

1 State of Arkansas  
2 82nd General Assembly  
3 Regular Session, 1999

# A Bill

HOUSE BILL 1754

4  
5 By: Representatives Lancaster, Agee, Bennett, Bevis, Carson, Cleveland, Creekmore, Eason, Ferguson,  
6 Gipson, Gullett, Hickinbotham, Hunt, Judy, Milligan, Morris, Parks, Scrimshire, Sheppard, R. Smith, T.  
7 Thomas, W. Walker, Wilkinson  
8 By: Senators Fitch, Hill, Hunter, Kennedy, B. Lewellen, Roebuck, K. Smith, B. Walker, Webb, Ross

## For An Act To Be Entitled

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10  
11 "AN ACT TO ABOLISH THE ARKANSAS HEALTH RESOURCES  
12 COMMISSION, TO TRANSFER ANY REMAINING FUNDS TO THE  
13 DEPARTMENT OF HUMAN SERVICES - GRANTS FUND (DGF); AND  
14 FOR OTHER PURPOSES. "

## Subtitle

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17 "TO ABOLISH THE ARKANSAS HEALTH RESOURCES  
18 COMMISSION. "

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22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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24 SECTION 1. Purpose. The Arkansas Health Resources Commission was  
25 created by Act 591 of 1993. The commission was originally funded by residual  
26 monies of a Medicaid rebate made in 1984 to the Department of Human Services.  
27 The purpose of the commission was to study the health care system in Arkansas,  
28 propose goals and measures to improve and rationalize the system, and monitor  
29 progress towards the goals established. The commission has not been provided  
30 appropriations for operations since June 30, 1995. A balance of approximately  
31 eight thousand dollars (\$8,000) remains on the books of the Treasurer of State  
32 in the name of the commission. This act abolishes the Arkansas Health  
33 Resources Commission, and transfers the fund balance to the Department of  
34 Human Services - Grants Fund (DGF).

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36 SECTION 2. The Arkansas Health Resources Commission is hereby

1 abolished. Any fund balance on the books of the Treasurer of State in the  
 2 name of the Health Resources Commission shall be transferred to the Department  
 3 of Human Services - Grants Fund (DGF) for commitment to the Medicaid Program.

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 5 SECTION 3. Arkansas Code Annotated §§20-77-201 through 20-77-205 are  
 6 hereby repealed.

7 ~~"20-77-201. Purpose.~~

8 ~~It is the purpose of this subchapter to:~~

9 ~~\_\_\_\_\_ (1) Study problems, issues, and results related to health~~  
 10 ~~resources in Arkansas;~~

11 ~~\_\_\_\_\_ (2) Propose goals and measures to improve and rationalize the~~  
 12 ~~health delivery system, including overall results, access, cost-effectiveness,~~  
 13 ~~and cost control; and~~

14 ~~\_\_\_\_\_ (3) Monitor progress towards the goals established.~~

15 ~~20-77-202. Creation - Members.~~

16 ~~(a) There is created the Arkansas Health Resources Commission. The~~  
 17 ~~commission shall be composed of twenty-three (23) members as follows:~~

18 ~~\_\_\_\_\_ (1) The Governor shall appoint eight (8) members;~~

19 ~~\_\_\_\_\_ (2) The Speaker of the House of Representatives shall appoint six~~  
 20 ~~(6) members of the House of Representatives;~~

21 ~~\_\_\_\_\_ (3) The President Pro Tempore of the Senate shall appoint six (6)~~  
 22 ~~members of the Senate;~~

23 ~~\_\_\_\_\_ (4) The Director of the Arkansas Department of Health or his~~  
 24 ~~designee;~~

25 ~~\_\_\_\_\_ (5) The Director of the Department of Human Services or his~~  
 26 ~~designee; and~~

27 ~~\_\_\_\_\_ (6) The Chancellor of the University of Arkansas for Medical~~  
 28 ~~Sciences or his designee.~~

29 ~~(b) The appointments made by the Governor shall include:~~

30 ~~\_\_\_\_\_ (1) One (1) individual with expertise in health care management,~~  
 31 ~~to be selected from a list of three (3) nominees submitted from the Arkansas~~  
 32 ~~Hospital Association;~~

33 ~~\_\_\_\_\_ (2) One (1) individual with expertise in medical practice, to be~~  
 34 ~~selected from a list of three (3) nominees submitted from the Arkansas Medical~~  
 35 ~~Society;~~

36 ~~\_\_\_\_\_ (3) One (1) individual with expertise in the health insurance~~

1 industry;

2 ~~\_\_\_\_\_ (4) One (1) individual with expertise in rural health, to be~~  
3 ~~selected from a list of three (3) nominees submitted from the Arkansas~~  
4 ~~Association of Community Health Centers;~~

5 ~~\_\_\_\_\_ (5) One (1) individual with expertise in long-term care, to be~~  
6 ~~selected from a list of three (3) nominees submitted from the Arkansas Health~~  
7 ~~Care Association;~~

