

1 **State of Arkansas**

2 **79th General Assembly**

3 **Regular Session, 1993**

4 **By: Senators Holiman, Bookout, Bradford, Miles, N. Wilson, Jewell**

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For An Act To Be Entitled

8 "AN ACT TO CREATE THE ARKANSAS HEALTH RESOURCES

9 COMMISSION; AND FOR OTHER PURPOSES."

10

11

Subtitle

12 "AN ACT TO CREATE THE ARKANSAS HEALTH RESOURCES

13 COMMISSION."

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15 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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17 SECTION 1. It is the purpose of this act to:

18 (1) study problems, issues, and results related to health resources in
19 Arkansas;

20 (2) propose goals and measures to improve and rationalize the health
21 delivery system, including overall results, access, cost-effectiveness, and
22 cost control; and

23 (3) monitor progress towards the goals established.

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25 SECTION 2. (a) There is created the Arkansas Health Resources

26 Commission. The commission shall be composed of twenty-three (23) members as
27 follows:

28 (1) the Governor shall appoint eight (8) members;

29 (2) the Speaker of the House shall appoint six (6) members of the
30 House of Representatives;

31 (3) the President Pro Tempore of the Senate shall appoint six (6)
32 members of the Senate;

33 (4) the Director of the Arkansas Department of Health or his
34 designee;

35 (5) the Director of the Department of Human Services or his

1 designee; and

2 (6) the Chancellor of the University of Arkansas Medical School
3 campus or his designee.

4 (b) The appointments made by the Governor shall include:

5 (1) one (1) individual with expertise in health care management,
6 to be selected from a list of three (3) nominees submitted from the Arkansas
7 Hospital Association;

8 (2) one (1) individual with expertise in medical practice, to be
9 selected from a list of three (3) nominees submitted from the Arkansas Medical
10 Society;

11 (3) one (1) individual with expertise in the health insurance
12 industry;

13 (4) one (1) individual with expertise in rural health, to be
14 selected from a list of three (3) nominees submitted from the Arkansas
15 Association of Community Health Centers;

16 (5) one (1) individual with expertise in long term care, to be
17 selected from a list of three (3) nominees submitted from the Arkansas Health
18 Care Association;

19 (6) one (1) individual who shall be a pharmacist, to be selected
20 from a list of three (3) nominees submitted from the Arkansas Pharmacists
21 Association; and

22 (7) two (2) members to be appointed at large.

23 (c) A chairman shall be selected by the members of the commission.

24 (d) The members of the commission shall serve without pay, but shall be
25 reimbursed for reasonable and necessary expenses incurred for meals, lodging,
26 and travel in attending commission meetings and in the performance of duties
27 of the commission, from funds appropriated for that purpose. The legislative
28 members of the commission shall receive, in lieu of reimbursement for meals,
29 lodging, and travel, the same per diem and mileage allowance for each day in
30 attending meetings of the commission as is authorized by law for attending
31 meetings of joint interim committees of the General Assembly and shall be paid
32 from funds appropriated for that purpose.

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34 SECTION 3. The commission may employ a staff director who shall be
35 appointed by the chairman, subject to the approval of the commission.

1 Consultants, volunteers, and graduate students may also be used to augment the
2 commission's staff needs.

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4 SECTION 4. (a) The commission shall have authority to study the full
5 range of health resources including pharmaceutical, medical services, health
6 facilities, health associations and agencies, and financing.

7 (b) (1) The commission may gather and analyze information on results,
8 problems and issues concerning the following topics:

9 (A) A report card indicating the state of public health in
10 Arkansas, including a number of quantitative and qualitative measures, and
11 comparison with other states;

12 (B) The state's health care costs, identification of public
13 and private funding sources, funding trends, and identification of existing
14 policies and measures aimed at holding down costs;

15 (C) The availability and adequacy of health facilities and
16 health services, geographically and according to population segments, the
17 identification of expensive high tech facilities such as FM and cardiac care
18 labs and an indication of opportunities for sharing such resources to avoid
19 possibly uneconomic or unnecessary duplication;

20 (D) The development of a definition of "adequate health
21 care_ and identification of procedures approved for full or partial public
22 funding;

23 (E) Access to health care for the uninsured and working
24 poor;

25 (F) Access to, and cost of, health care under workmen's
26 compensation;

27 (G) Availability, adequacy, promotion and utilization of
28 prenatal care;

29 (H) Cost of the care and treatment of drug-addicted babies;

30 (I) Availability, adequacy, promotion and utilization of
31 immunization programs for infants and preschool children;

32 (J) Access to health care for school children;

