

# EXHIBIT E

## QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Arkansas Department of Health  
DIVISION Center of Public Health Practice  
DIVISION DIRECTOR Shirley Louie  
CONTACT PERSON Lynda Lehing  
ADDRESS 4815 W. Markham Street, Little Rock, AR 72205  
PHONE NO. 501-661-2231 FAX NO. 501-661-2544 E-MAIL lynda.lehing@arkansas.com  
NAME OF PRESENTER AT COMMITTEE MEETING Robert Brech  
PRESENTER E-MAIL robert.brech@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:

**Donna K. Davis**  
**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? Rules and Regulations for the Administration of Vital Records

2. What is the subject of the proposed rule? Amending the registration and reporting of spontaneous fetal death.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes  No   
If yes, please provide the federal rule, regulation, and/or statute citation. \_\_\_\_\_

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes  No   
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 regulation. \_\_\_\_\_

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If yes, a copy of the repealed rule is to be included with your completed questionnaire.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. Act 168 of 2017, An Act to Amend The Laws Concerning A Fetal Death Certificate And Registration Of Termination of Pregnancy; To Amend The Law Concerning A Certificate of Birth Resulting In Stillbirth; And For Other Purposes.

7. What is the purpose of this proposed rule? Why is it necessary? Addresses the spontaneous fetal death registration and reporting changes made by Act 168 of 2017, An Act to Amend The Laws Concerning A Fetal Death Certificate And Registration Of Termination of Pregnancy; To Amend The Law Concerning A Certificate of Birth Resulting In Stillbirth; And For Other Purposes. Also, addresses some formatting issues.

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.healthy.arkansas.gov

9. Will a public hearing be held on this proposed rule? Yes  No

If yes, please complete the following:

Date: 10/25/2017

Time: 9:00 AM

Arkansas Department of Health  
4815 W. Markham, Little Rock AR

Place: Room L137

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
10/25/2017 at 8:00 AM

11. What is the proposed effective date of this proposed rule? (Must provide a date.)  
January 25, 2018

12. Do you expect this rule to be controversial? Yes  No

If yes, please  
explain. \_\_\_\_\_

13. 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.

See list attached.

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT**     Arkansas Department of Health  
**DIVISION**        Center of Public Health Practice  
**PERSON COMPLETING THIS STATEMENT**   Lynda Lehing  
**TELEPHONE NO.**   501-661-2231   **FAX NO.**   501-661-2544   **EMAIL:**   lynda.lehing@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 and Regulations for the Administration of Vital Records

1. Does this proposed, amended, or repealed rule have a financial impact?     Yes      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      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      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**

**Next Fiscal Year**

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

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

Total \_\_\_\_\_

Total \_\_\_\_\_

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

**Current Fiscal Year**

**Next Fiscal Year**

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

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

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 \_\_\_\_\_

\$ 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**

**Next Fiscal Year**

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

\$ 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

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

## COVER SUMMARY OF PROPOSED ADMINISTRATIVE RULES/REGULATION

CENTER: Public Health Practice  
ADDRESS: 4815 W. Markham, H-19, Little Rock, AR 72205  
CONTACT PERSON: Lynda Lehing  
CONTACT NUMBER: (501) 661-2231

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**SHORT TITLE OF THIS RULE:** Rules and Regulations for the Administration of Vital Records

1. The subject of the proposed rule:
2. If this is a new rule or repeal or amendment of an existing rule? State specifically what is amended?

**Response:** This revises the rules and regulations pertaining to Administration of Vital Records concerning the registration and reporting of spontaneous fetal death. It removes "spontaneous fetal death from the weight of 350 grams or more, or if weight unknown where the fetus completed 20 weeks gestation" and replaces with "spontaneous fetal death of 12 weeks gestation" and requires the fetal death to be reported on fetal death certificate. Also, it changes spontaneous fetal death of "less than 350 grams or 20 weeks gestation" to "less than 12 weeks of gestation" to be reported on vital records form (VR -28) for statistical purposes only.

3. What State or Federal law or regulation grants the authority for this proposed rule?

**Response:** Act 168 of 2017, An Act To Amend The Laws Concerning A Fetal Death Certificate and Registration of Termination of Pregnancy; To Amend The Law Concerning A Certificate of Birth Resulting In Stillbirth; And For Other Purposes.

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

**Response:** Addresses the requirements for reporting and registration of spontaneous fetal deaths as adopted by Act 168 of 2017, An Act to Amend the Laws Concerning a Fetal Death Certificate and Registration of Termination of Pregnancy; To Amend the Law Concerning a Certificate of Birth Resulting in Stillbirth; And For Other Purposes. Also, addresses some formatting issues.

5. Will this proposed rule be controversial? If yes, explain nature of controversy.

**Response:** No

6. What is the financial impact of this proposed rule?

**Response:** No

7. Was a public hearing held on this proposed rule? If yes, state the date, time and location of such hearing. If no, state the date the public comment period ends.

**Response:**

8. What is the proposed effective date of this proposed rule? January 25, 2018