

DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

SUBJECT: Non-Emergency Ambulance Transport Payments

DESCRIPTION:

Statement of Necessity

The Department of Human Services, Division of Medical Services is required by Act 444 of 2021 to amend the state plan page 4.19-B page 8aa to remove the exception language (nonemergency ambulance services). The language (nonemergency ambulance services) must also be removed from the Manual Section 241.200. DMS will include the nonemergency payment codes on the Ambulance UPL model. By adding these codes there will be a fiscal impact.

Rule Summary

State Plan page 4.19-B page 8aa: Remove the exception language (nonemergency ambulance services)

Transportation Medicaid Provider Manual Section 241.200: Remove the exception language (nonemergency ambulance services)

The state share of the fiscal impact will be paid by the ambulance providers through the assessment fee.

PUBLIC COMMENT: A public hearing was held on this rule on March 30, 2022. The public comment period expired on April 10, 2022. The agency indicated that it received no public comments.

The proposed effective date is June 1, 2022.

FINANCIAL IMPACT: The agency indicated that this rule has a financial impact.

Per the agency, the estimated cost to implement this rule is \$207,985 for the current fiscal year (\$0 in general revenue, \$189,129 in federal funds, and \$18,856 in assessment fees) and \$793,660 for the next fiscal year (\$0 in general revenue, \$567,388 in federal funds, and \$226,272 in assessment fees). The total estimated cost by fiscal year to any private individual, entity, and business subject to the proposed rule is \$18,856 for the current fiscal year and \$226,272 for the next fiscal year. Per the agency, private ambulance providers are assessed the ambulance assessment fee to cover the non-federal share and this rule will result in no cost to state, county, or municipal government.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state

government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule's basis and purpose;

The rule establishes the Non-Emergency Medical Transportation Access Payment.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

Act 444 of the 2021 regular session required the agency to implement this rule. The rule seeks to improve the quality and timeliness of medical transports in Arkansas.

(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;

Act 444 of the 2021 regular session required the agency to implement this rule. The rule seeks to improve the quality and timeliness of medical transports in Arkansas

(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;

No less costly alternatives were identified.

(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;

No alternatives are proposed at this time.

(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

N/A

(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.

The Agency monitors state and federal rules and regulations for opportunities to reduce and control costs.

LEGAL AUTHORIZATION: The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements Act 444 of 2021. Act 444, sponsored by Senator Larry Teague, amended the assessment fee and program on medical transportation providers within the Arkansas Medicaid program.

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

DEPARTMENT/AGENCY Department of Human Services
DIVISION Medical Services
DIVISION DIRECTOR Elizabeth Pitman
CONTACT PERSON Mac Golden
ADDRESS P. O. Box 1437, Slot S295 Little Rock, AR 72203-1437
PHONE NO. 501-320-6383 FAX NO. 501-404-4619 E-MAIL Mac.E.Golden@dhs.arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Elizabeth Pitman
PRESENTER E-MAIL Elizabeth.Pitman@dhs.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. Whittaker
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201**

1. What is the short title of this rule? Non-emergency ambulance transport payments

2. What is the subject of the proposed rule? See Attached.

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."**

See attached.

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

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

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://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>

9. Will a public hearing be held on this proposed rule? Yes No
If yes, please complete the following:

Date: March 30, 2022

Time: 11:00 a.m.

Zoom: _____

Place: <https://us02web.zoom.us/j/87985789399>

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)
April 10, 2022

11. What is the proposed effective date of this proposed rule? (Must provide a date.)
06/01/2022

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. See 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). See Attached.

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules?

NOTICE OF RULE MAKING

The Director of the Division of Medical Services of the Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §20-76-201, 20-77-107, & 25-10-129.

