## EXHIBIT G

#### **DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES**

**SUBJECT:** Notice of Rule Making 005-15; Coverage of Vaccine Current Procedure Terminology (CPT) Procedure Codes 90620 and 90621

**<u>DESCRIPTION</u>**: To comply with the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control (CDC) recommendations that adolescents and young adults be vaccinated with the two MenB vaccines which were recently licensed by the Federal Food and Drug Administration (FDA). Both MenB vaccines were licensed based on statutory regulations for accelerated approval. This criterion was based on serious or life-threatening diseases based on safety and demonstration that the vaccines effectiveness will benefit children and young adults.

**<u>PUBLIC COMMENT</u>**: No public hearing was held. The public comment period expired on February 9, 2016. The Department received no comments.

The proposed effective date is April 1, 2016.

**CONTROVERSY:** This is not expected to be controversial.

**FINANCIAL IMPACT:** The cost to implement this rule is \$87,100 (\$25,938 in general revenue and \$61,162 in federal funds) for the current fiscal year and \$87,100 (\$26,330 in general revenue and \$60,770 in federal funds) for the next fiscal year. The majority of the financial impact of this rule change is for the new vaccine coverage under the Vaccines for Children (VFC) and the State Children's Health Insurance Program (SCHIP) programs. A small portion of the impact is related to the new vaccines for the 19 to 25 population.

**LEGAL AUTHORIZATION:** Arkansas Code Annotated § 20-76-201 (12) gives the Department the general authority to "make rules and regulations and take actions as are necessary or desirable to carry out the provisions of this chapter and that are not inconsistent therewith."

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

| DEPARTMENT/AGENC                                                             | Y Department of                                                                                                                                                                  | Human Se                                                  | rvices                                 |                                       |                                         |                                                   |         |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------------------|---------|
| DIVISION                                                                     | Division of Me                                                                                                                                                                   | dical Serv                                                | ices                                   |                                       |                                         |                                                   |         |
| DIVISION DIRECTOR                                                            | Dawn Stehle                                                                                                                                                                      |                                                           |                                        |                                       |                                         |                                                   |         |
| CONTACT PERSON                                                               | Cathy Coffman                                                                                                                                                                    | l                                                         |                                        |                                       |                                         |                                                   |         |
| ADDRESS                                                                      | P.O. Box 1437                                                                                                                                                                    |                                                           |                                        |                                       |                                         |                                                   |         |
| PHONE NO. 501-537-<br>NAME OF PRESENTER                                      |                                                                                                                                                                                  | <b>O.</b> 2480                                            | 1)682-<br>0                            | E-<br>MAIL                            | cathy.co                                | offman@dhs.arkans                                 | as<br>— |
| MEETING                                                                      | AI COMMITTE                                                                                                                                                                      | ıe.                                                       | Tami Harlan                            |                                       |                                         |                                                   |         |
| PRESENTER E-MAIL                                                             | ami. harlan@dhs.                                                                                                                                                                 | arkansas.g                                                | ov                                     |                                       |                                         |                                                   |         |
|                                                                              |                                                                                                                                                                                  | INSTRUC                                                   |                                        |                                       |                                         |                                                   |         |
| Arkansas L<br>Bureau of L                                                    | f indexing your r<br>of this questionnal<br>oposed rule and the<br>avis<br>live Rules Review<br>egislative Councilegislative Resear<br>I Mall, 5 <sup>th</sup> Floor<br>AR 72201 | ules, pleas<br>ire and fir<br>required of<br>Section<br>I | se give the<br>nancial in<br>locuments | e proposed on pact statens. Mail or o | citation a<br>nent attac<br>leliver to: | fter "Short Title or<br>ched to the front of<br>: |         |
| 1. What is the short title of rule?                                          | this                                                                                                                                                                             |                                                           |                                        | ce- Notice 0                          |                                         | · · · · · · · · · · · · · · · · · · ·             |         |
| 2. What is the subject of th rule?                                           |                                                                                                                                                                                  |                                                           |                                        | of two new I<br>rent Procedu          |                                         | occal Vaccines and (CPT)                          |         |
| 3. Is this rule required to co                                               | • -                                                                                                                                                                              |                                                           | •                                      | _                                     | es 🗌                                    | No 🖂                                              |         |
| 4. Was this rule filed under Procedure Act? If yes, what is the effectirule? | the emergency pr                                                                                                                                                                 | ovisions o                                                |                                        | inistrative                           | es 🗌                                    | No 🖾                                              |         |
| When does the emergence expire?                                              | y rule<br>—                                                                                                                                                                      |                                                           |                                        |                                       |                                         |                                                   |         |

