EXHIBIT O-1

INTERIM STUDY PROPOSAL 2019-001

State of Arkansas
92nd General Assembly
Regular Session, 2019

A Bill

ANS/ANS
HOUSE BILL

By: Representative Dotson

Filed with: Arkansas Legislative Council
pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

AN ACT TO REQUIRE A PHYSICIAN TO UTILIZE TREATMENT ALTERNATIVES BEFORE PRESCRIBING AN OPIOID; AND FOR OTHER PURPOSES.

Subtitle

TO REQUIRE A PHYSICIAN TO UTILIZE TREATMENT ALTERNATIVES BEFORE PRESCRIBING AN OPIOID.

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

SECTION 1. Arkansas Code Title 17, Chapter 95, Subchapter 1, is amended to add an additional section to read as follows:

17-95-109. Treatment of pain.

(a) If a patient that seeks treatment for a condition that causes pain, then a physician shall refer or prescribe to the patient any of the following treatment alternatives, based on the physician's clinical judgment and the availability of the treatment, before the physician prescribes an opioid for the treatment of pain:

(1) Acupuncture;

(2) Chiropractic services;

(3) A chronic pain management program;

(4) Massage therapy;

(5) Occupational therapy;

(6) Osteopathic manipulation; or

(7) Physical therapy.

(b) This section does not require a physician to refer or prescribe all of the treatment alternatives listed under subsection (a) of this section before prescribing an opioid for a patient.

(c) This section does not prohibit a physician from simultaneously prescribing an opioid and prescribing or recommending any of the treatment alternatives listed in subsection (a) of this section.

SECTION 2. Arkansas Code Title 23, Chapter 99, Subchapter 11, is amended to add an additional section to read as follows:

23-99-1119. Treatment of pain.

(a) If a subscriber's treatment alternatives require prior authorization and are ordered by a healthcare provider, then a healthcare insurer shall not deny prior authorization for coverage of, at a minimum, twenty (20) visits per event of:

(1) Chiropractic services;

(2) Chronic pain management provided by a chronic pain management program;

(3) Occupational therapy;

(4) Osteopathic manipulation; and

(5) Physical therapy.

(b)(1) A patient may seek treatment for chiropractic services, chronic pain management provided by a chronic pain management program, occupational therapy, osteopathic manipulation, or physical therapy before seeking treatment from a healthcare provider, and the treatment shall not require a healthcare provider referral as a condition of coverage under a health benefit plan.

(2) A deductible, coinsurance, or copay required for any of the healthcare services listed in subsection (a) of this section shall not be greater than the deductible, coinsurance, or copay required for a primary care visit.

Referred by Representative Dotson

Prepared by: ANS/ANS

EXHIBIT O-2

INTERIM STUDY PROPOSAL 2019-006

State of Arkansas
92nd General Assembly
Regular Session, 2019

A Bill

JMB/JMB
HOUSE BILL

By: Representative Dotson

Filed with: Arkansas Legislative Council
pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

AN ACT TO LIMIT ACCESS TO A CHIROPRACTIC PHYSICIAN BY A MEDICAID RECIPIENT; AND FOR OTHER PURPOSES.

Subtitle

TO LIMIT ACCESS TO A CHIROPRACTIC PHYSICIAN BY A MEDICAID RECIPIENT.

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

SECTION 1. Arkansas Code § 20-77-134(b), concerning direct access to chiropractic physicians by Medicaid beneficiaries, is amended to read as follows:

(b) Rules adopted under this section shall:

(1) Allow a Medicaid recipient to receive diagnosis and treatment from a chiropractic physician without a referral from a primary care physician;

(2) Direct the Division of Medical Services of the Department of Human Services to develop a process for reporting diagnosis, treatment, costs of services, and cost-savings benefits under this section; ~~and~~

(3) Specify that a chiropractic physician who provides diagnosis or treatment, or both, under this section shall receive the same reimbursement as if the Medicaid recipient had been referred to the chiropractic physician by a primary care physician; and

(4) Limit access to a chiropractic physician to thirty (30) visits per year unless a Medicaid recipient has received prior authorization based on medical necessity for additional visits to a chiropractic physician.

