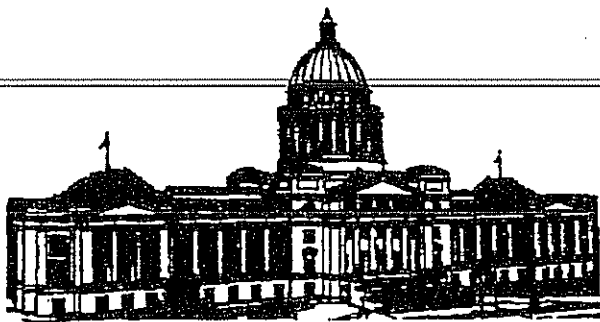


# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 026  
Little Rock, Arkansas 72201-1094

For Office  
Use Only:

Effective Date

8/28/00

Code Number

007.15.00-004

Name of Agency

Arkansas Department of Health

Department

Division of Communicable Disease/Immunization

Contact Person

Charles Beets

Statutory Authority for Promulgating Rules

Act 1524 of 1999

Ark. Code Ann. 20-10-1301 through 1305

Intended Effective Date

Date

☐ Emergency

Legal Notice Published

4/22/2000

☒ 10 Days After Filing

Final Date for Public Comment

5/22/2000

☐ Other

Reviewed by Legislative Council

5/18/2000

Adopted by State Agency

7/27/2000

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

Ricki D. Hogan

Signature

501 661 2252

Phone Number

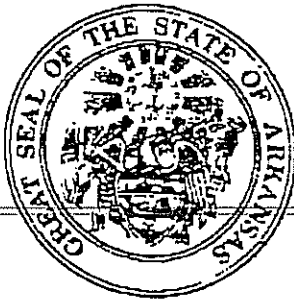
General Counsel

Title

BY  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

00 AUG 18 PM 1:27

FILED  
AR. REGISTER DIV.



# Arkansas State Library

## Agency Certification Form

For Depositing Final Rules and Regulations  
at the Arkansas State Library

Documents Services • Arkansas State Library  
One Capitol Mall • Little Rock, AR 72201-1094  
Telephone: (501) 682-2326 • FAX (501) 682-1532

For Office Use Only: Effective Date: _____ Classification Number: _____		
Name of Agency: Arkansas Department of Health		
Contact Person: Charles Beets		Telephone: 501-661-2784
Statutory Authority for Promulgating Rules: Act 1524 of 1999 Ark. Code Ann. 20-10-1301 through 1305		
Title of Rule: Nursing Home Requirements for Residents and Employees Law		
Rule Status:	Effective Date Status:	Effective Date
<input checked="" type="checkbox"/> New Rule/Regulation	<input type="checkbox"/> Emergency.....	
<input type="checkbox"/> Amended Rule/Regulation	<input checked="" type="checkbox"/> 10 Days after filing	
<input type="checkbox"/> Repealed Rule/Regulation	<input type="checkbox"/> Other.....	
<input type="checkbox"/> Order	<input type="checkbox"/> Repealed.....	
<input type="checkbox"/> Emergency Rule/Regulation	Adopted by State Agency	
<input type="checkbox"/> Rule above is proposed and will be replaced by final version. <input checked="" type="checkbox"/> Financial and/or Fiscal Impact Statement Attached		
<b>Certification of Authorized Officer</b> I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended. Signature <u>Rich D. Hogen</u> Date <u>8/15/00</u> Title <u>General Counsel</u>		

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**ARKANSAS STATE BOARD OF HEALTH**  
**BUREAU OF PUBLIC HEALTH PROGRAMS**  
**DIVISION OF CD/IMMUNIZATION**

**RULES AND REGULATIONS**  
**FOR**  
**NURSING HOME RESIDENT & EMPLOYEE IMMUNIZATION LAW**

**Promulgated Under the Authority of**  
**Act 1524 of 1999**

**Effective September 1, 2000**  
**This Revision Effective July 27, 2000**  
**By the Arkansas Board of Health**

**Arkansas Department of Health**  
**Little Rock, AR**  
**Dr. Fay W. Boozman, Director**

---

**RULES AND REGULATIONS PERTAINING TO THE NURSING HOME RESIDENT  
AND EMPLOYEE IMMUNIZATION LAW PURSUANT TO  
ACT 1524 OF 1999**

Requirements:

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All nursing home facilities shall require all residents and full or part-time employees to be immunized against influenza disease. Additionally, all residents shall be immunized against pneumococcal disease as a condition of residency in said facility.

