule have a financial impact? Yes _____ No X 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes X No 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes X No If an agency is proposing a more costly rule, please state the following: (a) How the additional benefits of the more costly rule justify its additional cost; N/A (b) The reason for adoption of the more costly rule; (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and N/A (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain. N/A If the purpose of this rule is to implement a federal rule or regulation, please state the following: 4. (a) What is the cost to implement the federal rule or regulation? **Current Fiscal Year Next Fiscal Year** General Revenue 0 General Revenue 0 Federal Funds 0 Federal Funds 0 Cash Funds 0 Cash Funds 0 Special Revenue 0 Special Revenue 0 Other (Identify) 0 Other (Identify) 0 0 Total Total 0

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- B. Please answer each question <u>completely</u> using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

	Will this emergency rule be Procedure Act? YesN	promulgated under the per-	manent provisions of the A	dministrative	
5.	Is this a new rule? Yesthe rule.	NoX If yes, pleas	e provide a brief summary	explaining	
	Does this repeal an existing be included with your comprovide a summary of the r	oleted questionnaire. If it is	being replaced with a new	pealed rule is to rule, please	
	Is this an amendment to an showing the changes in the summary should explain vlabeled "mark-up."	existing rule and a summar	v of the substantive change	s. Note: The	
6.	Cite the state law that grant Arkansas Code citation.	s the authority for this propo	osed rule? If codified, plea	se give the	
	Administrative Procedures	Act; A.C.A. § 25-15-201, et	t. seq.		
7.	What is the purpose of this proposed rule? Why is it necessary?				
	RULE	CHANGE	REASON FOR CHANGE]	
	Ch. 6, pg. 6-6, Section II (G)(1)(b) and (H)(2)(h), Program Requirements	Add ACA §17-03-102	Act 990 of 2019		
8.	Please provide the address vas required by Arkansas Co	where this rule is publicly ac de § 25-19-108(b).	ccessible in electronic form	via the Internet	
	www.arsbn.org				
9.	Will a public hearing be held on this proposed rule? Yes X No If yes, please complete the following:				
	Date: November 24, 2020	_			
	Time: 10:00 a.m.	<u></u>			
	Place: 1123 South University	Avenue, Suite 800, Little Re	ock, AR 72204		
10.	When does the public comm	ent period expire for perma	nent promulgation? (Must	provide a date.)	
	November 27, 2020				

- 11. What is the proposed effective date of this proposed rule? (Must provide a date.)

 Date pending legislative review and approval. (Original proposed date was January 1, 2020)
- 12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.

Attached

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).

Attached

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Association of Nurse Anesthetists, Arkansas Nurses Association, Arkansas Nurse Practitioner Association, Arkansas Medical Society, Arkansas Medical Board, Arkansas Nursing Educational Programs

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT/AGENCY: Department of Health **DIVISION:** Division of Health Related Board and Commissions/State Board of Nursing PERSON COMPLETING THIS STATEMENT: Sue Tedford **PHONE NO.:** (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.teford@arkansas.gov To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules. SHORT TITLE OF THIS RULE Chapter Six – Standards for Nursing Education Programs 1. Does this proposed, amended, or repealed rule have a financial impact? Yes ____ No X 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes X No 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes X No If an agency is proposing a more costly rule, please state the following: (a) How the additional benefits of the more costly rule justify its additional cost; N/A (b) The reason for adoption of the more costly rule; (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and N/A (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain. N/Â If the purpose of this rule is to implement a federal rule or regulation, please state the following: 4. (a) What is the cost to implement the federal rule or regulation? **Current Fiscal Year Next Fiscal Year** General Revenue 0 General Revenue 0 Federal Funds 0 Federal Funds 0 Cash Funds 0 Cash Funds 0 Special Revenue 0 Special Revenue 0 Other (Identify) 0 Other (Identify) 0 Total 0 Total 0

