

QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE
ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY: Arkansas Department of Health
DIVISION: Health Systems Licensing and Regulation/Cosmetology and Massage Therapy Section
DIVISION DIRECTOR: Connie Melton
CONTACT PERSON: Kelli Kersey
ADDRESS: 4815 West Markham, Slot 8, Little Rock, AR 72205
PHONE NO.: 501-661-2171 **FAX NO.:** 501-661-2055 **E-MAIL:** kelli.kersey@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING: Laura Shue
PRESENTER E-MAIL: laura.shue@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.**
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.**
- C. If you have a method of indexing your rules, please give the proposed citation after “Short Title of this Rule” below.**
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:**

Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

- 1. What is the short title of this rule? Rules for Cosmetology in Arkansas
- 2. What is the subject of the proposed rule? Rule revision to update language of Rule to mirror Act 488, Act 972, Act 973, and Act 1081 of 2017; also to comply with Act 325, Act 426, Act 820, Act 990, and Act 1011 of 2019. Provides clarification and reduces licensure fees.
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No x
If yes, please provide the federal rule, regulation, and/or statute citation. _____
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes _____ No x
If yes, what is the effective date of the emergency rule? _____
When does the emergency rule expire? _____
Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes _____ No x
- 5. Is this a new rule? Yes _____ No x If yes, please provide a brief summary explaining the rule.

Does this repeal an existing rule? Yes _____ No x _____ If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes x _____ No _____ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled “mark-up.”**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Ark. Code Ann. § 17-26-102 (3) et seq.

7. What is the purpose of this proposed rule? Why is it necessary? To update language of the Rules to mirror Act 488, Act 972, Act 973, and Act 1081 of 2017; and Act 325, Act 426, Act 820, Act 990, Act 426 and Act 1011 of 2019. Also to clarify and to reduce licensure fees.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.healthy.arkansas.gov

9. Will a public hearing be held on this proposed rule? Yes x _____ No _____
If yes, please complete the following:
Date: 8/27/2020
Time: 10:00 A.M.
Place: Freeway Medical Tower, 5800 W. 10th St., Room 906, Little Rock, Arkansas

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)
Tentative 8/27/2020

11. What is the proposed effective date of this proposed rule? (Must provide a date.)
October 1, 2020

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.
Cosmetology and related fields licensees – In favor

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT: Arkansas Department of Health

DIVISION: Health Systems Licensing and Regulation/Cosmetology and Massage Therapy Section

PERSON COMPLETING THIS STATEMENT: Kelli Kersey

TELEPHONE NO.: 501-682-2171 **FAX NO.:** 501-682-5640 **EMAIL:** kelli.kersey@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE: Rules for Massage Therapy of Arkansas

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes x No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes x No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes x No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and

- (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

Next Fiscal Year

General Revenue: 0

General Revenue: 0

Federal Funds: 0

Federal Funds: 0

Cash Funds: 0

Cash Funds: 0

Special Revenue

Special Revenue

Other (Identify) _____

Other (Identify) _____

Total: 0

Total: 0

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue: 0

General Revenue: 0

Federal Funds: 0

Federal Funds: 0

Cash Funds: 0

Cash Funds: 0

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total: 0

Total: 0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ 0

\$ 0

Reciprocity applicants:	Current \$150	Proposed	\$50
New Establishment or mobile salon Applicants:	Current \$150	Proposed	\$100 (onetime fee)
Establishment or mobile salon Renewal:	Current \$100	Proposed	\$50 (annually)
Establishment Relocation:	Current \$150	Proposed	\$50 (onetime fee)
Name and/or ownership change of establishment or mobile salon:	Current \$75	Proposed	\$25 (onetime fee)
New School of Cosmetology or postsecondary school of cosmetology:	Current \$1500	Proposed	\$1000 (onetime fee)
Name and/or ownership change of School of Cosmetology or postsecondary school of cosmetology:	Current \$500	Proposed	\$100 (onetime fee)
Duplicate license:	Current \$25	Proposed	\$10 (onetime fee)
Certificate of Department records:	Current \$50	Proposed	\$10 (onetime fee)

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ 1,280,023.00

\$ 1,138,522.00

Revenue reduction for FY21 \$282,260 with fee reduction _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes _____ No x

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously

with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.