Stricken language would be deleted from and underlined language would be added to present law.
Act 389 of the Regular Session

State of Arkansas
92nd General Assembly
Regular Session, 2019

A Bill SENATE BILL 368

By: Senator Rapert
By: Representative Gazaway

For An Act To Be Entitled
AN ACT TO MAKE TECHNICAL CORRECTIONS TO TITLE 20 OF
THE ARKANSAS CODE CONCERNING PUBLIC HEALTH AND
WELFARE; AND FOR OTHER PURPOSES.

Subtitle
TO MAKE TECHNICAL CORRECTIONS TO TITLE 20
OF THE ARKANSAS CODE CONCERNING PUBLIC
HEALTH AND WELFARE.

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

SECTION 1. Arkansas Code Title 20, Chapter 2, Subchapter 1, is amended
to replace a repealed section and reorganize the subchapter to read as
follows.

On or before October 1 each year, the Arkansas Minority Health
Commission shall report to the Governor, the Speaker of the House of
Representatives, the President Pro Tempore of the Senate, the Chair of the
House Committee on Public Health, Welfare, and Labor, and the Chair of the
Senate Committee on Public Health, Welfare, and Labor without limitation:

(1) Summarizing the previous year’s work under § 20-2-103(a)(5)
and (6);

(2) Describing reductions in disparities in health and health
care in this state; and

(3) Outlining plans for continuing and expanding in the coming
year the program to reduce disparities in health and health care in this
SECTION 2. Arkansas Code § 20-2-107 is repealed to replace a repealed section and reorganize the subchapter.


On or before October 1 each year, the Arkansas Minority Health Commission shall report to the Governor, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, the Chair of the House Committee on Public Health, Welfare, and Labor, and the Chair of the Senate Committee on Public Health, Welfare, and Labor without limitation:

(1) Summarizing the previous year's work under § 20-2-103(a)(5) and (6);

(2) Describing reductions in disparities in health and health care in this state; and

(3) Outlining plans for continuing and expanding in the coming year the program to reduce disparities in health and health care in this state.

SECTION 3. Arkansas Code § 20-7-202(2), concerning the definition of "board" under the Arkansas Health Department Building and Local Grant Act, is repealed to conform to the Arkansas Code style.

(2) "Board" means the State Board of Health;

SECTION 4. Arkansas Code § 20-7-202(5), concerning the definition of "department" under the Arkansas Health Department Building and Local Grant Act, is repealed to conform to the Arkansas Code style.

(5) "Department" means the Department of Health;

SECTION 5. Arkansas Code § 20-7-403(3), concerning the definition of "board" under the Department of Health Public Health Laboratory Act of 2003, is repealed to conform to the Arkansas Code style.

(3) "Board" means the State Board of Health;

SECTION 6. Arkansas Code § 20-7-403(7), concerning the definition of "director" under the Department of Health Public Health Laboratory Act of 2003, is repealed to conform to the Arkansas Code style.
(7) "Director" means the Director of the Department of Health;

SECTION 7. Arkansas Code § 20-8-101(1), concerning the definition of "agency" regarding the Health Services Permit Agency, is repealed to conform to the Arkansas Code style.

(1) "Agency" means the Health Services Permit Agency;

SECTION 8. Arkansas Code § 20-8-101(3), concerning the definition of "commission" regarding the Health Services Permit Agency, is repealed to conform to the Arkansas Code style.

(3) "Commission" means the Health Services Permit Commission;

SECTION 9. Arkansas Code § 20-8-101(5), concerning the definition of "director" regarding the Health Services Permit Agency, is repealed to conform to the Arkansas Code style.

(5) "Director" means the Director of the Health Services Permit Agency;

SECTION 10. Arkansas Code § 20-8-201 is amended to ensure respectful language is used to read as follows:

20-8-201. Legislative intent.

(a) It is declared and found that a major problem facing medicine and the public health and welfare is the absence of an adequate program to assist in the treatment and rehabilitation of persons suffering from congenital or acquired spinal cord dysfunction.

(b)(1) It has been found that no fewer than one thousand one hundred (1,100) Arkansas residents presently suffer from spinal cord injury or damage, and it is estimated that at least one hundred twenty (120) Arkansans experience serious injury or congenital dysfunction of the spinal cord annually.

(2) Furthermore, it has been found that a fully coordinated approach to the early recognition, the emergency care and transportation, the definitive treatment and rehabilitation, and the long-term management direction and support of such persons persons with congenital or acquired spinal cord dysfunction is presently lacking and yet is essential to guaranteeing these patients patients with congenital or acquired spinal cord dysfunction.
dysfunction the best possible opportunity to minimize mortality, morbidity, and permanent disability.

(3) It is further recognized that the enormous cost for medical services, hospitalization, and rehabilitative care of spinal cord injured persons with congenital or acquired spinal cord dysfunction makes it extremely difficult, and often financially impossible, for persons of moderate or modest means to secure adequate medical and rehabilitative services, and in most cases, services are financially possible only by the very wealthy, if at all.

(4) Therefore, to guarantee the best possible opportunity for minimizing the mortality, morbidity, and permanent disability of persons due to spinal cord injury or dysfunction, it is essential that the state develop a program to:

(A) Provide for complete identification and visible integration of the numerous complex funding mechanisms which are applicable to the needs of a particular individual person at each overlapping stage of treatment and rehabilitation and provide financial assistance when necessary to fill a specific identified gap in funding a portion of the coordinated treatment and rehabilitation plan of a specified patient person when the patient's person's own financial resources are insufficient to meet such requirements;

(B) Authorize the development and operation of an Arkansas spinal cord treatment center and system which will integrate present treatment and rehabilitative capabilities and develop additional service capabilities as necessary to guarantee the availability of continuously current and evolving new processes in state-of-the-art treatment and rehabilitative services to all spinal cord disabled Arkansans who have congenital or acquired spinal cord dysfunction; and

(C) Provide for full coordination of treatment and rehabilitation efforts from problem recognition through progressive rehabilitation and for as long as a need for these specialized services shall exist.

SECTION 11. Arkansas Code Title 20, Chapter 8, Subchapter 6, is repealed as the Alzheimer's Advisory Council expired on September 30, 2017.
20-8-601. Findings.
   (a) The General Assembly finds that:
      (1) Alzheimer's disease is a progressive and fatal brain disease
      that destroys brain cells and causes problems with memory, thinking, and
      behavior;
      (2) More than five million four hundred thousand (5,400,000) Americans
      now have Alzheimer's disease;
      (3) Alzheimer's disease is the most common form of dementia and
      is the sixth leading cause of death in the United States; and
      (4) No cure exists for Alzheimer's disease, but treatments for
      symptoms used in conjunction with appropriate services and support can
      improve the quality of life for those living with the disease.
   (b) This section shall expire on September 30, 2017.

   (a) There is created the Alzheimer's Advisory Council, to consist of
   twenty-three (23) members as follows:
      (1) Five (5) members appointed by the Speaker of the House of
      Representatives as follows:
         (A) Two (2) members of the House of Representatives;
         (B) One (1) member who has been diagnosed with Alzheimer's
         disease;
         (C) One (1) member to represent the healthcare provider
         community; and
         (D) One (1) member to represent the adult day services
         industry;
      (2) Five (5) members appointed by the President Pro Tempore of
      the Senate as follows:
         (A) Two (2) members of the Senate;
         (B) One (1) member who is a paid caregiver of a person
         with Alzheimer's disease;
         (C) One (1) member to represent the assisted living
         industry; and
         (D) One (1) member who is a scientist who specializes in
         Alzheimer's disease research;
(3) Four (4) members appointed by the Governor as follows:
   (A) One (1) member who is a physician caring for persons
diagnosed with Alzheimer’s disease;
   (B) One (1) member to represent the nursing facility
industry;
   (C) One (1) member who is a person active in the state
chapter of the Alzheimer’s Association; and
   (D) One (1) member who is a person active in the
Alzheimer’s Arkansas Programs and Services; and

(4) Nine (9) members as follows:
   (A) The Director of the Department of Health or his or her
designee;
   (B) The Director of the Department of Human Services or
his or her designee;
   (C) The Director of the Division of Aging, Adult, and
Behavioral Health Services of the Department of Human Services or his or her
designee;
   (D) The Director of the Arkansas Center for Health
Improvement or his or her designee;
   (E) The Director of the Department of Workforce Services
or his or her designee; and
   (F) Four (4) members appointed by the state chapter of the
Alzheimer’s Association to represent Arkansas families that have been
affected by Alzheimer’s disease.

(b) Members of the council shall be appointed by September 1, 2011.
   (c)(1) Members of the council shall serve at the pleasure of their
appointing authorities.
   (2) A vacancy on the council shall be filled by the original
appointing authority.
   (d)(1) The Speaker of the House of Representatives and the President
Pro Tempore of the Senate shall each designate a cochair from among the
members of the council.
   (2) The cochairs shall jointly call the first meeting of the
council.
   (e)(1) A majority of the members of the council shall constitute a
quorum.
(2) A majority vote of the members present is required for any action of the council.