Effective June 1, 2022:

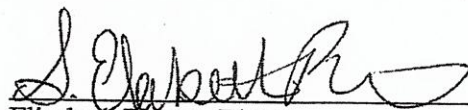
The Director of the Division of Medical Services (DMS) amends the Medicaid State Plan and the Transportation Medicaid Provider Manual to comply with Act 444 of the 93rd General Assembly. The term nonemergency ambulance service is removed from the exceptions to emergency medical transportation access payments.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at <https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than April 10, 2022. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing by remote access only through a Zoom webinar will be held on March 30, 2022 at 11:00 a.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at <https://us02web.zoom.us/j/87985789399>. The webinar ID is 879 8578 9399. If you would like the electronic link, "one-tap" mobile information, listening only dial-in phone numbers, or international phone numbers, please contact ORP at ORP@dhs.arkansas.gov.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-396-6428.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. 4502035775



Elizabeth Putman, Director
Division of Medical Services

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Jason Callan

TELEPHONE 501-320-6540 **FAX** 501-682-8155 **EMAIL:** Jason.callan@dhs.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 Non-emergency ambulance transport payments

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;
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	\$ _____
Federal Funds	\$ _____
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
Total	\$ _____

Next Fiscal Year

General Revenue	\$ _____
Federal Funds	\$ _____
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
Total	\$ _____

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

Current Fiscal Year

General Revenue	\$ 0
Federal Funds	\$ 189,129
Cash Funds	
Special Revenue	
Other	\$ 18,856
(Assessment)	
Total	\$ 207,985

Next Fiscal Year

General Revenue	\$ 0
Federal Funds	\$ 567,388
Cash Funds	
Special Revenue	
Other	\$ 226,272
(Assessment)	
Total	\$ 793,660

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

\$ 18,856

Next Fiscal Year

\$ 226,272

Private ambulance providers are assessed the Ambulance assessment fee to cover the non-federal share.

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

There is no impact to the State as the Ambulance assessment fees will pick up the state share.

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; **The rule establishes the Non-emergency Medical Transportation Access Payment.**

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute; **Act 444 of the 2021 regular session required the agency to implement this rule. The rule seeks to improve the quality and timeliness of medical transports in Arkansas.**

- (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; **Act 444 of the 2021 regular session required the agency to implement this rule. The rule seeks to improve the quality and timeliness of medical transports in Arkansas.**
- (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;
No less costly alternatives were identified.
- (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;
No alternatives are proposed at this time.
- (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
Not applicable
- (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.
- The Agency monitors State and Federal rules and regulations for opportunities to reduce and control cost.**

Statement of Necessity and Rule Summary **Non-emergency ambulance transport payments**

Statement of Necessity

The Department of Human Services, Division of Medical Services is required by ACT 444 of 2021 to amend the state plan page 4.19-B page 8aa to remove the exception language (nonemergency ambulance services). The language (nonemergency ambulance services) must be removed from the Manual Section 241.200 too. DMS will include the nonemergency payment codes on the Ambulance UPL model. By adding these codes there will be a fiscal impact.

Summary

- State plan page 4.19-B page 8aa: Remove the exception language (nonemergency ambulance services).
- Transportation Medicaid Provider Manual Section 241.200: Remove the exception language (nonemergency ambulance services).

The state share of the fiscal impact will be paid by the ambulance providers through the assessment fee.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: April 1, 2020 June 1, 2022

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(2) Air Ambulance (continued)

Pediatric Hospitals

1. Helicopter Ambulance: Effective for dates of service occurring August 15, 2001 and after, helicopter ambulance services provided by instate pediatric hospitals will be reimbursed based on reasonable costs with interim payments and year-end cost settlement. Interim payments are made at the lesser of the amount billed or the Title XIX (Medicaid) charge allowed. Arkansas Medicaid will use the lesser of the reasonable costs or customary charges as determined from the hospital's submitted cost report to establish cost settlements. The cost settlements will be calculated using the methods and standards used by the Medicare Program. Methods and standards refer to the allocation of costs on the cost report and do not include any current or future Medicare reimbursement limits for this particular service.

(3) **Emergency Medical Transportation Access Payment**

1. **Effective for dates of service on or after April 1, 2020, qualifying medical transportation providers within the State of Arkansas; except for volunteer ambulance services, ambulance services owned by the state or county and political subdivisions, ~~non-emergency ambulance services~~, air ambulance services, specialty hospital based ambulance services, and ambulance services subject to the state's assessment on the revenue of hospitals; shall be eligible to receive emergency medical transportation access payments. All emergency medical transportation providers that meet this definition will be referred to as Qualified Emergency Medical Transportation (QEMT) providers for purpose of this section.**