|                  | Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?  Yes No                                                                                                                                                                                                                                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.               | Is this a new rule? Yes No I If yes, please provide a brief summary explaining the regulation.                                                                                                                                                                                                                                                                                                          |
|                  | Does this repeal an existing rule? Yes No 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.                                                                                                                                     |
| rul              | Is this an amendment to an existing e? Yes No No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."                                                                                                                 |
| 6.               | Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. <u>Arkansas Statute 20-76-201</u>                                                                                                                                                                                                                                             |
| <u>inf</u><br>(V | What is the purpose of this proposed rule? Why is it necessary? The purpose of the proposed rule is to form providers of coverage of the following CPT codes: 90620 and 90621 under the Vaccines for Children FC) and the State Children's Health Insurance Program (SCHIP). These two are new Mengingoccal points for children as recommended by the Centers for Disease Control and Prevention (CDC). |
| 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.medicaid.state.ar.us/general/comment.aspx">https://www.medicaid.state.ar.us/general/comment.aspx</a>                                                                                                                            |
| 9.               | Will a public hearing be held on this proposed rule? Yes No No No If yes, please complete the following:  Date: Time: Place:                                                                                                                                                                                                                                                                            |
|                  | When does the public comment period expire for permanent promulgation? (Must provide a date.)                                                                                                                                                                                                                                                                                                           |
|                  | What is the proposed effective date of this proposed rule? (Must provide a date.)                                                                                                                                                                                                                                                                                                                       |
|                  | Do you expect this rule to be controversial? Yes \( \sumsymbol{\sumsymbol{N}}\) No \( \sumsymbol{\sumsymbol{\sumsymbol{N}}}\) explain.                                                                                                                                                                                                                                                                  |

| 13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical associations and interested providers are for this legislation.                                                                                            |
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|                                                                                                                                                                    |

### FINANCIAL IMPACT STATEMENT

## PLEASE ANSWER ALL QUESTIONS COMPLETELY

| DEPARTMENT |                                                                                                              | <b>TMENT</b>                                                                         | Department of Human Services                                                                                                                             |  |  |  |  |  |
|------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| DIVISION   |                                                                                                              | N                                                                                    | Division of Medical Services                                                                                                                             |  |  |  |  |  |
| PE         | RSON                                                                                                         | COMPLE                                                                               | ING THIS STATEMENT Brian Jones                                                                                                                           |  |  |  |  |  |
| TE         | brian. jones <b>TELEPHONE NO.</b> (501)537-2064 <b>FAX NO.</b> (501)682-2480 <b>EMAIL:</b> @dhs.arkansas.gov |                                                                                      |                                                                                                                                                          |  |  |  |  |  |
| To<br>Sta  | comp                                                                                                         | oly with Ark.                                                                        | Code Ann. § 25-15-204(e), please complete the following Financial Impact copies with the questionnaire and proposed rules.                               |  |  |  |  |  |
| SH         | IORT                                                                                                         | TITLE OF                                                                             | THIS RULE Notice of Rulemaking 005-15                                                                                                                    |  |  |  |  |  |
| 1.         | . Does this proposed, amended, or repealed rule have a financial impact? Yes 🖂 No 🗌                          |                                                                                      |                                                                                                                                                          |  |  |  |  |  |
| 2.         | econ                                                                                                         | omic, or othe                                                                        | the best reasonably obtainable scientific, technical, evidence and information available concerning the ences of, and alternatives to the rule?  Yes  No |  |  |  |  |  |
| 3.         | In co                                                                                                        | nsideration o<br>gency to be th                                                      | the alternatives to this rule, was this rule determined by e least costly rule considered?  Yes  No                                                      |  |  |  |  |  |
|            | If an agency is proposing a more costly rule, please state the following:                                    |                                                                                      |                                                                                                                                                          |  |  |  |  |  |
|            | (a)                                                                                                          | (a) How the additional benefits of the more costly rule justify its additional cost; |                                                                                                                                                          |  |  |  |  |  |
|            | (b)                                                                                                          | The reason for adoption of the more costly rule;                                     |                                                                                                                                                          |  |  |  |  |  |
|            | (c)                                                                                                          | Whether the if so, please                                                            | more costly rule is based on the interests of public health, safety, or welfare, and explain; and;                                                       |  |  |  |  |  |
|            | (d)                                                                                                          | Whether the explain.                                                                 | reason is within the scope of the agency's statutory authority; and if so, please                                                                        |  |  |  |  |  |
| 4.         | If the purpose of this rule is to implement a federal rule or regulation, please state the following:        |                                                                                      |                                                                                                                                                          |  |  |  |  |  |
|            | (a) What is the cost to implement the federal rule or regulation?                                            |                                                                                      |                                                                                                                                                          |  |  |  |  |  |
|            | <u>Cur</u>                                                                                                   | rent Fiscal Y                                                                        | <u>Next Fiscal Year</u>                                                                                                                                  |  |  |  |  |  |
|            | Fede<br>Cash<br>Spec                                                                                         | eral Revenue<br>eral Funds<br>I Funds<br>Fial Revenue<br>Fr (Identify)               | \$25,938 General Revenue \$26,330  \$61,162 Federal Funds \$60,770  Cash Funds Special Revenue Other (Identify)                                          |  |  |  |  |  |

