Stricken language would be deleted from and underlined language would be added to present law. Act 510 of the Regular Session

1	State of Arkansas	As Engrossed: \$3/3/21	
2	93rd General Assembly	A Bill	
3	Regular Session, 2021		HOUSE BILL 1521
4			
5	By: Representatives McCollun	n, Gonzales	
6	By: Senator Gilmore		
7			
8		For An Act To Be Entitled	
9	AN ACT TO C	CODIFY EXECUTIVE ORDERS 20-18 AND	20-34 TO
10	ENSURE HEAI	LTHCARE PROFESSIONALS ARE EQUIPPE	D WITH THE
11	TOOLS NECES	SSARY TO COMBAT COVID-19 AND HAVE	ACCESS TO
12	HEALTHCARE	RESOURCES TO TREAT COVID-19; TO	DECLARE AN
13	EMERGENCY;	AND FOR OTHER PURPOSES.	
14			
15			
16		Subtitle	
17	TO CO	DDIFY EXECUTIVE ORDERS 20-18 AND 2	20-
18	34 TO	ENSURE HEALTHCARE PROFESSIONALS	ARE
19	EQUIP	PPED WITH THE TOOLS NECESSARY TO	
20	COMBA	T COVID-19; AND TO DECLARE AN	
21	EMERG	ENCY.	
22			
23			
24	BE IT ENACTED BY THE GI	ENERAL ASSEMBLY OF THE STATE OF A	RKANSAS:
25			
26	SECTION 1. Arkan	nsas Code Title 12, Chapter 75, S	ubchapter l, is
27	amended to add an addit	tional section to read as follows	:
28	12-75-134. COVII	D-19 pandemic — Definitions — Hea	<u>lthcare providers —</u>
29	Immunity.		
30	(a) As used in t	this section:	
31	<u>(1) "COVII</u>	D-19" means severe acute respirate	ory syndrome
32	coronavirus 2 (SARS-Co	V-2), coronavirus disease 2019 (C	OVID-19), or any other
33	disease, health condition	ion, or threat caused by severe a	cute respiratory
34	syndrome coronavirus 2	(SARS-CoV-2) or by any virus mut	ated from severe acute
35	respiratory syndrome co	oronavirus 2 (SARS-CoV-2);	
36	<u>(2) "Emerg</u>	gency management functions" means	functions that

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1	<pre>include:</pre>		
2	(A) Triage, diagnostic testing, or treatment, or a		
3	combination of triage, diagnostic testing, or treatment, provided to		
4	individuals who are known to have or suspected to have COVID-19;		
5	(B) Cancelling, postponing, or denying elective procedures		
6	or other routine care for an illness or condition that does not fall within		
7	the scope of the COVID-19 pandemic;		
8	(C) Redeploying of employees or contractors outside of		
9	their usual practice areas or not typically assigned to duties as described		
10	in subdivision (2)(A) or subdivision (2)(B) of this section, or both, within		
11	the employee's or contractor's licensure, certification, or scope of practice		
12	to the extent necessary to respond to staff shortages related to the COVID-19		
13	pandemic;		
14	(D) Planning to enact or enacting crisis standard-of-care		
15	measures, consistent with federal regulations and guidance, including without		
16	limitation waiving restrictions on numbers or locations of patient beds or		
17	staff-to-patient ratios, modifying the number of beds available, preserving		
18	personal protective equipment, and triaging or rationing access to		
19	treatments, services, or equipment; and		
20	(E) Reducing recordkeeping requirements to the extent		
21	necessary for healthcare providers to perform tasks as may be necessary to		
22	respond to the COVID-19 pandemic;		
23	(3) "Healthcare provider" means:		
24	(A) An individual who is licensed, certified, or otherwise		
25	authorized by law to administer health care in the ordinary course of the		
26	practice of his or her profession; or		
27	(B) A partnership, association, corporation, or other		
28	facility or institution that employs or contracts with individuals to provide		
29	healthcare services in the normal course and scope of business or operation,		
30	whether for profit or not for profit; and		
31	(4) "Healthcare service" means any care, treatment, service, or		
32	procedure performed by any healthcare provider to diagnose, treat, cure,		
33	mitigate, or prevent the illness or health condition that is causing a publi		
34	health emergency.		
35	(b) In response to the COVID-19 pandemic, all healthcare providers		
36	licensed and permitted to practice in the state are requested to and may		

