1	State of Arkansas	A D:11	
2	91st General Assembly	A Bill	
3	Regular Session, 2017		HOUSE BILL 1919
4			
5	By: Representative Boyd		
6	By: Senator Files		
7			
8	For An Act To Be Entitled		
9	AN ACT TO CODIFY THE PROCESS FOR THE REVIEW OF RULES		
10	IMPACTING STATE MEDICAID COSTS; TO EXEMPT MEDICAL		
11	CODES FROM THI	E RULE-MAKING PROCESS AND LE	GISLATIVE
12	REVIEW AND AP	PROVAL; AND FOR OTHER PURPOS	ES.
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15		Subtitle	
16	TO CODIF	Y THE PROCESS FOR THE REVIEW	V OF
17	RULES IM	PACTING STATE MEDICAID COSTS	S; AND
18	TO EXEMP	T MEDICAL CODES FROM THE RUL	LE-
19	MAKING P	ROCESS AND LEGISLATIVE REVIE	EW AND
20	APPROVAL	•	
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22			
23	BE IT ENACTED BY THE GENE	RAL ASSEMBLY OF THE STATE OF	ARKANSAS:
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25	SECTION 1. Arkansas	s Code $ 10-3-309(b)(1)(B) $,	concerning the
26	definition of "rule" with	in the legislative review an	d approval of state
27	agency rules procedure, is	s amended to read as follows	:
28	(B) "Ri	ule" does not mean:	
29	(:	i) A statement that concern	s the internal
30	management of a state age	ncy and that does not affect	the private rights or
31	procedures available to the	he public;	
32	(:	ii) A declaratory order or	ruling issued under §
33	25-15-206 or other provision of law applicable to the state agency issuing		
34	the declaratory order or	ruling; or	
35	(:	iii) Intraagency memoranda;	<u>or</u>
36	<u>(</u> :	iv) A medical code within t	he Arkansas Medicaid

1	Program that is issued by the Centers for Medicare and Medicaid Services,	
2	including without limitation:	
3	(a) Current Procedural Terminology codes;	
4	(b) Healthcare Common Procedure Coding System	
5	codes;	
6	(c) International Classification of Diseases	
7	codes;	
8	(d) National Uniform Billing Committee	
9	Official UB-04 Specifications Manual codes; and	
10	(e) National Correct Coding Initiative codes	
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12	SECTION 2. Arkansas Code § 25-15-202(9)(B), concerning the definition	
13	of "rule" within the Administrative Procedure Act, is amended to read as	
14	follows:	
15	(B) "Rule" does not mean:	
16	(i) Statements concerning A statement that concerns	
17	the internal management of $\frac{1}{2}$ and \frac	
18	private rights or procedures available to the public;	
19	(ii) Declaratory rulings <u>A declaratory order or</u>	
20	ruling issued pursuant to under § 25-15-206 or other provision of law	
21	applicable to the state agency issuing the declaratory order or ruling; or	
22	(iii) Intra-agency Intraagency memoranda; or	
23	(iv) A medical code within the Arkansas Medicaid	
24	Program that is issued by the Centers for Medicare and Medicaid Services,	
25	including without limitation:	
26	(a) Current Procedural Terminology codes;	
27	(b) Healthcare Common Procedure Coding System	
28	codes;	
29	(c) International Classification of Diseases	
30	codes;	
31	(d) National Uniform Billing Committee	
32	Official UB-04 Specifications Manual codes; and	
33	(e) National Correct Coding Initiative codes	
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35	SECTION 3. Arkansas Code Title 25, Chapter 15, is amended to add an	
36	additional subchapter to read as follows.	