1. Employees

Any individual who is employed or accepts employment at any nursing home facility, as a condition of employment, must agree to receive an annual influenza immunization. Employees may be exempt, if they qualify for medical or religious reasons. (See Exemptions)

2. Residents

Residents, or their responsible parties, have the right to refuse medical Treatment, including immunizations, for the resident. Refusal must be in writing and be on file in resident's permanent record.

Exemptions:

Employees

1. Medical

Only a letter issued by the MEDICAL DIRECTOR, DIVISION OF COMMUNICABLE DISEASE/IMMUNIZATION, stating the vaccine or vaccines for which an individual is exempt is to be accepted as a valid medical exemption by the Nursing Home. Statements from a private physician are not to be accepted by the Nursing Home without this letter.

2. Religious

The Arkansas Department of Health's standard form for religious exemptions must be submitted to the Division of Communicable Disease/Immunization. A notarized statement is required from a Pastor

or church official that the individual is a member or adherent of a recognized church or religious denomination whose tenets are opposed to immunization.

Requests for religious exemption forms or inquiries about exemptions should be forwarded to the Division of Communicable Disease/Immunization, Slot 48, 4815 W. Markham, Little Rock, AR 72205, or call (501) 661-2169.

#### Documentation:

Permission to administer influenza and pneumococcal vaccine to the residents is the responsibility of each nursing home and must be initiated during admission to the facility. Consent must be in writing and signed by either the resident and/or responsible party. The signed permission slip shall be kept in the resident's permanent record. Nursing homes must maintain a current log or list of residents and employees in their facility and document that each has been immunized. The log must include, at a minimum, the individual's name, date of birth, type of vaccine and date administered. Additionally, the reason or reasons vaccine were not administered to any resident or employee must be documented on the log or list. A copy of this log must be submitted to the Office of Long-Term Care by December 1, of each year. Nursing homes are required to retain a copy of the log for a period of fifteen (15) months from the date of submission to the Office of Long-Term Care. These log forms may be obtained from the Arkansas Department of Health by calling 501-661-2169.

The Office of Long-Term Care will monitor and enforce the rules and regulations to assure compliance with the law. Any nursing home which does not enforce the provisions of this act will be in violation of Ark. Code Ann. § 20-10-205 and 206 and will be subject to the punishment set down in Ark. Code Ann. § 20-10-206 for that violation. Cited facilities may appeal any imposed sanctions following the process as set forth in Ark. Code Ann. § 20-10-208.

#### Responsibilities and Implementation

The Arkansas Department of Health shall provide sufficient quantities of vaccine, supplies, and the staff necessary to immunize the residents and staff members in all nursing home facilities. Area Health Office or local health unit staff members will co-ordinate immunization activities with nursing home staff members to assure that all residents and employees receive all required doses of vaccine.

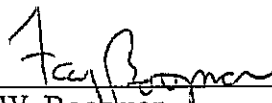
ADH 09/2000

Page 2

#### **CERTIFICATION**

This is to certify that the foregoing Rules and Regulations for the Immunization Requirements for Nursing Home Residents and Employees in Arkansas were adopted by the Arkansas State

Board of Health at a regular session of said Board held in Little Rock, Arkansas on the 27<sup>th</sup> day of July, 2000.



Fay W. Boozman

Director, Arkansas Department of Health  
Secretary of the Arkansas Board of Health

The foregoing Rules and Regulations, copy having been filed in my office, are hereby approved on the 4<sup>th</sup> day of August, 2000.



Mike Huckabee  
Governor

**FORMAT FOR COVER SUMMARY OF PROPOSED ADMINISTRATIVE  
RULES AND REGULATIONS**

**NOTE:** See the Administrative Procedures Process instructions to determine which packets this cover summary accompanies.

