1	State of Arkansas	A Bill	
2	91st General Assembly	A DIII	
3	Regular Session, 2017		HOUSE BILL 1439
4	D. D. A. C. W.	11	
5	By: Representatives M. Gray, Ward	llaw	
6	By: Senator Irvin		
7		For An Act To Be Entitled	
8			ND DAVMENT
9 10	AN ACT TO AMEND THE HEALTHCARE QUALITY AND PAYMENT POLICY ADVISORY COMMITTEE; AND FOR OTHER PURPOSES.		
10	POLICY ADVISOR	i committee; and for other	PURPUSES.
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13		Subtitle	
14	TO AMEND	THE HEALTHCARE QUALITY AND	
15		POLICY ADVISORY COMMITTEE.	
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18	BE IT ENACTED BY THE GENER	AL ASSEMBLY OF THE STATE O	F ARKANSAS:
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20	SECTION 1. Arkansas	Code §§ 20-77-2203 - 2206	is amended to read as
21	follows:		
22	20-77-2203. Healthc	are Quality and Payment Pol	licy Advisory Committee -
23	Created — Membership.		
24	(a) The Healthcare	Quality and Payment Policy	Advisory Committee is
25	created.		
26	(b)(1) Except as pr	ovided under subdivision (o)(2) of this section,
27	the committee shall consis	t of the following seven (7) <u>ten (10)</u> voting
28	members:		
29	(A) Thr	ee (3) <u>Five (5)</u> members app	pointed by the President
30	Pro Tempore of the Senate	and recommended by the Arka	ansas Medical Society,
31	including:		
32	(i) One (1) physician in goo	od standing with the
33	Arkansas State Medical Boa	rd;	
34	(i	i) One (1) member nominate	ed by the Arkansas
35	Hospital Association who r	epresents hospitals with mo	ore than one hundred
36	(100) beds; and		

1	(iii) One (1) medical director of a commercially		
2	owned insurance company participating with the Division of Medical Services		
3	of the Department of Human Services in the Arkansas Health Care Payment		
4	Improvement Initiative;		
5	(i) One (1) family physician;		
6	(ii) One (1) pediatrician;		
7	(iii) One (1) internal medicine physician;		
8	(iv) One (1) physician of any specialty in good		
9	standing with the Arkansas State Medical Board; and		
10	(v) One (1) physician who is a medical director of		
11	an insurance company; and		
12	(B) Three (3) Five (5) members appointed by the Speaker of		
13	the House of Representatives and recommended by the Arkansas Medical Society,		
14	including:		
15	(i) Two (2) physicians nominated by the Arkansas		
16	Medical Society; and		
17	(ii) One (1) member nominated by the Arkansas		
18	Hospital Association who represents hospitals with fewer than one hundred		
19	(100) beds; and		
20	(C) The Director of the Division of Medical Services of		
21	the Department of Human Services		
22	(i) One (1) family physician;		
23	(ii) One (1) pediatrician;		
24	(iii) One (1) internal medicine physician;		
25	(iv) One (1) physician of any specialty in good		
26	standing with the Arkansas State Medical Board; and		
27	(v) One (1) physician who is a specialist.		
28	(2)(A) For purposes of reviewing a draft rule related to long-		
29	term care services and supports, the committee shall include the following		
30	five (5) four (4) additional voting members:		
31	(i) One (1) member nominated by the Arkansas Health		
32	Care Association to represent nursing homes and appointed by the President		
33	Pro Tempore of the Senate;		
34	(ii) One (1) member nominated by the $\frac{Arkansas}{}$		
35	Association of Area Agencies on Aging Arkansas Pharmacists Association and		
36	appointed by the President Pro Tempore of the Senate;		

