



the Prescription Drug Monitoring Program interactive and to provide same-day reporting in real-time, if funding and technology are available.”

**COMMENT #2:** Mr. Baker questioned how a veterinarian is to query a patient in the Prescription Drug Monitoring Program web portal, specifically if the vet is mandated to query to animal patient or the human owner. **RESPONSE:** To comply with the mandatory use law enacted by Act 820 of 2017, the veterinarian is to search the web portal using the animal’s name as the first name, the owner’s last name, and the animal’s date of birth. Searching in this manner will report only prescriptions filled under the animal’s name and not human patient information.

**COMMENT #3:** In Section IV(d)(2)(C)(ii)(a), the language mentions “palliative care.” Mr. Baker asked if a definition of “palliative care” could be added to the rules. On 9/27/2019 at 11:02 AM, Mr. Baker followed up via email on a suggested definition for “palliative care.” “Palliative care” means an interdisciplinary approach to specialized medical and nursing care for patients with chronic conditions. It focuses on providing relief from the symptoms, pain, physical stress, and mental stress at any stage of illness. The goal is to improve quality of life for both the patient and their family.

**RESPONSE:** After reviewing Mr. Baker’s suggestion on a definition and internal research on definitions for “palliative care” in current statute, the program suggests the addition of the definitions below:

“Hospice” or “hospice care” means an autonomous, centrally administered, medically directed, coordinated program providing a continuum of home, outpatient, and home-like inpatient care for the terminally ill patient and family, employing an interdisciplinary team to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses which are experienced during the final stages of illness and during dying and bereavement, with such care being available 24 hours a day, 7 days a week and provided on the basis of need regardless of ability to pay.

“Palliative care” means patient-centered and family-centered medical care offered throughout the continuum of an illness that optimizes quality of life by anticipating, preventing, and treating the suffering caused by a serious illness to address physical, emotional, social, and spiritual needs and facilitate patient autonomy, access to information, and choice, including without limitation:

- (A) Discussion of the patient’s goals for treatment;
- (B) Discussions of treatment options appropriate to the patient, including hospice care, if needed; and
- (C) Comprehensive pain and symptom management.

**COMMENT #4:** Mr. Baker pointed out the word “regulation” was found throughout the markup rules and commented that this needed to be changed to “rule.” **RESPONSE:**



The program will remove the word “regulation” when referencing the Arkansas Code throughout the rules as mandated by Act 315 of 2019.

**COMMENT #5:** Mr. Baker pointed out that the information in Section VII(a)(2)(A) and the information in Section VII(a)(2)(B) was redundant. **RESPONSE:** The language in Section VII(a)(2)(A) – (B) is from past language and will not be edited.

Lacey Johnson, an attorney with the Bureau of Legislative Research, asked the following question and received the following response from the agency:

**QUESTION:** In § IV(d)(2)(D) and again in § VII(a)(1)(A)(i), the proposed rules reference the Director of the Department of Health. However, Act 910 of 2019 replaced “Director” with “Secretary” in the statutes that these sections are based on. Did the Department intentionally maintain the old language, or was this an oversight?

**RESPONSE:** Oversight. Thank you!

The proposed effective date is pending legislative review and approval.

**FINANCIAL IMPACT:** The agency indicated that this rule does not have a financial impact.

**LEGAL AUTHORIZATION:** The State Board of Health has authority to promulgate rules implementing the Prescription Drug Monitoring Program Act. *See* Ark. Code Ann. § 20-7-613. These rule amendments implement provisions of various 2017 and 2019 acts that amended the Prescription Drug Monitoring Program Act.

Act 46 of 2017, sponsored by Representative Justin Boyd, amended the Prescription Drug Monitoring Program Act to allow access to the Arkansas Medicaid Prescription Drug Program. Act 688 of 2017, sponsored by Senator Missy Irvin, allows insurance carriers to obtain practitioner and dispenser information maintained by the Prescription Drug Monitoring Program and allows prescriber data to be used for research purposes. Act 820 of 2017, sponsored by then-Senator Jeremy Hutchinson, amends the Prescription Drug Monitoring Program to mandate that prescribers check the information in the Program when prescribing certain medications.

Act 141 of 2019, sponsored by Representative Boyd, amended the Prescription Drug Monitoring Program to allow access to the Office of Medicaid Inspector General. Act 605 of 2019, also sponsored by Representative Boyd, amended the law regarding information exchange with other prescription drug monitoring programs to authorize information exchange with federal prescription drug monitoring programs.