(b) What is the additional cost of the state rule? **Current Fiscal Year Next Fiscal Year** General Revenue General Revenue Federal Funds Federal Funds 0 Cash Funds 0 Cash Funds 0 Special Revenue Special Revenue Other (Identify) 0 Other (Identify) 0 Total 0 Total 5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected. **Current Fiscal Year Next Fiscal Year** 0 What is the total estimated cost by fiscal year to state, county, and municipal government to 6. implement this rule? Is this the cost of the program or grant? Please explain how the government is affected. **Current Fiscal Year Next Fiscal Year** 0 With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased 7. cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined? Yes____No X If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following: (1) a statement of the rule's basis and purpose: (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute; (3) a description of the factual evidence that: (a) justifies the agency's need for the proposed rule; and (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs; (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not

adequately address the problem to be solved by the proposed rule:

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

DEPARTMENT/AGENCY: Department of Health

DIVISION: Division of Health Related Board and Commissions/State Board of Nursing

DIVISION DIRECTOR: Matt Gilmore CONTACT PERSON: Sue Tedford

ADDRESS: 1123 S. University Ave., Suite 800; Little Rock, AR 72204

PHONE NO.: (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.tedford@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING: Sue Tedford

PRESENTER E-MAIL: sue.tedford@arkansas.gov

INSTRUCTIONS

A. Please make copies of this form for future use.

- B. Please answer each question <u>completely</u> using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

	Will this Procedu	s emergency rule be re Act? Yes No	promulgated under the permo	nanent provisions of the A	dministrative	
5.	Is this a new rule? Yes NoX_ If yes, please provide a brief summary explaining the rule.					
	Does this repeal an existing rule? Yes No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.					
	snowing summai	the changes in the e	existing rule? Yes X No existing rule and a summary what the amendment does,	of the substantive change	s. Note: The	
6.	Cite the Arkansa	state law that grants s Code citation.	the authority for this propo	esed rule? If codified, plea	se give the	
	Adminis	strative Procedures A	Act; A.C.A. § 25-15-201, et.	. seq.		
7.	What is	the purpose of this p	proposed rule? Why is it nec	eessary?		
		RULE	CHANGE	REASON FOR CHANGE]	
		Ch. 7, pg. 7-1, Section II (A), Procedure on Denial, Reprimand, Probation, Civil Penalties, Suspension, or Revocation	Change ACA §17-87-312 to ACA §17-03-102	Act 990 of 2019		
8.	Please pras requir	rovide the address w ed by Arkansas Cod	here this rule is publicly accees § 25-19-108(b).	cessible in electronic form	via the Internet	
	www.ars	sbn.org				
9.	Will a public hearing be held on this proposed rule? Yes X No If yes, please complete the following:					
	Date: No	ovember 24, 2020	-			
	Time: <u>10</u>	0:00 a.m.	_			
	Place: <u>11</u>	23 South University	Avenue, Suite 800, Little Ro	ck, AR 72204		
10.	When do	es the public comme	ent period expire for perman	nent promulgation? (Must	provide a date.)	
	Novembe	er 27, 2020				

What is the proposed effective date of this proposed rule? (Must provide a date.)

Date pending legislative review and approval. (Original proposed date was January 1, 2020)

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.

Attached

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).

Attached

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Association of Nurse Anesthetists, Arkansas Nurses Association, Arkansas Nurse Practitioner Association, Arkansas Medical Society, Arkansas Medical Board, Arkansas Nursing Educational Programs

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT/AGENCY: Department of Health **DIVISION:** Division of Health Related Board and Commissions/State Board of Nursing PERSON COMPLETING THIS STATEMENT: Sue Tedford **PHONE NO.:** (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.teford@arkansas.gov To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules. SHORT TITLE OF THIS RULE ___ Chapter Seven - Rules of Procedure 1. Does this proposed, amended, or repealed rule have a financial impact? Yes _____ No <u>X</u> 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes X In consideration of the alternatives to this rule, was this rule determined by the agency to be the 3. least costly rule considered? Yes X No If an agency is proposing a more costly rule, please state the following: (a) How the additional benefits of the more costly rule justify its additional cost; N/A (b) The reason for adoption of the more costly rule; N/A (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please N/A 4. If the purpose of this rule is to implement a federal rule or regulation, please state the following: (a) What is the cost to implement the federal rule or regulation? **Current Fiscal Year Next Fiscal Year** General Revenue 0 General Revenue 0 Federal Funds 0 Federal Funds 0 Cash Funds 0 Cash Funds 0 Special Revenue 0 Special Revenue 0 Other (Identify) 0 Other (Identify) 0 Total 0 Total 0

(b) What is the additional cost of the state rule?

