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Proposed Rulemaking

~~Title~~Rules for Freestanding Birthing Centers in Arkansas

Promulgated by:
Department of Health

Title 20. Public Health and Welfare

Chapter I. Generally, Department of Health

Subchapter B. Health Facilities

Part 44. Rules for Freestanding Birthing Centers in Arkansas

Subpart 1. Generally

20 CAR § 44-101. Preface.

(a)(1) This part has been prepared for the purpose of establishing criteria for minimum standards for licensure, operation, and maintenance of freestanding birthing centers.

(2) By necessity they are of a regulatory nature but are considered to be practical minimum design and operational standards for their facility type.

(3) These standards are:

(A) Not static; and

(B) Subject to periodic revisions.

(b) It is expected freestanding birthing centers will:

(1) Exceed these minimum requirements; and

(2) Not be dependent upon future revisions as a necessary prerequisite for improved services.

20 CAR § 44-102. Definitions.

As used in this part:

(1) "Administrator" means an individual designated to provide daily supervision and administration of the freestanding birthing center;

(2) "Certified nurse midwife" means a trained and licensed advanced practice nurse in accordance with the Arkansas Nurse Practice Act, Arkansas Code § 17-87-314 et seq.;

(3) "Complications" means any condition according to written risk criteria of the freestanding birthing center that contraindicates continued care in the freestanding birthing center;

(4)(A) "Freestanding birthing centers" means any facility that is organized to provide family-centered maternity care in which births are planned to occur in a home-like atmosphere away from the mother's usual residence following a low-risk pregnancy.

(B) The facility shall not provide operative obstetrics including use of:

(i) Forceps;

(ii) Vacuum extractions;

(iii) Caesarean sections; or

(iv) Tubal ligations.

(C) The freestanding birthing center must be located within thirty (30) minutes of a hospital, via ambulance, that:

(i) Offers obstetric and nursery services; and

(ii) Maintains an on-call team to provide emergency C-sections and stabilization of infants;

(5) "Large freestanding birthing center" means a birthing center comprised of four (4) or more birthing rooms with an exam room;

(6) "Low-risk pregnancy" means:

(A) A normal uncomplicated pregnancy as determined by a generally accepted course of prenatal care; and

(B) The expectation of a normal uncomplicated birth as defined by a reasonable and generally accepted criteria of maternal and fetal health;

(7) "Medical director" means a person licensed to practice medicine in the State of Arkansas;

(8) "Preterm" means before the end of the thirty-seventh week of gestation;

(9)(A) "Professional Review Committee" shall be composed of at least three (3) members.

(B) ~~The~~ At least three members shall include any of the following:

(i) A physician with advanced training in obstetrics;

(ii) One (1) certified nurse midwife; ~~and/~~or

(iii) One (1) registered nurse, required for large freestanding birthing centers;

(10) "Qualified physician" means a person licensed to practice medicine in the State of Arkansas who has obstetrical privileges at the licensed hospital;

(11) "Service animal" means animals that are individually trained to perform tasks for individuals with disabilities;

(~~11~~12) "Small freestanding birthing center" means a birthing center:

(A) Comprised of three (3) or fewer birthing rooms; and

(B) Occupied by fewer than four (4) patients, not including newborns, at any time; and

(~~12~~13) "Term" means at thirty-seven (37) weeks' gestation or greater.

20 CAR § 44-103. Licensing.

(a) **Application for license.**

(1) Application for a license or renewal of a license for a freestanding birthing center shall be made to the Department of Health on forms provided by the Division of Health Facilities Services.

(2) The application shall set forth:

(A) The complete name and address of the freestanding birthing center for which the license is sought; and

(B) Any additional information as required by the department.

(b)(1) The freestanding birthing center shall have a written agreement with a local hospital that has twenty-four-hour obstetric services.

(2) The freestanding birthing center shall be within thirty (30) minutes of the hospital.

(3) If the hospital ceases to provide obstetric services, the freestanding birthing center shall obtain a written agreement with another hospital that:

(A) Provides obstetric services; and

(B) Is within thirty (30) minutes of the freestanding birthing center.

(4) If another written agreement cannot be obtained, the freestanding birthing center must:

(A) Cease providing services;

(B) Notify the division; and

(C) Surrender the license to the division.

(5) The freestanding birthing center may reapply for licensure once a new written agreement is obtained.

(c) **Fee.**

(1) In accordance with Acts 1997, No. 891, § 5, each application for initial licensure of a freestanding birthing center shall be accompanied by a fee of one thousand dollars ($1,000).

(2) The fee shall be payable to the department.

(d) **Renewal of license.**

(1) A license, unless revoked, shall be renewable annually upon payment of a fee of one thousand dollars ($1,000) to the department accompanied by an application for relicensure.

(2) The application for annual license renewal along with the fee shall be postmarked no later than January 2 of the year for which the license is issued.

(e) **Issuance of license.**

(1) A license shall be:

(A) Issued only for the premises and person or persons reflected in the application; and

(B) Posted in a conspicuous place in the freestanding birthing center.

(2) The license shall:

(A) Be effective on a calendar-year basis; and

(B) Expire on December 31 of each calendar year.

(3) The license shall:

(A) Not be transferrable; and

(B) Expire if a change of ownership occurs.

(f) **Change of ownership.**

(1) It shall be the responsibility of the freestanding birthing center to notify the division in writing at least thirty (30) days prior to the effective date of a change of ownership.

(2) The following information shall be submitted for review and approval:

(A) License application;

(B) One-thousand-dollar change-of-ownership fee; and

(C) Legal documents, ownership agreements, and other information to support relicensure requirements.

(g) **Management contract.**

(1) It shall be the responsibility of the freestanding birthing center to notify the division in writing at least thirty (30) days prior to entering into a management contract or agreement with an organization or firm.

(2) A copy of the contract or agreement shall be submitted for review to ensure the arrangement does not affect the license status.

(h) **Closure.**

(1)(A) Once a freestanding birthing center closes, it shall no longer be considered licensed.

(B) The license issued to the freestanding birthing center shall be returned to the division.

(2) To be eligible for relicensure, the freestanding birthing center shall meet:

(A) Requirements for new construction; and

(B) All the current life, safety, and health regulations.

(i) **Inspection.** Any authorized representative of the department shall have the right to enter upon or into the premises of any freestanding birthing center at any time

in order to make whatever inspection it deems necessary in order to ensure minimum standards and regulations are met.

20 CAR § 44-104. Governing body.

(a) A freestanding birthing center shall have an organized governing body that shall be legally responsible for:

(1) Maintaining patient care;

(2) Establishing policies for the facility; and

(3) The conduct of the center.

(b) **Governing body bylaws.**

(1) The governing body shall adopt written bylaws that shall be available to all members of the governing body.

(2) The bylaws shall ensure the following:

(A) The governing body shall consist of three (3) or more individuals;

(B) Maintenance of professional standards of practice;

(C) Terms, responsibilities, and methods of selecting members and officers;

(D) Selection of an administrator with responsibility for operation and maintenance of the facility;

(E) Methods for establishing:

(i) Governing body committees; and

(ii) The duties of each committee;

(F) Coordination of activities and general policies of the departments;

(G) Liaison between the governing body and Professional Review Committee documented quarterly;

(H) Quarterly governing body meetings with maintenance of minutes signed by an officer;

(I) Provision for formal approval of the organization, bylaws, rules, regulations, and protocols of the freestanding birthing center staff and their services;

(J) Method of credentialing or appointing members to the professional and other authorized staff;

(K) Methods by which quality improvement (QI) is established;

(L) Establishment of a quorum to be met in order to conduct business;

(M) Annual approval of the operating budget by the governing body; and

(N) Compliance with federal, state, and local laws.

(c) **Governing body minutes.** The governing body minutes shall include at least the following information:

(1) Review, approval, and revision of the:

(A) Governing body bylaws; and

(B) Professional Review Committee:

(i) Bylaws;

(ii) Rules;

(iii) Regulations; and

(iv) Protocols;

(2) Election of officers as indicated in the bylaws;

(3) Documentation that the liaison between the governing body and Professional Review Committee is maintained;

(4) Appointment and reappointment of the Professional Review Committee and other credentialed staff as indicated in the bylaws;

(5) Review and approval of reports received from the Professional Review Committee and administration;

(6) Review and approval of the quality improvement plan of the facility at least annually; and

(7) Documentation of the quarterly quality improvement summaries.

(d) **Credential files.** An individual file shall:

(1) Be maintained for each physician, certified nurse midwife, advanced practice nurse, and other allied health practitioners practicing in the freestanding birthing center; and

(2) Include at least the following:

(A) Verification of:

(i) Year and school of graduation;

(ii) Date of licensure; and

(iii) Postgraduate or special training and experience;

(B) Specific delineation of privileges requested and granted;

(C) Detailed application signed by:

(i) The applicant;

(ii) The chair of the Professional Review Committee; and

(iii) An officer of the governing body;

(D) Documentation of the applicant's agreement to abide by the freestanding birthing center:

(i) Bylaws;

(ii) Rules;

(iii) Regulations; and

(iv) Protocols;

(E) Verification of current Arkansas license and certification as applicable;

(F) Verification of each applicant's United States Drug Enforcement Administration permit;

(G) Verification of at least three (3) professional references;

(H) Documentation of all actions taken by the Professional Review Committee and governing body indicating:

(i) The privileges granted;

(ii) Approval of appointment/reappointment; and

(iii) Other related data; and

(I) Evaluation of professional performance at the time of reappointment.

(e) **Professional Review Committee bylaws.** The Professional Review Committee bylaws shall include at least the following provisions:

(1) Responsible to the governing body for the:

(A) Quality of healthcare provided in the freestanding birthing center; and

(B) Ethical and professional practices of its members;

(2) Requirements for membership;

(3) Election of officers, responsibilities, and terms;

(4) Functions, frequency of meetings, and composition (quorum) and attendance requirements;

(5) Written minutes shall be:

(A) Maintained of all meetings; and

(B) Signed by the chair;

(6) An appeals process if appointment/reappointment is not granted by the governing body;

(7) Delineation of maintaining accurate and complete medical records; and

(8) Approval of the bylaws and amendments by the Professional Review Committee and the governing body.