(f) Council meetings shall be held in Pulaski County, Arkansas, and at other locations in the state as the council shall deem necessary.

(g) The Bureau of Legislative Research shall provide staff support to the council as necessary to assist the council in the performance of its duties.

(h) Legislative members of the council shall be reimbursed for expenses and per diem at the same rate and from the same source as provided by law for members of the General Assembly attending meetings of the interim committees.

(i) This section shall expire on September 30, 2017.

20-8-603. Duties.

(a) The Alzheimer's Advisory Council shall:

(1) Assess the current and future impact of Alzheimer's disease and other types of dementia on the residents of the State of Arkansas;

(2) Examine the existing industries, services, and resources addressing the needs of persons living with Alzheimer's disease, their families, and caregivers; and

(3) Develop a strategy to mobilize a state response to the public health crisis created by Alzheimer's disease and other types of dementia.

(b) This section shall expire on September 30, 2017.

20-8-604. Reports.

(a) The Alzheimer's Advisory Council shall present a draft of assessments and recommendations for meeting the Alzheimer's disease needs in the State of Arkansas to the House Committee on Public Health, Welfare, and Labor and the Senate Committee on Public Health, Welfare, and Labor on or before October 1 of each even numbered year.

(b) This section shall expire on September 30, 2017.

SECTION 12. Arkansas Code § 20-9-211(b), concerning the construction program for health facilities services and federal funds, is amended to remove an obsolete trust fund name to read as follows:
(b) Money received from the United States Government for a construction project shall be deposited with the Treasurer of State as a trust fund designated the "Hospital and Medical Facilities Construction Fund". The fund shall be separate from all public funds of the state and shall be used solely for payments due applicants for work performed or purchases made in carrying out approved projects.

SECTION 13. Arkansas Code § 20-9-902(1), concerning the definition of "board" regarding utilization review, is repealed to conform to the Arkansas Code style.

(1) "Board" means the State Board of Health;

SECTION 14. Arkansas Code § 20-10-222(b), concerning the construction program for medical facilities and federal funds, is amended to remove an obsolete trust fund name to read as follows:

(b) Money received from the United States Government for a construction project shall be deposited with the Treasurer of State as a trust fund designated "Hospital and Medical Facilities Construction Fund". The fund shall be separate and apart from all public funds of the state and shall be used solely for payments due to applicants for work performed or purchases made in carrying out approved projects.

SECTION 15. Arkansas Code § 20-10-234 is repealed to remove an obsolete statute.

20-10-234. Relicensing bed capacity.

A long-term care facility that reduced its licensed bed capacity within the past forty (40) months from April 2, 1997, may relicense those beds by paying the license fees applicable for that period of time.

SECTION 16. Arkansas Code § 20-10-802(12), concerning exceptions from licensing requirements for home healthcare services, is amended to ensure respectful language is used to read as follows:

(12) Persons providing services to one (1) or more developmentally disabled persons with a developmental disability, as defined in § 20-48-101, under a license or certificate from the Division of Developmental Disabilities Services of the Department of Human Services.
SECTION 17. Arkansas Code § 20-10-1202(3), concerning the definition of "board" regarding the protection of long-term care facility residents, is repealed to conform to the Arkansas Code style.
   (3) "Board" means the Long-Term Care Facility Advisory Board created by § 20-10-301 [repealed];

SECTION 18. Arkansas Code § 20-10-1202(5), concerning the definition of "department" regarding the protection of long-term care facility residents, is repealed to conform to the Arkansas Code style.
   (5) "Department" means the Department of Human Services;

SECTION 19. Arkansas Code § 20-10-1202(7), concerning the definition of "OLTC" regarding the protection of long-term care facility residents, is repealed to conform to the Arkansas Code style.
   (7) "OLTC" means the Office of Long-Term Care created by § 20-10-202;

SECTION 20. Arkansas Code § 20-10-1601(1) and (2), concerning the definitions of "director" and "division" regarding the quality assurance levy, are repealed to conform to the Arkansas Code style.
   (1) "Director" means the Director of the Division of Medical Services of the Department of Human Services;
   (2) "Division" means the Division of Medical Services;

SECTION 21. Arkansas Code § 20-10-1703(4), concerning the definition of "department" within the Arkansas Assisted Living Act, is repealed to conform to the Arkansas Code style.
   (4) "Department" means the Department of Human Services and its divisions and offices;

SECTION 22. Arkansas Code § 20-10-2003(3), concerning the definition of "department" within the Unlicensed Long-Term Care Facilities Act, is repealed to conform to the Arkansas Code style.
   (3) "Department" means the Department of Human Services and its divisions and offices;
SECTION 23. Arkansas Code § 20-12-202(1) and (2), concerning the
definitions of "board" and "fund" regarding rural medical clinic loans, are
repealed to conform to the Arkansas Code style.
   (1) “Board” means the State Board of Finance;
   (2) “Fund” means the Rural Medical Clinic Revolving Loan Fund;

SECTION 24. Arkansas Code § 20-13-503(3) and (4), concerning the
definitions of "department" and "director" regarding poison control, drug
information, and toxicological laboratory services, are repealed to conform
to the Arkansas Code style.
   (3) “Department” means the Department of Health;
   (4) “Director” means the Director of the Department of Health;

SECTION 25. Arkansas Code § 20-13-505(a)(3), concerning the authority
of the Director of the Department of Health regarding poison control, drug
information, and toxicological laboratory services, is amended to clarify the
system to read as follows:
   (3) Authorize any component within the PC-DI-TL services system
to employ experts and consultants and compensate those individuals at rates
determined by the director in consultation with component representatives of
the University of Arkansas for Medical Sciences; and

SECTION 26. Arkansas Code § 20-13-803 is repealed to conform to the
Arkansas Code style.

   As used in this subchapter:
   (1) “Department” means the Department of Health; and
   (2) “EMS Division” means the Division of Emergency Medical
       Services of the Department of Health.

SECTION 27. Arkansas Code § 20-13-901(2) and (3), concerning the
definitions of "board" and "department" regarding the Arkansas Emergency
Medical Services Do Not Resuscitate Act, are repealed to conform to the
Arkansas Code style.
   (2) “Board” means the State Board of Health;
SECTION 28. Arkansas Code § 20-13-1106 is amended to clarify a list to read as follows:


(a) Except as provided in subdivision (e)(1) of this section, the Division of EMS and Trauma Systems of the Department of Health shall issue a determination that a person is disqualified from certification or recertification if the person has been found guilty of or has pleaded guilty or nolo contendere to any of the offenses listed in subsection (b) of this section, including offenses for which the record has been expunged. However, the Division of EMS and Trauma Systems shall forward a request for a waiver to the Director of the Department of Health on all applicants who have been convicted of the crimes listed in subsection (b) of this section if five (5) years have passed since the conviction, if five (5) years have passed since release from custodial confinement, or if the applicants are currently certified emergency medical technicians, prior to making the final determination on certification or recertification. These individuals will not be suspended prior to the director's making the final determination:

(b)(1)(A) Capital murder as prohibited in § 5-10-101;
(b)(1)(B) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
(b)(1)(C) Manslaughter as prohibited in § 5-10-104;
(b)(1)(D) Negligent homicide as prohibited in § 5-10-105;
(b)(1)(E) Kidnapping as prohibited in § 5-11-102;
(b)(1)(F) False imprisonment in the first degree as prohibited in § 5-11-103;
(b)(1)(G) Permanent detention or restraint as prohibited in § 5-11-106;
(b)(1)(H) Robbery as prohibited in § 5-12-102;
(b)(1)(I) Aggravated robbery as prohibited in § 5-12-103;
(b)(1)(J) Battery in the first degree as prohibited in § 5-13-201;
(b)(1)(K) Aggravated assault as prohibited in § 5-13-204;
(b)(1)(L) Introduction of a controlled substance into the body of another person as prohibited in § 5-13-210;
(b)(1)(M) Terroristic threatening in the first degree as

(3) "Department" means the Department of Health;
prohibited in § 5-13-301(a);