8 ~~\_\_\_\_\_ (6) One (1) individual who shall be a pharmacist, to be selected~~  
9 ~~from a list of three (3) nominees submitted from the Arkansas Pharmacists'~~  
10 ~~Association; and~~

11 ~~\_\_\_\_\_ (7) Two (2) members to be appointed at large.~~

12 ~~\_\_\_\_\_ (c) A chair shall be selected by the members of the commission.~~

13 ~~\_\_\_\_\_ (d) The members of the commission shall serve without pay but may~~  
14 ~~receive expense reimbursement in accordance with § 25-16-901 et seq. The~~  
15 ~~legislative members of the commission shall receive, in lieu of reimbursement~~  
16 ~~for meals, lodging, and travel, the same per diem and mileage allowance for~~  
17 ~~each day in attending meetings of the commission as is authorized by law for~~  
18 ~~attending meetings of interim committees of the General Assembly.~~

19 ~~\_\_\_\_\_ 20-77-203. Staff.~~

20 ~~\_\_\_\_\_ The commission may employ a staff director, who shall be appointed by~~  
21 ~~the chairman, subject to the approval of the commission. Consultants,~~  
22 ~~volunteers, and graduate students may also be used to augment the commission's~~  
23 ~~staff needs.~~

24 ~~\_\_\_\_\_ 20-77-204. Powers and duties.~~

25 ~~\_\_\_\_\_ (a) The commission shall have authority to study the full range of~~  
26 ~~health resources, including pharmaceuticals, medical services, health~~  
27 ~~facilities, health associations and agencies, and financing.~~

28 ~~\_\_\_\_\_ (b)(1) The commission may gather and analyze information on results,~~  
29 ~~problems, and issues concerning the following topics:~~

30 ~~\_\_\_\_\_ (A) A report card indicating the state of public health in~~  
31 ~~Arkansas, including a number of quantitative and qualitative measures, and~~  
32 ~~comparison with other states;~~

33 ~~\_\_\_\_\_ (B) The state's health care costs, identification of public~~  
34 ~~and private funding sources, funding trends, and identification of existing~~  
35 ~~policies and measures aimed at holding down costs;~~

36 ~~\_\_\_\_\_ (C) The availability and adequacy of health facilities and~~

- 1 health services, geographically and according to population segments, the  
 2 identification of expensive high tech facilities such as FM and cardiac care  
 3 labs, and an indication of opportunities for sharing such resources to avoid  
 4 possibly uneconomical or unnecessary duplication;
- 5 \_\_\_\_\_ (D) The development of a definition of 'adequate health  
 6 care' and identification of procedures approved for full or partial public  
 7 funding;
- 8 \_\_\_\_\_ (E) Access to health care for the uninsured and working  
 9 poor;
- 10 \_\_\_\_\_ (F) Access to, and cost of, health care under workers'  
 11 compensation;
- 12 \_\_\_\_\_ (G) Availability, adequacy, promotion, and utilization of  
 13 prenatal care;
- 14 \_\_\_\_\_ (H) Cost of the care and treatment of drug-addicted babies;
- 15 \_\_\_\_\_ (I) Availability, adequacy, promotion, and utilization of  
 16 immunization programs for infants and preschool children;
- 17 \_\_\_\_\_ (J) Access to health care for school children;
- 18 \_\_\_\_\_ (K) Frequency and treatment of child and other domestic  
 19 abuse;
- 20 \_\_\_\_\_ (L) Availability of physicians and health care facilities  
 21 in rural areas;
- 22 \_\_\_\_\_ (M) Problems incurred by health care providers when they  
 23 report drug abuse;
- 24 \_\_\_\_\_ (N) Extent of, and amelioration of, drug abuse among health  
 25 care providers;
- 26 \_\_\_\_\_ (O) The need for a statewide trauma network;
- 27 \_\_\_\_\_ (P) The mental health system, with particular emphasis  
 28 being placed on hard-to-get services for the mentally ill;
- 29 \_\_\_\_\_ (Q) Policies and procedures governing access to a person's  
 30 medical record;
- 31 \_\_\_\_\_ (R) Medical treatment of sexual assault victims;
- 32 \_\_\_\_\_ (S) Adequacy of transportation to health care facilities;
- 33 \_\_\_\_\_ (T) The higher-than-average incidence of acquired immune  
 34 deficiency syndrome in Arkansas as compared to the other states; and
- 35 \_\_\_\_\_ (U) The role and effectiveness of health education.
- 36 \_\_\_\_\_ (2) The commission may prepare an interim monograph on each of

1 ~~the topics treated, including an annotated bibliography. Each monograph is to~~  
2 ~~be issued as part of a series of publicly available working papers. Completion~~  
3 ~~and issuance of individual monographs should be scheduled as nearly as~~  
4 ~~possible evenly during the first eight (8) to ten (10) months of the~~  
5 ~~commission's term. Each monograph will include identification of any need for~~  
6 ~~further study, but such need shall not delay issuance of information compiled~~  
7 ~~from existing sources.~~