(f) **Professional Review Committee minutes.** Professional Review Committee minutes shall include at least the following:

(1) Documentation of review of committee reports including quarterly quality improvement (QI) summaries;

(2) Review, approval, and revision of the Professional Review Committee bylaws, rules, regulations, and protocols;

(3) Election of officers as specified by the bylaws;

(4) Documentation of a practitioner designated as chair of the committee to direct the services defined in the bylaws; and

(5) Documentation of appointments, reappointments, and approval of requested privileges to the freestanding birthing center staff as specified in the bylaws, but at least every two (2) years.

(g) **Quality improvement (QI) program.**

(1)(A) The freestanding birthing center shall develop, implement, and maintain a QI program.

(B) The QI plan shall be reviewed and approved annually by the governing body.

(C) The facility shall appoint a QI Committee with functions to include:

(i) Quarterly meetings with maintenance of written minutes;

(ii) Collection of data on the functional activities identified as priorities in QI and benchmark against past performance and national or local standards; and

(iii) Development and implementation of improvement plans for identified issues, with monitoring, evaluation, and documentation of effectiveness.

(2) The scope of the QI program shall include but not be limited to activities regarding the following:

(A) **Assessment of processes and outcomes.** Outcome data for morbidity, mortality, maternal and infant transfers and referrals, complications, Apgar scores, patients delivering outside the center, and other performance data shall be collected and analyzed on an ongoing basis;

(B) Evaluation of customer satisfaction (patients, providers, patients' families, employees);

(C) Measurement of staff performance;

(D) Complaint resolution;

(E) Utilization data; and

(F) Organizational/administrative performance.

(3) **Reporting.** QI activities shall be:

(A) Reported to the Professional Review Committee and the governing body on a quarterly basis; and

(B) Documented in the governing body meeting minutes.

(4)(A) Policies and procedures covering all functions of the QI program shall be maintained.

(B) All policies and procedures not contained within the QI plan shall be maintained in a manual.

(C) The first page of the manual shall have the:

(i) Annual review date; and

(ii) Signatures of the persons conducting the review.

20 CAR § 44-105. General administration.

(a)(1) Each institution shall have an administrator responsible for the management of the institution.

(2) The responsibilities of the administrator shall include:

(A) Keeping the governing body fully informed of the status of the freestanding birthing center by:

(i) Submitting periodic written reports; or

(ii) Attending meetings of the governing body;

(B) Conducting meetings at regular intervals and maintaining minutes of the meetings; and

(C) Preparation of an annual operating budget to be submitted to the governing body for approval.

(b)(1) Policies and procedures shall be provided for:

(A) The general administration of the facility; and

(B) Each service.

(2) All policies and procedures shall have evidence of ongoing review and/or revision.

(3) The first page of each manual shall have the:

(A) Annual review date; and

(B) Signature of the department supervisor and/or person or persons conducting the review.

(c) Provisions shall be made for safe storage of patients' valuables.

(d)(1) Each facility shall develop and maintain a written disaster plan that includes provisions for complete evacuation of the facility.

(2) The plan shall provide for widespread disasters as well as for disasters occurring within the local community and freestanding birthing center.

(3) The disaster plan shall be rehearsed at least twice a year, preferably as part of a coordinated drill in which other community emergency agencies participate.

(4) One (1) drill shall simulate a disaster of internal nature and the other external.

(5) Written reports and evaluation of all drills shall be maintained.

(e)(1) There shall be a posted list of names, telephone numbers, and addresses available for emergency use.

(2) The list shall include:

(A) Center management personnel and staff;

(B) The local police department;

(C) The fire department;

(D) Ambulance service;

(E) The Red Cross; and

(F) Other available emergency units.

(3) The list shall be reviewed and updated at least every six (6) months.

(f) There shall be current reference material available onsite to meet the professional and technical needs of freestanding birthing center personnel, including current:

(1) Books;

(2) Periodicals; and

(3) Other pertinent materials.

(g) All employees shall be required to have annual in-services on:

(1) Safety;

(2) Fire safety;

(3) Back safety;

(4) Infection control;

(5) Standard precautions;

(6) Disaster preparedness; and

(7) Confidential information.

(h)(1) Procedures shall be developed for the retention and accessibility of the patients' medical records if the freestanding birthing center closes.

(2) The medical records shall be:

(A) Stored within the State of Arkansas for the required retention period; and

(B) Accessible for patient use.

(i)(1) Any freestanding birthing center that closes shall meet the requirements for new construction in order to be eligible for relicensure.

(2) Once a facility closes, it is no longer licensed.

(3) The license shall be immediately returned to the Division of Health Facilities Services.

(4) To be eligible for licensure, all the referenced National Fire Codes (NFPA) and health regulations shall be met.

(j)(1) The freestanding birthing center administrator shall develop policies and procedures that, upon request of the patient, an itemized statement of all services shall be provided within thirty (30) days after discharge or thirty (30) days after request, whichever is later.

(2) The policy shall include a statement advising the patient in writing of her right to receive the itemized statement of all services.

(k)(1) A general consent for medical treatment and care shall be signed by the patient or legal guardian.

(2) Written or verbal consent shall not release the facility or its personnel from upholding the rights of its patients, including but not limited to the right to:

(A) Privacy;

(B) Dignity;

(C) Security;

(D) Confidentiality; and

(E) Freedom from abuse or neglect.

(l)(1) The center shall have a procedure for infant identification at the time of birth that shall be sufficient to identify the infant or infants with one (1) mother.

(2) Large freestanding birthing centers shall use waterproof plastic identification bands with tag inserts written in waterproof ink.

(3) These shall be placed on the mother and infant in the birthing room at the time of delivery and shall remain in place during the entire stay.

(m) A record book shall:

(1) Be kept up-to-date; and

(2) Contain the following information:

(A) Mother's maiden name and father’s name;

(B) Baby's:

(i) Sex;

(ii) Date, time, and place of birth; and

(C) Physicians', certified nurse midwives’, and/or registered nurses’ names.

(n) There shall be written policies and procedures jointly developed by the medical director and the professional staff that define the care provided at the freestanding birthing center.

(o) There shall be written documentation of annual review of the policies and procedures with revision as indicated.

(p) Policies and procedures shall include but are not limited to:

(1) Initial risk assessment;

(2) Criteria for maternal transfer to an acute care facility during the antepartal, intrapartal, and postpartum phases;

(3) Criteria for infant transfer to an acute care facility;

(4) Admission criteria;

(5) Nursing assessment;

(6) Family support and participation;

(7) Medication administration;

(8) Care of the newborn, to include administration of prophylactic medications required by the Department of Health;

(9) Emergency procedures;

(10) Fetal demise;

(11) Vital statistics registration;

(12) Infection control; and

(13) Aftercare of the mother and infant.

(q) The facility shall report to the department's Office of Vital Records, when a patient is transferred from the care of a lay midwife during the labor and delivery process to the hospital or other licensed healthcare facility.

(r) An abortion shall only take place in a hospital or an emergency room.

(s) A written notice of the felony status under Arkansas Code § 5-13-202 of attacking a healthcare worker shall be posted in all public entrances and patient waiting area of the healthcare facility utilizing the digital poster available on the Department of Health website.

(t) A healthcare provider shall not mislead any patient regarding the healthcare provider's licensure status.

20 CAR § 44-106. Services.

(a)(1) Care in freestanding birthing centers shall be provided by a licensed physician and/or CNM and other qualified professionals and clinical staff, with access to and availability of consulting clinical specialists.

(2) Ancillary personnel shall be available to care for the volume of patients and programs offered.

(b) Services provided in freestanding birthing centers may include:

(1) Antepartal, intrapartal, and postpartal care; and

(2) The care of the newborn infant.

(c) Local analgesia/anesthesia for pudendal block and episiotomy repair shall be permitted.

(d) Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair of lacerations.

(e) The care of the newborn may include a recognized method of circumcision that limits blood loss to less than one cubic centimeter (1 cc).

(f) The following shall be prohibited in freestanding birthing centers:

(1) Administration of general and conductive analgesia/anesthesia to include spinal and epidural analgesia/anesthesia;

(2) Administration of all types of conscious sedation;

(3) Performance of Caesarean sections and operative obstetrics to include tubal ligations;

(4) IV analgesia; and

(5) Stimulation or augmentation with chemical agents, e.g., oxytocics during the first and second stages of labor.

20 CAR § 44-107. Patient care services.

(a) **Organization.**

(1) The center shall be organized to ensure twenty-four-hour registered nurse coverage as needed.

(2) A physician, certified nurse midwife, and/or registered nurse shall be available and onsite for patient care during the entire time a patient is in the center.

(3) Services during labor and delivery shall be provided under protocols developed by the clinical staff and approved by the governing body in accordance with accepted standards of care.

(4) Authority and responsibilities of all patient care staff shall be clearly defined in written policies.

(5)(A) Services shall be organized to ensure that management functions are effectively conducted.

(B) These functions shall include but are not limited to:

(i) Development and implementation of policies and procedures related to patient care;

(ii)*(a)* Review of policies and procedures at least annually to reflect current standards of maternal and newborn care.

(b) The first page of each manual shall have the:

(1) Review date; and

(2) Approval signatures of the person or persons conducting the review;

(iii) Establishment of a mechanism for review and evaluation of care and services provided at the center;

(iv) Orientation and maintenance of qualified staff for provision of care;

(v) Provisions for staff development, including at least twelve (12) in-service education programs for professional staff annually; and

(vi) Provisions for current nursing literature and reference materials.

(6) Patients shall have access to twenty-four-hour telephone consultation with either a:

(A) Registered nurse;

(B) Certified nurse midwife; or

(C) Physician.

(b) **Qualifications.**

(1)(A) The certified nurse midwife shall provide documentation of current licensure as required by the Arkansas State Board of Nursing.

(B) The documentation shall be maintained as part of the credential file for that person.

(2) Licensed nursing personnel shall practice in accordance with the Nurse Practice Act, Arkansas Code § 17-87-101 et seq.

(3) Documentation of current licensure shall be maintained for all nursing personnel who practice in the center.

(4) All clinical staff of the center shall be required to provide documentation of training and continued competence in adult and Neonatal Resuscitation Programs or their equivalents.

(c) **Staffing.**

(1) A physician, certified nurse midwife, or registered nurse with demonstrated competencies in labor and delivery shall be required to deliver one to one (1:1) care during labor, delivery, and postdelivery until both mother and newborn are stable.

(2) There shall be adequate numbers of professional and support staff on duty and on call to meet the patient's needs:

(A) For services routinely provided;

(B) During periods of high demand or emergency;

(C) To ensure patient safety and satisfaction; and

(D) To ensure that no patient in active labor is unattended.