(14)(N) Rape as prohibited in § 5-14-103;
(15)(O) Sexual indecency with a child as prohibited in § 5-14-
110;
(16)(P) Sexual assault in the first degree, second degree, third
degree, and fourth degree as prohibited in §§ 5-14-124 – 5-14-127;
(17)(Q) Incest as prohibited in § 5-26-202;
(18)(R) Offenses against the family as prohibited in §§ 5-26-303
– 5-26-306;
(19)(S) Endangering the welfare of an incompetent person in the
first degree as prohibited in § 5-27-201;
(20)(T) Endangering the welfare of a minor in the first degree
as prohibited in § 5-27-205;
(21)(U) Permitting child abuse as prohibited in § 5-27-221(a);
(22)(V) Engaging children in sexually explicit conduct for use
in visual or print medium, transportation of minors for prohibited
sexual conduct, pandering or possessing visual or print medium depicting
sexually explicit conduct involving a child, or use of a child or consent to
use of a child in a sexual performance by producing, directing, or promoting
a sexual performance by a child as prohibited in §§ 5-27-303 – 5-27-305, 5-
27-402, and 5-27-403;
(23)(W) Felony adult abuse as prohibited in § 5-28-103;
(24)(X) Theft of property as prohibited in § 5-36-103;
(25)(Y) Theft by receiving as prohibited in § 5-36-106;
(26)(Z) Arson as prohibited in § 5-38-301;
(27)(AA) Burglary as prohibited in § 5-39-201;
(28)(BB) Felony violation of the Uniform Controlled Substances
Act, §§ 5-64-101 – 5-64-608, as prohibited in:
(A)(i) The former § 5-64-401; and
(B)(ii) Sections 5-64-419 – 5-64-442;
(29)(CC) Promotion of prostitution in the first degree as
prohibited in § 5-70-104;
(30)(DD) Stalking as prohibited in § 5-71-229;
(31)(EE) Criminal attempt, criminal complicity, criminal
solicitation, or criminal conspiracy as prohibited in §§ 5-3-201, 5-3-202, 5-
3-301, and 5-3-401 to commit any of the offenses listed in this subsection;
Driving or boating while intoxicated, as prohibited in § 5-65-103, that is a:

(A)(i) Felony; and
(B)(ii) Fourth or subsequent offense;

(GG) Computer child pornography as prohibited in § 5-27-603;

(HH) Computer exploitation of a child in the first degree as prohibited in § 5-27-605; and

(II) Aggravated assault upon a law enforcement officer or an employee of a correctional facility, as prohibited in § 5-13-211, if a Class Y felony; and

(JJ) Sexual extortion, as prohibited in § 5-14-113.

(2)(A) However, the Division of EMS and Trauma Systems shall forward a request for a waiver to the Director of the Department of Health on all applicants who have been convicted of the crimes of this section if five (5) years have passed since the conviction, if five (5) years have passed since release from custodial confinement, or if the applicants are currently certified emergency medical technicians, prior to making the final determination on certification or recertification.

(B) These individuals will not be suspended prior to the director’s making the final determination.

(b) An applicant shall not be disqualified from certification or recertification when the applicant has been found guilty of or has pleaded guilty or nolo contendere to a misdemeanor if the offense:

(1) Did not involve exploitation of an adult, abuse of a person, neglect of a person, or sexual contact; or

(2) Was not committed while performing the duties of an emergency medical technician.

The provisions of this section may be waived by the Department of Health upon written request by the person who is the subject of the criminal history check.

(2) The written request for waiver shall be mailed to the director within fifteen (15) calendar days after receipt of the determination by the Department of Health.

(3) Factors to be considered before granting a waiver shall include, but not be limited to:

(A) The age at which the crime was committed;
(B) The circumstances surrounding the crime;
(C) The length of time since the adjudication of guilt;
(D) The person’s subsequent work history;
(E) The person’s employment references;
(F) The person’s character references; and
(G) Any other evidence demonstrating that the person does
not pose a threat to the health or safety of persons to be cared for.

(e)(1)(d)(l) For purposes of this section, an expunged record of a
conviction or plea of guilty or nolo contendere to an offense listed in
subsection (b) of this section shall not be considered a conviction, guilty
plea, or nolo contendere plea to the offense unless the offense is also
listed in subdivision (e)(2) of this section.

(2) Because of the serious nature of the offenses and the close
relationship to the type of work that is to be performed, the following shall
result in permanent disqualification:

   (A) Capital murder as prohibited in § 5-10-101;
   (B) Murder in the first degree as prohibited in § 5-10-102
and murder in the second degree as prohibited in § 5-10-103;
   (C) Kidnapping as prohibited in § 5-11-102;
   (D) Rape as prohibited in § 5-14-103;
   (E) Sexual assault in the first degree as prohibited in §
5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125;
   (F) Endangering the welfare of a minor in the first degree
as prohibited in § 5-27-205 and endangering the welfare of a minor in the
second degree as prohibited in § 5-27-206;
   (G) Incest as prohibited in § 5-26-202;
   (H) Arson as prohibited in § 5-38-301;
   (I) Endangering the welfare of an incompetent person in
the first degree as prohibited in § 5-27-201;
   (J) Adult abuse that constitutes a felony as prohibited in
§ 5-28-103;
   (K) Aggravated assault upon a law enforcement officer or
an employee of a correctional facility as prohibited in § 5-13-211, if a
Class Y felony; and
   (L) Sexual extortion as prohibited in § 5-14-113.
SECTION 29. Arkansas Code § 20-13-1201(2) and (3), concerning the
definitions of "department" and "director" regarding the vaccination program
for first responders, are repealed to conform to the Arkansas Code style.
(2) "Department" means the Department of Health;
(3) "Director" means the Director of the Department of Health;

SECTION 30. Arkansas Code § 20-15-1102(1), concerning the definition
of "department" regarding the Newborn Infant Hearing Screening Program,
is repealed to conform to the Arkansas Code style.
(1) "Department" means the Department of Health;

SECTION 31. Arkansas Code § 20-15-1102(4), concerning the definition
of "program" regarding the Newborn Infant Hearing Screening Program, is
repealed to conform to the Arkansas Code style.
(4) "Program" means the Newborn Infant Hearing Screening Program;

SECTION 32. Arkansas Code § 20-15-1201 is amended to conform to the
Arkansas Code style to read as follows:
As used in this subchapter:
(1) "Board" means the State Board of Health;
(2) "Department" means the Department of Health; and
(3) "Provider" "provider" means any healthcare professional who
has direct or supervisory responsibility for the delivery of immunizations.

SECTION 33. Arkansas Code § 20-15-1502(3)-(5), concerning the
definitions of "board", "director", and "department" regarding the Universal
Newborn Hearing Screening, Tracking, and Intervention Program and the
Universal Newborn Hearing Screening, Tracking, and Intervention Advisory
Board, are repealed to conform to the Arkansas Code style.
(3) "Board" means the Universal Newborn Hearing Screening,
Tracking, and Intervention Advisory Board;
(4) "Director" means the Director of the Department of Health;
(5) "Department" means the Department of Health;
SECTION 34. Arkansas Code § 20-18-701(3), concerning the definition of "department" regarding the Putative Father Registry, is repealed to conform to the Arkansas Code style.

(3) "Department" means the Department of Health;

SECTION 35. Arkansas Code § 20-20-203(9) and (10), concerning the definitions of "equipment" and "EPA" within the Arkansas Pesticide Use and Application Act, are amended to conform to the Arkansas Code style to read as follows:

(9) "EPA" means the United States Environmental Protection Agency;

(9)(A)(10)(A) "Equipment" means any type of ground, water, or aerial equipment or contrivance using motorized, mechanical, or pressurized power and used to apply any pesticide on land and on anything that may be growing, habitating, or stored on or in land.

(B) "Equipment" shall does not include any pressurized hand-sized household apparatus used to apply any pesticide or any equipment or contrivance of which the person who is applying the pesticide is the source of power or energy in making the pesticide application;

(10) "EPA" means the United States Environmental Protection Agency;

SECTION 36. Arkansas Code § 20-21-203(4), concerning the definition of "agency" regarding ionizing radiation, is repealed to conform to the Arkansas Code style.

(4) "Agency" means the State Radiation Control Agency;

SECTION 37. Arkansas Code § 20-21-203(6), concerning the definition of "board" regarding ionizing radiation, is repealed to conform to the Arkansas Code style.

(6) "Board" means the State Board of Health;

SECTION 38. Arkansas Code § 20-21-203(18), concerning the definition of "director" regarding ionizing radiation, is repealed to conform to the Arkansas Code style.

(18) "Director" means the Director of the Department of Health;
SECTION 39. Arkansas Code § 20-22-802(1), concerning the definition of "board" regarding fire protection services, is repealed to conform to the Arkansas Code style.

(1) "Board" means the Arkansas Fire Protection Services Board;

SECTION 40. Arkansas Code § 20-22-802(3), concerning the definition of "director" regarding fire protection services, is repealed to conform to the Arkansas Code style.

(3) "Director" means the Director of the Office of Fire Protection Services;

SECTION 41. Arkansas Code § 20-24-101(3), concerning the definition of "board" regarding the safety of elevators, dumbwaiters, and escalators, is repealed to conform to the Arkansas Code style.

(3) "Board" means the Elevator Safety Board;

SECTION 42. Arkansas Code § 20-24-101(5) and (6), concerning the definitions of "department" and "director" regarding the safety of elevators, dumbwaiters, and escalators, are repealed to conform to the Arkansas Code style.

(5) "Department" means the Department of Labor;

(6) "Director" means the Director of the Department of Labor;

SECTION 43. Arkansas Code § 20-25-102(4), concerning the definition of "director" within the Arkansas Manufactured Homes Standards Act, is repealed to conform to the Arkansas Code style.