Referred by Representative Dotson

Prepared by: JMB/JMB

EXHIBIT O-3

INTERIM STUDY PROPOSAL 2019-160

State of Arkansas
92nd General Assembly
Second Extraordinary Session, 2020

A Bill

JMB/JMB
HOUSE BILL

By: Representative Vaught

Filed with: Arkansas Legislative Council
pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

AN ACT TO CREATE THE ARKANSAS LEGISLATIVE STUDY ON MENTAL AND BEHAVIORAL HEALTH; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE ARKANSAS LEGISLATIVE STUDY ON MENTAL AND BEHAVIORAL HEALTH.

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

SECTION 1. TEMPORARY LANGUAGE. DO NOT CODIFY. Arkansas Legislative Study on Mental and Behavioral Health — Creation — Duties.

(a)(1) The Joint Performance Review Committee shall meet to conduct the Arkansas Legislative Study on Mental Health.

(b)(1) The cochairs of the Joint Performance Review Committee shall call the first meeting for the purpose of beginning the study within sixty (60) days of the effective date of this act.

(2) The Joint Performance Review Committee shall meet at least one (1) time every two (2) months in order to conduct the study but may meet more often at the call of the cochairs.

(c) The purpose of the study is to assess the strengths and weaknesses of the mental and behavioral health resources and care currently available in the State of Arkansas and to recommend legislation to the General Assembly regarding best practices and improvements within the area of mental and behavioral health care for consideration during the 2021 Regular Session.

(d) In order to achieve the purpose of this section, the Joint Performance Review Committee shall study the following:

(1) Access to and availability of mental and behavioral health care within this state;

(2) Existing mental and behavioral healthcare facilities in this state;

(3) Medicaid programs regarding mental and behavioral health and other public and private medical reimbursements for mental and behavioral healthcare providers and facilities within and without this state;

(4) Best practices for provision of mental ad behavioral health services;

(5) Mental and behavioral health programs in other states;

(6) The utilization and financial condition of the crisis stabilization units and the Arkansas State Hospital;

(7) Transportation of mental and behavioral health patients in Arkansas;

(8) The rate of deaths by suicide of school-aged children in this state;

(9) Mental health screenings and suicide prevention measures for children in kindergarten through grade twelve (K-12); and

(10) Other matters related to mental and behavioral health services.

(e)(1) On or before December 1, 2021, the Joint Performance Review Committee shall file with the Legislative Council a final written report of its activities, findings, and recommendations.

(2) Upon filing, the Arkansas Legislative Study on Mental and Behavioral Health shall be complete.

Referred by Representative Vaught

Prepared by: JMB/JMB

EXHIBIT O-4

INTERIM STUDY PROPOSAL 2019-166

State of Arkansas
92nd General Assembly
Second Extraordinary Session, 2020

A Bill

JMB/JMB
HOUSE BILL

By: Representatives Gazaway, D. Ferguson
By: Senator D. Wallace

Filed with: Arkansas Legislative Council
pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

AN ACT TO PROVIDE FOR EMERGENCY MEDICAL CARE FOR INJURED POLICE DOGS; TO PROVIDE IMMUNITY; AND FOR OTHER PURPOSES.

Subtitle

TO PROVIDE FOR EMERGENCY MEDICAL CARE FOR INJURED POLICE DOGS; AND TO PROVIDE IMMUNITY.

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

SECTION 1. Arkansas Code § 17-101-307(b), concerning exemptions to licensure by the Veterinary Medical Examining Board, is amended to add an additional subdivision to read as follows:

(13) An emergency medical services personnel or an emergency medical services provider from transporting an injured police dog as authorized under § 20-13-216.

SECTION 2. Arkansas Code § 20-13-202, concerning the definitions of the Emergency Medical Services Act, is amended to add additional subdivisions to read as follows:

(11) "Emergency medical services provider" means an entity that is licensed to provide emergency medical services, including without limitation an ambulance service provider; and

(12) "Police dog" means a dog owned or used by a law enforcement agency in the course of the law enforcement agency's work, including a search and rescue dog, service dog, accelerant detection dog, or other dog in use by a law enforcement agency.

SECTION 3. Arkansas Code Title 20, Chapter 13, Subchapter 2, is amended to add an additional section to read as follows:

20-13-216. Police dogs — Injured on duty.

(a)(1) An emergency medical services personnel or an emergency medical services provider may transport a police dog injured in the course of the law enforcement agency's work to a veterinary hospital or clinic if there is not a person requiring immediate medical attention or transport at the time.