8 ~~\_\_\_\_\_ 20-77-205. Additional powers and duties.~~

9 ~~\_\_\_\_\_ (a) The commission shall prepare a catalogue of public and private,~~  
10 ~~including for-profit, voluntary, and not-for-profit, agencies and associations~~  
11 ~~comprising the Arkansas health care system. The commission may identify the~~  
12 ~~role and resources of each and provide an assessment of adequacy and~~  
13 ~~effectiveness in each functional category.~~

14 ~~\_\_\_\_\_ (b) The commission may compile descriptions of further analyses and~~  
15 ~~studies required, estimate the time and cost for completion of each, and~~  
16 ~~establish priorities to assist resource allocation. In assigning priorities,~~  
17 ~~consideration shall be given to the possibility of solving problems before~~  
18 ~~they become uncontrollable.~~

19 ~~\_\_\_\_\_ (c) The commission may make overall recommendations to improve and~~  
20 ~~rationalize the health care system and specific recommendations on each of the~~  
21 ~~specialized topics treated. The commission may propose specific results-~~  
22 ~~oriented goals for each subject. The recommendations may include both medical~~  
23 ~~results and cost-related targets and recommendations for financing the needed~~  
24 ~~programs.~~

25 ~~\_\_\_\_\_ (d) The commission may propose measures to:~~

26 ~~\_\_\_\_\_ (1) Streamline, simplify, or otherwise rationalize the~~  
27 ~~organization and respective roles of state, county, and local agencies in the~~  
28 ~~medical field or increase their productivity or reduce their operating costs;~~

29 ~~\_\_\_\_\_ (2) Improve coordination among agencies and between public and~~  
30 ~~private agencies; and~~

31 ~~\_\_\_\_\_ (3) Improve cost-effectiveness of private agencies, especially~~  
32 ~~nonprofits.~~

33 ~~\_\_\_\_\_ (e) The commission may identify subjects where legislation or specific~~  
34 ~~legislative oversight may prove to be helpful in achieving public goals.~~

35 ~~\_\_\_\_\_ (f) The commission may propose a system for measuring and periodically~~  
36 ~~monitoring progress toward achieving the health care goals adopted. This may~~

1 ~~or may not include an extension of the commission's term.~~

2 ~~\_\_\_\_\_ (g) In addition to publishing the interim monographs, the commission~~  
 3 ~~may report on its work as follows:~~

4 ~~\_\_\_\_\_ (1) Issue a quarterly progress report to be available to the~~  
 5 ~~public. The report shall indicate the status of work against schedule and its~~  
 6 ~~budget. The quarterly report shall also identify monographs issued and~~  
 7 ~~forecast upcoming publication dates;~~

8 ~~\_\_\_\_\_ (2) Issue a consolidated annual administrative report within~~  
 9 ~~forty-five (45) days after the end of each year; and~~

10 ~~\_\_\_\_\_ (3) Issue a main technical report including further studies~~  
 11 ~~needed, recommended goals, action proposals, and topics for legislative~~  
 12 ~~consideration. This report is to be issued on an interim basis after twelve~~  
 13 ~~(12) to fifteen (15) months and as a final version by January 1, 1995. The~~  
 14 ~~interim monographs, in updated form, are to be issued as separately bound~~  
 15 ~~appendices to the final version of the main technical report.~~

16 ~~\_\_\_\_\_ (h) In addition to the other duties of the Arkansas Health Resources~~  
 17 ~~Commission, the commission shall:~~

18 ~~\_\_\_\_\_ (1) Monitor and coordinate the implementation and progress of the~~  
 19 ~~initiatives of the former Arkansas Health Care Access Council; and~~

20 ~~\_\_\_\_\_ (2) Serve as a grantee or advisory body on public or private~~  
 21 ~~grants concerning health care access."~~

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 23 SECTION 4. All provisions of this act of a general and permanent nature  
 24 are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code  
 25 Revision Commission shall incorporate the same in the Code.

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 27 SECTION 5. If any provision of this act or the application thereof to  
 28 any person or circumstance is held invalid, such invalidity shall not affect  
 29 other provisions or applications of the act which can be given effect without  
 30 the invalid provision or application, and to this end the provisions of this  
 31 act are declared to be severable.

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 33 SECTION 6. All laws and parts of laws in conflict with this act are  
 34 hereby repealed.

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 36 SECTION 6. EMERGENCY CLAUSE. It is hereby found and determined by the

1 Eighty-second General Assembly that the Arkansas Health Resources Commission  
2 is not an active commission; that the Commission's fund balances held by the  
3 Treasurer of State should be used to accomplish state purposes; that the  
4 provisions of this act will provide a means of making use of the available  
5 funds; and that delay in the effective date of this act could work irreparable  
6 harm upon the proper administration and provision of essential governmental  
7 programs. Therefore, an emergency is declared to exist and this act being  
8 immediately necessary for the preservation of the public peace, health and  
9 safety shall become effective on the date of its approval by the Governor. If  
10 the bill is neither approved nor vetoed by the Governor, it shall become  
11 effective on the expiration of the period of time during which the Governor  
12 may veto the bill. If the bill is vetoed by the Governor and the veto is  
13 overridden, it shall become effective on the date the last house overrides the  
14 veto.

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