(4) "Director" means the Director of the Arkansas Manufactured Home Commission;

SECTION 44. Arkansas Code § 20-27-602(1)-(3), concerning the definitions of "department", "board", and "director" regarding lead poisoning prevention, are repealed to conform to the Arkansas Code style.

(1) "Department" means the Department of Health;

(2) "Board" means the State Board of Health;

(3) "Director" means the Director of the Department of Health or
SECTION 45. Arkansas Code § 20-27-1003(9) and (10), concerning the definitions of "department" and "director" regarding the removal of asbestos material, are repealed to conform to the Arkansas Code style.

(9) "Department" means the Arkansas Department of Environmental Quality;

(10) "Director" means the Director of the Arkansas Department of Environmental Quality;

SECTION 46. Arkansas Code § 20-27-1201(a)(1), concerning the definition of "department" regarding sewage disposal plans and fees, is repealed to conform to the Arkansas Code style.

(1) "Department" means the Department of Health;

SECTION 47. Arkansas Code § 20-27-1302(4) and (5), concerning the definitions of "department" and "director" within the Arkansas Quarry and Open Pit Mine Blasting Control Act, are repealed to conform to the Arkansas Code style.

(4) "Department" means the Department of Labor;

(5) "Director" means the Director of the Department of Labor;

SECTION 48. Arkansas Code § 20-27-2701(2) and (3), concerning the definitions of "department" and "director" regarding unlawful sale of bedding, are repealed to conform to the Arkansas Code style.

(2) "Department" means the Department of Health;

(3) "Director" means the Director of the Department of Health;

SECTION 49. Arkansas Code § 20-30-101(2), concerning the definition of "department" regarding regulation of swimming pools, is repealed to conform to the Arkansas Code style.

(2) "Department" means the Department of Health or, when the context requires, employees of the department;

SECTION 50. Arkansas Code § 20-31-102(1)-(3), concerning the definitions of "board", "department", and "director" within the Arkansas
Electrical Code Authority Act, are repealed to conform to the Arkansas Code style.

(1) "Board" means the Board of Electrical Examiners of the State of Arkansas;

(2) "Department" means the Department of Labor;

(3) "Director" means the Director of the Department of Labor;

SECTION 51. Arkansas Code § 20-32-101(2), concerning the definition of "department" regarding disposal of commercial medical waste, is repealed to conform to the Arkansas Code style.

(2) "Department" means the Department of Health;

SECTION 52. Arkansas Code § 20-36-102 is amended to conform to the Arkansas Code style to read as follows:


As used in this chapter:

(1) "Biological agent" means:

(A) Any select agent that is a microorganism, virus, bacterium, fungus, rickettsia, or toxin listed in 42 C.F.R., Part 72, Appendix A, as in effect on January 1, 2003;

(B) Any genetically modified microorganisms or genetic elements from an organism within 42 C.F.R., Part 72, Appendix A, as in effect on January 1, 2003, shown to produce or encode for a factor associated with a disease; or

(C) Any genetically modified microorganisms or genetic elements that contain nucleic acid sequences coding for any of the toxins listed within 42 C.F.R., Part 72, Appendix A, as in effect on January 1, 2003, or their toxic submits; and

(2) "Department" means the Department of Health; and

(3)(2) "Person" means any association, business, corporation, facility, firm, individual, institution of higher education, organization, partnership, society, state agency, or other legal entity.

SECTION 53. Arkansas Code § 20-38-113 is amended to remove obsolete language to read as follows:

The Department of Human Services shall:

(a) Contingent upon the receipt of funding, appropriation, and positions, create and maintain a program no later than July 1, 2016, that automates the databases of the Child Maltreatment Central Registry created in § 12-18-901, the Adult and Long-Term Care Facility Resident Maltreatment Central Registry created in § 12-12-1716, and the Certified Nursing Assistant/Employment Clearance Registry maintained by the Office of Long-Term Care of the Division of Medical Services of the Department of Human Services under 42 C.F.R. § 483.156 and § 20-10-203.

(B) The program created and maintained under subdivision (a)(1)(A) of this section shall allow an entity or person required to conduct a registry check under a registry listed in subdivision (a)(1)(A) of this section to access all three (3) registries through a single web-based process;

(2) Streamline the process of requesting a registry check so that all forms authorizing the release of confidential information under a registry listed in subdivision (a)(1)(A) of this section are consistent; and

(3) Adopt rules to implement this section.

(b) Contingent upon the receipt of funding, appropriation, and positions, the department shall initiate implementation of the program described under subsection (a) of this section and establish a public timeline for full implementation no later than July 1, 2014.

SECTION 54. Arkansas Code § 20-46-702(2) and (3), concerning the definitions of "department" and "director" regarding mental health providers, are repealed to conform to the Arkansas Code style.

(2) "Department" means the Department of Human Services;

(3) "Director" means the Director of the Department of Human Services or his or her designee;

SECTION 55. Arkansas Code § 20-47-202(5), concerning the definition of "deputy director" regarding commitment and treatment for individuals with mental illness, is repealed to conform to the Arkansas Code style.

(5) "Deputy director" means the chief executive officer for the Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services;
SECTION 56. Arkansas Code § 20-47-202(7), concerning the definition of "division" regarding commitment and treatment for individuals with mental illness, is repealed to conform to the Arkansas Code style.

(7) "Division" means the Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services.

SECTION 57. Arkansas Code § 20-47-406 is amended to ensure that respectful language is used to read as follows:

20-47-406. Department of Human Services agreements for medical care of indigent mentally ill or tubercular individuals with mental illness, intellectual disabilities, or tuberculosis.

(a) The Arkansas State Hospital and other state institutions are authorized to enter into agreements with the Department of Human Services to establish and maintain a medical care program for the indigent mentally ill, mentally retarded, and tubercular individuals with mental illness, intellectual disabilities, or tuberculosis at the Arkansas State Hospital and any other state institution and to transfer funds to the Department of Human Services Fund pursuant to the agreement.

(b) The agreement made between the Arkansas State Hospital or other institution and the department shall be in compliance with federal law and shall meet qualifications necessary for federal funds to be paid for the care of indigent mentally ill, mentally retarded, and tubercular individuals with mental illness, intellectual disabilities, or tuberculosis in the Arkansas State Hospital or other institution.

(c) In order to reimburse the fund for expenditures made by the department in accordance with agreements made with the Arkansas State Hospital and other institutions, the Chief Fiscal Officer of the State shall make rules and regulations for transfers from the respective State Treasury funds or accounts from which the institutions making agreements derive their financial support to the fund in keeping with the provisions of the agreement made between the Arkansas State Hospital or other state institutions and the department.

SECTION 58. Arkansas Code § 20-48-104 is amended to read as follows:

20-48-104. Intermediate Care Facilities for Mentally Retarded
Individuals with Intellectual Disabilities program – Administration.

(a) The operation of the community-based Intermediate Care Facilities for Mentally Retarded program will be Individuals with Intellectual Disabilities program is subject to the oversight of a five-member committee composed of three (3) members of the House of Representatives to be appointed by the Speaker of the House of Representatives and two (2) members of the Senate to be appointed by the President Pro Tempore of the Senate.

(b) The committee shall provide oversight for the operation of program and make recommendations, within the appropriate federal regulations and guidelines, to the Division of Developmental Disabilities Services and the Office of Long-Term Care to establish and clarify the mission, goals, levels of services, and scope of the program and to provide consistency in state regulations, guidelines, standards, and policies.

(c) The committee shall also make recommendations for adequate funding to ensure the fiscal integrity of the program to allow it to be operated pursuant to the state and federal regulations, guidelines, standards, and policies.

SECTION 59. Arkansas Code § 20-48-202(1), concerning the definition of "board" within the Arkansas Intellectual Disabilities Act, is repealed to conform to the Arkansas Code style.

(1) "Board" means the Board of Developmental Disabilities Services;

SECTION 60. Arkansas Code § 20-48-202(5) and (6), concerning the definitions of "director" and "division" within the Arkansas Intellectual Disabilities Act, are repealed to conform to the Arkansas Code style.

(5) "Director" means the Director of the Department of Human Services;

(6) "Division" means the Division of Developmental Disabilities Services of the Department of Human Services or the appropriate division as determined by the Director of the Department of Human Services;

SECTION 61. Arkansas Code § 20-48-401(1), concerning the definition of "board" regarding human development centers, is repealed to conform to the Arkansas Code style.
(1) “Board” means the Board of Developmental Disabilities Services.

SECTION 62. Arkansas Code § 20-48-404 is amended to transfer language to § 20-48-406 read as follows:

20-48-404. Eligibility for admission.

An individual may be deemed eligible for admission to a human development center if:

(1) Due due to developmental disability, the person individual is incapable of managing his or her affairs and the person’s individual’s welfare requires the special care, training, and treatment provided at a center.