(2) During transport to the veterinary hospital or clinic, an emergency medical services personnel or an emergency medical services provider may provide emergency medical care to the police dog, including without limitation:

(A) Opening and manually maintaining an airway;

(B) Giving mouth-to-snout or mouth-to-barrier ventilation;

(C) Administering oxygen;

(D) Managing ventilation by mask;

(E) Controlling hemorrhage with direct pressure;

(F) Immobilizing fractures;

(G) Bandaging;

(H) Administering naloxone hydrochloride, if administering naloxone hydrochloride has been authorized in accordance with a written protocol established and provided by a veterinarian or in consultation with a veterinarian; or

(I) Providing euthanasia.

(b) An emergency medical services personnel or an emergency medical services provider who, in the course of his or her duties, provides emergency medical care or transportation to an injured police dog under this section is not liable:

(1) For expenses related to providing emergency medical care to the police dog or for the transport of the police dog to a veterinary hospital or clinic;

(2) Civilly or criminally for emergency medical care provided to the police dog by emergency medical services personnel or an emergency medical services provider, including without limitation all causes of action lying in tort or contract and any causes of action for damages arising from the emergency medical care provided to the police dog; or

(3) For expenses charged by the veterinary hospital or clinic for emergency medical care or subsequent associated medical care provided to the police dog.

(c) An emergency medical services personnel or an emergency medical services provider may request a member of the law enforcement agency that owns or uses the police dog to accompany the injured police dog during transport.

Referred by Representative Gazaway

Prepared by: JMB/JMB

EXHIBIT O-5

INTERIM STUDY PROPOSAL 2019-167

State of Arkansas
92nd General Assembly
Second Extraordinary Session, 2020

A Bill

JMB/JMB
HOUSE BILL

By: Representative B. Smith

Filed with: Arkansas Legislative Council
pursuant to A.C.A. §10-3-217.

For An Act To Be Entitled

AN ACT TO CREATE THE MEDICAL CONSCIENCE PROTECTION ACT; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE MEDICAL CONSCIENCE PROTECTION ACT.

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

SECTION 1. Arkansas Code Title 17, Chapter 80, is amended to add an additional subchapter to read as follows:

Subchapter 5 — Medical Conscience Protection Act

17-80-501. Title.

This subchapter shall be known and may be cited as the "Medical Conscience Protection Act".

17-80-502. Legislative findings and purpose.

(a) The General Assembly finds that:

(1) The right of conscience is a fundamental and unalienable right;

(2) The right of conscience was central to the founding of the United States, has been deeply rooted in the history and tradition of the United States for centuries, and has been central to the practice of medicine through the Hippocratic Oath for millennia;

(3) Despite its importance, threats to the right of conscience of healthcare practitioners and healthcare institutions have become increasingly more common and severe in recent years;

(4) The swift pace of scientific advancement and the expansion of medical capabilities, along with the notion that healthcare practitioners and healthcare institutions are mere public utilities, promise only to exacerbate the current crisis unless something is done to restore the importance of the right of conscience; and

(5) It is the public policy of this state to protect the right of conscience of healthcare practitioners and healthcare institutions.

(b) It is the purpose of this subchapter to protect all healthcare practitioners and healthcare institutions from discrimination, punishment, or retaliation as a result of any instance of conscientious medical objection.

17-80-503. Definitions.

As used in this subchapter:

(1)(A) "Conscience" means the deeply held religious, moral, ethical, or philosophical beliefs or principles of a healthcare practitioner or healthcare institution.

(B) "Conscience" of a healthcare institution may be determined by reference to existing or proposed documents, including without limitation any published religious, moral, or ethical guidelines, mission statements, constitutions, bylaws, articles of incorporation, regulations, or other relevant documents;

(2) "Discriminate" means to take an adverse action against, or communicate a threat of adverse action to, any healthcare practitioner or healthcare institution as a result of a decision by a healthcare practitioner or healthcare institution to decline to participate in a healthcare service on the basis of the conscience of the healthcare practitioner or healthcare institution, including without limitation:

(A) Termination;

(B) Refusal of staff privileges;

(C) Refusal of board certification;

(D) Adverse administrative or disciplinary action;

(E) Demotion;

(F) Loss of career specialty;

(G) Reduction of wages, benefits, or privileges;

(H) Refusal to award any grant, contract, or other program;

(I) Refusal to provide residency training opportunities;

(J) Refusal to authorize the creation, expansion, improvement, acquisition, affiliation, or merger of a healthcare institution; and

(K) Any other penalty or disciplinary retaliatory action;