(3) During the second stage of labor, two to one (2:1) patient care is required, with:

(A) One (1) of the clinical staff being a physician or certified nurse midwife; and

(B) The other being a registered nurse.

(4) Clinical staff who have demonstrated ability to perform neonatal and adult resuscitation procedures shall be present during each birth.

20 CAR § 44-108. Program requirements.

(a)(1) The freestanding birthing center shall have written criteria for:

(A) Evaluation of risk status;

(B) Admission;

(C) Transfer;

(D) Discharge; and

(E) Complications requiring medical or surgical intervention.

(2) The criteria shall be:

(A) Developed by the clinical staff; and

(B) Approved by the governing body.

(3) Criteria for admission for labor, birth, and postpartum care shall include but are not limited to:

(A) Low-risk pregnancy with the expectation of a singleton, vertex, spontaneous vaginal birth at term without complications;

(B) Evidence of adequate prenatal care that:

(i) Begins no later than twenty-eight (28) weeks' gestation; and

(ii) Provides continuous prenatal screening; and

(C) Evidence of preparation for out-of-hospital birth and early discharge.

(4) Criteria shall be developed for conditions of the mother or neonate requiring transfer to an acute care facility.

(5) Criteria for discharge of the mother and newborn in not more than twenty-four (24) hours from admission shall be developed and approved by the governing body.

(b) In no event shall a patient meeting any of the following criteria be accepted as a candidate for delivery at a freestanding birthing center:

(1) Females below fourteen (14) years of age;

(2) Documented problems in the maternal medical history, including:

(A) Heart disease;

(B) Pulmonary embolus;

(C) Symptomatic congenital defects;

(D) Moderate to severe renal disease, including nephritis;

(E) Severe mental health problems and/or current use of drugs related to their management;

(F) Epilepsy or seizures after ten (10) years of age that required use of anticonvulsive medications;

(G) Breech presentation;

(H) Preterm labor;

(I) Insulin-dependent gestational diabetes;

(J) Thyroid disease that is not maintained in euthyroid state;

(K) Bleeding disorder or hemolytic disease;

(L) Other serious medical problems;

(M) Multiple births;

(N) Vaginal birth following C-section;

(O) Preeclampsia;

(P) Moderate or severe asthma;

(Q) Severe obstructive pulmonary disease;

(R) Severe systemic disease (e.g., SLE, hyperthyroidism, Marfan's syndrome);

(S) Hypercoagulable state (i.e., protein S or C deficiency, AT III deficiency); or

(T) History of intracranial injury; and

(3) Patients with the following physical findings:

(A) Previous Rh sensitization;

(B) Positive HIV antibody;

(C) Gestation of more than twenty-eight (28) weeks with no prenatal care;

(D) Hematocrit below twenty-eight percent (28%);

(E) S/S (sickling) hemoglobin or abnormal protein electrophoresis;

(F) Evidence of active tuberculosis;

(G) Chronic hypertension;

(H) Known severe fetal abnormality;

(I) Severe polyhydramnios;

(J) Severe oligohydramnios; or

(K) Placenta previa.

(c) **Admission to the program.**

(1) Childbearing women prior to twenty-eight (28) weeks' gestation seeking care in the center shall be initially screened by either the:

(A) Physician;

(B) Certified nurse midwife;

(C) Registered nurse practitioner; or

(D) Advanced practice nurse.

(2) The initial screening shall include at a minimum:

(A) Complete social, family, medical, reproductive, nutritional, and behavioral history;

(B) Evidence of results of complete physical examination to include Papanicolaou smear and assessment for sexually transmitted diseases; and

(C)(i) Prenatal laboratory profile to include:

(a) A complete blood count;

(b) A blood type and Rh antibody screen if necessary;

(c) Urinalysis or urine culture;

(d) Tests for sexually transmitted diseases;

(e) Mother's Hepatitis C status; and

(f) Other tests as medically indicated.

(ii) The healthcare provider shall record in the medical record if the pregnant woman declines to be tested for Hepatitis C.

(d) Continuing prenatal care shall include a repeat evaluation of the hemoglobin or hematocrit at twenty-eight (28) to thirty-six (36) weeks' gestation.

(e) Freestanding birthing centers shall comply with Arkansas (Acts 1967, No. 192, as amended by Acts 1981, No. 481, the same being Arkansas Code §§ 20-15-302 – 20-15-304), that require newborn infants to be tested for:

(1) Phenylketonuria;

(2) Congenital hypothyroidism; and

(3) Galactosemia.

(f)(1) Newborn testing for critical congenital heart defects shall include the performance of pulse oximetry testing on all newborns before discharge.

(2) Arkansas Code § 20-9-103.

(3) Performance of a pulse oximetry test on a newborn is not required if the parent or legal guardian of the newborn objects to the testing on medical, religious, or philosophical grounds.

(g) Newborn testing for genetic illnesses shall be in accordance with:

(1) Rules Pertaining to Testing of Newborn Infants, 20 CAR pt. 107; and

(2) Arkansas Code § 20-15-302.

(h) Newborn testing for early detection of hearing loss shall be in accordance with:

(1) Rules for Universal Newborn Hearing Screening, Tracking, and Intervention Program and Advisory Board, 20 CAR pt. 11; and

(2) Arkansas Code § 20-15-1504.

(i) **Educational plan for antepartum care.**

(1) There shall be a written plan that shall include but not be limited to:

(A) Anticipated physiologic and psychologic changes during pregnancy;

(B) Fetal development;

(C) Normal nutrition;

(D) Warning signs of complications of pregnancy;

(E) Self-care to include information of the:

(i) Dangers of smoking, alcohol, and substance abuse; and

(ii) Need for dental care;

(F) Stages of labor;

(G) Nonpharmacologic techniques to promote comfort and relaxation during labor;

(H) Delivery process;

(I) Immediate care of the newborn;

(J) Criteria for and process of transfer to an acute care facility;

(K) Normal postpartum;

(L) Criteria for discharge from the center;

(M) Breastfeeding;

(N) Importance of immunization;

(O) Child safety to include use of car seats;

(P) Directions for obtaining laboratory tests for newborns required by the Department of Health;

(Q) Instruction as to clothing/supplies needed at the time of discharge from the center;

(R) Instruction shall be appropriate to the assessed educational level and within the cultural framework of the childbearing family;

(S) The educational plan shall include provisions for material and teaching in languages other than the dominant language where possible; and

(T) Informing, counseling, and instructing the pregnant woman, by a physician or healthcare provider, regarding Hepatitis C.

(2) The facility shall develop instructional programs to orient family members desiring to be present at the birth.

(3) There shall be written documentation in the patient record of patient/family receipt of instructions.

(4) There shall be documentation of annual review and revision of the educational plan.

(j) **Family participating in the birth process.**

(1) The number of individuals/family members present at the time of birth shall be determined by center policy that takes into account:

(A) Room size; and

(B) Need for infection control.

(2) Individuals/family members shall abide by the center's infection control policies in regard to handwashing, apparel, etc.

(3) An adult not involved in the birthing process shall be in charge of the children.

(4)(A) Children shall be screened for infectious disease by either the physician or CNM or RN prior to admission to the birthing room.

(B) Children with evidence of infectious disease will not be allowed in the birthing room.

(5) Only children who have completed sibling evaluation or preparation will be allowed in the birthing room.

(6) Animals, except for ~~seeing-eye dogs~~service animals, shall be prohibited in the freestanding birthing center at any time.

(7)(A) A facility may ban emotional support animals.

(B) Visitors shall be notified verbally or by posting a sign at the entrance of the facility.

(k) **Emergency procedures.** The freestanding birthing center shall have written procedures for emergency transfer of mother and/or newborn to an acute care facility.

(l) **Minimum equipment for birthing rooms.**

(1)(A) The birthing room shall be attractively furnished and decorated.

(B) Furniture, vinyl wall covering, pictures, radios, television, and other amenities may be utilized so long as the potential medical needs of the mother and newborn are not compromised.

(C) The furniture shall be easily cleanable.

(2) Sterile equipment shall be used for the delivery.

(3) Professionals directly involved in the delivery shall wear clean attire and sterile gloves.

(4) Minimum equipment for the birthing room shall include:

(A) Bed with waterproof pad;

(B) Heated newborn crib, bassinet, or newborn examination unit;

(C) Sphygmomanometer and stethoscopes, adult and newborn sizes;

(D) Fetoscope;

(E) Oxygen and oxygen equipment including:

(i) Tubing;

(ii) Nasal prongs;

(iii) Ambu bags; and

(iv) Masks;

(F) Suction and suction equipment including DeLee traps for newborn suction;

(G) Mobile or mounted spotlight or lamp;

(H) Maternal and newborn airways;

(I) Storage for clothing, linens, and supplies;

(J) Wall clock;

(K) Newborn scales;

(L) Tape measure;

(M) Identification supplies, maternal and newborn;

(N) Prophylactic medications for newborns as required by the department;

(O) Emergency call system;

(P) Apgar chart;

(Q) Amniotic hook;

(R) Bulb syringe;

(S) Nitrazine paper; and

(T) Emergency drugs as identified by the facility.

20 CAR § 44-109. Health Information Services.

(a)(1) The freestanding birthing center shall maintain a system for the completion and storage of the medical record.

(2) The record shall provide a format for continuity and documentation of legible, uniform, complete, and accurate maternal and infant information:

(A) Readily accessible; ~~and~~

(B) Maintained in a system that ensures confidentiality; and

(C) May be maintained in an electronic format.

(b) **General requirements.**

(1) The freestanding birthing center shall adopt a record form for use that contains information required for transfer to an acute care maternal and newborn service.

(2) Record reviews with criteria for identification of problems and follow-up shall be reported to the QI Committee quarterly.

(3) Responsibility for the processing of records is assigned to an individual employed by the freestanding birthing center.

(4) All medical records shall be retained in either the original, microfilm, or other acceptable methods for ten (10) years after the last discharge.

(5) Complete medical records of minors shall be retained for a period of two (2) years after the age of majority is reached.

(6) The original, or a copy of the original when the original is not available, of all reports shall be filed in the medical record.

(7) The record shall be permanent and shall be either typewritten or legibly written in blue or black ink.

(8) All typewritten reports shall include the date of dictation and the date of transcription.

(9) All dictated records shall be transcribed within forty-eight (48) hours.

(10) Errors shall be corrected by:

(A) Drawing a single line through the incorrect data;

(B) Labeling it as "Error"; and

(C) Initialing and dating the entry.