(2) The examining physicians provided for in § 20-48-406 shall use standard mental and psychological tests and physical examinations in determining that the individual is developmentally disabled and in need of special training which is provided for in this subchapter.

SECTION 63. Arkansas Code § 20-48-406(a)(2)(A), concerning admission procedures to human development centers, is amended to incorporate language from § 20-48-404 to read as follows:

(2)(A) The investigation shall include an examination of the individual through the use of standard mental and psychological tests and physical examinations by two (2) reputable physicians appointed or designated by the board for the purpose of determining the mental status and condition of the individual and whether or not he or she the individual has or is a carrier of a contagious or infectious disease.

SECTION 64. Arkansas Code § 20-48-413, concerning admission eligibility for human development centers, is amended to correct word usage to read as follows:

(a) The Board of Developmental Disabilities Services is authorized to may establish and operate an appropriate facility at such location in the state as the board shall determine for the care and treatment of emotionally disturbed mentally retarded individuals with mental illness and developmental disabilities, and persons individuals with disorganized behavior, including hyperkinetic, hyperactive, or aggressive behaviors who,
because of their problem, function as retarded individuals with mental illness and intellectual and developmental disabilities.

(b) The board is authorized to make such rules and regulations regarding eligibility for admission to the facility, care and treatment of the individuals, discharge from and return to the facility, charges for the maintenance, care, and training of individuals admitted to the facility, and such other matters as the board shall deem necessary to carry out the most effective program for the care and treatment of emotionally disturbed mentally retarded individuals with mental illness and developmental disabilities of this state.

SECTION 65. Arkansas Code § 20-48-415(b)(5)(B)(ii), concerning the Board of Developmental Disabilities Services, is amended to correct word usage to read as follows:

(ii) All property under the control of the board, whether owned by the State of Arkansas or in a trust established by the board, shall be held for the benefit of persons individuals with developmental disabilities.

SECTION 66. Arkansas Code § 20-64-201(9)(A), concerning the definition of "official written order" within the Uniform Narcotic Drug Act, is amended to correct the title of an official of a federal entity to read as follows:

(9)(A) "Official written order" means an order written on a form provided for that purpose by the Administrator of the United States Drug Enforcement Administration under the laws of the United States making provision therefor, if order forms are authorized and required by federal law and, if an order form is not provided, then on an official form provided for that purpose by the Director of the Department of Health.

SECTION 67. Arkansas Code § 20-64-302(1), concerning the definition of "board" within the Arkansas Drug Abuse Control Act, is repealed to conform to the Arkansas Code style.

(1) "Board" means the State Board of Health;

SECTION 68. Arkansas Code § 20-64-503(3), concerning the definition of "board" regarding controlled substances and legend drugs, is repealed to
conform to the Arkansas Code style.

(3) "Board" means the Arkansas State Board of Pharmacy.

SECTION 69. Arkansas Code § 20-64-503(6)(C), concerning the definition of "legend drug" regarding controlled substances and legend drugs, is amended to correct a reference to read as follows:

(C) A legend drug includes prescription drugs subject to the requirement of section 503(b)(1) of the Federal Food, Drug, and Cosmetic Act which shall be exempt from section 502(f)(1) if certain specified conditions are met;

SECTION 70. Arkansas Code § 20-64-702(4) and (5), concerning the definitions of "division" and "hospital board" regarding persons addicted to alcohol, are repealed to conform to the Arkansas Code style.

(4) "Division" means the Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services; and

(5) "Hospital board" means the Department of Human Services State Institutional System Board.

SECTION 71. Arkansas Code § 20-64-705(c), concerning the power of the Division of Aging, Adult, and Behavioral Health Services of Department of Human Services to accept gifts, is amended to remove an obsolete fund name to read as follows:

(c) Any funds and income from any property so furnished or transferred to the deputy director on behalf of the division shall be placed in the State Treasury in a special fund called the Alcohol and Drug Abuse Prevention Fund Account [repealed] and expended in the same manner as other state moneys are expended, upon warrants drawn by the comptroller upon the order of the division.

SECTION 72. Arkansas Code §§ 20-64-910 and 20-64-911 are repealed as the Task Force on Substance Abuse Treatment Services expired on September 30, 2017.

20-64-910. Task Force on Substance Abuse Treatment Services.

(a) There is created the "Task Force on Substance Abuse Treatment Services".
(b) The task force shall be composed of the following members:

(1) Four (4) senators appointed by the President Pro Tempore of the Senate; and

(2) Four (4) members of the House of Representatives appointed by the Speaker of the House of Representatives.

(c) The task force shall also have sixteen (16) advisory members to be appointed as follows:

(1) Six (6) members appointed by the Speaker of the House of Representatives and recommended by the Arkansas Association of Substance Abuse Treatment Providers, Inc.;

(2) Two (2) members appointed by the President Pro Tempore of the Senate and recommended by the Arkansas Association of Alcoholism and Drug Abuse Counselors;

(3) One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Arkansas Substance Abuse Certification Board;

(4) One (1) member appointed by the President Pro Tempore of the Senate and recommended by the State Board of Examiners of Alcoholism and Drug Abuse Counselors;

(5) One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Arkansas Alcohol and Drug Abuse Coordinating Council;

(6) One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services;

(7) Two (2) members appointed by the President Pro Tempore of the Senate; and

(8) Two (2) members appointed by the Speaker of the House of Representatives.

(d)(1) The terms of the legislative members of the task force shall expire on December 31 of each even-numbered year.

(2) Advisory members shall serve at the pleasure of the organizations they represent.

(e) Vacancies on the task force shall be filled in the same manner as provided for the initial appointment.

(f) The chair shall be one (1) of the legislative members of the task force and shall be selected by the legislative members of the task force.
(g) The task force shall meet as often as is deemed necessary by the chair.

(h)(1) Legislative members of the task force shall be entitled to per diem and mileage at the same rate authorized by law for attendance at meetings of interim committees of the General Assembly.

(2) Advisory members of the task force shall serve without compensation and shall not receive per diem, mileage, or stipends.

(i) The task force shall receive staff support from the Bureau of Legislative Research.

(j) This section shall expire on September 30, 2017.

20-64-911. Duties of task force.

(a) The purpose of the Task Force on Substance Abuse Treatment Services is to assess statewide delivery of substance abuse treatment services.

(b) The task force will strive to achieve the following:

(1) To assess state substance abuse treatment needs and evaluate the current service delivery system and its capacity to respond to those current and projected treatment needs;

(2) To examine state interagency referral trends and continuity of care to include the identification of service duplication and service overlap;

(3) To determine accurate statewide service costs and identify more cost-effective means for the delivery of substance abuse treatment services and the identification of available revenue streams, underutilized revenue, and uncaptured revenue;

(4) To carry out a cost-benefit analysis of substance abuse treatment services to include outcome benefits for the development of policy and procedure reform; and

(5) To make recommendations for the strategic development and implementation of efficient and effective quality care measures.

(c)(1) The findings and recommendations of the task force shall be submitted to the legislative leaders, state department directors, state providers, and other appropriate parties for collaborative reform.

(2)(A) The task force shall report to the Legislative Council, the Senate Committee on Public Health, Welfare, and Labor, and the House

(B) The report shall be submitted no later than October 1 of each even-numbered year.

(d) This section shall expire on September 30, 2017.

SECTION 73. Arkansas Code Title 20, Chapter 64, Subchapter 11, is repealed as the Task Force on Substance Abuse Prevention expired on September 30, 2017.

Subchapter 11—Task Force on Substance Abuse Prevention

20-64-1101. Findings—Purpose.
(a) The General Assembly finds:
(1) There is a great need to develop and recommend long-range alternative means for reducing the ever-growing and costly demands on the substance abuse treatment and criminal justice systems in the State of Arkansas;
(2) Research models have demonstrated that the prevention of early initiation into alcohol and drug use and other risky behaviors requires a sustained community-wide effort;
(3) Community-wide substance abuse prevention efforts must target the life spectrum and must include efforts to curb the misuse of common household products, over-the-counter medications, prescription medicines, alcohol, and illegal substances;
(4) To date, very few state resources have been invested to prevent one of the most ubiquitous and costly issues confronting our state, that is, substance abuse;
(5) Most substance abuse prevention efforts within Arkansas have been at the mercy of the United States Government rather than at the direction of the state; and
(6) Consequently, as federal resources wane, so do substance abuse prevention efforts throughout this state.

(b) The purpose of this subchapter is the improvement of substance abuse prevention programs in the state.

(c) This section shall expire on September 30, 2017.

20-64-1102. Task Force on Substance Abuse Prevention—Creation.
(a) The Task Force on Substance Abuse Prevention is created.

