EXHIBIT Q

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

DEPARTMENT/AGENCY	Arkansas Department of Health
DIVISION	Office of Administration
DIVISION DIRECTOR	Ann Purvis
CONTACT PERSON	Elizabeth Harris
ADDRESS	4815 West Markham Street, Slot 31, Little Rock, AR 72205
PHONE NO. 501-280-40 NAME OF PRESENTER AT MEETING	E- 34 FAX NO. 501-661-2357 MAIL sarah harris@arkaneas gay
PRESENTER E-MAIL rob	pert.brech@arkansas.gov
	INSTRUCTIONS
Donna K. Dav Administrative Arkansas Legi Bureau of Leg One Capitol M Little Rock, Al	ion completely using layman terms. You may use additional sheets, if indexing your rules, please give the proposed citation after "Short Title of this questionnaire and financial impact statement attached to the front of osed rule and required documents. Mail or deliver to: is a Rules Review Section slative Council islative Research [Iall, 5th Floor]
1. What is the short title of thi rule?	Rules Governing the Advisory Board for Interpreters between
2. What is the subject of the prule?	roposed Licensure of Qualified Licensed Interpreters and Provisional Interpreters
If yes, please provide the fee	ely with a federal statute, rule, or regulation? Yes No No learn rule, regulation, and/or statute citation. elemergency provisions of the Administrative date of the emergency
When does the emergency rexpire?	ule

	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 No If yes, please provide a brief summary explaining the regulation.
	Does this repeal an existing rule? Yes No No lifyes, a copy of the repealed rule is to be included with your completed questionnaire.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 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. A.C.A. 20-14-801 et seq.
req ren	What is the purpose of this proposed rule? Why is it necessary? The Rule updates the renewal uirements to clarify what documentation is required and to close a loophole that allowed Interpreters to ew their license without getting CEUs. The updates also change the levels of licensure based on ommendations from a Subcommittee formed by the Advisory Board.
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). www.healthy.arkansas.gov
	Will a public hearing be held on this proposed rule? Yes No I If yes, please complete the following: Date: July 25, 2016 Time: 9:00 a.m. Arkansas Department of Health 4815 West Markham Street, Room 2508 Place: Little Rock, AR 72205
	When does the public comment period expire for permanent promulgation? (Must provide a date.) y 25, 2016 at 4:00 p.m.
	What is the proposed effective date of this proposed rule? (Must provide a date.) ntatively December 1, 2016
	Do you expect this rule to be controversial? Yes \(\square \) No \(\square \)

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.

Arkansas Registry of Interpreters for the Deaf-for; Arkansas Association of the Deaf-for

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

		TMENT	Arkansas Depa	rtment of Health			MADE: 1082-40-40
DI	VISI	ON	Office of Adm	inistration			
			TING THIS ST			20 S	
TE	LEP	HONE NO.	501-280-4034	FAX NO. 501-661-2357 F	EMAIL: sara	h.harris@ar	kansas.gov
To	com	ply with Ark	. Code Ann. § 25	i-15-204(e), please complete e questionnaire and proposed	the following		
SF	HOR	T TITLE OF	THIS RULE	Rules Governing the Advis Hearing Individuals and Ind Hard of Hearing and Oral D	dividuals who	r Interpreters are Deaf, I	s between Deafblind,
1.	Doe	es this propos	ed, amended, or	repealed rule have a financia	l impact?	Yes 🗌	No 🖂
2.	ecor	nomic, or other	er evidence and	nably obtainable scientific, to information available concernatives to the rule?	echnical, ning the	Yes 🖂	No 🗌
3.		onsideration on agency to be	of the alternative the least costly r	s to this rule, was this rule de ule considered?	etermined by	Yes 🖂	No 🗌
	Ifar	agency is pr	oposing a more	costly rule, please state the fo	ollowing:		
	(a)	How the ad	ditional benefits	of the more costly rule justif	y its addition	al cost;	
	(b)	The reason	for adoption of t	he more costly rule;			
	(c)	Whether the	e more costly rul explain; and;	e is based on the interests of	public health	, safety, or v	velfare, and
	(d)	Whether the explain.	reason is withir	the scope of the agency's sta	atutory autho	rity; and if s	o, please
4.	If the	e purpose of the	nis rule is to imple	ement a federal rule or regulation	on, please stat	e the followi	ng:
	(a)	What is the	cost to impleme	nt the federal rule or regulation	on?		
	Cui	rrent Fiscal	<u>Year</u>	Next F	iscal Year		
	Fed Cas Spe	neral Revenue eral Funds h Funds cial Revenue er (Identify)		Federal Cash Fu Special			

		Total	0
(b) What is the	ne additional cost of the sta	ate rule?	
Current Fisc	eal Year	Next Fiscal Year	
General Rever	nue	Ganaral Payarus	
Federal Funds			
Cash Funds		~ · ·	
Special Rever	nue	Special Revenue	
Other (Identif	ŷ)	Other (Identify)	
Total	0		0
. What is the total		year to any private individual, entity	
the proposed, a	imended, or repealed rule? ey are affected.	Identify the entity(ies) subject to the	he proposed rule and
Current Fiscal Y	ear	Next Fiscal Ye	<u>ar</u>
\$ _0	_	\$ _0	
affected.		year to state, county, and municipa he program or grant? Please explain	n how the government
affected. Current Fiscal Y 0		he program or grant? Please explain Next Fiscal Yes 1 0	n how the government
Current Fiscal Y 0 With respect to or obligation o private entity,	ear the agency's answers to 0 of at least one hundred thou	Next Fiscal Yes Substitute of the program or grant? Please explain Next Fiscal Yes Substitute of the program	ar a new or increased cos
. With respect to or obligation o private entity, two (2) or mor	ear the agency's answers to the agency's answers to the agency of at least one hundred thou private business, state gove of those entities combined	Next Fiscal Yes Next Fiscal Yes Questions #5 and #6 above, is there as and dollars (\$100,000) per year to ernment, county government, municed? Yes \(\Boxed{\text{No}}\) No \(\Boxed{\text{No}}\)	ar a new or increased cos a private individual, cipal government, or to
. With respect to or obligation o private entity, two (2) or mor	ear the agency's answers to 0 f at least one hundred thou private business, state gove of those entities combined thouse of those entities combined the financial impact statements.	Next Fiscal Yes Substitute of the program or grant? Please explain Next Fiscal Yes Substitute of the program	a new or increased cos a private individual, cipal government, or to
With respect to or obligation o private entity, two (2) or more lf YES, the age time of filing the with the finance	ear the agency's answers to 0 f at least one hundred thou private business, state gove of those entities combined thouse of those entities combined the financial impact statements.	Next Fiscal Yes Next Fiscal Yes O Questions #5 and #6 above, is there usand dollars (\$100,000) per year to ernment, county government, municed? Yes No ode Ann. § 25-15-204(e)(4) to file vent. The written findings shall be file hall include, without limitation, the	a new or increased cos a private individual, cipal government, or to written findings at the led simultaneously
With respect to or obligation o private entity, two (2) or more lf YES, the age time of filing the with the finance (1) a statement (2) the problem	o the agency's answers to of at least one hundred thou private business, state gove of those entities combined thouse of those entities combined the financial impact statement and significant of the rule's basis and pure	Next Fiscal Yes Next Fiscal Yes O Questions #5 and #6 above, is there usand dollars (\$100,000) per year to ernment, county government, municed? Yes No ode Ann. § 25-15-204(e)(4) to file vent. The written findings shall be file hall include, without limitation, the	a new or increased cos a private individual, cipal government, or to vritten findings at the led simultaneously following:

- (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.