1	<u>Subchapter 4 - Rules Impacting Medicaid Costs</u>	
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3	25-15-401. Legislative finding.	
4	In light of the potential for rapidly rising costs to the state	
5	attributable to the Arkansas Medicaid Program and the importance of Medicaid	
6	expenditures to the health and welfare of the citizens of this state, the	
7	General Assembly finds that it is desirable to exercise a more thorough	
8	review of future proposed changes to any rule impacting state Medicaid costs.	
9 10	25-15-402. Definition.	
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12	(a) As used in this section, "rule impacting state Medicaid costs"	
13	means a proposed rule as defined by § 25-15-202(9), or a proposed amendment	
14	to an existing rule as defined by § 25-15-202(9), that would, if adopted,	
15	adjust Medicaid reimbursement rates, Medicaid eligibility criteria, or	
16	Medicaid benefits, including without limitation a proposed rule or a proposed amendment to an existing rule seeking to:	
17	(1) Reduce the number of individuals covered by the Arkansas	
18	Medicaid Program;	
19	(2) Limit the types of services covered by the program;	
20	(3) Reduce the utilization of services covered by the program;	
21	(4) Reduce provider reimbursement;	
22	(5) Increase consumer cost sharing;	
23	(6) Reduce the cost of administering the program;	
24	(7) Increase the program revenues;	
25	(8) Reduce fraud and abuse in the program;	
26	(9) Change any of the methodologies used for reimbursement of	
27	providers;	
28	(10) Seek a new waiver or modification of an existing waiver of	
29	any provision under Title XIX of the Social Security Act, 42 U.S.C. § 1396-1	
30	et seq., including a waiver that would allow a demonstration project;	
31	(11) Participate or seek to participate in the waiver authority	
32	of Section 1115(a)(1) of the Social Security Act, 42 U.S.C. § 1315(a)(1),	
33	that would allow operation of a demonstration project or program;	
34	(12) Participate or seek to participate in a request under	
35	Section 1115(a)(2) of the Social Security Act, 42 U.S.C. § 1315(a)(2), for	
36	the United States Secretary of the Department of Health and Human Services to	

T	provide lederal linancial participation for costs associated with a
2	demonstration project or program;
3	(13) Implement managed care provisions under Section 1932 of the
4	Social Security Act, 42 U.S.C. § 1396u-2; or
5	(14) Participate or seek to participate in the projects or
6	programs of the Centers for Medicare and Medicaid Services Innovation.
7	(b) "Rule impacting state Medicaid costs" does not include a
8	modification, addition, or elimination of the medical codes used within the
9	Arkansas Medicaid Program that are issued by the Centers for Medicare and
10	Medicaid Services, including without limitation:
11	(1) Current Procedural Terminology codes;
12	(2) Healthcare Common Procedure Coding System codes;
13	(3) International Classification of Diseases codes;
14	(4) National Uniform Billing Committee Official UB-04
15	Specifications Manual codes; and
16	(5) National Correct Coding Initiative codes.
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18	25-15-403. Additional rule procedure.
19	(a)(1) In addition to filing requirements under the Arkansas
20	Administrative Procedure Act, § 25-15-201 et seq., and § 10-3-309, the
21	Department of Human Services shall, at least thirty (30) days before the
22	expiration of the period for public comment, file a proposed rule impacting
23	state Medicaid costs or a proposed amendment to an existing rule impacting
24	state Medicaid costs with the Senate Committee on Public Health, Welfare, and
25	Labor and the House Committee on Public Health, Welfare, and Labor.
26	(2) A review of the proposed rule or proposed amendment to an
27	existing rule by the Senate Committee on Public Health, Welfare, and Labor
28	and the House Committee on Public Health, Welfare, and Labor shall occur
29	within forty-five (45) days of the date the proposed rule or proposed
30	amendment to an existing rule is filed with the Senate Committee on Public
31	Health, Welfare, and Labor and the House Committee on Public Health, Welfare,
32	and Labor.
33	(b)(l) If adopting an emergency rule impacting state Medicaid costs,
34	in addition to the filing requirements under the Arkansas Administrative
35	Procedure Act, § 25-15-201 et seq., and § 10-3-309, the Department of Human
36	Services shall notify the following individuals of the emergency rule and

1	provide each individual with a copy of the rule within five (5) business days
2	of adopting the rule:
3	(A) The Speaker of the House of Representatives;
4	(B) The President Pro Tempore of the Senate;
5	(C) The Chair of the Senate Committee on Public Health,
6	Welfare, and Labor; and
7	(D) The Chair of the House Committee on Public Health,
8	Welfare, and Labor.
9	(2) A review of the emergency rule by the Senate Committee on
10	Public Health, Welfare, and Labor and the House Committee on Public Health,
11	Welfare, and Labor shall occur within forty-five (45) days of the date that
12	the emergency rule is provided to the chairs.
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