(11) Birth certificates shall be completed according to the Rules for the Administration of Vital Records, 20 CAR pt. 1, Department of Health.

(12)(A) Policies and procedures for Health Information Services shall be developed.

(B) The manual shall have evidence of ongoing review and/or revision.

(C) The first page of the manual or manuals shall have the:

(i) Annual review date; and

(ii) Signature of the department supervisor and/or person or persons conducting the review.

(13) Medical records shall be protected to ensure:

(A) Confidentiality;

(B) Prevention of loss; and

(C) Availability on a twenty-four-hour basis.

(14) All medical records, whether stored within the facility or away from the facility, shall be protected from destruction by fire, water, vermin, dust, etc.

(15)(A) Medical records shall be considered confidential.

(B) All medical records, including those filed outside the facility, shall be secured at all times.

(C) Records shall be available to authorized personnel from the Department of Health.

(16)(A) Written consent of the patient or legal guardian shall be presented as authority for release of medical information.

(B) There shall be policies and procedures developed concerning all phases of release of information.

(17) Original medical records shall not be removed from the facility except upon receipt of a subpoena duces tecum by a court having authority for issuing such an order.

(18) Medical records shall be complete and contain all required signed documentation no later than thirty (30) days following the patient's discharge date.

(19)(A) Medical records shall be destroyed by burning or shredding.

(B) Medical records shall not be disposed of in:

(i) Landfills; or

(ii) Other refuse collection sites.

(20)(A) Each entry into the medical record shall be authenticated by the individual who is the source of the information.

(B) Entries shall include:

(i) Observations;

(ii) Notes; and

(iii) Other information included in the record.

(21)(A) Signatures shall be at least the:

(i) First initial;

(ii) Last name; and

(iii) Title.

(B) Computerized signatures by code, number, initials, or the method developed by the facility are acceptable.

(22) There shall be policies and procedures approved by the Department of Health for use of computerized medical records.

(c) **Record content.** Each record shall include but not be limited to documentation of:

(1) Demographic and patient information;

(2) Orientation to program and informed consent;

(3) Complete family, medical, social, reproductive, nutrition, and behavioral history;

(4) Initial physical examination, evaluation of risk status, and laboratory test result;

(5) Appropriate referral of patients who did not meet the freestanding birthing center criteria on the initial screening;

(6) Documentation of each periodic examination and evaluation of risk factors;

(7) Instructions and education including:

(A) Changes in pregnancy;

(B) Self-care;

(C) Nutritional counseling;

(D) Preparation for labor;

(E) Family preparation;

(F) Explanation on examinations and laboratory tests; and

(G) Newborn assessment and care;

(8) Monitoring of labor progress;

(9) Physical assessment of newborn, e.g., Apgar score;

(10) Labor and discharge summaries;

(11) Home care, follow-up, and referrals; and

(12) Informed consent signed by the patient.

20 CAR § 44-110. Pharmaceutical services.

(a) **Organization.**

(1)(A) Freestanding birthing centers shall have provisions for pharmaceutical services regarding the procurement, storage, distribution, and control of all medications.

(B) The freestanding birthing center shall be in compliance with all state and federal regulations.

(2)(A) Pharmaceutical services shall be under the direction of a licensed pharmacist.

(B) A licensed pharmacist means any person licensed to practice pharmacy by the Arkansas State Board of Pharmacy who provides pharmaceutical services as defined in the Pharmacy Practice Act.

(C) The pharmacist shall make provisions that shall include but not be limited to:

(i) Development and implementation of pharmacy policies and procedures;

(ii) Annual review and revisions of pharmacy policies and procedures, with documentation of date or dates of review;

(iii) Maintenance of medications in the freestanding birthing center to meet the needs of the population served;

(iv) Maintenance of medications in the freestanding birthing center to ensure accountability; and

(v) Proper storage of medications.

(b) **Staffing.**

(1) Pharmaceutical services shall be provided by a licensed pharmacist.

(2) This service may be provided on a consulting basis.

(3) Onsite consultation by the pharmacist shall be required at least monthly if medications other than those in the following categories are stored in the facility:

(A) Emergency or eye prophylaxis drugs;

(B) Oxytocics; and

(C) Vitamin K.

(4) The storage of controlled substances in any manner shall require monthly onsite consultation by the pharmacist.

(5) When onsite consultation by the pharmacist is required monthly, documentation of each consult shall be recorded and maintained at the freestanding birthing center.

(6) Documentation of each consultation visit shall be recorded and maintained at the freestanding birthing center.

(7) Documentation of each visit shall include compliance with but not be limited to:

(A) Proper drug storage;

(B) Disposal of medications no longer needed, discontinued, or outdated;

(C) Proof of receipt and administration of controlled substances and proper storage of such medications;

(D) Verification that medications in stock conform to the specified quantities on posted lists;

(E) Proper labeling; and

(F) Maintenance of emergency carts or kits.

(c) **Policies and procedures.** There shall be pharmacy policies and procedures to include but not be limited to:

(1) Detailed job description of the licensed pharmacist;

(2) Procurement of medications;

(3) Distribution and storage of medications;

(4) A listing of floor stock medications with minimum and maximum quantities to be maintained in the freestanding birthing center;

(5) A listing of medications with exact quantities to be maintained in emergency kits;

(6) Destruction of deteriorated, nonsterile, nonlabeled, or damaged medications by the pharmacist;

(7) Listing controlled substances to be destroyed on the proper forms and either:

(A) Sending a copy of the form with the medications to the Department of Health by registered mail; or

(B) Delivering the form and medications in person;

(8) Maintenance of all drug records for a minimum of two (2) years;

(9) Maintenance of medications brought to the freestanding birthing center by the patient;

(10) Drug recalls;

(11) Reporting of adverse drug reactions and medication errors to the:

(A) Attending physician and/or CNM; and

(B) Professional Review Committee;

(12) Accountability of controlled substances;

(13) Reporting of suspected drug loss, misuse, or diversion according to state law; and

(14) Use of automatic medication dispensing devices, if applicable.

(d) **Drug storage and security.** Medications maintained at the freestanding birthing center shall be properly stored and safeguarded to ensure:

(1) Locked storage of all medications;

(2) Proper lighting and ventilation as required by manufacturer;

(3) Proper temperature controls with daily temperature documentation of medication refrigerators to ensure storage between:

(A) Thirty-six to forty-six degrees Fahrenheit (36°F – 46°F); or

(B) Two to eight degrees Celsius (2°C – 8°C);

(4) Separate storage of biologicals and medications from food;

(5) Accessibility to licensed personnel only; and

(6) Proper use of any automatic medication dispensing devices.

(e) **Controlled substances.** The following shall be adhered to in the maintenance of controlled substances in the freestanding birthing center:

(1) Controlled drugs shall be double-locked;

(2)(A) A record of the procurement and disposition of each controlled substance shall be:

(i) Maintained in the freestanding birthing center; and

(ii) Readily retrievable.

(B) Each entry on the disposition record shall reflect the:

(i) Actual dosage administered to the patient;

(ii) Patient's name;

(iii) Date;

(iv) Time; and

(v) Signature of the licensed person administering the medication.

(C) The signature shall consist of a:

(i) First initial;

(ii) Last name; and

(iii) Title.

(D) Licensed personnel who may legally administer controlled substances shall include only those personnel:

(i) Authorized by their current Practice Act; and

(ii) Licensed by the:

(a) Arkansas State Medical Board; and

(b) Arkansas State Board of Nursing.

(E) Any error of entry on the disposition record shall follow a policy for correction of errors and accurate accountability.

(F) If the licensed person who procures medication from the double-locked security is not the licensed person who administers the medication, then both persons shall sign the disposition record;

(3)(A) When breakage or wastage of a controlled substance occurs, the amount given and amount wasted shall be:

(i) Recorded by the licensed person who wasted the medication; and

(ii) Verified by the signature of a licensed person who witnessed the wastage.

(B) Documentation shall include how the medication was wasted.

(C) In addition to the above-referenced licensed personnel, licensed pharmacists shall be allowed to witness wastage of controlled substances.

(D) When a licensed person is not available to witness wastage, the partial dose shall be sent to the Division of Pharmacy Services and Drug Control of the Department of Health for destruction;

(4)(A) There shall be an audit each shift change of all controlled substances stocked in the freestanding birthing center that shall be:

(i) Recorded by an oncoming nurse; and

(ii) Witnessed by an off-going nurse.

(B) **Exception.**

(i) If only one (1) licensed nurse is on duty, an audit shall be conducted by that licensed nurse.

(ii) When a second licensed nurse arrives, a second audit shall be conducted by both nurses on duty.

(iii) If discrepancies are noted, the director of nursing and the pharmacy consultant shall be notified.

(iv) As with the witnessing of wastage, licensed pharmacists shall be allowed to witness controlled substance audits; and

(5) Records generated by automatic dispensing devices shall comply with these requirements.

(f) **Medications.**

(1)(A) All verbal or telephone orders for medications shall be:

(i) Received by a:

(a) Licensed nurse;

(b) Certified nurse midwife; or

(c) Registered pharmacist; and

(ii) Reduced to writing into the patient's medical record.

(B) Verbal or telephone orders shall be countersigned by the practitioner within twenty-four (24) hours.

(C) Signed facsimile orders are acceptable provided the facsimile paper is of a permanent nature.

(2)(A) The freestanding birthing center:

(i) May procure medications for its patients through community pharmacists; or

(ii) Medications may be procured through the freestanding birthing center physician’s or CNM's registration.

(B) Clinicians shall administer or shall order medications to be administered to patients while in the freestanding birthing center.

20 CAR § 44-111. Infection control ~~for freestanding birthing centers~~.

(a) **General.**

(1) The facility shall develop and use a coordinated process that effectively reduces the risk of endemic and epidemic nosocomial infections in:

(A) Patients;

(B) Healthcare workers; and

(C) Visitors.

(2) The facility shall follow standard Centers for Disease Control and Prevention precautions.

(3) The administrator shall designate a qualified individual (registered nurse or laboratorian) who shall:

(A) Coordinate the activities of the Infection Control Committee;

(B) Direct surveillance activities;

(C) Ensure policies established by the Infection Control Committee are carried out; and

(D) Gather and report data regarding the facility's nosocomial infections.

