

# EXHIBIT G-5

INTERIM STUDY PROPOSAL 2011-073

State of Arkansas  
88th General Assembly  
Regular Session, 2011

## A Bill

SENATE BILL 943

By: Senator Bledsoe

Filed with: Interim Senate Committee on Public Health, Welfare and Labor  
pursuant to A.C.A. §10-3-217.

### For An Act To Be Entitled

AN ACT TO CREATE A STUDY OF ELECTRONIC PRESCRIBING;  
AND FOR OTHER PURPOSES.

### Subtitle

AN ACT TO CREATE A STUDY OF ELECTRONIC  
PRESCRIBING.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Findings.

The General Assembly finds that:

(1) The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA), provides federal incentives for Medicare and Medicaid providers and hospitals to implement, adopt, and upgrade health information technology including electronic prescribing and electronic health record systems;

(2) States are responsible for administering the incentive payments and have already begun embarking on their own health information technology initiatives; and

(3) The United States Department of Health and Human Services recently released guidance encouraging states to pursue the implementation of health information technology as a key to driving down health care costs.

SECTION 2. DO NOT CODIFY. Interim study – Electronic prescribing.

1       (a)(1) Within thirty (30) days of the effective date of this act, the  
2 chair of the Senate Committee on Public Health, Welfare, and Labor shall  
3 create a Senate Electronic Prescribing Subcommittee and the chair of the  
4 House committee on Public Health, Welfare, and Labor shall create the House  
5 Electronic Prescribing Subcommittee.

6       (2) The chair of the Senate Committee on Public Health, Welfare,  
7 and Labor shall appoint a chair of the Senate Electronic Prescribing  
8 Subcommittee and the chair of the House Committee on Public Health, Welfare,  
9 and Labor shall appoint a chair of the the House Electronic Prescribing  
10 Subcommittee.

11       (3) The Senate Electronic Prescribing Subcommittee and the House  
12 Electronic Prescribing Subcommittee shall meet jointly during the biennium  
13 between the 2011 regular legislative session and the 2013 regular legislative  
14 session.

15       (b) The Senate Electronic Prescribing Subcommittee and the House  
16 Electronic Prescribing Subcommittee shall study the following aspects of  
17 optimizing electronic prescribing systems:

18           (1) Best develop a neutral platform for the electronic  
19 transmission of health data including without limitation:

20                   (A) Medication history;

21                   (B) Formulary status; and

22                   (C) Other patient information health professionals  
23 typically access when prescribing medication and other interventions;

24       (2) Ensure that prescribing decisions of practitioners at the  
25 point of care are focused on patient safety and quality outcomes and attempts  
26 to influence those decisions, through economic incentives or otherwise, are  
27 kept to a minimum;

28       (3) Ensure that messages in electronic prescribing systems are  
29 substantially supported by scientific evidence, accurate, up-to-date, and  
30 fact-based, including a fair and balanced presentation of risks and benefits,  
31 and support for better clinical decision-making, such as alerts to adverse  
32 events and access to formulary information; and

33       (4) Establish a process to provide electronic prior  
34 authorization request and approval transactions between providers and group  
35 purchasers.

1           (c) The Senate Electronic Prescribing Subcommittee and the House  
2 Electronic Prescribing Subcommittee shall develop and recommend policies  
3 that:

4                   (1) Seek to limit marketing in electronic health record systems;

5                   (2) Seek to encourage the provision of evidence-based  
6 information at the point of care; and

7                   (3)(A) Standardize prior authorization to maximize  
8 administrative simplification and efficiency.

9                   (B) The Senate Electronic Prescribing Subcommittee and the  
10 House Electronic Prescribing Subcommittee shall recommend a universal prior  
11 authorization form to be made available for electronic use.

12  
13           SECTION 3. DO NOT CODIFY. Report.

14           On or before October 1, 2012, the Senate Electronic Prescribing  
15 Subcommittee and the House Electronic Prescribing Subcommittee shall report  
16 their findings and any recommendations for proposed legislation to the chair  
17 of the Senate Committee on Public Health, Welfare, and Labor and the chair of  
18 the House committee on Public Health, Welfare, and Labor.

19  
20           SECTION 4. DO NOT CODIFY. The Senate Electronic Prescribing  
21 Subcommittee and the House Electronic Prescribing Subcommittee expire on  
22 December 31, 2012.

23  
24 Referred by the Arkansas Senate  
25 Prepared by: MGF/VJF