(3) "Employer" means an individual or entity that pays for or provides health benefits or health insurance coverage as a benefit to the employees of the individual or entity;

(4) "Healthcare institution" means a public or private organization, corporation, partnership, sole proprietorship, association, agency, network, joint venture, or other entity involved in providing healthcare services, including without limitation:

(A) A hospital;

(B) A clinic;

(C) A medical center;

(D) An ambulatory surgical center;

(E) A private physician's office;

(F) A pharmacy;

(G) A nursing home;

(H) A medical training facility;

(I) An individual, association, corporation, or other entity attempting to establish a new healthcare institution or operating an existing healthcare institution; and

(J) Any other institution or location where healthcare services are provided to an individual;

(5) "Healthcare practitioner" means an individual who is:

(A) A physician;

(B) A physician's assistant;

(C) A nurse;

(D) A nurse's aide;

(E) A medical assistant;

(F) A healthcare institution employee;

(G) A pharmacist;

(H) A pharmacy employee;

(I) A researcher;

(J) A student, employee, or faculty member of a medical school or nursing school;

(K) A counselor;

(L) A social worker; or

(M) Any professional, paraprofessional, or other individual who furnishes or assists in the providing or performing of healthcare services;

(6)(A) "Healthcare service" means a phase of patient medical care, treatment, or procedure, including without limitation:

(i) Patient referral;

(ii) Counseling;

(iii) Therapy;

(iv) Testing;

(v) Research;

(vi) Diagnosis or prognosis;

(vii) Instruction;

(viii) Prescribing, dispensing, or administering of any drug, medication, or device;

(ix) Surgery; and

(x) Other care or treatment provided by a healthcare provider or healthcare institution.

(B) "Healthcare service" does not mean health care or treatment that is emergent or necessary to save the life of the patient;

(7) "Participate" means to provide, perform, assist with, facilitate, refer for, counsel for, advise with regard to, admit for the purposes of providing, or take part in any way in providing any healthcare service or any form of healthcare service; and

(8) "Reasonable accommodation" means an arrangement to accommodate beliefs or practices consistent with Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e et seq., as existing on January 1, 2019.

17-80-504. Right of conscience.

(a) A healthcare practitioner or healthcare institution:

(1) Has the right not to participate in a healthcare service that violates his, her, or its conscience;

(2) Is not required to participate in a healthcare service that violates his, her, or its conscience; and

(3) Is not civilly, criminally, or administratively liable for declining to participate in a healthcare service that violates his, her, or its conscience.

(b) An individual, healthcare practitioner, health institution, public institution, private institution, public official, or any board or agency that certifies competency in a medical specialty shall not discriminate against a healthcare practitioner or healthcare institution in any manner based upon his, her, or its declining to participate in a healthcare service that violates his, her, or its conscience.

(c) The right of conscience described in subsection (a) of this section does not include the right to deny emergency medical care.

(d) An action taken by a healthcare institution or employer of a healthcare practitioner is not discrimination under this subchapter if the action is taken as a reasonable accommodation to the right of conscience of a healthcare practitioner.

(e)(1) A healthcare institution that exercises the right of conscience shall promptly inform the patient or an individual authorized to make healthcare decisions for the patient that the healthcare institution will not participate in the healthcare service for reasons of conscience.

(2) If a request for transfer is made by the patient or on behalf of the patient, the healthcare institution shall make all reasonable efforts to assist in a prompt transfer of the patient and provide continuing care to the patient until a transfer can be effected or until a determination has been made that a transfer cannot be effected.

(3) If a transfer cannot be effected, the healthcare institution shall not be compelled to participate in a healthcare service that violates the conscience of the healthcare institution.

(f) This section does not:

(1) Prohibit a potential employer of a healthcare practitioner from designating participation in a particular healthcare service as a fundamental requirement for a position by providing a written certification

to the applicant that the healthcare service is directly related and essential to a core purpose of the employer; or

(2) Authorize a healthcare practitioner or healthcare institution to object to or refuse to participate in a healthcare service based upon the particular characteristics of the patient who is seeking the healthcare service.

(g) This section authorizes a healthcare practitioner or healthcare institution to object to a healthcare service if the healthcare service is sought for a particular purpose that is in conflict with the conscience of the healthcare practitioner or healthcare institution regardless of the patient who is seeking those services.

17-80-505. Notice requirements.