**Arkansas Department of Health**

**Cover Summary of Proposed Administrative Rules/Regulation**

DIVISION Communicable Disease/Immunization  
ADDRESS 4815 W Markham St Slot 48  
CONTACT PERSON Charles Beets  
PHONE NUMBER 501/661-2784

**SHORT TITLE OF THIS RULE** Nursing Home Resident and Employee Immunization Law

1. The subject of the proposed rule is Immunization requirements for nursing home residents and employees
2. If this is a new rule or repeal or amendment of an existing rule? State specifically what is amended? New
3. What State or Federal law or regulation grants the authority for this proposed rule? Act 1524 of 1999
4. What is the purpose of this proposed rule? Why is it necessary? To require pneumococcal vaccine for residents and influenza vaccine for employees and residents of
5. Will this proposed rule be controversial? If yes, explain nature of controversy. nursing homes
6. <sup>No</sup> What is the financial impact of this proposed rule? Requires funds of \$116,740 annually. Some costs defrayed by Medicare and Medicaid reimbursement.
7. Was a public hearing held on this proposed rule? If yes, state the date, time and location of such hearing. If no, state the date the public comment period ends. No May 22 8 a.m.
8. What is the proposed effective date of this proposed rule October 1, 2000

**FILED**  
AR. REGISTER DIV.  
00 AUG 18 PM 1:28  
SHARON FRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

## FORMAT FOR FINANCIAL IMPACT STATEMENT

Ark. Code Ann. § 25-15-204, 10-3-309 (e)(1) and Act 1104 of 1995 describe the financial statement:

### Description:

*The scope of the financial impact statement shall be determined by the agency but shall include, at a minimum, the estimated cost of complying with the Rule and the estimated cost for the agency to implement the Rule. If the agency has reason to believe that the development of a financial impact statement will be so speculative as to be cost prohibited, the agency shall submit a statement and explanation to that effect. If the purpose of a state agency Rule or Regulation is to implement a federal Rule or Regulation, the financial impact statement shall be limited to any incremental additional cost of the state Rule or Regulation as opposed to the federal Rule or Regulation*

## FINANCIAL IMPACT STATEMENT

DEPARTMENT Health  
DIVISION Communicable Disease/Immunization  
PERSON COMPLETING THIS STATEMENT Charles Beets  
PHONE NUMBER 501/661-2784 FAX # 501/661-2300

SHORT TITLE OF THIS RULE Nursing Home Resident & Employee Immunization Law

1. Does this proposed, amended, or repealed Rule or Regulation have a financial impact?  
Yes X No
2. Please estimate the cost of compliance to regulated entities & others outside the department. Identify any financial impact on municipalities or counties. None
3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibitive, please explain. N/A
4. If the purpose of this Rule or Regulation is to implement a federal Rule or Regulation, please give the incremental cost for implementing the Regulation. N/A

FILED  
AR. REGISTER DIV.  
00 AUG 18 PM 1:28  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_



2000/2001	<u>Fiscal Year</u>	2001/2002	<u>Fiscal Year</u>
General Revenue	_____	General Revenue	_____
Federal Funds	_____	Federal Funds	_____
Cash Funds	_____	Cash Funds	_____
Special Revenue	_____	Special Revenue	_____
Other	_____	Other	_____
Total	_____	Total	_____

5. What is the total estimated cost by fiscal year to any entity or individual subject to the proposed, amended, or repealed Rule or Regulation?

2000/2001	<u>Fiscal Year</u>	2001/2002	<u>Fiscal Year</u>

6. What is the total estimated cost by fiscal year to the agency to implement this Regulation?

2000/2001	<u>Fiscal Year</u>	2001/2002	<u>Fiscal Year</u>
\$116,740		\$116,740	

7. Does the Proposed Rule impose a cost on state or local school districts? If yes, then file a fiscal impact statement. No

References: Act 884 of 1995, Ark. Code Ann. § 10-3-309  
Act 1104 of 1995, Ark. Code Ann. § 25-15-204  
Act 221 of 1977, Ark. Code Ann. § 19-1-302