

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 Public Health Practice
DIVISION DIRECTOR John Senner
CONTACT PERSON John Senner
ADDRESS 4815 W Markham St, Little Rock, AR 72205-3867
PHONE NO. 501-280-4245 FAX NO. 501-661-2240 E-MAIL john.senner@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
One Capitol Mall, 5th Floor
Little Rock, AR 72201

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? Administration of vital records and the reporting of intentional terminations of pregnancy.
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If yes, a copy of the repealed rule is to be included with your completed questionnaire.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. A.C.A 20-18-101 et seq.

7. What is the purpose of this proposed rule? Why is it necessary? There are three reasons for these amendments: to define the report specified in Act 171 of 2013, to change some administrative procedures for records that are filed electronically, and to correct and clarify some wording.

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: April 7, 2014

Time: 9:30 am
L137, Arkansas Department of Health,
4815 W Markham St, Little Rock, AR

Place: 72205

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)
April 7, 2014

11. What is the proposed effective date of this proposed rule? (Must provide a date.)
September 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.

none

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Health
DIVISION Center for Public Health Practice
PERSON COMPLETING THIS STATEMENT John Senner
TELEPHONE NO. 501-280-4245 FAX NO. 501-661-2240 EMAIL: john.senner@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

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Next Fiscal Year

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	<u>0</u>
Federal Funds	<u>0</u>
Cash Funds	<u>0</u>
Special Revenue	<u>0</u>
Other (Identify)	<u>0</u>
Total	<u>0</u>

General Revenue	<u>0</u>
Federal Funds	<u>0</u>
Cash Funds	<u>0</u>
Special Revenue	<u>0</u>
Other (Identify)	<u>0</u>
Total	<u>0</u>

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.

TYPE/PRINT
IN PERMANENT
BLACK INK

**ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
REPORT OF INDUCED TERMINATION OF PREGNANCY**
(For Statistical Use Only)

File Date _____
(State Use Only)

1. FACILITY NAME (If not clinic or hospital, give address)		2. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION		3. COUNTY OF PREGNANCY TERMINATION	
4. AGE LAST BIRTHDAY		5. MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. DATE OF PREGNANCY TERMINATION (Month, Day, Year)	
7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY, TOWN, OR LOCATION		7d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	7e. ZIP CODE
8. OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuba, Mexican, Puerto Rican, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES Specify		9. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)		10. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
11. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)					
12. CLINICAL ESTIMATE OF GESTATION (Weeks)—12. PROBABLE POST-FERTILIZATION AGE (PPF)					
12 (a). PPF AGE (WEEKS) <input type="checkbox"/> UNDETERMINED (Complete 12c.)		12 (b). METHOD OF DETERMINING PPF AGE <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> PHYSICAL EXAMINATION <input type="checkbox"/> LMP <input type="checkbox"/> Other (Specify)		12 (c). IF PPF AGE WAS UNDETERMINED, BASIS A MEDICAL EMERGENCY EXISTED	
12 (d). IF PPF AGE IS 20 WEEKS OR MORE, BASIS FOR IMMEDIATE ABORTION OF PREGNANCY.		13. PREVIOUS PREGNANCIES (Complete each section)			
12 (e). IF PPF AGE IS 20 WEEKS OR MORE, DID METHOD USED PROVIDE THE BEST OPPORTUNITY FOR THE UNBORN CHILD TO SURVIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, Specify Basis		LIVE BIRTHS		OTHER TERMINATIONS	
		13a. Now Living Number _____ <input type="checkbox"/> None		13b. Now Dead Number _____ <input type="checkbox"/> None	
		13c. Spontaneous Number _____ <input type="checkbox"/> None		13d. Induced (Do not include this termination) Number _____ <input type="checkbox"/> None	
14. TYPE OF TERMINATION PROCEDURE (Check only one) <input type="checkbox"/> Suction Curettage <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other (Specify) _____			15. CONSENT — answer all three parts		
			a. Was Parental Consent Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Was Parental Consent Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Was Judicial Bypass Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. NAME OF ATTENDING PHYSICIAN (Type/Print)			17. NAME OF PERSON COMPLETING REPORT (Type/Print)		

MAIL TO: ARKANSAS DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

INSTRUCTIONS FOR COMPLETING THE INDUCED TERMINATION OF PREGNANCY REPORT: VR-29

ITEM	INSTRUCTION
1. Facility Name	Enter name of facility or give address if not a clinical or hospital.
2. City, Town, or Location	Enter name of city, town, or location of pregnancy termination.
3. County	Enter name of county where pregnancy termination occurred.
4. Age	Enter age in years of patient at her last birthday.
5. Married	Check "Yes" if the patient was legally married at any time between conception and termination. Otherwise check "No."
6. Date	Enter Month-Day-Year of pregnancy termination (e.g. 10-23-2001).
7. Residence	
a. State	Enter name of state in which patient lives.
b. County	Enter name of county in which patient lives.
c. City	Enter name of city in which patient lives.
d. Inside City	Enter Yes, No, or Unknown.
e. ZIP Code	Enter ZIP code of patient's residence.
8. Hispanic Origin	Check No or Yes; if Yes SPECIFY Mexican, Cuban, Puerto Rican, etc.
9. Race	Check White, Black, American Indian, or Other. If Other, specify.
10. Education	Fill in number for highest grade of school completed. If more than 5 years of college, enter 5+.
11. Date of Last Menses	Enter date that last menses began (e.g. 5-14-2001).