(b) The task force shall be composed of the following twenty-one (21) members:

1. Two (2) senators appointed by the President Pro Tempore of the Senate;

2. Two (2) members of the House of Representatives appointed by the Speaker of the House of Representatives;

3. One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Arkansas Prevention Certification Board;

4. Three (3) members appointed by the Speaker of the House of Representatives and recommended by the Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services, to include one (1) member representative of substance abuse prevention providers;

5. One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Regional Prevention Resource Centers;

6. Two (2) members appointed by the Speaker of the House of Representatives and recommended by the Arkansas Prevention Network;

7. Two (2) members appointed by the President Pro Tempore of the Senate and recommended by the Safe and Drug-Free Schools Program of the Department of Education to include one (1) member who is a program state-level coordinator and one (1) member who is a program coordinator of a local education agency;

8. One (1) member appointed by the Speaker of the House of Representatives and recommended by the Arkansas Collegiate Drug Education Committee;

9. One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Arkansas regional office of Mothers Against Drunk Driving;

10. One (1) member appointed by the Speaker of the House of Representatives and recommended by the University of Arkansas at Little Rock MidSOUTH Prevention Institute;

11. One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Hometown Health Improvement Section of the Department of Health;

12. One (1) member appointed by the Speaker of the House of Representatives and recommended by the Arkansas Child Abuse/Rape/Domestic Violence Prevention Commission.
Violence Commission;

(13) One (1) member appointed by the President Pro Tempore of the Senate and recommended by the College of Health and Behavioral Sciences of the University of Central Arkansas;

(14) One (1) member appointed by the Speaker of the House of Representatives and recommended by the Arkansas Drug Director; and

(15) One (1) member appointed by the President Pro Tempore of the Senate and recommended by the Office of Head Start of the Department of Human Services.

(c) The terms of the legislative members of the task force shall expire on December 31 of each even-numbered year.

(d) Nonlegislative members shall serve at the pleasure of the appointing authority.

(e) Vacancies on the task force shall be filled in the same manner as provided for the initial appointment.

(f) The chair shall be one (1) of the legislative members of the task force and shall be selected by the legislative members of the task force.

(g) The task force shall meet as often as is deemed necessary by the chair.

(h) The members of the task force shall serve without compensation and shall not receive per diem, mileage, or stipends.

(i) The task force shall receive staff support from the Bureau of Legislative Research.

(j) This section shall expire on September 30, 2017.

20-64-1103. Task Force on Substance Abuse Prevention — Duties.

(a) The Task Force on Substance Abuse Prevention shall:

(1) Evaluate the current substance abuse prevention service delivery system and its capacity to respond to current and projected prevention needs across the full life spectrum, from the prenatal state and early childhood development through adolescence and until the conclusion of adult life;

(2) Assess the degree of community awareness across the state of the value of effective evidence-based substance abuse prevention;

(3) Assess financial resources available to invest in substance abuse prevention programs and to identify all available revenue streams.
including underutilized revenue and uncaptured revenue;

(4) Identify all active substance abuse prevention programs in each county throughout the state and determine the specific areas of the state where prevention programs are inadequate or absent; and

(5) Make recommendations designed to improve and increase sustainable substance abuse prevention services throughout the state, including identifying of methods to enhance the development and support of effective community-based programs.

(b) The task force shall submit an annual report to the Legislative Council, the Senate Committee on Public Health, Welfare, and Labor, and the House Committee on Public Health, Welfare, and Labor no later than October 1 of each year.

(c) This section shall expire on September 30, 2017.

SECTION 74. Arkansas Code § 20-76-419(d), concerning individuals who are blind and assistance grants for aid, is amended to remove a citation to a section that was amended in a manner that makes the citation no longer relevant and to insert relevant language from the cited statute as the language existed before the amendment to read as follows:

(d)(1) The amount of the assistance grants shall be determined in accordance with the provisions of § 20-76-407 subdivision (d)(2) of this section, except that in determining need, the division shall disregard the first eighty-five dollars ($85.00) per month of earned income, and where earned income has been disregarded in determining the need of a person receiving aid to the blind, the earned income so disregarded shall be disregarded in determining the need of any other individual for old age assistance, aid to the families of dependent children, aid to the blind, and aid to the permanently and totally disabled.

(2)(A) The appropriate division of the Department of Human Services shall determine the amount of assistance grants which any person shall receive with due regard to the resources and necessary expenditures of the case, the conditions existing in each case and in accordance with the rules made by the division.

(B) This amount shall be sufficient, when added to all other income and support available to the recipient, to provide the person with a reasonable subsistence compatible with decency and health.
(3) The assistance grants shall be in the form of money payments to blind persons in need.

SECTION 75. Arkansas Code § 20-77-121(a), concerning the definitions regarding adverse decisions, notice, and rights, is amended to conform to the Arkansas Code style to read as follows:

(a) As used in this section:

(1) "Adverse action" means the denial, termination, suspension, or reduction of Medicaid eligibility or covered services; and

(2) "Beneficiary" means:

(A) A person who has applied for medical assistance under the Arkansas Medicaid Program; or

(B) A person who is a recipient of medical assistance under the Arkansas Medicaid Program; and

(3) "Department" means the Department of Human Services.

SECTION 76. Arkansas Code § 20-77-1303(3), concerning the definition of "department director" or "director" within the Medical Assistance Programs Integrity Law, is repealed to conform to the Arkansas Code style.

(3) "Department director" or "director" means the Director of the Department of Human Services;

SECTION 77. Arkansas Code § 20-77-1403(1), concerning the definition of "department" within the Prescription Drug Access Improvement Act, is repealed to conform to the Arkansas Code style.

(1) "Department" means the Department of Human Services;

SECTION 78. Arkansas Code Title 20, Chapter 77, Subchapter 24, is repealed as the Health Care Independence Program expired on December 31, 2016.

Subchapter 24—Health Care Independence Act of 2013

20-77-2401. Title.

This act shall be known and may be cited as the "Health Care Independence Act of 2013".
20-77-2402. Legislative intent.

(a) Notwithstanding any general or specific laws to the contrary, the Department of Human Services is to explore design options that reform the Medicaid program utilizing this subchapter so that it is a fiscally sustainable, cost-effective, personally responsible, and opportunity-driven program utilizing competitive and value-based purchasing to:

(1) Maximize the available service options;
(2) Promote accountability, personal responsibility, and transparency;
(3) Encourage and reward healthy outcomes and responsible choices; and
(4) Promote efficiencies that will deliver value to the taxpayers.

(b)(1) It is the intent of the General Assembly that the State of Arkansas through the Department of Human Services utilize a private insurance option for “low-risk” adults.

(2) This subchapter shall ensure that:
(A) Private healthcare options increase and government-operated programs such as Medicaid decrease; and
(B) Decisions about the design, operation, and implementation of this option, including cost, remain within the purview of the State of Arkansas and not with Washington, D.C.

20-77-2403. Purpose.

(a) The purpose of this subchapter is to:

(1) Improve access to quality health care;
(2) Attract insurance carriers and enhance competition in the Arkansas insurance marketplace;
(3) Promote individually-owned health insurance;
(4) Strengthen personal responsibility through cost sharing;
(5) Improve continuity of coverage;
(6) Reduce the size of the state-administered Medicaid program;
(7) Encourage appropriate care, including early intervention, prevention, and wellness;
(8) Increase quality and delivery system efficiencies;
(9) Facilitate Arkansas's continued payment innovation, delivery
system reform, and market-driven improvements;

(10) Discourage over-utilization; and

(11) Reduce waste, fraud, and abuse.

(b) The State of Arkansas shall take an integrated and market-based approach to covering low-income Arkansans through offering new coverage opportunities, stimulating market competition, and offering alternatives to the existing Medicaid program.

20-77-2404. Definitions.

As used in this subchapter:

(1) “Arkansas Health Insurance Marketplace” means the vehicle created to help individuals, families, and small businesses in Arkansas shop for and select health insurance coverage in a way that permits comparison of available Qualified Health Plans based upon price, benefits, services, and quality, regardless of the governance structure of the marketplace;

(2) “Carrier” means a private entity certified by the State Insurance Department and offering plans through the Arkansas Health Insurance Marketplace;

(3) “Cost sharing” means the portion of the cost of a covered medical service that must be paid by or on behalf of eligible individuals, consisting of copayments or coinsurance but not deductibles;

(4) “Eligible individuals” means individuals who:

(A) Are adults between nineteen (19) years of age and sixty-five (65) years of age with an income that is equal to or less than one hundred thirty-eight percent (138%) of the federal poverty level, including without limitation individuals who would not be eligible for Medicaid under laws and rules in effect on January 1, 2013;

(B) Have been authenticated to be United States citizens or documented qualified aliens according to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, as existing on January 1, 2013; and

(C) Are not determined to be more effectively covered through the standard Medicaid program, such as an individual who is medically frail or other individuals with exceptional medical needs for whom coverage through the Arkansas Health Insurance Marketplace is determined to be impractical or overly complex, or would undermine continuity or effectiveness.
(5) "Healthcare coverage" means healthcare benefits as defined by certification or rules, or both, promulgated by the State Insurance Department for the Qualified Health Plans or available on the marketplace;

(6) "Independence accounts" means individual financing structures that operate similar to a health savings account or a medical savings account;

(7) "Premium" means a charge that must be paid as a condition of enrolling in healthcare coverage;

(8) "Program" means the Health Care Independence Program established by this subchapter; and

(9) "Qualified Health Plan" means a State Insurance Department-certified individual health insurance plan offered by a carrier through the Arkansas Health Insurance Marketplace.