2. **Payment Methodology**

(A) **The emergency medical transportation access payment to each QEMT shall be calculated on an annual basis and paid out quarterly. The access payment will be eighty percent (80%) of the difference between Medicaid payments otherwise made to QEMTs for the provision of emergency medical transportation services and the average amount that would have been paid at the equivalent community rate (hereinafter, average commercial rate or ACR).**

(1) **The Division shall align the paid Medicaid claims for each QEMT with the Medicare fees (Medicare Fee Schedule – Urban) for each healthcare common procedure coding system (HCPCS) or current procedure terminology (CPT) code and calculate the Medicare payment for those claims.**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised:

June 1, 2022

-
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation (Continued)
- (2) Air Ambulance (continued)
- Pediatric Hospitals
1. Helicopter Ambulance: Effective for dates of service occurring August 15, 2001 and after, helicopter ambulance services provided by instate pediatric hospitals will be reimbursed based on reasonable costs with interim payments and year-end cost settlement. Interim payments are made at the lesser of the amount billed or the Title XIX (Medicaid) charge allowed. Arkansas Medicaid will use the lesser of the reasonable costs or customary charges as determined from the hospital's submitted cost report to establish cost settlements. The cost settlements will be calculated using the methods and standards used by the Medicare Program. Methods and standards refer to the allocation of costs on the cost report and do not include any current or future Medicare reimbursement limits for this particular service.
- (3) Emergency Medical Transportation Access Payment
1. Effective for dates of service on or after April 1, 2020, qualifying medical transportation providers within the State of Arkansas; except for volunteer ambulance services, ambulance services owned by the state or county and political subdivisions, air ambulance services, specialty hospital based ambulance services, and ambulance services subject to the state's assessment on the revenue of hospitals; shall be eligible to receive emergency medical transportation access payments. All emergency medical transportation providers that meet this definition will be referred to as Qualified Emergency Medical Transportation (QEMT) providers for purpose of this section.
2. Payment Methodology
- (A) The emergency medical transportation access payment to each QEMT shall be calculated on an annual basis and paid out quarterly. The access payment will be eighty percent (80%) of the difference between Medicaid payments otherwise made to QEMTs for the provision of emergency medical transportation services and the average amount that would have been paid at the equivalent community rate (hereinafter, average commercial rate or ACR).
- (1) The Division shall align the paid Medicaid claims for each QEMT with the Medicare fees (Medicare Fee Schedule – Urban) for each healthcare common procedure coding system (HCPCS) or current procedure terminology (CPT) code and calculate the Medicare payment for those claims.

TOC not required

241.200 Emergency Medical Transportation Access Payment

44-1-206-1-
22

Qualifying medical transportation providers within the State of Arkansas, except for volunteer ambulance services, ambulance services owned by the state, county, or political subdivision, ~~non-emergency ambulance services~~, air ambulance services, specialty hospital-based ambulance services, and ambulance services subject to the state's assessment on the revenue of hospitals shall be eligible to receive emergency medical transportation access payments. All emergency medical transportation providers that meet this definition will be referred to as Qualified Emergency Medical Transportation (QEMT) providers.

The emergency medical transportation access payment to each QEMT shall be calculated on an annual basis and paid out quarterly. The access payment shall be comprehensive and will be eighty percent (80%) of the difference between Medicaid payments otherwise made to QEMTs for the provision of emergency medical transportation services and the average amount that would have been paid at the equivalent community rate (hereinafter, average commercial rate or ACR). Emergency Medical Transportation Access Payments shall be made on a quarterly basis. [View the Administrative Procedures for the Emergency Medical Transportation Assessment Fee and Access Payment.](#)

[View or print form DMS-0600, Initial Medical Transportation Access Payment Revenue Survey.](#)

[View or print form DMS-0601, Emergency Medicaid Transportation Access Payment Application.](#)

TOC not required

241.200 Emergency Medical Transportation Access Payment

6-1-22

Qualifying medical transportation providers within the State of Arkansas, except for volunteer ambulance services, ambulance services owned by the state, county, or political subdivision, air ambulance services, specialty hospital-based ambulance services, and ambulance services subject to the state's assessment on the revenue of hospitals shall be eligible to receive emergency medical transportation access payments. All emergency medical transportation providers that meet this definition will be referred to as Qualified Emergency Medical Transportation (QEMT) providers.

