



# 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](mailto: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.

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.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE  
ARKANSAS LEGISLATIVE COUNCIL**

**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 **completely** 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, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

\*\*\*\*\*

- 1. What is the short title of this rule?  
Chapter One- General Provisions
  
- 2. What is the subject of the proposed rule?  
General Provisions
  
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes X No \_\_\_\_\_  
Act 593 of 2019
  
- 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 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.

Administrative Procedures Act; A.C.A. § 25-15-201, et. seq.

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

<i>RULE</i>	<i>CHANGE</i>	<i>REASON FOR CHANGE</i>
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](http://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, AR 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

**FINANCIAL IMPACT STATEMENT**

**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

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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;  
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 reason is within the scope of the agency’s statutory authority, and if so, please explain.  
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**

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

**Next Fiscal Year**

General Revenue \_\_\_\_\_ 0  
Federal Funds \_\_\_\_\_ 0  
Cash Funds \_\_\_\_\_ 0  
Special Revenue \_\_\_\_\_ 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) \_\_\_\_\_ 0  
  
Total \_\_\_\_\_ 0

**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

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

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.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE  
ARKANSAS LEGISLATIVE COUNCIL**

**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**

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- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
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Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

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1. What is the short title of this rule?

\_\_\_\_\_ Chapter Two- Licensure: RN, LPN, and LPTN

2. What is the subject of the proposed rule?

\_\_\_\_\_ Licensure: RN, LPN, and LPTN

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes X No \_\_\_\_\_

Act 990 of 2019

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 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.

Administrative Procedures Act; A.C.A. § 25-15-201, et. seq.

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

<i><b>RULE</b></i>	<i><b>CHANGE</b></i>	<i><b>REASON FOR CHANGE</b></i>
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.	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
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

**FINANCIAL IMPACT STATEMENT**

**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**     **Licensure: RN, LPN, and LPTN**

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes   X        No
  
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;  
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 reason is within the scope of the agency's statutory authority, and if so, please explain.  
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**

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

**Next Fiscal Year**

General Revenue           0            
Federal Funds           0            
Cash Funds           0            
Special Revenue           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) 0  
  
Total 0

**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**

\$ 600.00

**Next Fiscal Year**

\$ 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.

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

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;

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(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.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE  
ARKANSAS LEGISLATIVE COUNCIL**

**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

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- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
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Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

\*\*\*\*\*

- 1. What is the short title of this rule?  
Chapter Four- Advanced Practice Registered Nurse
  
- 2. What is the subject of the proposed rule?  
Advanced Practice Registered Nurse
  
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes X No \_\_\_\_\_  
Act 990 of 2019
  
- 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 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.

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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?

<i><b>RULE</b></i>	<i><b>CHANGE</b></i>	<i><b>REASON FOR CHANGE</b></i>
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 where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

[www.arsbn.org](http://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, AR 72204

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
November 27, 2020
  
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Date pending legislative review and approval. (Original proposed date was January 1, 2020)
  
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13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).  
  
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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

**FINANCIAL IMPACT STATEMENT**

**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 Four – Advanced Practice Registered Nurse

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

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

**Next Fiscal Year**

General Revenue \_\_\_\_\_ 0  
Federal Funds \_\_\_\_\_ 0  
Cash Funds \_\_\_\_\_ 0  
Special Revenue \_\_\_\_\_ 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) 0  
  
Total 0

**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

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

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.





Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes  No

5. Is this a new rule? Yes  No  If yes, please provide a brief summary explaining the rule.

Does this repeal an existing rule? Yes  No  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  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.

Administrative Procedures Act; A.C.A. § 25-15-201, et. seq.

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

<i>RULE</i>	<i>CHANGE</i>	<i>REASON FOR CHANGE</i>
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 where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

[www.arsbn.org](http://www.arsbn.org)

9. Will a public hearing be held on this proposed rule? Yes  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, AR 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

**FINANCIAL IMPACT STATEMENT**

**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.tedford@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;  
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 reason is within the scope of the agency's statutory authority, and if so, please explain.  
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**

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

**Next Fiscal Year**

General Revenue \_\_\_\_\_ 0  
Federal Funds \_\_\_\_\_ 0  
Cash Funds \_\_\_\_\_ 0  
Special Revenue \_\_\_\_\_ 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) 0  
  
Total 0

**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

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

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.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE  
ARKANSAS LEGISLATIVE COUNCIL**

**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 completely 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, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

\*\*\*\*\*

1. What is the short title of this rule?

Chapter Seven- Rules of Procedure

2. What is the subject of the proposed rule?

Rules of Procedure

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes  X  No \_\_\_\_\_

Act 990 of 2019

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 new rule? Yes  No  If yes, please provide a brief summary explaining the rule.

Does this repeal an existing rule? Yes  No  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  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.

Administrative Procedures Act; A.C.A. § 25-15-201, et. seq.

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

<i>RULE</i>	<i>CHANGE</i>	<i>REASON FOR CHANGE</i>
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 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](http://www.arsbn.org)

9. Will a public hearing be held on this proposed rule? Yes  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, AR 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

**FINANCIAL IMPACT STATEMENT**

**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 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;  
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 reason is within the scope of the agency’s statutory authority, and if so, please explain.  
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**

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

**Next Fiscal Year**

General Revenue \_\_\_\_\_ 0  
Federal Funds \_\_\_\_\_ 0  
Cash Funds \_\_\_\_\_ 0  
Special Revenue \_\_\_\_\_ 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) 0  
  
Total 0

**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

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

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;

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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.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE  
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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

**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.
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**Jessica C. Sutton  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> 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

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes \_\_\_ No X

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 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.

Administrative Procedures Act; A.C.A. § 25-15-201, et. seq.

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

<i>RULE</i>	<i>CHANGE</i>	<i>REASON FOR CHANGE</i>
Ch. 9, pg. 9-3, Section III, General Requirements	Added statement permitting public school employees to volunteer  Updated the agency name throughout the chapter.	Requested by Department of Education.

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, AR 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

**FINANCIAL IMPACT STATEMENT**

**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?  
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;  
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 reason is within the scope of the agency’s statutory authority, and if so, please explain.  
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**

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

**Next Fiscal Year**

General Revenue \_\_\_\_\_ 0  
Federal Funds \_\_\_\_\_ 0  
Cash Funds \_\_\_\_\_ 0  
Special Revenue \_\_\_\_\_ 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) \_\_\_\_\_ 0  
  
Total \_\_\_\_\_ 0

**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

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

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.