20-77-2405. Administration of Health Care Independence Program.

(a) The Department of Human Services shall:

(1) Create and administer the Health Care Independence Program; and

(2)(A) Submit and apply for any:

(i) Federal waivers necessary to implement the program in a manner consistent with this subchapter, including without limitation approval for a comprehensive waiver under section 1115 of the Social Security Act, 42 U.S.C. § 1315; and

(ii)(a) Medicaid State Plan Amendments necessary to implement the program in a manner consistent with this subchapter.

(b) The Department of Human Services shall submit only those Medicaid State Plan Amendments under subdivision (a)(2)(A)(ii)(a) of this section that are optional and therefore may be revoked by the state at its discretion.

(B)(1) As part of its actions under subdivision (a)(2)(A) of this section, the Department of Human Services shall confirm that employers shall not be subject to the penalties, including without limitation an assessable payment, under section 1513 of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as existing on January 1, 2013, concerning shared responsibility, for employees who are eligible individuals...
if the employees:

(a) Are enrolled in the program; and

(b) Enroll in a Qualified Health Plan through the Arkansas Health Insurance Marketplace.

(ii) If the Department of Human Services is unable to confirm provisions under subdivision (a)(2)(B)(i) of this section, the program shall not be implemented.

(b)(1) Implementation of the program is conditioned upon the receipt of necessary federal approvals.

(2) If the Department of Human Services does not receive the necessary federal approvals, the program shall not be implemented.

(c) The program shall include premium assistance for eligible individuals to enable their enrollment in a Qualified Health Plan through the Arkansas Health Insurance Marketplace.

(d)(1) The Department of Human Services is specifically authorized to pay premiums and supplemental cost-sharing subsidies directly to the Qualified Health Plan for enrolled eligible individuals.

(2) The intent of the payments under subdivision (d)(1) of this section is to increase participation and competition in the Health Insurance Marketplace, intensify price pressures, and reduce costs for both publicly and privately funded health care.

(e) To the extent allowable by law:

(1) The Department of Human Services shall pursue strategies that promote insurance coverage of children in their parents' or caregivers’ plan, including children eligible for the ARKids First Program Act, § 20-77-1101 et seq., commonly known as the “ARKids B program”;

(2) Upon the receipt of necessary federal approval, during calendar year 2015 the Department of Human Services shall include and transition to the Arkansas Health Insurance Marketplace:

(A) Children eligible for the ARKids First Program Act, § 20-77-1101 et seq.; and

(B) Populations under Medicaid from zero percent (0%) of the federal poverty level to seventeen percent (17%) of the federal poverty level; and

(3) The Department of Human Services shall develop and implement a strategy to inform Medicaid-recipient populations whose needs would be
reduced or better served through participation in the Arkansas Health Insurance Marketplace.

(f) The program shall include allowable cost sharing for eligible individuals that is comparable to that for individuals in the same income range in the private insurance market and is structured to enhance eligible individuals' investment in their healthcare purchasing decisions.

(g)(1) The State Insurance Department and the Department of Human Services shall administer and promulgate rules to administer the program authorized under this subchapter.

(2) No less than thirty (30) days before the State Insurance Department and the Department of Human Services begin promulgating a rule under this subchapter, the proposed rule shall be presented to the Legislative Council.

(h) The program authorized under this subchapter shall terminate within one hundred twenty (120) days after a reduction in any of the following federal medical assistance percentages:

(1) One hundred percent (100%) in 2014, 2015, or 2016;
(2) Ninety-five percent (95%) in 2017;
(3) Ninety-four percent (94%) in 2018;
(4) Ninety-three percent (93%) in 2019; and
(5) Ninety percent (90%) in 2020 or any year after 2020.

(i) An eligible individual enrolled in the program shall affirmatively acknowledge that:

(1) The program is not a perpetual federal or state right or a guaranteed entitlement;

(2) The program is subject to cancellation upon appropriate notice; and

(3) The program is not an entitlement program.

(j)(1) The Department of Human Services shall develop a model and seek from the Centers for Medicare and Medicaid Services all necessary waivers and approvals to allow non-aged, non-disabled program-eligible participants to enroll in a program that will create and utilize independence accounts that operate similarly to a health savings account or medical savings account during the calendar year 2015.

(2) The independence accounts shall:

(A) Allow a participant to purchase cost-effective high-
deductible health insurance; and

(B) Promote independence and self-sufficiency.

(3) The state shall implement cost sharing and copays and, as a condition of participation, earnings shall exceed fifty percent (50%) of the federal poverty level.

(4) Participants may receive rewards based on healthy living and self-sufficiency.

(5) (A) At the end of each fiscal year, if there are funds remaining in the account, a majority of the state’s contribution will remain in the participant’s control as a positive incentive for the responsible use of the healthcare system and personal responsibility of health maintenance.

(B) Uses of the funds may include without limitation rolling the funds into a private sector health savings account for the participant according to rules promulgated by the Department of Human Services.

(6) The Department of Human Services shall promulgate rules to implement this subsection.

(k)(1) State obligations for uncompensated care shall be projected, tracked, and reported to identify potential incremental future decreases.

(2) The Department of Human Services shall recommend appropriate adjustments to the General Assembly.

(3) Adjustments shall be made by the General Assembly as appropriate.

(l) The Department of Human Services shall track the hospital assessment under § 20-77-1902 and report to the General Assembly subsequent decreases based upon reduced uncompensated care.

(m) On a quarterly basis, the Department of Human Services and the State Insurance Department shall report to the Legislative Council, or to the Joint Budget Committee if the General Assembly is in session, available information regarding:

(1) Program enrollment;

(2) Patient experience;

(3) Economic impact including enrollment distribution;

(4) Carrier competition; and

(5) Avoided uncompensated care.
20-77-2406. Standards of healthcare coverage through Arkansas Health Insurance Marketplace.

(a) Healthcare coverage shall be achieved through a qualified health plan at the silver level as provided in 42 U.S.C. §§ 18022 and 18071, as existing on January 1, 2013, that restricts cost sharing to amounts that do not exceed Medicaid cost-sharing limitations.

(b) (1) All participating carriers in the Arkansas Health Insurance Marketplace shall offer healthcare coverage conforming to the requirements of this subchapter.

(2) A participating carrier in the Arkansas Health Insurance Marketplace shall maintain a medical loss ratio of at least eighty percent (80%) for an individual and small group market policy and at least eighty-five percent (85%) for a large group market policy as required under the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as existing on January 1, 2013.

(c) To assure price competitive choice among healthcare coverage options, the State Insurance Department shall assure that at least two (2) qualified health plans are offered in each county in the state.

(d) Health insurance carriers offering healthcare coverage for program-eligible individuals shall participate in the Health Care Payment Improvement Initiative including:

(1) Assignment of primary care clinician;

(2) Support for patient-centered medical home; and

(3) Access of clinical performance data for providers.

(e) On or before July 1, 2013, the State Insurance Department shall implement through certification requirements or rules, or both, the applicable provisions of this subchapter.

20-77-2407. Enrollment.

(a) The General Assembly shall assure that a mechanism within the Arkansas Health Insurance Marketplace is established and operated to facilitate enrollment of eligible individuals.

(b) The enrollment mechanism shall include an automatic verification system to guard against waste, fraud, and abuse in the program.

20-77-2408. Effective date.
This subchapter shall be in effect until December 31, 2016, upon which date the Health Care Independence Program established by the Health Care Independence Act of 2013, § 20-77-2401 et seq., shall terminate, provided however that the Department of Human Services shall cease collection of contributions to independence accounts no later than July 1, 2016.

SECTION 79. Arkansas Code § 20-77-2510(d) and (e), concerning the consultation of the Department of Human Services with the Office of Medicaid Inspector General, are amended to remove obsolete language to read as follows:

(d)(1) No later than December 1, 2013, the Director of the Department of Human Services in conjunction with the office shall prepare and submit an interim report to the Governor and the cochairs of the Legislative Council on the implementation of the initiatives under this section.

(2) The report under subdivision (d)(1) of this section shall also include a recommendation for a revision that would further facilitate the goals of this section, including recommendations for expansion.

(e) Applicable medical assistance program rules, provider manuals, and administrative policies, procedures, and guidance will be posted on the office's website, or by a link from the website to the department's website.

SECTION 80. Arkansas Code § 20-78-202(3)-(5), concerning the definitions of "department", "deputy director", and "division" within the Child Care Facility Licensing Act, are repealed to conform to the Arkansas Code style.