(4) There shall be policies and procedures establishing and defining the infection control program including:

(A) Definition of nosocomial infections that conforms to the current Centers for Disease Control and Prevention definition;

(B) Measures to identify infections up to thirty (30) days postpartum and investigate and report nosocomial infections, and a system of evaluating and maintaining records of infection among both patients and healthcare workers;

(C) Methods for obtaining reports of infections in patients and healthcare workers in a manner and time sufficient to limit the spread of infections;

(D) Measures for assessing and identifying patients and healthcare workers at risk for nosocomial infections and communicable diseases;

(E) Measures for prevention of infections;

(F) Provisions for education of patients and their families concerning infections;

(G) A plan for monitoring and evaluating all aseptic and sanitation techniques employed within the facility to ensure approved infection control procedures are followed;

(H) Techniques for:

(i) Handwashing;

(ii) Scrub techniques;

(iii) Asepsis;

(iv) Sterilization;

(v) Disinfection;

(vi) Housekeeping;

(vii) Linen care;

(viii)*(a)* Liquid and solid waste disposal of both infectious and regular waste.

(b) Disposal of infectious waste shall conform to the latest edition of the Rules Pertaining to the Management of Medical Waste from Generators and Healthcare Related Facilities, 20 CAR pt. 53;

(ix) Disposal of placenta;

(x) Sharps and needle disposal;

(xi) Separation of clean from dirty process; and

(xii) Other means of limiting the spread of contagion;

(I) A requirement that disinfectants, antiseptics, and germicides be used in accordance with the manufacturer's directions;

(J) Employee health;

(K) **Visitation rules.** All children under the age of twelve (12) years shall:

(i) Be screened for communicable disease; and

(ii) Not be admitted into the facility if they are obviously ill; and

(L) ~~**Guide dogs**~~**Service animal.** No animals except ~~certified dogs for the seeing-impaired~~service animals will be allowed into the facility.

(5) There shall be an orientation program for all new healthcare workers concerning:

(A) The importance of infection control; and

(B) Each healthcare worker's responsibility in the facility's infection control program.

(6) There shall be a plan for each employee to receive annual in-services and educational programs as indicated based on assessment of the infection control process.

(7) The infection control officer shall maintain a log of infectious diseases.

(8) No item shall be used past the expiration date.

(9) One-time patient care items shall not be reused.

(10) If sterilization facilities are present, the Association for the Advancement of Medical Instrumentation standards or the Centers for Disease Control and Prevention recommended practices for sterilization in healthcare facilities shall be followed.

(b) **Infection Control Committee.**

(1) There shall be a Professional Review Committee appointed by the governing body to monitor and provide direction for the infection control program:

(A) Administration;

(B) Housekeeping;

(C) Laboratory; and

(D) Nursing.

(2) The governing body shall appoint a qualified individual to serve as chair of the Infection Control Committee.

(3)(A) The Infection Control Committee shall meet at least every two (2) months.

(B) Minutes of the meetings shall reflect the Infection Control Committee's actions in monitoring and directing the facility's infection control program.

(4) The Infection Control Committee shall fulfill the following responsibilities:

(A) Assist in the development of and approval of all infection control policies and procedures within the facility;

(B) Annually review and approve all infection control policies and procedures within the facility;

(C) Direct all purchases of equipment and/or supplies used for:

(i) Disinfection;

(ii) Decontamination;

(iii) Sanitation; and/or

(iv) Sterilization;

(D) Annually:

(i) Review and approve all products used throughout the facility related to:

(a) Disinfection;

(b) Decontamination;

(c) Sanitation; and/or

(d) Sterilization; and

(ii) Approve all interim changes;

(E) At each meeting review the results of the biological spore tests on the facility's autoclaves;

(F) Monitor any contractual services relative to infection control (e.g., waste management and laundry) to ensure compliance with all applicable regulations; and

(G) Review any special infection control studies conducted within the facility.

(c) **Employee health.**

(1) There shall be policies and procedures for:

(A) Screening healthcare workers for communicable diseases; and

(B) Monitoring healthcare workers exposed to patients with any communicable diseases.

(2)(A) There shall be policies regarding healthcare workers with infectious diseases or carrier states.

(B) The policies shall clearly state when healthcare workers shall not render direct patient care.

(C) **Note.** Healthcare workers employed by the facility, while affected with any disease in a communicable stage, while a carrier of such diseases, or while afflicted with boils, jaundice, infected wounds, diarrhea, or acute respiratory infections shall not work in any area in any capacity in which there is a likelihood of such person:

(i) Contaminating:

(a) Food;

(b) Food contact surfaces;

(c) Supplies; or

(d) Any surface with pathogenic organisms; or

(ii) Transmitting disease to:

(a) Patients;

(b) Facility personnel; or

(c) Other individuals within the facility.

(3)(A) There shall be a plan for ensuring that each healthcare worker has measures for prevention of communicable disease outbreaks, especially Mycobacterium tuberculosis (TB).

(B) All plans for the prevention of transmission of TB shall conform to the most current Centers for Disease Control and Prevention Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings.

(4) There shall be a plan for ensuring that all healthcare workers who are frequently exposed to blood and other potentially infectious body fluids are offered immunizations for Hepatitis B.

20 CAR § 44-112. Nutrition services.

(a)(1) Freestanding birthing centers shall develop policies and procedures for the provision of food and nourishments for patient consumption.

(2) Food and nourishments may be brought to the center by patients or their families, if allowed by facility policy.

(b) If meals and nourishments are provided for patients by the center, the following conditions shall exist:

(1) Food shall come from an approved commercial source;

(2) Only prepackaged complete meals, food items to include condiments, or snacks shall be served;

(3)(A) There shall be sufficient space provided for cold and dry storage of food items.

(B) Sufficient space shall be defined by the facility's established stock level;

(4) Only disposable dishware and eating utensils shall be permitted;

(5)(A) There shall be designated space provided for the assembly and service of meals.

(B) It shall contain at least the following items:

(i) Refrigerator and freezer;

(ii) Microwave;

(iii) Two (2) compartment sinks with drainboards;

(iv) Cabinet, drawer, and counter space;

(v) Can opener;

(vi) Small utensils;

(vii) Self-dispensing ice machine;

(viii) Trash receptacle;

(ix) Handwashing facilities or equivalent; and

(x) Noncommercial undercounter dishwasher;

(6) Policies and procedures shall be established for the cleaning and maintenance of all:

(A) Equipment;

(B) Storage; and

(C) Workspace;

(7)(A) Temperatures for refrigeration equipment shall be maintained between thirty-six to forty degrees Fahrenheit (36°F – 40°F).

(B) A hermetically sealed indicating thermometer accurate to plus or minus three degrees Fahrenheit (3°F) shall be located to measure the air temperature in the warmest part of the storage unit.

(C) Temperatures shall be monitored and recorded at least three (3) times daily.

(D) Small freestanding birthing centers not providing meals or hazardous foods shall monitor and record temperatures on each day the facility is open;

(8)(A) Freezers containing foods to be stored for ten (10) days or less shall maintain zero degrees Fahrenheit (0°F) plus or minus ten degrees Fahrenheit (10°F).

(B) Frozen foods stored for longer than ten (10) days shall be maintained at a temperature of zero degrees Fahrenheit (0°F) or below.

(C) A hermetically sealed indicating thermometer accurate to plus or minus three degrees Fahrenheit (3°F) shall be located to measure the air temperature in the warmest part of the storage unit.

(D) Temperatures shall be monitored and recorded at least three (3) times daily.

(E) Small freestanding birthing centers not providing meals or hazardous foods shall monitor and record temperatures on each day the facility is open;

(9)(A) Policies and procedures shall be established for the storage, dating, and rotation of all food items.

(B) Policies must be in place to ensure that food stored during periods the facility is not in operation maintains proper temperatures;

(10) Employee food shall be labeled and separated from patient food in refrigerators and freezers; and

(11) Signs should be visible to warn persons with pacemakers of the presence of a microwave oven, if applicable.

20 CAR § 44-113. Physical environment — Freestanding birthing center.

(a) **Building and grounds.**

(1) The building and equipment shall be maintained in a state of good repair at all times.

(2) Facility premises shall be kept clean, neat, and free of litter and rubbish.

(3) All openings to attics and to spaces between ceilings and roof decks shall be kept closed at all times.

(4) Rooms containing gas-fired equipment shall not be used for storage except for noncombustible materials.

(5)(A) Corridors, attics, and passageways shall be free of storage.

(B) Exits shall not be blocked by storage of furniture or equipment at any time.

(6) Emergency wireless communication shall be provided and maintained in a state of good repair.

(7)(A) Each freestanding birthing center shall develop a written preventive maintenance plan.

(B) This plan shall be available to the Department of Health for review at any time.

(C) Such plans shall provide for maintenance as recommended by:

(i) Manufacturer;

(ii) Applicable codes; or

(iii) Designer.

(8) All handwashing facilities shall be equipped with:

(A) Hands-free handles;

(B) Disposable soap dispenser;

(C) Paper towel dispenser; and

(D) Trash receptacle.

(9) Vertical and horizontal transport systems shall be operated and maintained in a manner to provide for safe transport.

(10) Hazardous cleaning solutions, compounds, and substances shall be labeled and kept in an enclosed storage area or approved cabinet separate from other cleaning materials.

(11)(A) Doors located on exit access corridors and those for entry to patient care areas shall be labeled as to their intended use for convenience and emergency purposes.

(B) All patient rooms shall be labeled and hazardous rooms labeled as to classification.

(12) Fire safety and other safety systems shall be operated and maintained in a manner to protect patients, personnel, visitors, and property from fire and the products of combustion.

(13)(A) A supply of hot water for patient use shall be available at all times in accordance with Centers for Disease Control and Prevention guidelines.

(B) A monthly log shall be maintained as to presence/absence of hot water.

(14)(A) Heating, ventilating, and air conditioning systems shall be operated and maintained in a manner to provide a comfortable and safe environment for:

(i) Patients;

(ii) Personnel; and

(iii) Visitors.

(B) In large freestanding birthing centers, an air filter changeout log shall be maintained.

(15) Plumbing systems, including equipment and systems for the supply and distribution of potable, nonpotable, and/or high purity (such as deionized and sterilized) water, and equipment and systems for the complete and safe removal or dispersion of storm water and waste water, shall be operated and maintained in a manner to be adequate, safe, and reliable for all required facility operations.

(16) Boiler systems and hot water delivery systems shall be operated and maintained in a manner to provide a safe supply of steam and/or hot water for all required facility operations.