(a)(1) A healthcare institution or employer shall prominently post a notice, not less than eight and one-half inches by eleven inches (8.5" x 11") in size, entitled "Right of Conscience for Healthcare Practitioners, Students, and Employees" in a location where other notices are normally posted or, if notices are not normally posted, in a location in which personnel are likely to see the notice.

(2) The purpose of the notice described in subdivision (a)(1) of this section is to fully inform personnel of their right of conscience with respect to the delivery of healthcare services.

(b) A healthcare institution or employer shall ensure that each member of personnel, student, or employee is informed of his or her right of conscience with respect to the delivery of healthcare services upon the start of employment or service.

(c) An healthcare institution or employer that violates this section is subject to a civil fine not to exceed ten thousand dollars ($10,000) per incident.

17-80-506. Civil remedies.

(a)(1) A civil action for damages or injunctive relief, or both, may be brought by a healthcare practitioner or healthcare institution for a violation of this subchapter.

(2) A claim that the violation of this subchapter was necessary to prevent an additional burden or expense on another healthcare

practitioner, healthcare institution, or individual, including without limitation a patient, is not an affirmative defense.

(3) A civil action brought under subdivision (a)(1) of this section shall demonstrate by a preponderance of the evidence that:

(A) The healthcare practitioner or healthcare institution holds a conscience as defined in this subchapter; and

(B) A reasonable accommodation was not offered or made for the conscience of the healthcare practitioner or healthcare institution.

(b)(1)(A) Upon a finding of a violation of this subchapter, the aggrieved party shall be entitled to recover treble damages, including without limitation damages related to:

(i) Pain and suffering sustained by the individual, association, corporation, healthcare institution, or other entity;

(ii) The cost of the civil action; and

(iii) Reasonable attorney's fees.

(B) However, the total amount of damages shall not be less than five thousand dollars ($5,000) for each violation in addition to the costs of the civil action and reasonable attorney's fees.

(2) Damages shall be cumulative and are not exclusive of other remedies that may be afforded under state or federal law.

(c) A court may award injunctive relief, including without limitation ordering the reinstatement of a healthcare practitioner to his or her prior employment position or board certification or relicensure of a healthcare institution.

17-80-507. Applicability.

This subchapter is supplemental to existing protections of the right of conscience within the Arkansas Code and does not affect the existing laws within the state concerning protection of the right of conscience.

Referred by Representative B. Smith

Prepared by: JMB/JMB

EXHIBIT O-6

INTERIM STUDY PROPOSAL 2019-168

REQUESTING THAT THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR STUDY THE ROLE OF AN ADVANCED PRACTICE REGISTERED NURSE AS A PRIMARY CARE PROVIDER WITHIN THE ARKANSAS MEDICAID PROGRAM.

WHEREAS, the demand for primary care services in the United States is expanding and expected to continue expanding over the next several years as a result of the growth and aging of the population of the United States; and

WHEREAS, in the 2015 Primary Care Needs Assessment, the Office of Rural Health and Primary Care of the Department of Health identified the following three (3) main challenges to healthcare progress in Arkansas:

(1) The supply, capacity, and distribution of primary care providers in Arkansas is not sufficient to meet the healthcare needs of Arkansas and is not likely to change in the short term;

(2) There are gaps in healthcare access, quality of care, and geographic barriers that negatively impact care in rural and underserved communities and populations; and

(3) The demand for healthcare services will be driven by a rapidly increasing population of elderly Arkansans and a general population that experiences differentially high rates of chronic disease; and

WHEREAS, Arkansas has over fifty-eight thousand (58,000) registered nurses and over three thousand five hundred (3,500) advanced practice registered nurses; and

WHEREAS, the Arkansas Medicaid Program, including the patient-centered medical home model and the Arkansas Medicaid Primary Care Case Management Program, does not recognize advanced practice registered nurses as primary care providers despite the advanced education and training in primary care received by an advanced practice registered nurse; and

WHEREAS, in the article entitled "Tapping Nurse Practitioners to Meet Rising Demands for Primary Care" issued by the Kaiser Family Foundation, it was found that:

(1) Close to ninety percent (90%) of advanced practice registered nurses are prepared or trained in primary care;

(2) Advanced practice registered nurses can manage eighty to ninety percent (80-90%) of care provided by primary care physicians; and

(3) Advanced practice registered nurses are significantly more likely than primary care physicians to practice in urban and rural areas, provide health care in a wider range of community settings, and serve a high proportion of uninsured patients and other vulnerable populations; and