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- 2 <u>(1) Services in support of this state and the admi</u>nistrators of
- 3 this state; and
- 4 (2) Healthcare services, assistance, and advice.
- 5 <u>(c) When necessary, a healthcare provider affected by COVID-19 shall</u>
- 6 remove limits on working hours for physicians, physician assistants,
- 7 specialist assistants, nurse practitioners, licensed registered nurses, and
- 8 licensed practical nurses to maintain adequate staffing and otherwise respond
- 9 to COVID-19.
- 10 (d) For the purposes of diagnosing, treating, mitigating, or curing
- 11 COVID-19, a healthcare provider may use any drug, device, or product:
- 12 (1) Approved or cleared under the Federal Food, Drug, and
- 13 Cosmetic Act, 21 U.S.C. §§ 301-392, as existing on January 1, 2021;
- 14 (2) Licensed under the Public Health Service Act, 42 U.S.C. §§
- 15 <u>201-291n</u>, as existing on January 1, 2021; and
- 16 (3) Authorized for emergency use under an Investigational Device
- 17 Exemption or Investigational New Drug Application of the Federal Food, Drug,
- 18 and Cosmetic Act, 21 U.S.C. §§ 301-392, as existing on January 1, 2021.
- (e)(1) A healthcare provider may:
- 20 (A) Provide healthcare services that are directed at the
- 21 treatment or mitigation of COVID-19 or its symptoms in response to the COVID-
- 22 <u>19 pandemic;</u>
- 23 (B) Perform healthcare services directed at the
- 24 prevention, treatment, mitigation, or cure of COVID-19; and
- 25 (C) Perform other emergency management functions related
- 26 to COVID-19 within the scope of his or her licensure.
- 27 (2) A healthcare provider shall be considered an emergency
- 28 responder when providing or performing healthcare services or functions as
- 29 <u>described by subdivision (e)(1) of this section and is subject to the same</u>
- 30 <u>immunity from liability as provided in § 12-75-128.</u>
- 31 (f) In addition to immunity under § 12-75-128, a healthcare provider
- 32 is immune from liability:
- 33 (1)(A) For death, injury, or property damage alleged to have
- 34 been sustained as a result of any act or omission by the healthcare provider
- 35 in the course of performing emergency management functions related to COVID-
- 36 <u>19 if the act or omission:</u>

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1	(i) Occurs as a result of a good faith effort of the		
2	healthcare provider to provide a healthcare service for the diagnosis,		
3	treatment, cure, mitigation, or prevention of COVID-19; and		
4	(ii) Was the direct result of the healthcare		
5	provider's providing a healthcare service to a patient for the treatment and		
6	mitigation of COVID-19 or its symptoms.		
7	(B) However, the immunity under subdivision $(f)(1)(A)$ of		
8	this section does not apply to an act or omission that is willful, reckless,		
9	or intentional misconduct; and		
10	(2) For using any prescription drug or device to treat a patient		
11	who is known to have or suspected to have COVID-19 if:		
12	(A) The prescription of the drug or device is within the		
13	scope of the healthcare provider's license; and		
14	(B) The healthcare provider informs the patient of known		
15	positive and negative outcomes of the prescription drug or device and		
16	documents the informed consent of the patient to the treatment in the		
17	patient's medical record.		
18	(g) This section expires on May 1, 2023, unless extended by the		
19	General Assembly.		
20			
21	SECTION 2. EMERGENCY CLAUSE. It is found and determined by the		
22	General Assembly of the State of Arkansas that the healthcare providers need		
23	flexibility and emergency procedures in place to combat COVID-19 and other		
24	medical pandemics; that healthcare providers should be shielded from lawsuits		
25	during the COVID-19 pandemic so as to protect them from potentially frivolous		
26	actions while the healthcare providers are battling to save lives; and that		
27	this act is immediately necessary because healthcare providers need legal		
28	protections, flexibility, and emergency procedures in place for pandemics in		
29	order to provide proper healthcare services, assistance, and advice during		
30	the COVID-19 pandemic. Therefore, an emergency is declared to exist, and this		
31	act being immediately necessary for the preservation of the public peace,		
32	health, and safety shall become effective on:		
33	(1) The date of its approval by the Governor;		
34	(2) If the bill is neither approved nor vetoed by the Governor,		
35	the expiration of the period of time during which the Governor may veto the		
36	bill; or		

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1		(3) If the bill is vetoed by the Governor and the veto is
2	overridden,	the date the last house overrides the veto.
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4		/s/McCollum
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7		APPROVED: 4/1/21
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