The emergency medical transportation access payment to each QEMT shall be calculated on an annual basis and paid out quarterly. The access payment shall be comprehensive and will be eighty percent (80%) of the difference between Medicaid payments otherwise made to QEMTs for the provision of emergency medical transportation services and the average amount that would have been paid at the equivalent community rate (hereinafter, average commercial rate or ACR). Emergency Medical Transportation Access Payments shall be made on a quarterly basis.

[View the Administrative Procedures for the Emergency Medical Transportation Assessment Fee and Access Payment.](#)

[View or print form DMS-0600, Initial Medical Transportation Access Payment Revenue Survey.](#)

[View or print form DMS-0601, Emergency Medicaid Transportation Access Payment Application.](#)

PROPOSED

Stricken language would be deleted from and underlined language would be added to present law.
Act 444 of the Regular Session

1 State of Arkansas
2 93rd General Assembly
3 Regular Session, 2021

A Bill

SENATE BILL 189

4
5 By: Senator Teague
6 By: Representative L. Johnson

For An Act To Be Entitled

9 AN ACT TO AMEND THE ASSESSMENT FEE AND PROGRAM ON
10 MEDICAL TRANSPORTATION PROVIDERS WITHIN THE ARKANSAS
11 MEDICAID PROGRAM; TO DECLARE AN EMERGENCY; AND FOR
12 OTHER PURPOSES.

Subtitle

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16 TO AMEND THE ASSESSMENT FEE AND PROGRAM
17 ON MEDICAL TRANSPORTATION PROVIDERS
18 WITHIN THE ARKANSAS MEDICAID PROGRAM; AND
19 TO DECLARE AN EMERGENCY.

20
21
22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

23
24 SECTION 1. Arkansas Code § 20-77-2802(3)-(5), concerning definitions
25 used regarding the assessment fee and program on medical transportation
26 providers, are amended to read as follows:

27 (3) "Emergency medical services" means:

28 (A) The transportation and medical care provided an ill or
29 injured person before arrival at a medical facility by licensed emergency
30 medical services personnel or other healthcare provider;

31 (B) Continuation of the initial emergency care within a
32 medical facility subject to the approval of the medical staff and governing
33 board of ~~that~~ the medical facility; and

34 (C) Integrated medical care in emergency and ~~nonurgent~~
35 nonemergency settings with the oversight of a physician;

36 (4)~~(A)~~ "Medical transportation" means emergency medical services



1 and nonemergency ambulance services provided through ambulance services and
2 air ambulance services.

3 ~~(B) "Medical transportation" does not include nonemergency~~
4 ~~ambulance services;~~

5 (5) "Medical transportation provider" means a licensed provider
6 of emergency medical transportation, as defined by 42 C.F.R. § 433.56(a)(18),
7 as it existed on January 1, 2021;
8

9 SECTION 2. Arkansas Code § 20-77-2806, concerning exemptions to the
10 assessment fee and program on medical transportation providers, is amended to
11 add an additional subsection to read as follows:

12 (c) This subchapter does not:

13 (1) Impact scheduled appointments of nonemergency transportation
14 providers that are contracted with the Department of Human Services; or

15 (2) Subject nonemergency transportation providers that are
16 contracted with the department to any part of the upper payment limits or
17 access payments.
18

19 SECTION 3. EMERGENCY CLAUSE. It is found and determined by the
20 General Assembly of the State of Arkansas that medical transportation
21 providers are struggling to remain viable in providing access to healthcare
22 services; that the increased payments provided for under this act will allow
23 medical transportation providers to provide access to quality health care;
24 that the Department of Human Services must develop a state plan amendment
25 that must be approved by the Centers for Medicare and Medicaid Services
26 before the increased payments can be distributed to the medical
27 transportation providers; and that this act is immediately necessary to
28 ensure that medical transportation providers remain viable to provide
29 healthcare services to the citizens of Arkansas. Therefore, an emergency is
30 declared to exist, and this act being immediately necessary for the
31 preservation of the public peace, health, and safety shall become effective
32 on:

33 (1) The date of its approval by the Governor;

34 (2) If the bill is neither approved nor vetoed by the Governor,
35 the expiration of the period of time during which the Governor may veto the
36 bill; or

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(3) If the bill is vetoed by the Governor and the veto is overridden, the date the last house overrides the veto.

APPROVED: 3/24/21

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 439

PHYSICS 439