WHEREAS, the Institute of Medicine's 2011 report entitled "The Future of Nursing, Leading Change, Advancing Health" issued recommendations to ensure that registered nurses and advanced practice registered nurses practice to the fullest extent of their licensure, accreditation, certification, and education as well as perform as full partners in the redesign of health care in the United States; and

WHEREAS, these recommendations serve as a blueprint toward a healthcare system that provides patient-centered and evidence-based quality health care with improved health outcomes by utilizing nurses, which are the nation's largest healthcare workforce; and

WHEREAS, a study by the Institute of Medicine shows that a higher concentration of primary care providers, particularly advanced practice registered nurses and registered nurses, results in a higher quality of health care and lower costs for the healthcare system; and

WHEREAS, other studies demonstrate that advanced practice registered nurses are more likely to practice in medically underserved areas than primary care physicians, which increases access for Medicaid beneficiaries; and

WHEREAS, forty-two (42) states across the nation, have amended state laws to expand the scope of practice for advanced practice registered nurses to practice primary care as a primary care provider; and

WHEREAS, a report by the National Governors Association found that health care provided by an advanced practice registered nurse "is comparable" to health care provided by a physician "on several process and outcome measures" and that advanced practice registered nurses "may provide improved access to care"; and

WHEREAS, if regulatory and statutory barriers to utilization of the advanced practice registered nurse as a primary care provider were removed, advanced practice registered nurses have the potential to create new access points for patients and Medicaid beneficiaries throughout the state by opening new clinics and to increase the employment rates of the state by employing new individuals in Arkansas communities; and

WHEREAS, the opportunity exists to more fully utilize advanced practice registered nurses in the healthcare system of Arkansas; and

WHEREAS, for the health of Arkansas citizens, the General Assembly should pursue efforts to improve access to health care by utilizing the adaptive capacity of advanced practice registered nurses across the healthcare continuum,

NOW THEREFORE,
BE IT PROPOSED BY THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR OF THE NINETY-SECOND GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

THAT the House Committee on Public Health, Welfare, and Labor study the role of advanced practice registered nurses as primary care providers within the Arkansas Medicaid Program to the fullest extent of their licensure, accreditation, certification, and education.

BE IT FURTHER PROPOSED THAT, upon request, the Arkansas Nurses Association and the Arkansas State Board of Nursing provide assistance to the House Committee on Public Health, Welfare, and Labor to perform this study.

Respectfully submitted,

Representative Justin Gonzales
District 19
Prepared by: JMB/JMB

EXHIBIT O-7

INTERIM STUDY PROPOSAL 2019-169

REQUESTING THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR STUDY THE ROLE OF PHARMACY TECHNICIANS AND METHODS TO REDUCE BARRIERS THAT MAY PREVENT PHARMACY TECHNICIANS FROM BEING ABLE TO MAXIMALLY ASSIST PHARMACISTS IN THE PRACTICE OF PHARMACY.

WHEREAS, pharmacy technicians play a vital roles in community and health systems by performing tasks that assist pharmacists in safely performing their clinical duties; and

WHEREAS, pharmacy technicians help to perform nonclinical tasks that assist with the preparation of prescription medications, intravenous medications, and compounded medications as well as other nonclinical tasks within the pharmacy setting; and

WHEREAS, a pharmacist licensed in Arkansas is responsible for overseeing the activities of a pharmacy technician, including training and supervising the pharmacy technician and inspecting and checking the quality and accuracy of the work of the pharmacy technician; and

WHEREAS, the supervising pharmacist knows and understands the abilities of each of the pharmacy technicians that work under his or her supervision; and

WHEREAS, the supervising pharmacist should be able to deploy a pharmacy technician for any purpose that would assist the supervising pharmacist in the practice of pharmacy, so long as the pharmacy technician is not making any clinical decision or providing any clinical information to patients; and

WHEREAS, the General Assembly should study and review ways to properly utilize pharmacy technicians to maximally assist pharmacists in the practice of pharmacy,

NOW THEREFORE,

BE IT PROPOSED BY THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR OF THE NINETY-SECOND GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

THAT the House Committee on Public Health, Welfare, and Labor study the role of pharmacy technicians and methods to reduce barriers that may prevent pharmacy technicians from being able to maximally assist pharmacists in the practice of pharmacy.

Respectfully submitted,

Representative Justin Boyd
District 77

Representative Aaron Pilkington
District 69

Prepared by: JMB/JMB