(3) "Department" means the Department of Human Services;

(4) "Deputy director" means the Deputy Director of the Division of Child Care and Early Childhood Education of the Department of Human Services; and

(5) "Division" means the Division of Child Care and Early Childhood Education of the Department of Human Services.

SECTION 81. Arkansas Code § 20-79-202(a), concerning the policy of the Rehabilitation Act of Arkansas, is amended to ensure respectful language is used to read as follows:

(a)(1) It is declared to be the policy of the State of Arkansas to
provide needed and feasible rehabilitation services to eligible disabled individuals and handicapped individuals individuals with a disability throughout the state to the end that they may engage in useful and remunerative occupations to the extent of their capabilities.

(2) In rehabilitating individuals who may be expected to achieve the ability of independent living as to dispense with, or largely dispense with, the need for institutional care or, if not institutionalized, to dispense with, or largely dispense with, the need for an attendant, it is also declared to be the policy of the State of Arkansas to provide needed and feasible rehabilitation services to eligible disabled individuals and handicapped individuals individuals with a disability throughout the state, thereby increasing the social and economic well-being of themselves and their families and the productive capacity of the state and reducing the burden of dependency on families and taxpayers.

SECTION 82. Arkansas Code § 20-79-203(1)-(4), concerning the definitions within the Rehabilitation Act of Arkansas, are amended to ensure that respectful language is used to read as follows:

(1) “Blind person” "Person with a visual impairment" means a person who has:

(A) Not more than 20/200 central visual acuity in the better eye after correction; or
(B) An equally disabling loss of the visual field;

(2) “Director” means the Director of the Arkansas Rehabilitation Services who may, at the discretion of the appropriate division of the Department of Human Services, be designated Executive Officer for the Arkansas Rehabilitation Services;

(3) “Disabled individual” "Individual with a disability" means any person who, as a result of a physical or mental disability:

(A) Has a substantial employment handicap disability and who may, through receiving vocational rehabilitation services, be qualified for remunerative employment; or
(B) May achieve such ability of independent living, through receiving rehabilitation services, which will enable him or her to dispense with or largely dispense with the need for institutional care or attendant care in the household;
(4)(3) "Employment handicap" "Employment disability" means a physical or mental condition which constitutes, contributes to, or if not corrected will probably result in a substantial impairment of occupational performance;

SECTION 83. Arkansas Code § 20-79-203(9)-(11), concerning the definitions within the Rehabilitation Act of Arkansas, are amended to ensure respectful language is used to read as follows:

(9)(A) “Rehabilitation” and “rehabilitation services” mean any service, provided directly or through public or private instrumentalities, found by the director of the Arkansas Rehabilitation Services to be necessary to compensate an individual with a disability and to enable him or her to engage in a remunerative occupation or to achieve independent living, including, but not limited to, medical and vocational diagnosis, vocational guidance, counseling and placement, training, physical restoration, transportation, occupational and business licenses, equipment, initial stocks and supplies, maintenance, and training books and materials.

(B) The term covers the establishment and operation of workshops, rehabilitation centers, home industries, and small business enterprises for the blind and severely disabled persons with a visual impairment and individuals with a severe disability;

(10) “Rehabilitation facility” is a facility operated for the purpose of assisting in the rehabilitation of disabled persons with a disability, which provides one (1) or more of the following types of services:

(A) Testing, fitting, or training in the use of prosthetic devices;

(B) Pre-vocational or conditioning therapy;

(C) Physical, corrective, or occupational therapy;

(D) Adjustment training, or evaluation or control of special impairments; or

(E) Services in which a coordinated approach is made to the physical, mental, and vocational evaluation of impaired persons individuals with a disability and an integrated program of physical restoration and pre-vocational or vocational training is provided under
competent professional supervision and direction;

(11) "Rehabilitation training" means all necessary training provided to a disabled individual an individual with a disability to compensate for his or her employment handicap employment disability, including, but not limited to, pre-vocational, vocational, and supplementary training and training provided for the purpose of developing occupational skills and capacities;

SECTION 84. Arkansas Code § 20-79-203(14), concerning the definition of "workshop" within the Rehabilitation Act of Arkansas, is amended to ensure respectful language is used to read as follows:

(14) "Workshop" means a place where any manufacture or handwork is carried on and which is operated for the primary purpose of providing remunerative employment to severely disabled individuals individuals with a severe disability who cannot be readily absorbed in the competitive labor market.

SECTION 85. Arkansas Code § 20-79-205(3)-(5), concerning the administration of the Rehabilitation Act of Arkansas, are amended to ensure that respectful language is used to read as follows:

(3) To conduct research and compile statistics relating to the provision of services or the need of services of disabled individuals individuals with a disability;

(4) To license blind persons a person with a visual impairment to operate vending stands under its supervision and control and subject to the terms and conditions in regulations issued pursuant to § 20-79-204(b)(1) on:

(A) State property;
(B) County or municipal property;
(C) Federal property, pursuant to delegation of authority under the Randolph-Sheppard Act and any amendment thereto or any act of United States Congress relating to this subject;
(D) Private property; and
(E) Subject to Acts 1945, No. 142, § 2 [superseded]; and

(5) To provide for the establishment, supervision, and control of suitable business enterprises to be operated by the severely disabled
individual, including the blind, individuals with a severe disability, including persons with a visual impairment, where the operation will be improved through the management and supervision of the Arkansas Rehabilitation Services.

SECTION 86. Arkansas Code § 20-79-207(1) and (2), concerning the cooperative agreements under the Rehabilitation Act of Arkansas, are amended to clarify language to read as follows:

(1)(A) Cooperate with any other division of the department in an effort to rehabilitate those disabled individuals individuals with a disability who are applicants for or recipients of public assistance.

(B) In this respect, it is the intent of the General Assembly that the employment and self-maintenance of disabled adults adults with a disability shall be encouraged to the maximum extent.

(C) The Arkansas Rehabilitation Services and any other division of the department shall take all necessary steps to implement the intent of this section, including the joint development of plans for orderly referral and processing of feasible cases with priority being given to those for whom rehabilitation is determined most feasible;

(2) Cooperate with the United States Government, pursuant to agreements, in carrying out the purposes of any federal statutes pertaining to the purposes of this subchapter. The board Arkansas Rehabilitation Services is also authorized to:

(A) Adopt such methods of administration as are found to be necessary for proper and efficient operation of the agreements or plans for rehabilitation and to comply with such conditions as may be necessary to secure the full benefits of federal statutes and appropriations;

(B) Administer any legislation pursuant thereto enacted by the State of Arkansas;

(C) Direct the disbursement, and administer the use of, all funds provided by the United States Government or the state for the rehabilitation of disabled persons of Arkansas individuals with a disability who are residents of Arkansas; and

(D) Do all things necessary to ensure the rehabilitation of disabled individuals individuals with a disability;
SECTION 87. Arkansas Code §§ 20-79-213 and 20-79-214 are amended to clarify language to read as follows:

20-79-213. Eligibility for rehabilitation services.
(a) Rehabilitation services shall be provided to any disabled individual with a disability:
(1) Who is a bona fide resident of the state at the time of filing his or her application therefor and whose rehabilitation the Director of the Arkansas Rehabilitation Services determines, after full investigation, can be satisfactorily achieved; or
(2) Who is eligible therefor under the terms of an agreement with another state or with the United States Government.
(b) However, except as otherwise provided by law or as specified in any agreement with the United States Government with respect to classes of individuals certified to the appropriate division of the Department of Human Services thereunder, the following rehabilitation services shall be provided at public cost only to disabled individuals individuals with a disability found to require financial assistance with respect thereto:
(1) Physical restoration;
(2) Transportation provided for purposes other than to determine the eligibility of the individual for rehabilitation services and the nature and extent of the services necessary;
(3) Occupational and business licenses;
(4) Tools, equipment, initial stock and supplies, including livestock and capital advances, books, and training materials; and
(5) Maintenance.

The right of disabled individuals individuals with a disability to maintenance under this subchapter shall not be transferable or assignable at law or in equity and shall be exempt from the claims of creditors.

SECTION 88. DO NOT CODIFY. CONSTRUCTION AND LEGISLATIVE INTENT.
It is the intent of the General Assembly that:
(1) The enactment and adoption of this act shall not expressly or impliedly repeal an act passed during the regular session of the Ninety-
Second General Assembly;

(2) To the extent that a conflict exists between an act of the regular session of the Ninety-Second General Assembly and this act:

(A) The act of the regular session of the Ninety-Second General Assembly shall be treated as a subsequent act passed by the General Assembly for the purposes of:

(i) Giving the act of the regular session of the Ninety-Second General Assembly its full force and effect; and

(ii) Amending or repealing the appropriate parts of the Arkansas Code of 1987; and

(B) Section 1-2-107 shall not apply; and

(3) This act shall make only technical, not substantive, changes to the Arkansas Code of 1987.

APPROVED: 3/8/19