Question No. 12 has been added in accordance with Act 171 of 2013.

~~12. Weeks Gestation~~ Enter clinical estimate of weeks gestation. ~~DO NOT USE RANGES (e.g. 6-8).~~

12. Probable Post-Fertilization (PPF)

- a. PPF age Enter estimate of probable post-fertilization age. DO NOT USE RANGES.
- b. Method Check method for determining PPF age
- c. PPF Age Undetermined List the basis of the determination that a medical emergency existed.
- d. PPF 20 weeks or more List the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the immediate abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of major bodily function of the pregnant women, not including psychological or emotional condition.
- e. Best Opportunity for Survival Check Yes or No. If No, specify reason for choice of method.

13. Previous Pregnancies

- a. Now Living Enter the number of live births that are still living.
- b. Now Dead Enter the number of live births that have died.
- c. Spontaneous Enter the number of spontaneous abortions (miscarriages) that have occurred.
- d. Induced Enter the number of PREVIOUS induced abortions that have occurred.
14. Procedure Check ONLY ONE type of procedure that terminated this pregnancy.

Question No. 15 has been added in accordance with Act 537 of 2005.

15. Parental Consent Check Yes or No on each item

- a. Consent Required
- b. Consent Obtained
- c. Judicial Bypass Obtained

16. Name of Physician Enter name of attending physician

17. Staff Person Name Enter name and telephone number of staff person completing this report.



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nate Smith MD, MPH Director and State Health Officer

SUMMARY OF PROPOSED REVISIONS TO RULES AND REGULATIONS FOR THE ADMINISTRATION OF VITAL RECORDS

The Arkansas Legislature adopted Act 171 earlier this year that requires Board of Health approval of revision of the Induced Termination of Pregnancy form. The attached revisions clarify the requirement to report all induced terminations of pregnancy on the revised form.

Other substantive revisions include the deletion of rules pertaining to communicable disease which are duplicated by the Rules Pertaining to Communicable Disease.

The Rules and Regulations Pertaining to Arkansas Vital Records were last revised in 1996. The remaining revisions to the rules and regulations pertain to changes in procedure necessitated by the new system for the electronic registration of vital records.

Specific Revisions of Rules and Regulations

Regulation 1.0 – Duties of the State Registrar of Vital Records
Neutered.

Regulation 1.1 – Registration Districts.
Registration of births and fetal deaths occurs only at Central Office and registration of deaths will change in future..

Regulation 1.3 Requirements for the preparation of certificates.
Specify legacy records and electronic records and the requirements for each.

Regulation 2.1. – Duties of Local Registrars.
Delete duty to sign birth and fetal death certificates.

Regulation 6.0 – Death Registration.
Fact of death shall be completed within five days. Complete certificate filed within 10 days.

Regulation 7.0 – Burial-Transit Permit
Capitalize State Registrar.

Regulation 7.4 – Disinterment.

Notify coroners. Remove requirement of coroner who is a physician.

Regulation 8.3 – Responsibility for the identification of the body of deceased person who may have been infected by a communicable disease.

Delete. This is covered by Regulation XII or the Rules and Regulations Pertaining to Communicable Disease.

Regulation 12.0 – Report of all induced termination of pregnancy.

Separate induced termination of pregnancy and reference the revised form.

Regulation 12.1 – Report of Spontaneous fetal death less than 20 weeks.

Separate spontaneous abortions and reference the appropriate form.

Regulation 14.4 – Correct capitalization.

Capitalize Information.

Regulation 14.5 – Who may apply.

Request for amendment may be submitted electronically without notarization.

Regulation 14.7 – Change method of amendment.

Add new method for electronically filed records.

Regulation 18.0 – Fees

Reference the law.

NOTICE OF PUBLIC HEARING

The Arkansas Department of Health will hold a public hearing on April 7, 2014, at 9:30 a.m., at the Arkansas Department of Health, 4815 W. Markham Street, Central Office, Room # L137, Engineering, Little Rock, Arkansas 72205, to allow interested persons to comment on the proposed adoption of the Rules and Regulations pertaining to the Administration of Vital Records.

Copies of the proposed Rules and Regulations will be available for public inspection and copying at the Arkansas Department of Health, 4815 W. Markham Street, Room 383, Little Rock, Arkansas 72205-3867.

The public may submit written comments to: John Senner, Director, Center for Public Health Practice, Arkansas Department of Health, 4815 West Markham Street, Slot 52, Little Rock, Arkansas 72205-3867, no later than 4:30p.m., on April 7, 2014.