Current Fiscal Year		Next Fiscal Year	
General Revenue	0	General Revenue	0
Federal Funds	0	Federal Funds	0
Cash Funds	0	Cash Funds	0
Special Revenue	_0	Special Revenue_	0
Other (Identify)	0	Other (Identify)	0
Total	0	Total	0
What is the total estime to the proposed, amen and explain how they	ided, or repealed rule?	r to any private individual, Identify the entity(ies) sul	entity and business subject to the proposed rule
Current Fiscal Year		Next Fisc	al Year
\$		\$0	
What is the total estin implement this rule? is affected. Current Fiscal Year	nated cost by fiscal year. Is this the cost of the p	or to state, county, and mun program or grant? Please ex <u>Next Fise</u>	xplain how the governmen
		Next Pisc	cai i car
\$ <u>0</u>	<u></u>	\$	0
cost or obligation of at individual, private entingovernment, or to two Yes	t least one hundred tho ity, private business, st (2) or more of those en (2)	stions #5 and #6 above, is to usand dollars (\$100,000) pate government, county go ntities combined? Ann. § 25-15-204(e)(4) to The written findings shall include, without limitation	er year to a private vernment, municipal file written findings at the be filed simultaneously
(1) a statement of the r	rule's basis and purpos	e;	
(2) the problem the ago whether a rule is requir	ency seeks to address vered by statute;	with the proposed rule, incl	uding a statement of
	factual evidence that: agency's need for the		

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

DEPARTMENT/AGENCY: Department of Health

DIVISION: Division of Health Related Board and Commissions/State Board of Nursing

DIVISION DIRECTOR: Matt Gilmore **CONTACT PERSON:** Sue Tedford

ADDRESS: 1123 S. University Ave., Suite 800; Little Rock, AR 72204

PHONE NO.: (501) 686-2703 FAX NO.: (501) 686-2714 E-MAIL: sue.tedford@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING: Sue Tedford

PRESENTER E-MAIL: sue.tedford@arkansas.gov

INSTRUCTIONS

A. Please make copies of this form for future use.

- B. Please answer each question <u>completely</u> using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

******************************* 1. What is the short title of this rule? Chapter Nine- Insulin and Glucagon Administration 2. What is the subject of the proposed rule? Insulin and Glucagon Administration Is this rule required to comply with a federal statute, rule, or regulation? Yes _____ No ___X___ 3. 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No X If yes, what is the effective date of the emergency rule? _____ When does the emergency rule expire? Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes___No____

5.	Is this a the rule.	new rule? Yes	No X If yes, please	e provide a brief summary e	explaining		
	be inclu	Does this repeal an existing rule? Yes No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.					
	snowing	the changes in the e	existing rule? Yes X No existing rule and a summary that the amendment does,	of the substantive changes	Note: The		
6.	Cite the Arkansa	state law that grants s Code citation.	the authority for this propo	sed rule? If codified, pleas	se give the		
	Adminis	trative Procedures A	act; A.C.A. § 25-15-201, et.	seq.			
7.	What is	the purpose of this p	roposed rule? Why is it neo	eessary?			
		RULE	CHANGE	REASON FOR CHANGE			
		Ch. 9, pg. 9-3,	Added statement	Requested by Department			
		Section III, General	permitting public school	of Education.			
		Requirements	employees to volunteer				
			Updated the agency name throughout the chapter.				
8.	Please pras requir	ed by Arkansas Cod	here this rule is publicly ace § 25-19-108(b).	cessible in electronic form	via the Internet		
	**************************************	ion.org					
9.	Will a pu If yes, pl	ablic hearing be held ease complete the fo	on this proposed rule? Yes llowing:	s_X No			
	Date: November 24, 2020						
	Time: <u>10</u>	0:00 a.m.	_				
10.	Place: 11 When do	23 South University es the public comme	Avenue, Suite 800, Little Roent period expire for perman	ock, AR 72204 nent promulgation? (Must	provide a date.)		
	Novembe	er 27, 2020					
11.	What is t	he proposed effectiv	e date of this proposed rule	? (Must provide a date.)			
				,	1 2020		
	Date pend	anig icgisianive revie	ew and approval. (Original	proposed date was January	71, 2020)		

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.