33 (K) Frequency and treatment of child and other domestic
34 abuse;

35 (L) Availability of physicians and health care facilities in

1 rural areas;

2 (M) Problems incurred by health care providers when they
3 report drug abuse;

4 (N) Extent of, and amelioration of, drug abuse among health
5 care providers;

6 (O) The need for a state-wide trauma network;

7 (P) The mental health system with particular emphasis being
8 placed on hard-to-get services for the mentally ill;

9 (Q) Policies and procedures governing access to a person_s
10 medical record;

11 (R) Medical treatment of sexual assault victims;

12 (S) Adequacy of transportation to health care facilities;

13 (T) The higher-than-average incidence of AIDS in Arkansas as
14 compared to the other states; and

15 (U) The role and effectiveness of health education.

16 (2) The commission *may* prepare an interim monograph on each of the
17 topics treated, including an annotated bibliography. Each monograph is to be
18 issued as part of a series of publicly available working papers. Completion
19 and issuance of individual monographs *should* be scheduled as nearly as
20 possible evenly during the first eight (8) to ten (10) months of the
21 commission_s term. Each monograph will include identification of any need for
22 further study, but such need shall not delay issuance of information compiled
23 from existing sources.

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25 SECTION 5. The commission shall prepare a catalogue of public and
26 private, including for-profit, voluntary, and not-for-profit, agencies and
27 associations comprising the Arkansas health care system. The commission *may*
28 identify role and resources of each and provide an assessment of adequacy and
29 effectiveness in each functional category.

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31 SECTION 6. (a) The commission *may* compile descriptions of further
32 analyses and studies required, estimate the time and cost for completion of
33 each, and establish priorities to assist resource allocation. In assigning
34 priorities, consideration shall be given to the possibility of solving
35 problems before they become uncontrollable.

1 (b) The commission *may* make overall recommendations to improve and
2 rationalize the health care system and specific recommendations on each of
3 specialized topics treated. The commission *may* propose specific results-
4 oriented goals for each subject. The recommendations *may* include both medical
5 results and cost-related targets and recommendations for financing the needed
6 programs.

7 (c) The commission *may* propose measures to:

8 (1) streamline, simplify or otherwise rationalize the
9 organization and respective roles of state, county, and local agencies in the
10 medical field or increase their productivity or reduce their operating costs;

11 (2) improve coordination among agencies and between public and
12 private agencies; and

13 (3) improve cost-effectiveness of private agencies, especially
14 non-profits.

15 (d) The commission *may* identify subjects where legislation or specific
16 legislative oversight may prove to be helpful in achieving public goals.

17 (e) The commission *may* propose a system for measuring and periodically
18 monitoring progress towards achieving the health care goals adopted. This may
19 or may not include an extension of the commission's term.

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21 SECTION 7. In addition to publishing the interim monographs, the
22 commission *may* report on its work as follows:

23 (1) Issue a quarterly progress report to be available to the
24 public. The report shall indicate the status of work against schedule and
25 it's budget. The quarterly report shall also identify monographs issued and
26 forecast upcoming publication dates;

27 (2) Issue a consolidated annual administrative report within
28 forty-five (45) days after the end of each year; and

29 (3) Issue a main technical report including further studies
30 needed, recommended goals, action proposals, and topics for legislative
31 consideration. This report is to be issued on an interim basis after twelve
32 (12) to fifteen (15) months and as a final version by January 1, 1995. The
33 interim monographs, in updated form, are to be issued as separately-bound
34 appendices to the final version of the main technical report.

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1 SECTION 8. In addition to the other duties of the Arkansas Health
2 Resources Commission the commission shall:

3 (1) monitor and coordinate the implementation and progress of the
4 initiatives of the former Arkansas Health Care Access Council; and

5 (2) serve as a grantee or advisory body on public or private grants
6 concerning health care access.

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8 SECTION 9. The Arkansas Health Care Access Council is abolished.
9 Arkansas Code 20-77-201 through 20-77-205 concerning the Arkansas Health Care
10 Access Council is repealed.

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13 SECTION 10. All provisions of this act of a general and permanent
14 nature are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas
15 Code Revision Commission shall incorporate the same in the Code.

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17 SECTION 11. If any provision of this act or the application thereof to
18 any person or circumstance is held invalid, such invalidity shall not affect
19 other provisions or applications of the act which can be given effect without
20 the invalid provision or application, and to this end the provisions of this
21 act are declared to be severable.

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23 SECTION 12. All laws and parts of laws in conflict with this act are
24 hereby repealed.

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/s/Senator Holiman et al.

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