(17) If provided, medical gas and vacuum systems shall be operated and maintained in accordance with NFPA 99: Standard for Health Care Facilities in a manner to provide an adequate and safe supply for all required activities.

(18) Exit lights shall be illuminated at all times in accordance with NFPA 101: Life Safety Code.

(19) Facilities shall have lighting levels that are conducive to:

(A) Efficient work;

(B) Safety; and

(C) Patient comfort.

(20)(A) In large freestanding birthing centers, the required emergency power generator shall be exercised:

(i) Weekly for thirty (30) minutes; and

(ii) Under load conditions monthly for thirty (30) minutes.

(B) An equipment log shall be maintained of all:

(i) Tests;

(ii) Malfunctions; and

(iii) The immediate corrective actions.

(C) Preventive maintenance work or repairs shall be noted.

(21) Communication systems including telephone, nurse call, and internal/external paging shall operate effectively and reliably at all times.

(22) The electrical distribution system shall be operated and maintained in a manner to provide safe electrical power for all required activities.

(b) **Maintenance and engineering.**

(1) The physical plant and equipment maintenance programs shall be under the direction of a person:

(A) Qualified by training and/or experience; and

(B) Licensed where required.

(2) **Equipment management program.**

(A) There shall be a preventive maintenance program designed to ensure the electrically powered patient care equipment used to monitor or diagnose performs properly and safely.

(B) This program shall be administered by:

(i) Individuals qualified through training and/or experience; or

(ii) Procuring a contractual maintenance agreement.

(C) The following are minimum program elements:

(i) A list of electrically powered patient care equipment shall be maintained regardless of location or ownership;

(ii)*(a)* Each device or identical group of devices shall have a procedure establishing minimum criteria against which performance and safety are measured.

(b) The elements of these procedures shall be based on NFPA 99: Standard for Health Care Facilities, and manufacturer's directions;

(iii) Each device shall be tested at intervals of not more than six (6) months unless there is documented evidence that less frequent testing is justified;

(iv) Historical records documenting acceptable performance as established by the procedures shall be maintained;

(v) A program to identify and repair equipment failures shall be maintained;

(vi) In large freestanding birthing centers, user or owner departments shall be notified of the status of their equipment when it will be out of service more than twenty-four (24) hours;

(vii) There shall be operator and maintenance instructions for each device on the electrically powered patient care equipment list; and

(viii)*(a)* Individuals shall be trained to operate and maintain equipment used in the performance of their duties.

(b) This training shall be documented.

(3) **Utilities management program.**

(A) There shall be a preventive maintenance program designed to ensure that the physical plant equipment and building systems perform properly and safely.

(B) This program shall be administered by:

(i) Individuals qualified through training and/or experience; or

(ii) Procuring a contractual agreement.

(C) This program shall consist of at least the following minimum elements:

(i) A list of physical plant equipment and building systems shall be maintained regardless of location or ownership;

(ii)*(a)* Equipment and building systems shall have a procedure establishing minimum criteria against which performance and safety are measured.

(b) The elements of these procedures shall be based on the:

(1) NFPA 99: Standard for Health Care Facilities;

(2) Manufacturer's directions; and

(3) Experience of the repair technician or operator;

(iii) Equipment and building system shall be tested, serviced, or inspected at intervals of not more than twelve (12) months unless there is documented evidence that less frequent service is justified;

(iv) Historical records documenting acceptable performance as established by the procedures shall be maintained;

(v) A program to identify and repair equipment failures shall be maintained;

(vi) In large freestanding birthing centers, user or owner departments shall be notified of the status of their equipment or system when it will be out of service for more than twenty-four (24) hours;

(vii) There shall be operator and/or maintenance instructions for each piece of equipment or building system on the list; and

(viii)*(a)* Individuals shall be trained to operate and maintain physical plant equipment and/or building systems.

(b) This training shall be documented.

(4) **Life safety management program.**

(A) There shall be a preventive maintenance program designed to ensure that all:

(i) Circuits of fire alarm and detection systems are tested on a quarterly basis; and

(ii) Components receive annual preventive maintenance.

(B) Analog detection devices that provide automatic self-testing are exempt from the quarterly testing requirement.

(C) This program shall be administered by:

(i) Individuals qualified through training and/or experience; or

(ii) Procuring a contractual maintenance agreement.

(D) This program shall consist of the following minimum elements:

(i) A list of all fire protection equipment or component groups shall be maintained;

(ii)*(a)* Each piece of equipment and/or component groups shall have a procedure establishing minimum criteria against which performance and safety are measured.

(b) The elements of these procedures shall be based on the:

(1) NFPA 72: National Fire Alarm Code;

(2) Manufacturer's recommendations; and

(3) Experience of the repair technician or operator;

(iii) Fans or dampers in air handling and smoke management systems shall be reliable and functional at all times;

(iv)*(a)* Automatic fire extinguishing systems shall be inspected and tested annually in accordance with NFPA 13: Standard for the Installation of Sprinkler Systems, and NFPA 96: Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.

(b) Actual discharge of the fire extinguishing system shall not be required.

(c) Records documenting acceptable performance as established by the procedures shall be maintained;

(v) A program to identify and repair equipment and/or component group failures shall be maintained;

(vi) Systems for transmitting fire alarms to the local fire department shall be reliable and functional at all times;

(vii) There shall be operator and maintenance instructions for each piece of equipment and/or component group on the list;

(viii) Individuals shall be trained to operate and maintain all equipment and/or component group on the list; and

(ix)*(a)* Portable fire extinguishers shall be clearly identified.

(b) Refer to subsection (e) of this section, safety services.

(5) **Emergency procedures program.**

(A) There shall be written emergency procedures or a disaster management plan for utility system disruptions or failures that addresses the specific and concise procedures to follow in the event of a utility system malfunction or failure of the:

(i) Water supply;

(ii) Hot water system;

(iii) Medical gas system;

(iv) Sewer system;

(v) Bulk waste disposal system;

(vi) Natural gas system;

(vii) Commercial power system;

(viii) Communication system; and

(ix) Boiler or steam delivery system.

(B) These procedures shall contain but are not limited to the following information:

(i) A method of obtaining alternative sources of essential utilities;

(ii) A method of shutoff and location of valves for malfunctioning systems;

(iii) A method of notification of facility staff in affected areas; and

(iv) A method of obtaining repair services.

(6) There shall be sufficient supervisory and support personnel to provide maintenance services in relation to the:

(A) Size and complexity of the facility; and

(B) Services that are provided.

(7) In large freestanding birthing centers, a liaison with the QI, Infection Control, and Safety Committees shall be maintained.

(c) **Environmental services.**

(1) The environmental services shall be under the direction of a person:

(A) Qualified by training and/or experience; and

(B) Licensed where required.

(2) In large freestanding birthing centers, a designee from this department shall be a member of the Infection Control Committee.

(3) Dry or untreated dusting, sweeping, or mopping, except vacuum type cleaning, shall be prohibited within the facility.

(d) **Laundry services.**

(1)(A) Laundry may be done onsite or offsite.

(B) If onsite, an area for laundry equipment with counter and storage space shelving shall be provided.

(C) Depending on size and occupancy of center, ordinary household laundry equipment may be provided.

(D) Soiled laundry shall be held in the soiled holding area until deposited in the washer.

(2)(A) Hot water supplied to laundry areas shall be a minimum of one hundred ten degrees Fahrenheit (110°F).

(B) Chlorine bleach and other laundry chemicals shall be used at effective concentrations that disinfect for the laundry size, cycle time, and water temperature as recommended by the chemical manufacturer or manufacturers.

(3) Clean laundry shall be mechanically dried only.

(4) Separate containers for the disposal of infectious waste and sharps shall be located in the soiled linen area.

(e) **Safety services.**

(1)(A) There shall be an effective program to enhance safety within the facility and grounds.

(B) In large freestanding birthing centers, the program shall be established and monitored by a safety committee appointed by the administrator.

(C) Safety Committee members shall be selected from administration, nursing, maintenance, housekeeping, the medical staff, and others as appropriate.

(2)(A) In large freestanding birthing centers, the Safety Committee shall meet a minimum of once every three (3) months to fulfill safety objectives.

(B) Minutes of each meeting shall be recorded and kept in the facility.

(3) The administrator shall designate a specific individual to carry out policies established by the safety program.

(4) The orientation program for the facility personnel shall include the:

(A) Importance of general safety and fire safety; and

(B) Responsibility of each individual to the program.

(5) The Safety Committee of large freestanding birthing centers and designated individuals of small freestanding birthing centers shall have the following functions:

(A) Investigation and evaluation of each accident, injury, or safety hazard report;

(B) Provision for safety-related information to use in orientation and education programs;

(C) Monitoring the results of the safety program and analyzing the effectiveness of the program annually;

(D) Conducting fire drills and disaster drills at required intervals;

(E) Reporting conclusions, recommendations, and actions of the Safety Committee at least quarterly to administration; and

(F) Ensuring each department or service shall have a safety policy and procedure manual within their own area that:

(i) Is a part of the overall facility safety manual; and

(ii) Establishes safety policies and procedures specific to each area.

(6)(A) Fire extinguishers shall be:

(i) Provided in adequate numbers;

(ii) Of the correct type; and

(iii) Properly located and installed in accordance with NFPA 10: Standard for Portable Fire Extinguishers.

(B)(i) Personnel shall be trained in the proper use of fire extinguishers and equipment.

(ii) Personnel shall follow procedures in fire containment and evacuating patients in case of fire or explosion.

(C) There shall be an annual check of all fire extinguishers by qualified persons in accordance with NFPA 10: Standard for Portable Fire Extinguishers.

(D) The date the check was made and the initials of the inspector shall be recorded on:

(i) The fire extinguisher; or

(ii) A tag attached to the extinguisher.

(7)(A) A plan shall be available for the protection of patients, visitors, and employees for evacuation in the event of an emergency.

(B) Any fire or disaster event at the facility shall be reported immediately to the Department of Health by telephone 501-661-2201 during regular working hours or to 1-800-554-5738 or 501-661-2136 after normal working hours, holidays, and weekends.

(8)(A) There shall be policies and procedures to address usage of tobacco.

(B) "No Smoking" signs or the international symbol for no smoking shall be posted in any:

(i) Room or compartment where flammable liquids, combustible gases, or oxygen is used or stored; and

(ii) Other hazardous locations.

(9) There shall be rules governing the routine methods of handling and storing flammable and explosive agents.