5. Is this a new rule? Yes \_\_\_\_\_ No X \_\_\_\_ 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 clearly labeled "mark-up."**
6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Arkansas Code Ann.§§ 20-7-601 et seq
7. What is the purpose of this proposed rule? Why is it necessary? This will amend the rules to include the 2017 and 2019 legislative updates.
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). <https://www.healthy.arkansas.gov/images/uploads/rules>
9. Will a public hearing be held on this proposed rule? Yes X \_\_\_\_ No \_\_\_\_\_  
If yes, please complete the following:
- Date: \_\_\_\_\_ September 24, 2019 \_\_\_\_\_
- Time: \_\_\_\_\_ 09:00 A.M. CST \_\_\_\_\_
- Place: \_\_\_\_\_ Arkansas Department of Health, Dr. Joseph H. Bates Auditorium, 4815 W. Markham St., Little Rock, AR 72205 \_\_\_\_\_
10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
\_\_\_\_ September 24, 2019 at 04:30 P.M. \_\_\_\_\_
11. What is the proposed effective date of this proposed rule? (Must provide a date.)  
\_\_\_\_ TBD \_\_\_\_\_
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. To be run in the Arkansas Democrat Gazette on August 23, 24, 25, 2019
13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).
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.

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Arkansas Department of Health  
**DIVISION** Center for Health Protection  
**PERSON COMPLETING THIS STATEMENT** Jamie Turpin  
**TELEPHONE NO.** 501-661-2162 **FAX NO.** 501-682-0427 **EMAIL:** jamie.turpin@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** Rules Pertaining to Arkansas Prescription Drug Monitoring Program

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;
  
  - (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
  
  - (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.
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**

General Revenue 0  
Federal Funds 0  
Cash Funds 0  
Special Revenue 0

**Next Fiscal Year**

General Revenue 0  
Federal Funds 0  
Cash Funds 0  
Special Revenue 0

Other (Identify) \_\_\_\_\_ 0 \_\_\_\_\_  
Total \_\_\_\_\_ 0 \_\_\_\_\_

Other (Identify) \_\_\_\_\_ 0 \_\_\_\_\_  
Total \_\_\_\_\_ 0 \_\_\_\_\_

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

**Current Fiscal Year**

General Revenue \_\_\_\_\_ 0 \_\_\_\_\_  
Federal Funds \_\_\_\_\_ 0 \_\_\_\_\_  
Cash Funds \_\_\_\_\_ 0 \_\_\_\_\_  
Special Revenue \_\_\_\_\_ 0 \_\_\_\_\_  
Other (Identify) \_\_\_\_\_ 00 \_\_\_\_\_  
Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_ 0 \_\_\_\_\_  
Federal Funds \_\_\_\_\_ 0 \_\_\_\_\_  
Cash Funds \_\_\_\_\_ 0 \_\_\_\_\_  
Special Revenue \_\_\_\_\_ 0 \_\_\_\_\_  
Other (Identify) \_\_\_\_\_ 0 \_\_\_\_\_  
Total \_\_\_\_\_ 0 \_\_\_\_\_

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**

\$ \_\_\_\_\_ 0 \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_ 0 \_\_\_\_\_

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6. 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**

\$ \_\_\_\_\_ 0 \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_ 0 \_\_\_\_\_

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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.





## Arkansas Department of Health

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Governor Asa Hutchison

Nathaniel Smith, MD, MPH, Director and State Health Officer

### **SUMMARY OF PROPOSED AMENDMENTS TO RULES PERTAINING TO THE ARKANSAS PRESCRIPTION DRUG MONITORING PROGRAM**

- To follow Act 315 of 2019, the removal of the word “regulation” on (pages 1 and 3)
- Updated the Prescription Drug Monitoring Program’s new branch as the Department of Health’s Substance Misuse and Injury Prevention Branch on (page 1)
- Corrected the Table of Contents to include Section XIII (page 2)
- As mandated by Act 46 of 2017, inserted language allowing access by the Arkansas Medicaid Prescription Drug Program (pages 6 and 12)
- As mandated by Act 820 of 2017 inserted language for mandatory usage of the Arkansas Prescription Drug Monitoring Program by prescribers (pages 7-8)
- As mandated by Act 820 of 2017, added two new members to the Arkansas Prescription Drug Monitoring Advisory Committee (page 11)
- As mandated by Act 141 of 2019, inserted language adding allowing access by the Arkansas Office of Medicaid Inspector General (page 12)
- As mandated by Act 820 of 2017 inserted language for development of prescribing criteria for controlled substances and reports to be generated to prescribers, dispensers, and licensing boards based upon this criteria (page 13)
- As mandated by Act 820 of 2017 inserted language for implementation of real-time reporting by the Arkansas Prescription Drug Monitoring Program if funding and technology are available (page 13)
- As mandated by Act 688 of 2017, inserted additional language regarding information provided for research (page 15)
- As mandated by Act 688 of 2017 inserted language regarding providing information to insurance carriers for the purpose of verifying prescriber or dispenser registration with the Arkansas Prescription Drug Monitoring Program (page 15)

- As mandated by Act 605 of 2019 inserted language allowing for the exchange of data between the Arkansas PDMP with federal prescription drug monitoring programs (page 15)
- As mandated by Act 820 of 2017, inserted language regarding the penalty for failure to use the Prescription Drug Monitoring Program (page 17)