

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

RECEIVED

DEPARTMENT/AGENCY Department of Health

DIVISION Center for Health Protection JUL 29 2013

DIVISION DIRECTOR Donnie Smith BUREAU OF

CONTACT PERSON James Myatt, PD LEGISLATIVE RESEARCH

ADDRESS 4815 West Markham, Slot 31, Little Rock, AR 72205

PHONE NO. 501-661-2325 FAX NO. 501-661-2769 E-MAIL james.myatt@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING James Myatt, PD

PRESENTER E-MAIL james.myatt@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

1. What is the short title of this rule? Rules and Regulations Pertaining to the List of Controlled Substances for State of Arkansas

2. What is the subject of the proposed rule? List of Controlled Substances for the State of Arkansas

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If yes, a copy of the repealed rule is to be included with your completed questionnaire.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

Ark. Code Ann. § 5-64-201; Ark. Code Ann. § 20-7-109, Act 588 of 2011

7. What is the purpose of this proposed rule? Why is it necessary?
It is necessary to amend the regulations to incorporate changes pursuant to Act 329 of 2013, to include drugs added to the schedule by the U.S. Department of Justice Drug Enforcement Agency and to include a drug added to the schedule by emergency rule.

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/aboutADH/Pages/RulesRegulationsProposed.aspx>

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

If yes, please complete the following:

Date: September 5, 2013

Time: 10:00 a.m.

Place: Arkansas Department of Health, Room 2508, 4815 West Markham, Little Rock, AR

10. When does the public comment period expire for permanent promulgation? (Must provide a date.) September 5, 2013

11. What is the proposed effective date of this proposed rule? (Must provide a date.) November 22, 2013

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.

FINANCIAL IMPACT STATEMENT

RECEIVED

PLEASE ANSWER ALL QUESTIONS COMPLETELY

JUL 29 2013

DEPARTMENT Department of Health

DIVISION Center for Health Protection, Pharmacy Services and Drug Control

PERSON COMPLETING THIS STATEMENT James Myatt, PD

TELEPHONE NO. 501-661-2325 **FAX NO.** 501-661-2769 **EMAIL:** james.myatt@arkansas.gov

BRANCH OF LEGISLATIVE RESEARCH

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 Rules and Regulations Pertaining to the List of Controlled Substances for the State of Arkansas

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.

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

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.

Current Fiscal Year

Next Fiscal Year

General Revenue NA

Federal Funds _____

Cash Funds _____

Special Revenue _____

Other (Identify) _____

Total _____

General Revenue NA

Federal Funds _____

Cash Funds _____

Special Revenue _____

Other (Identify) _____

Total _____

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.

Current Fiscal Year

Next Fiscal Year

\$ NA

\$ NA

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.

Current Fiscal Year

Next Fiscal Year

\$ NA

\$ NA