(10)(A) There shall be keys available to ensure prompt access to all locked areas.

(B)(i) All doors shall be devised so they can be opened from the inside of the locked area.

(ii) Special door locking devices are acceptable in limited areas.

(C) Usage is subject to all codes and regulations.

(11) All required exit doors shall remain unlocked in accordance with NFPA 101: Life Safety Code.

(12) A list of material safety data sheets for solutions, cleaning compounds, disinfectants, vermin control chemicals, and other potentially hazardous substances used in connection with the facility shall be readily available onsite.

20 CAR § 44-114. Physical facilities~~, freestanding birthing centers~~.

(a) **Definitions.** As used in this part:

(1) "Accessible" means having access to, but first may require the removal of a panel, door, or similar covering of the item described;

(2) "Addition" means an extension or increase in:

(A) Floor area;

(B) Height of a building; or

(C) Structure;

(3) "Alter" or "alteration" means any change or changes or modification in construction or occupancy, or the installation or the assembly of any new structural components, or any change or changes to the existing structural component, in a:

(A) System;

(B) Building; and

(C) Structure;

(4)(A) "And/or" in a choice of two (2) code provisions signifies that use of:

(i) Both provisions shall satisfy the code requirements; and

(ii) Either provision is acceptable, also.

(B) The most restrictive provision shall govern.

(C) Where there is a conflict between a general requirement and a specific requirement, the specific or restrictive requirement shall be applicable;

(5) "Architect" means a duly registered architect licensed by the State of Arkansas;

(6) "Corridor" means a passageway:

(A) Into which compartments or rooms open; and

(B) That is enclosed by:

(i) Partitions and/or walls and a ceiling; or

(ii) A floor/roof deck above;

(7) "Dead end" means a hallway, corridor, or space open to a corridor so arranged that it can be entered from an exit access corridor without passage through a door, but does not lead to an exit;

(8) "Engineer" means a duly registered engineer licensed by the State of Arkansas;

(9) "Licensing agency" means:

(A) The Department of Health;

(B) The Division of Health Facilities Services; or

(C) The current name;

(10) "Listed" means equipment or materials included in a list published by a nationally recognized testing laboratory, inspection agency, or other organization concerned with products evaluation:

(A) That maintains periodic inspection of production of listed equipment or materials; and

(B) Whose listing states either that the equipment or materials:

(i) Meet nationally recognized standards; or

(ii) Have been tested and found suitable for use in a specific manner;

(11)(A) "Narrative program" describes the functional and utilizational information related to fulfillment of the freestanding birthing center's objectives.

(B) The description reflects those services necessary for complete operation of the facility.

(C) Some common elements that shall be included address:

(i) Policies and procedures;

(ii) Intent or purpose;

(iii) Space requirements; and

(iv) Staff patterns, quantities, and credentials;

(12) **New construction.**

(A) This part establishes health, safety, and welfare requirements for the design of all new freestanding birthing centers and related institutions.

(B) Where new work is done within the state, all portions of the work shall comply with applicable sections of this part;

(13) "Partition" means an interior wall, other than folding or portable, that subdivides spaces within any story, attic, or basement of a building;

(14) "Patient care area" means any portion of a freestanding birthing center wherein patients are intended to be examined or treated;

(15) "Plenum" means an air compartment or chamber:

(A) To which one (1) or more ducts are connected; and

(B) That forms part of the air distribution system;

(16) "Readily accessible" means:

(A) Having direct access without the need of removing any panel, door, or similar covering of the item described; and

(B) Without requiring the use of portable ladders, chairs, etc.;

(17) "Renovation" means construction performed within an existing facility;

(18) "Repair" means the reconstruction or renewal of any part of an existing building for the purpose of maintenance;

(19) "Room" means a separate, enclosed space, with a doorway or doorways, for one (1) named function;

(20) "Through penetration protection" means a system installed to resist, for a prescribed time period, the passage of flame, heat, and hot gases through openings that penetrate an entire fire-resistant assembly in order to accommodate:

(A) Cables;

(B) Cable trays;

(C) Conduits;

(D) Tubing;

(E) Pipes;

(F) Ductwork; or

(G) Similar terms; and

(21) "Toilet" means a room designated exclusively for a:

(A) Water closet;

(B) Lavatory; and

(C) Tub or shower.

(b) **General considerations.**

(1)(A) The requirements set forth herein have been established by the Department of Health and constitute minimum requirements for new construction, new addition or additions, and/or major renovations in facilities requiring licensure under this part.

(B) These requirements are considered necessary to ensure properly planned and well-constructed freestanding birthing centers that can be efficiently maintained and operated to furnish adequate services.

(C) In many instances, these minimum requirements shall need to be exceeded for the facility to function as programmed.

(2)(A) Facilities shall be accessible to the public, staff, and patients with physical disabilities.

(B) Minimum barrier-free requirements shall be those set forth by the Title 22, Subchapter B, Building Authority Minimum Standards and Criteria, Part 111 Design Review Section, Accessibility for Individuals with Disabilities Standards, 22 CAR § 111-1001 et seq.

(3)(A) Projects involving renovation and additions to existing facilities shall be programmed and phased to minimize disruption of the existing functions.

(B) Access, exits, and fire protection shall be maintained for the occupants' and the facility's safety.

(4) **Codes and standards.**

(A) Nothing stated herein shall relieve the owner from compliance with building codes, ordinances, and regulations that are enforced by city, county, or other state jurisdictions.

(B) Where such codes, ordinances, and regulations are not in effect, the owner shall consult the state building codes for all components of the building type that are not specifically covered by these minimum requirements.

(C) In locations where there is a history of tornadoes, floods, earthquakes, or other regional disasters, planning and design shall consider the need to protect the occupants and the facility.

(5) No new mechanical, electrical, plumbing, fire protection, or medical gases system shall be installed, nor any such existing system materially altered or extended, until complete plans and specifications for installation, alteration, or extensions have been submitted to the licensing agency for review and approval.

(c) **Plan review.** The following list illustrates the process flow that shall be used for all new construction, remodeling, and/or alterations and shall include:

(1) Narrative program;

(2) Site location;

(3) Preliminary drawings;

(4) Submission of plan review fee;

(5) Final construction documents;

(6) Letter of approval for construction documents;

(7) Site observations during construction; and

(8) Final site observation.

(d) **Narrative program.**

(1) The facility shall supply for each project, whether new construction, addition, modernization, and renovation, a narrative program that describes the:

(A) Purpose of the project;

(B) Projected demand or utilization;

(C) Staffing patterns;

(D) Departmental relationships;

(E) Space requirements; and

(F) Other basic information relating to the fulfillment of the institution's objectives.

(2) The facility's narrative program and/or construction documents shall be approved by all applicable departments prior to starting construction.

(e) **Site location.**

(1) **Location.**

(A) The site of any freestanding birthing center shall be easily accessible to:

(i) The community; and

(ii) Service vehicles such as fire protection apparatus.

(B) Facilities shall be located with due regard to:

(i) Accessibility by public transportation for patients, staff, and visitors; and

(ii) Availability of competent medical and surgical consultation.

(C) The facility shall have security measures for patients, personnel, and the public consistent with the conditions and risks inherent in the location of the facility.

(D)(i) The facility shall be located to provide reliable utilities:

(a) Water;

(b) Natural gas;

(c) Sewer; and

(d) Electricity.

(ii) The water supply shall have the capacity to provide normal usage plus firefighting requirements.

(iii) The electricity shall be of stable voltage and frequency.

(E) The site shall:

(i) Afford good drainage; and

(ii) Not be:

(a) Subject to flooding; or

(b) Located near:

(1) Insect breeding areas;

(2) Noise; or

(3) Other nuisance producing locations.

(2) **Roads and parking.**

(A) Paved roads and walks shall be provided within the lot lines to provide access to the main entrance and service entrance, including loading and unloading areas for delivery trucks.

(B)(i) Each facility shall have parking spaces to satisfy the minimum needs of:

(a) Patients;

(b) Employees;

(c) Staff; and

(d) Visitors.

(ii) Space shall be provided for emergency and delivery vehicles.

(3) **Subsoil investigation.**

(A) Subsoil investigation shall be made to determine the subsurface soil and water conditions.

(B) The investigation shall include a sufficient number of test pits or test borings to determine, in the judgment of the architect and the structural engineer, the true subsurface conditions.

(C) Results of the investigation shall be available in the form of a:

(i) Soil investigation report; or

(ii) Foundation engineering report.

(D) The investigation shall:

(i) Be made in close cooperation with the architect and structural engineer; and

(ii) Contain detailed recommendations for foundation design and gradings.

(E) The following is a general outline of the suggested scope of soil investigation:

(i)*(a)* The borings or test pits shall extend into stable soils well below the bottom of any proposed foundations.

(b) A field log of the borings shall be made and the thickness, consistency, and character of each layer recorded;

(ii)*(a)* The amount and elevation of groundwater encountered in each pit or boring and its probable variation with the seasons and effect on the subsoil shall be determined.

(b) High or low water levels of nearby bodies of water affecting the ground level shall also be determined;

(iii) Laboratory tests shall be performed to determine the safe bearing value and compressibility characteristics of the various strata encountered in each pit or boring;

(iv) Maximum depth of frost penetration below surface of the ground shall be recorded; and

(v) Tests shall be made to determine whether the soil contains alkali in sufficient quantities to affect concrete foundations.

(4) **Approval.**

(A) The new building site shall be observed and approved by the Department of Health before construction begins.

(B) An entity may utilize a private professional provider for project review and approval process in accordance with the Fast-Track Permits Act, Arkansas Code §14-1-501, et seq.

(f) **Preliminary drawings.**

(1) Schematic drawings shall be submitted to the Department of Health for the proposed facility.

(2) Schematic drawings shall illustrate a basic understanding of the architectural, mechanical, electrical, and plumbing systems.

(3) The drawings shall include:

(A) Schematic plans;

(B) Building sections;

(C) Exterior elevations, all sides;

(D) Preliminary finish schedule; and

(E) General notes.

(4) Code criteria shall be submitted that:

(A) Are specific to the proposed facility; and

(B) Exhibit a knowledge of the building and fire code requirements including but not limited to:

(i) Construction type;

(ii) Fire protection ratings;

(iii) Means of egress; and

(iv) Smoke compartmentalization.

(5) Drawings shall be at a scale to clearly represent the intent.

(6) A graphic and/or written scale and directional arrow shall be on each drawing.

