EXHIBIT R

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

DEPARTMENT/AGENCY	Akansas Departme	nt of Health					
DIVISION	Emergency Medical Services						
DIVISION DIRECTOR	Arron Paduaevans						
CONTACT PERSON	Arron Paduaevans						
ADDRESS	5800 West 10 th Str	eet Little Rock Ark	ansas 722	204			
PHONE NO. 501-661-21 NAME OF PRESENTER A MEETING	78 FAX NO.		E- MAIL		aevans@arkansas.gov		
PRESENTER E-MAIL rol	bert.brech@arkansas		Diecii				
INSTRUCTIONS							
A. Please make copies of this form for future use. B. Please answer each question completely using layman terms. You may use additional sheets, if necessary. C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below. 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: Donna K. Davis Administrative Rules Review Section Arkansas Legislative Council Bureau of Legislative Research One Capitol Mall, 5 th Floor Little Rock, AR 72201 **********************************							
2. What is the subject of the pule?	proposed The a	ddition of the Com State of Arkansas.	munity P		a healthcare provider		
3. Is this rule required to complifyes, please provide the fe	ply with a federal sta deral rule, regulation	ntute, rule, or regulant, and/or statute cita	ation? Y	es 🗌	No 🔀		
Was this rule filed under the Procedure Act? If yes, what is the effective rule?				es 🗌	No 🖂		
When does the emergency rexpire?	rule <u>N/A</u>				,		

	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 Yes No No If yes, a copy of the repealed rule is to be included with your completed with a new rule, please provide a summary of the rule giving an explana	questionnaire. I	f it is being replaced rule does. N/A
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 a changes. Note: The summary should explain what the amendment of be clearly labeled "mark-up."	and a summary o	of the substantive ark-up copy should
6.	Cite the state law that grants the authority for this proposed rule? If codificitation. A.C.A. Tit. 20,Subtit. 2, Ch 13	ĭed, please give	the Arkansas Code
7. <u>the</u>	What is the purpose of this proposed rule? Why is it necessary? To reco State of Arkansas in accordance with Act 1133.	gnize the Comm	unity Paramedic in
8.	Please provide the address where this rule is publicly accessible in electroby Arkansas Code § 25-19-108(b). http://www.healthy.arkansas.gov/aboutADH/Pages/RulesRegulationsPro		e Internet as required
	Will a public hearing be held on this proposed rule? Yes ☑ No ☐ If yes, please complete the following:		
	Date: August 1 st 2016		
	Time: _10:00		
	Place: Freeway Medical Center, Suite 801		
10. <u>Au</u>	When does the public comment period expire for permanent promulgation gust 1, 2016	n? (Must provide	e a date.)
	What is the proposed effective date of this proposed rule? (Must provide a pruary 15, 2017	a date.)	
	Do you expect this rule to be controversial? Yes No No lease explain.		
13.	Please give the names of persons, groups, or organizations that you expectorovide their position (for or against) if known.	to comment on	these rules? Please

Governors' Advisory Council, EMS Advisory Council, Arkansas EMT Association, and the Arkansas Ambulance Association, Hospice, Hospital Association, Nursing Board, Medical Society. All Parties were "for" the rule change and fully support it.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT			Arkansas Department of Health				
DI	VISIO	ON N COMPLE	Emergency Me	edcial Services			
ST	ATE	MENT	IING THIS		ron Paduaevans		
TE	LEP:	HONE NO.	501-661-2178	FAX NO. 4901		n.paduaevans	@arkansas.gov
To St	o com	ply with Ark ent and file tv	Code Ann. § 2 wo copies with t	25-15-204(e), plea he questionnaire	ase complete the follow and proposed rules.	ving Financia	l Impact
	HOR'	T TITLE OF	THIS	Community Par	amedic		
1.	Doe	s this propos	sed, amended, or	r repealed rule ha	ve a financial impact?	Yes 🖂	No 🗌
2.	Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No						No 🗌
3.	In co	onsideration ne agency to	of the alternative be the least cost	es to this rule, wattly rule considere	as this rule determined d?	Yes 🖂	No 🗌
	Ifar	agency is pr	roposing a more	costly rule, pleas	se state the following:		
	(a) How the additional benefits of the more costly rule justify its additional cost; N/A						
	(b)	The reason N/A	for adoption of	the more costly r	rule;		
	(c)	Whether the if so, please N/A	e more costly ru e explain; and;	le is based on the	e interests of public hea	alth, safety, o	r welfare, and
(d) Whether the reason is within the scope of the agency's statutory authority; and if so, pexplain. N/A					f so, please		
4.	If the	purpose of the	his rule is to imp	lement a federal ru	ule or regulation, please	state the follo	wing:
	(a)	What is the	cost to impleme	ent the federal rul	e or regulation?		
Current Fiscal Year Next Fiscal Year							
	Gen Rev	eral enue	0		General Revenue	0	
	Fede Casl	eral Funds n Funds cial Revenue	0 0		Federal Funds Cash Funds Special Revenue	$\frac{0}{0}$	

Other (Identify)	0	Other (Identify)	0

Total	0	Total	0			
(b) What is the ad	ditional cost of the state rule?					
Current Fiscal Y	<u>ear</u>	Next Fiscal Year				
Total 5. What is the total es the proposed, amen	0 0 0 0 0 0 0 0 timated cost by fiscal year to any paded, or repealed rule? Identify the	General Revenue Federal Funds Cash Funds Special Revenue Other (Identify) Total rivate individual, entity entity(ies) subject to t	o 0 0 0 0 0 0 v and business subject to he proposed rule and			
Eurrent Fiscal Year Sunknown There will be a cost, but only to the individuals and services that want to participate in the Community Paramedic Program, which is entirely voluntary. The amount of the cost will be determined by the Colleges and University offering the program and the amount charged for tuition.						
6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.						
Current Fiscal Year \$ 0 0		Next Fiscal Ye	<u>ar</u> 			
7. 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 No				
time of filing the fi	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 t	he rule's basis and purpose;					
(2) the problem the	e agency seeks to address with the ped by statute:	proposed rule, includin	g 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.