1 (iii) One (1) member nominated by the Arkansas 2 Residential Assisted Living Association Arkansas Hospital Association and 3 appointed by the President Pro Tempore of the Senate; and (iv) One (1) member nominated by the Arkansas 4 5 Residential Assisted Living Association and appointed by the Speaker of the 6 House of Representatives; and 7 (v) One (1) member nominated by the HomeCare 8 Association of Arkansas and appointed by the Speaker of the House of 9 Representatives The Director of the Division of Medical Services of the Department of Human Services. 10 11 (B)(i) As used in subdivision (b)(2)(A) of this section, 12 "long-term care services and supports" does not include services provided in intermediate care facilities for individuals with developmental disabilities 13 14 or services provided by an entity licensed or certified by the Division of 15 Developmental Disabilities Services of the Department of Human Services. 16 (ii) For purposes of reviewing a draft rule related 17 to services provided in intermediate care facilities for individuals with 18 developmental disabilities and services provided by an entity licensed or 19 certified by the Division of Developmental Disabilities Services, § 20-77-20 2205(b)(2) applies. 21 (3) A medical director of a commercially owned insurance company 22 participating with the Division of Medical Services in the Arkansas Health 23 Care Payment Improvement Initiative who is not appointed under subdivision (b)(1)(A)(iii) of this section may serve as an ex officio member of the 24 25 committee but shall not vote. 26 (c) The committee may appoint subcommittees of the committee to study, 27 research, and advise the committee. 28 The Department of Human Services may provide offices and staff for 29 the committee. 30 (e)(1) The members of the committee shall serve two-year terms. 31 At the first meeting of the committee, the length of the 32 terms of the initial appointees shall be determined by lot. 33 The members of the committee shall hold the first meeting in 34 offices made available by the department within thirty (30) days of the

The committee annually shall select from its membership a chair

appointment of the members of the committee.

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(g)

- l and a vice chair.
- 2 (h)(1) A majority of the membership of the committee constitutes a guorum.
- 4 (2) A majority vote of the members present is required for any 5 action of the committee.
- 6 (i)(1) A vacancy on the committee due to death, resignation, removal,
 7 or another cause shall be filled in the same manner as the initial
 8 appointment.
- 9 (2) A member appointed to fill a vacancy shall serve for the remainder of the vacated term.
- 11 (j) The members of the committee may be removed by the appointing official for cause.
- 13 (k) Members of the committee except those employed by the state may 14 receive expense reimbursement and stipends under § 25-16-902.

16 20-77-2204. Purpose.

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The purpose of the Healthcare Quality and Payment Policy Advisory

Committee is to make recommendations and provide advice approval and

assistance to the Department of Human Services concerning the promulgation of
rules submitted by the department to the committee to promote high-quality,

- safe, effective, timely, efficient, and patient-centered physician services, hospital services, and long-term care services and supports in the State of
- 23 Arkansas, as related to the development of:
- 24 (1) The Arkansas Health Care Payment Improvement Initiative;
- 25 (2) Patient-centered medical homes; and
- 26 <u>(3)</u> episodes <u>Episodes</u> of care and the episodes-of-care target 27 prices and quality metrics within the Arkansas Health Care Payment 28 Improvement Initiative.

30 20-77-2205. Medicaid payment and reimbursement rules related to development of episodes of care.

32 (a)(1) The Department of Human Services shall not adopt a rule under 33 the Arkansas Administrative Procedure Act, § 25-15-201 et seq., related to 34 the <u>following areas</u> development of episodes of care for patient-centered 35 physician services, hospital services, and long-term care services and 36 supports, including without limitation the episodes of care target prices and