| Total                                                             | \$87,100                                                                                                                                    | Total                     | \$87,100                  |  |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|--|
| (b) What is the ad                                                | lditional cost of the state rule?                                                                                                           |                           |                           |  |
| Current Fiscal Y                                                  | <u>'ear</u>                                                                                                                                 | Next Fiscal Year          |                           |  |
| General Revenue<br>Federal Funds<br>Cash Funds<br>Special Revenue |                                                                                                                                             | Federal Funds Cash Funds  |                           |  |
| Other (Identify) Total                                            | \$0                                                                                                                                         | _ Total                   | \$0                       |  |
| the proposed, amer explain how they a Current Fiscal Year         | nded, or repealed rule? Identify the re affected.                                                                                           | Next Fiscal You           | • •                       |  |
| affected.  Current Fiscal Year                                    | e? Is this the cost of the program                                                                                                          | or grant? Please explai   | -                         |  |
| \$ \$25,9380                                                      |                                                                                                                                             | \$ \$26,330               | <del></del>               |  |
| Vaccines for Children                                             | nancial impact of this rule change in (VFC) and the State Children's Hompact is related to the new vaccine                                  | ealth Insurance Progran   | n (SCHIP) programs. A     |  |
| or obligation of at private entity, priv                          | e agency's answers to Questions #:<br>least one hundred thousand dollars<br>ate business, state government, co<br>'those entities combined? | s (\$100,000) per year to | a private individual,     |  |
|                                                                   |                                                                                                                                             | Yes ☐ No ⊠                |                           |  |
| time of filing the f                                              | v is required by Ark. Code Ann. § in in ancial impact statement. The writing act statement and shall include                                | itten findings shall be f | filed simultaneously      |  |
| (1) a statement of                                                | the rule's basis and purpose;                                                                                                               | ·                         |                           |  |
| (2) the problem the                                               | e agency seeks to address with the ed by statute;                                                                                           | proposed rule, includin   | ng a statement of whether |  |

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

#### Summary for Notice 005-15 - Coverage for 90620 and 90621

In order to comply with Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommendations that adolescents and young adults be vaccinated with the two MenB vaccines which were recently licensed by the Federal Food and Drug Administration (FDA). Both MenB vaccines were licensed based on statutory regulations for accelerated approval. This criterion was based on serious or life-threatening diseases based on safety and demonstration that the vaccines effectiveness will benefit children and young adults. This is filed emergent due to imminent peril to public health, welfare and safety of Arkansas Medicaid beneficiaries. Arkansas Medicaid must wait for all recommending bodies (i.e. CDC, ACIP and FDA) to concur before implementation and once release is determined; it must be filed emergent in order to address the timely safety and well-being of the Arkansas Medicaid beneficiaries and the Vaccines for Children participants.