Attached

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).

Attached

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Association of Nurse Anesthetists, Arkansas Nurses Association, Arkansas Nurse Practitioner Association, Arkansas Medical Society, Arkansas Medical Board, Arkansas Nursing Educational Programs

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT/AGENCY: Department of Health DIVISION: Division of Health Related Board and Commissions/State Board of Nursing PERSON COMPLETING THIS STATEMENT: Sue Tedford **PHONE NO.:** (501) 686-2703 **FAX NO.:** (501) 686-2714 E-MAIL: sue.teford@arkansas.gov To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules. SHORT TITLE OF THIS RULE Chapter Nine – Insulin and Glucagon Administration 1. Does this proposed, amended, or repealed rule have a financial impact? No X Is the rule based on the best reasonably obtainable scientific, technical, economic, or other 2. evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes X No 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes X No If an agency is proposing a more costly rule, please state the following: (a) How the additional benefits of the more costly rule justify its additional cost; N/A (b) The reason for adoption of the more costly rule; (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and N/A (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain. N/A If the purpose of this rule is to implement a federal rule or regulation, please state the following: 4. (a) What is the cost to implement the federal rule or regulation? **Current Fiscal Year Next Fiscal Year** General Revenue 0 General Revenue 0 Federal Funds 0 Federal Funds 0 Cash Funds 0 Cash Funds 0 Special Revenue 0 Special Revenue 0 Other (Identify) 0 Other (Identify) 0 Total 0 Total 0

(b) What is the additional cost of the state rule?

		Next Fiscal Year	
General Revenue	0	General Revenue 0	
Federal Funds	0	Federal Funds 0	
Cash Funds	0	Cash Funds 0	
Special Revenue	0	Special Revenue 0 Other (Identify) 0	
Other (Identify)	0	Other (Identify) 0	
Total	0	Total0	
What is the total est to the proposed, amound explain how the	ended, or repealed rul	ear to any private individual, entity and business sue? Identify the entity(ies) subject to the proposed ru	
Current Fiscal Year		Next Fiscal Year	
\$		\$ <u> </u>	
Current Fiscal Yea		program or grant? Please explain how the government to Next Fiscal Year	
\$ 0			
	agency's answers to Q	\$0 uestions #5 and #6 above, is there a new or increase	
With respect to the a cost or obligation of individual, private engovernment, or to two Yes	at least one hundred to the street of the server (2) or more of those words. No X Server by Ark. Coe ancial impact statements.	destions #5 and #6 above, is there a new or increase housand dollars (\$100,000) per year to a private state government, county government, municipal entities combined?	
With respect to the a cost or obligation of individual, private engovernment, or to two Yes	at least one hundred to the street of the server (2) or more of those words. No X Server by Ark. Coe ancial impact statements.	destions #5 and #6 above, is there a new or increase housand dollars (\$100,000) per year to a private state government, county government, municipal entities combined? de Ann. § 25-15-204(e)(4) to file written findings at at. The written findings shall be filed simultaneously all include, without limitation, the following:	
With respect to the acost or obligation of individual, private engovernment, or to two Yes	at least one hundred to the state of the server (2) or more of those of the server (2) or more of the server (3) or more of the server (4) or more o	destions #5 and #6 above, is there a new or increase housand dollars (\$100,000) per year to a private state government, county government, municipal entities combined? de Ann. § 25-15-204(e)(4) to file written findings at at. The written findings shall be filed simultaneously all include, without limitation, the following:	

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
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 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.