

# EXHIBIT D

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

DEPARTMENT/AGENCY Arkansas Department of Health  
DIVISION Center for Health Protection  
DIVISION DIRECTOR Donnie Smith  
CONTACT PERSON Robert Brech  
4815 West Markham Street  
Slot #31  
ADDRESS Little Rock, Arkansas 72205  
PHONE NO. 661-2297 FAX NO. 661-2357 E-MAIL robert.brech@arkansas.gov  
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  
Room 315, State Capitol  
Little Rock, AR 72201

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1. What is the short title of this rule? Proposed Revisions to the Arkansas Rules and Regulations for Emergency Medical Services
2. What is the subject of the proposed rule? Revisions, additions and/or deletions to existing regulations for Emergency Medical Services
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? -N/A-  
When does the emergency rule expire? -N/A-

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.

-N/A-

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If yes, a copy of the repealed rule is to be included with your completed questionnaire.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.

-N/A-

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 Arkansas Code citation.  
Authority for this set of regulations was given through Act 435 of 1975, as amended. ALSO, see Arkansas Code A.C.A. § 20-13-200 through A.C.A. § 20-13-214

7. What is the purpose of this proposed rule? Why is it necessary?  
The purpose of the proposed adoption of these rules is for emergency medical service to ensure the EMS rules are kept up to date and stay with current industry standards. The additions and deletions will strengthen the emergency medical service regulations ensuring the citizens and visitors of Arkansas receive the best possible health treatment and care.

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).  
<http://www.healthy.arkansas.gov/programsServices/hsLicensingRegulation/EmsandTraumaSystems/Pages/Regulations.aspx> "Proposed Rules & Regs"

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

Date: July 10<sup>th</sup>, 2013

Time: 10:00 am

Place: 5800 West 10<sup>th</sup> Street, Suite 801, Little Rock Arkansas 72204

10. When does the public comment period expire for permanent promulgation? (Must provide a date.) 7/10/2013

11. What is the proposed effective date of this proposed rule? (Must provide a date.) January 1, 2014

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.

Arkansas Emergency Medical Technician Association  
Arkansas Ambulance Association  
Governor's Advisory Council for Emergency Medical Services

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Health  
**DIVISION** Center for Health Protection / Emergency Medical Services  
**PERSON COMPLETING THIS STATEMENT** Robert Brech  
**TELEPHONE NO.** 661-2297 **FAX NO.** 661-2357 **EMAIL:** robert.brech@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Proposed Revisions to the Arkansas Rules and Regulations for Emergency Medical Services

- 1. Does this proposed, amended, or repealed rule have a financial impact? Yes  No
- 2. Does this proposed, amended, or repealed rule affect small businesses? Yes  No   
If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

**SEE ATTACHMENT** \_\_\_\_\_

- 3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

The financial impacts described are speculative. The Department has no way to determine the costs of these regulations. However, the Department believes that the proposed regulations will not create an undue financial burden and will be "Revenue Neutral."

- 4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other (Identify) _____	Other (Identify) _____
Total <u>-N/A-</u>	Total <u>-N/A-</u>

- 5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
\$ <u>000</u>	\$ <u>000</u>

- 6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
\$ <u>0</u>	\$ <u>0</u>

# ECONOMIC IMPACT STATEMENT OF PROPOSED RULES OR REGULATIONS

## EO 05-04: Regulatory Flexibility

**Department:** Health  
**Contact Person:** Robert Brech  
**Contact Phone:** 501-661-2297

**Division:** Center for Health Protection  
**Date:** 3/11/2013  
**Contact Email:** robert.brech@arkansas.gov

**Title or Subject:** Proposed Revisions to the Arkansas Rules and Regulations for Emergency Medical Services

### Benefits of the Proposed Rule or Regulation

1. Explain the need for the proposed change(s). Did any complaints motivate you to pursue regulatory action? If so, please explain the nature of such complaints.  
*The purpose of the proposed adoption and repeal of these rules is for emergency medical services to ensure these rules are kept up to date and stay with industry standards. This additions and deletions will strengthen the emergency medical regulations ensuring that the citizens and visitors of Arkansas are provided with the best possible health treatment and care.*
2. What are the top three benefits of the proposed rule or regulation?
  1. *The adoption of these regulations will help to ensure that Arkansas EMS personel are providing care that is up to date with current national EMS medical practice. personnel is spelled wrong I would take out medical in front of practice*
  2. *Help to promote consistency of EMS personnel titles of licensure and scopes of practice and facilitate reciprocity.*
  3. *Establish and enhance national standards for the minimum psychomotor skills and knowledge for EMS personnel.*
3. What, in your estimation, would be the consequence of taking no action, thereby maintaining the status quo?  
*Without the adoption of these PROPOSED regulations, Arkansas would be one of only a few states that have not accepted and approved the current National EMS professional scope of practice, thus providing the citizens of Arkansas with care that falls well below the national accepted practice*
4. Describe market-based alternatives or voluntary standards that were considered in place of the proposed regulation and state the reason(s) for not selecting those alternatives.  
-N/A-

### Impact of Proposed Rule or Regulation

5. Estimate the cost to state government of *collecting information, completing paperwork, filing, recordkeeping, auditing and inspecting* associated with this new rule or regulation.  
*There will be no additional cost to State associated with the adoption of these PROPOSED regulations.*
6. What types of small businesses will be required to comply with the proposed rule or regulation? Please estimate the number of small businesses affected.  
*All private EMS services that are licensed by the Department of Health. Currently there are 125 services that would be affected by these rules changes*
7. Does the proposed regulation create barriers to entry? If so, please describe those barriers and why those barriers are necessary.  
No
8. Explain the additional requirements with which small business owners will have to comply and estimate the costs associated with compliance.  
*These are existing regulations and there are NO additional requirements for small business owners to comply with in these PROPOSED revisions.*
9. State whether the proposed regulation contains different requirements for different sized entities, and explain why this is, or is not, necessary.  
*The PROPOSED regulations do not contain different requirements for different sized entities. All entities must demonstrate the same degree of compliance in order to maintain an appropriate level of health and safety and licensure.*
10. Describe your understanding of the ability of small business owners to implement changes required by the proposed regulation.  
*Changes for business practice resulting from PROPOSED revisions are minimal. State agency has worked with Arkansas Ambulance Association on writing the revisions and Association is in support.*
11. How does this rule or regulation compare to similar rules and regulations in other states or the federal government?

*The PROPOSED regulations are created to mirror national industry standards and are similar to certain aspects of other states EMS rules and regulations.*

12. Provide a summary of the input your agency has received from small business or small business advocates about the proposed rule or regulation.

*The Department has worked very closely with the states ambulance association which represents a large portion of the states EMS services. We are worked directly with specific EMS services outside of associations, higher educational institutions and industries. We have received requests from these groups with specific recommendations and have worked with these and other groups to incorporate their requests into the PROPOSED regulations. The Arkansas Ambulance Association, Arkansas EMT Association and the Governor's EMS Advisory Council have voiced support of these PROPOSED revisions.*