1 quality metrics, without first submitting the proposed rule to the Healthcare 2 Quality and Payment Policy Advisory Committee for review: 3 (A) The Arkansas Health Care Payment Improvement 4 Initiative; 5 (B) Patient-centered medical homes; and 6 (C) Episodes of care for patient-centered physician 7 services, hospital services, and long-term care services and supports, 8 including without limitation the episodes of care target prices and quality 9 metrics. 10 Concurrent with a submission of a draft rule to the (2) 11 committee under subdivision (a)(1) of this section, the department shall 12 issue a public notice of the draft rule for which the department shall: 13 Include in the notice a statement of the terms or 14 substance of the draft rule and the specific provider category or categories 15 affected: 16 (B) Mail the notice to any person who requests notice of a 17 submission of a draft rule to the committee under subdivision (a)(1) of this 18 section; and 19 (C) Post the notice on the department's website in a 20 section dedicated to the committee. 21 (3) Concurrent with a submission of a draft rule to the 22 committee under subdivision (a)(1) of this section, the department shall post 23 the draft rule on its website in a section dedicated to the committee during 24 the entire period the draft rule is under consideration by the committee. 25 (4) The department shall provide to a person who requests the 26 information a meeting notice that identifies the time and place of each 27 committee and subcommittee meeting and the draft rules under consideration by 28 the committee or subcommittee at each meeting. 29 (b)(1) At least forty-five (45) days before initiating the 30 promulgation process under the Arkansas Administrative Procedure Act, § 25-31 15-201 et seq., for a rule related to the development of episodes of care for patient-centered physician services, hospital services, or long-term care 32 33 services and supports, including without limitation the episodes of care 34 target prices and quality metrics, the department shall submit the draft rule

(2)(A) If the draft rule pertains to a healthcare provider

to the committee for review and advice approval.

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- listed in § 20-77-2202(2) whose provider category is not represented on the
- 2 committee, the committee shall seek representation by designated
- 3 representatives of the statewide provider association or associations for
- 4 that provider category for the purpose of review and advice approval.
- 5 (B) The committee shall:
- 6 (i) Provide at least twenty-five (25) days for the 7 representatives of the affected healthcare providers to review and comment on
- 8 the draft rule; and
- 9 (ii) Afford the representatives the opportunity to
- 10 participate in committee and subcommittee deliberations on the draft rule.
- 11 (C)(i) The committee shall not provide advice approval to
- 12 the department without seeking the input of the affected healthcare
- 13 providers.
- 14 (ii) If the committee does not reach agreement with
- 15 a provider association on a draft rule pertaining to a healthcare provider
- 16 not represented on the committee, the committee shall prepare a written
- 17 report that objectively states the information and viewpoints presented but
- 18 does not advise grant approval to the department concerning how to proceed on
- 19 the draft rule.
- 20 (c) A rule required to be submitted to the committee under subsection
- 21 (b) of this section that is adopted without following this section is void.
- 22 (d)(1) The committee shall issue and deliver a written advisory
- 23 <u>approval</u> statement to the department within thirty (30) calendar days after
- 24 the department's submission of the proposed rule to the committee.
- 25 (2) If the department fails to follow the advice of the
- 26 committee with respect to a proposed rule under this section, the department,
- 27 before beginning the promulgation process, shall prepare a written report
- 28 setting out the advice of the committee and an explanation of the reason that
- 29 the department decided not to follow the committee's advice with regard to
- 30 the rule.
- 31 $\frac{(3)}{(2)}$ The department shall make available for public review the
- 32 report required under subdivision (d)(2) of this section written approval
- 33 statement required under subdivision (d)(1) of this section and the text of
- 34 the proposed rule during the public comment period.
- 35 $\frac{(4)}{(3)}$ The department may shall not begin the promulgation
- 36 process for the proposed rule if the committee does not issue and deliver a

1	written advisory approval statement to the department within thirty (30)		
2	calendar days after the department's submission of the proposed rule to the		
3	committee.		
4	(e) After the public comment period, the department shall retain and		
5	make available for public review the report required under subdivision (d)(2)		
6	of this section and the text of any final regulation issued.		
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8	20-77-2206. Powers and duties of Healthcare Quality and Payment Policy		
9	Advisory Committee.		
10	The Healthcare Quality and Payment Policy Advisory Committee shall:		
11	(1) Review and provide advice approval regarding draft rules		
12	submitted by the Department of Human Services under § 20-77-2205;		
13	(2) Have the authority to obtain from the department all data		
14	and analysis required to fully meet its charge under § 20-77-2204; and		
15	(3) Provide reports to the Legislative Council upon request.		
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