## Exhibit G

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

DEPARTMENT/AGEN	Arkansas State Board of Nursing								
DIVISION									
DIVISION DIRECTOR	Sue Tedford								
CONTACT PERSON	Susan Lester								
ADDRESS	1123 South University, Suite 800, Little Rock, AR 72204								
<b>PHONE NO.</b> 501-6	86-2704 FAX NO. 501-686-2714 E-MAIL slester@arsbn.org								
NAME OF PRESENTE	NAME OF PRESENTER AT COMMITTEE MEETING Sue Tedford								
PRESENTER E-MAIL	stedford@arsbn.org								
	<u>INSTRUCTIONS</u>								
<ul> <li>A. Please make copies of this form for future use.</li> <li>B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.</li> <li>C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.</li> <li>D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:</li> </ul>									
Donna K. Davis Administrative Rules Review Section Arkansas Legislative Council Bureau of Legislative Research One Capitol Mall, 5 <sup>th</sup> Floor Little Rock, AR 72201									
1. What is the short title	of this rule? ASBN Rules: Chapter 2 – LICENSURE: RN, LPN, AND LPTN								
ASBN Rules: Chapter 2 – LICENSURE: RN, LPN, AND  LPTN  LPTN									
3. Is this rule required to	comply with a federal statute, rule, or regulation?  Yes  No  No								
•	he federal rule, regulation, and/or statute citation.								
Procedure Act?	der the emergency provisions of the Administrative  Yes No  No								
If yes, what is the effective date of the emergency rule? n/a									
When does the emerg	ency rule expire? <u>n/a</u>								
Will this emergency r the Administrative Pro	ule be promulgated under the permanent provisions of occedure Act?  Yes \( \subseteq \text{No } \square \)								

5.	Is this a new rule?  Yes No No liftyes, please provide a brief summary explaining the regulation.
	Does this repeal an existing rule? Yes No No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does
	Is this an amendment to an existing rule? Yes No I If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."
6.	Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. ACA §17-87-101 through 312
	What is the purpose of this proposed rule? Why is it necessary? The changes are for the purpose of assistency throughout the Nurse Licesure Compact.
8.	Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). <a href="https://www.arsbn.org">www.arsbn.org</a>
9.	Will a public hearing be held on this proposed rule? Yes ⊠ No □
	If yes, please complete the following:
	Date: October 14, 2013
	Time: 2:00 p.m.
	Arkansas State Board of Nursing Place: Boardroom, Ste. 312
	When does the public comment period expire for permanent promulgation? (Must provide a date.)
	ctober 30, 2013
11.	What is the proposed effective date of this proposed rule? (Must provide a date.)
Ja	nuary 1, 2014
12.	Do you expect this rule to be controversial? Yes \(\sigma\) No \(\sigma\)
	If yes, please explain.
Aı Aı	Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.  rkansas Medical Board rkansas Medical Society rkansas Nurse's Association

## FINANCIAL IMPACT STATEMENT

## PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT		<b>EMENT</b>	Arkansas State Board of Nursing						
DI	VISIO	N							
PE.	RSON	COMPLE	TING THIS ST	TATEMENT S	Susan Lester				
TE	LEPH	IONE NO.	501-686-2704	<b>FAX NO.</b> <u>501-</u>	686-2714 <b>EMAIL:</b> sleste	er@arsbn.o	rg		
To Sta	To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.								
SH	SHORT TITLE OF THIS RULE  ASBN Rules: Chapter 2 – LICENSURE: RN, LPN, AND LPTN								
1.	Does	this propose	ed, amended, or	repealed rule ha	ve a financial impact?	Yes 🗌	No 🖂		
2.	economic, or other evidence and information available concerning the					No 🗌			
			of the alternatives to this rule, was this rule determined by the least costly rule considered?			Yes 🖂	No 🗌		
	If an	agency is pro	oposing a more	costly rule, plea	se state the following:				
	(a) How the additional benefits of the more costly rule justify its additional cost;								
	(b) The reason for adoption of the more costly rule;								
	(c)	(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;							
	(d)	(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.							
4.	1. If the purpose of this rule is to implement a federal rule or regulation, please state the following:								
	(a) What is the cost to implement the federal rule or regulation?								
	<u>Cur</u>	rent Fiscal	<u>Year</u>		Next Fiscal Year				
General Revenue 0 Federal Funds 0 Cash Funds 0 Special Revenue 0 Other (Identify) 0			0 0		Federal Funds Cash Funds Special Revenue	0 0 0 0 0			

Total	0	Total	0				
(b) What is the a	dditional cost of the sta	ite rule?					
Current Fiscal	<u>Year</u>	Next Fiscal Year					
General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)	0 0 0 0	General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)	0 0 0 0				
Total _	0	Total	0				
5. What is the total e the proposed, ame explain how they a Current Fiscal Year \$ 0	ended, or repealed rule? are affected.	year to any private individual, entity Identify the entity(ies) subject to the individual, entity Identify the entity(ies) subject to the individual, entity Identify the individual, entity Identify Ide	he proposed rule and				
6. What is the total implement this ruaffected.  Current Fiscal Year  \$ 0	ale? Is this the cost of t	l year to state, county, and municipa he program or grant? Please explain Next Fiscal Ye \$ 0	n how the government is				
or obligation of a private entity, pri	With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?  Yes  No						
time of filing the	If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:						
(1) a statement of	urpose;						
• • -	(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;						
· · · -	of the factual evidence es the agency's need for	that: r the proposed rule; and					

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.