(g) **Submission of plan review fee.**

(1) A plan review fee in the amount of one percent (1%) of the total cost of construction or five hundred dollars ($500), whichever is less, shall be paid for the review of drawings and specifications (contract documents).

(2) The plan review fee check shall be made payable to the Accounting Division of the Department of Health.

(3) A cost estimate shall accompany the drawings and specifications unless the maximum fee of five hundred dollars ($500) is submitted.

(4) The Division of Health Facilities Services will coordinate the review of drawings and specifications for all Department of Health offices.

(h) **Final construction documents.**

(1)(A) Requirements for drawings and specifications shall be prepared by an architect and/or engineer licensed by the State of Arkansas.

(B) The architect and/or engineer shall prepare and submit construction documents with the respective seals for each professional discipline.

(C) Architectural construction documents shall be prepared by an architect and engineering (mechanical, electrical, civil, and structural) construction documents shall be prepared by an (mechanical, electrical, civil, and structural) engineer.

(2)(A) Working drawings and specifications shall be prepared in a manner that:

(i) Clearly defines the scope of the work; and

(ii) Is consistent with the professional standard of practice for architects and engineers.

(B) Working drawings and specifications shall be complete for contract purposes.

(C) Working drawings and specifications for each of the following disciplines of work — civil, architectural, life safety and fire protection, structural, mechanical, and electrical — may include but are not limited to the following:

(i) **Civil.**

(a) Site survey including a legal description of the property.

(b) Site plans including demolition, grading, utility, and building/dimension types.

(c) Sections, details, schedules, notes, and legends for site plans;

(ii) **Architectural.**

(a) Plans including demolition, reference, dimension, life safety, reflected ceiling, enlarged, millwork, equipment, and furnishing types.

(b) Sections including building, partition, and detail types.

(c) Elevations including interior and exterior types.

(d) Details including plan and section types.

(e) Schedules including drawing sheets finish and door and window types.

(f) Notes including general and specific as required to clearly define the scope of work.

(g) Legends including abbreviation and symbol types;

(iv) **Life safety and fire protection.**

(a) Limits of each smoke compartment.

(b) Location of each smoke barrier wall.

(c) Dimensions and gross areas of each smoke compartment.

(d) Location of each:

(1) Fire-rated wall or partition;

(2) Fire separation wall; and

(3) Horizontal exit.

(e) Location of each:

(1) Exit sign;

(2) Fire pull station;

(3) Extinguisher cabinet; and

(4) Extinguisher.

(f) Travel distance or distances from the most remote location or locations in the building to an exit as defined by NFPA 101 (i.e., horizontal exit, exit passageway, enclosed exit stair, exterior exit door);

(v) **Structural.**

(a) Plans including demolition, foundation, floor framing, roof framing, reference, and dimension types.

(b) Sections including partial building and detail types.

(c) Details including plan and section types.

(d) Schedules including pier, footing, beam, girder, column, and reinforcing types.

(e) Notes including general and specific as required to clearly define the scope of the work.

(f) Legends including abbreviation and symbol types;

(vi) **Mechanical.**

(a) Heating, piping, and air conditioning systems:

(1) Steam-heated equipment such as:

(A) Sterilizers;

(B) Warmers; and

(C) Steam tables;

(2) Heating and steam mains and branches with pipe sizes;

(3) Diagram of heating and steam risers with pipe sizes;

(4) Sizes, types, and heating surfaces of boilers and oil burners, if any;

(5) Pumps, tanks, boiler breeching and piping, and boiler room accessories;

(6) Air conditioning systems with required:

(A) Equipment;

(B) Water refrigerant piping; and

(C) Ductwork showing required fire smoke/dampers;

(7) Exhaust, return, and supply ventilating systems with piping and required fire/smoke dampers;

(8) Air quantities for all room supply, return, and exhaust ventilating duct openings;

(9) A ventilation schedule specifying the following information:

(A) Room number;

(B) Room name;

(C) Room volume in cubic feet (ft^3);

(D) Required room air changes;

(E) Required outside air changes;

(F) Required air movement relative to adjacent area;

(G) Required air filtration in percent (%) efficiency;

(H) Required room total supply air quantity in cubic feet per minute (CFM);

(I) Required outside air quantity (CFM);

(J) Required room exhaust air quantity (CFM);

(K) Design room total supply air quantity (CFM);

(L) Design room return air quantity (CFM);

(M) Design outside air quantity (CFM);

(N) Design room exhaust air quantity (CFM);

(O) Design room air filtration in percent (%) efficiency;

(P) Room design summer in degrees Fahrenheit (°F) dry bulb/wet bulb (DB/WB);

(Q) Room design winter (°F) DB/WB;

(R) Outside air design summer (°F) DB/WB; and

(S) Outside air design winter (°F) DB/WB; and

(10) Air filter design pressure drop, both clean and dirty.

(b) Plumbing, drainage, and standpipe systems:

(1) Size and elevation of:

(A) Street sewer;

(B) House sewer;

(C) House drains; and

(D) Street water main;

(2) Locations and size of soil, waste, and vent stacks with connections to:

(A) House drains;

(B) Cleanouts;

(C) Fixtures; and

(D) Equipment;

(3) Size and location of hot and cold circulating mains, branches, and risers from the service entrance and tanks;

(4) Riser diagram to show all plumbing stacks with:

(A) Vents;

(B) Water risers; and

(C) Fixture connections;

(5) Gas, oxygen, and special connections;

(6) Standpipe and sprinkler systems; and

(7) Plumbing fixtures and equipment that require water and drain connections.

(c) **Elevators and dumbwaiters.** Details and dimensions of shaft, pit, and machine room; sizes of car platform and doors.

(d) Kitchens, laundry, refrigeration, and laboratories detailed at a satisfactory scale (one-quarter-inch scale) to show the location, size, and connection of all fixed and moveable equipment;

(vii) **Electrical.**

(a) All electrical wiring, outlets, smoke detectors, and equipment that require electrical connections.

(b) Electrical service entrance with switches, feeders to the public service feeders, characteristics of the light and power current, and transformers and their connections, if located in the building.

(c)(1) Plan and diagram showing:

(A) Main switchboard power panels;

(B) Light panels; and

(C) Equipment.

(2) Diagram of feeder and conduit sizes with a schedule of feeder breakers or switches.

(d) Light outlets, receptacles, switches, power outlets, and circuits.

(e) Telephone layout showing:

(1) Service entrance;

(2) Telephone switchboard;

(3) Terminal boxes; and

(4) Telephone outlets.

(f) Nurses' call system with outlets for:

(1) Beds;

(2) Duty stations;

(3) Door signal lights;

(4) Annunciators; and

(5) Wiring diagrams.

(g) Staff paging and doctors’ in-and-out registry system with all equipment wiring, if provided.

(h) Fire alarm system with:

(1) Stations;

(2) Signal devices;

(3) Control board; and

(4) Wiring diagrams.

(i) Emergency electrical system with:

(1) Outlets;

(2) Transfer switch;

(3) Source of supply;

(4) Feeders; and

(5) Circuits.

(j) Medical gas alarm system.

(k) All other electrically operated systems and equipment;

(viii) **Specifications.** Specifications shall:

(a) Supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes, and other characteristics of all materials and equipment; and

(b) Include the following:

(1) Cover or title sheet with architect and/or engineer seal;

(2) Index;

(3) General conditions;

(4) General requirements; and

(5) Sections describing material and workmanship in detail for each class of work; and

(ix)*(a)* All construction documents and specifications shall be approved by the Department of Health prior to the beginning of construction and a letter shall be issued from the licensing agency granting approval to commence with construction.

(b) The Department of Health shall have a minimum of six (6) weeks to review construction documents and specifications.

(c) The Division of Health Facilities Services shall coordinate the plan review with other divisions in the Department of Health.

(i) **Site observation during construction.**

(1) The new building site shall be observed and approved by the Department of Health before construction begins.

(2)(A) The construction of the new building and/or addition shall be observed:

(i) During the construction phases; and

(ii) Before occupying the building and/or addition.

(B) The Department of Health is to be notified when construction begins and a construction schedule shall be submitted to determine inspection dates.

(C) Representatives from the Department of Health shall have access to the construction premises and the construction project for purposes of making whatever observations deemed necessary throughout the course of construction.

(D)(i) Periodic observations of construction shall be provided and documented by each design professional to ensure construction is in compliance with the contract documents.

(ii) The number and interval of periodic observations shall be approved by the Division of Health Facilities Services prior to beginning construction.

(iii) Documentation of each periodic observation shall be submitted to the Division of Health Facilities Services.

(E) Any deviation from the accepted construction documents shall not be permitted during construction until the written request for change or changes in the construction is approved by the Department of Health.

(j) **Final site observation.**

(1)(A) Upon completion of construction and prior to the approval by the Department of Health to occupy and use the facility, the owner shall be furnished a minimum of one (1) complete set of reproducible drawings and specifications and one (1) complete legible set of as-built drawings and specifications showing all construction, fixed equipment, and mechanical and electrical systems as installed and built.

(B) The Department of Health shall also be provided one (1) complete set of as-built drawings and specifications.

(C) In addition, the owner shall be furnished a complete set of installation, operation, and maintenance manuals and parts lists for the installed equipment at the time as-built prints are provided.

(2) No facility shall occupy any new structure or major addition or renovation space until the appropriate approval has been received from the local:

(A) Building and fire authorities; and

(B) Licensing agency.

(k) **List of referenced publications.**

(1) Codes and standards that have been referenced in whole or in part in the various sections of this document are listed below.

(2) The most current codes and standards adopted at the time of this publication are used.

(3)(A) Later issues will normally be acceptable where requirements for function and safety are not reduced.

(B) However, editions of different dates may have portions renumbered or retitled.

(4) Care shall be taken to ensure that appropriate sections are used.

(5)(A) Names and addresses of originators are also included for information.

(B) American National Standards Institute Standard A17.1, Safety Code for Elevators and Escalators.

(C) American Society of Civil Engineers, Minimum Design Loads for Buildings and Other Structures.

(D) American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE), Handbook of Fundamentals and Handbook of Applications.

(E) American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE), Standard 52, Method of Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matter.

(F) Title 22, Subchapter B, Building Authority Minimum Standards and Criteria, Part 111 Design Review Section, Accessibility for Individuals with Disabilities Standards, 22 CAR § 111-1001 et seq.

(G) Arkansas Fire Prevention Code, Volume I - Fire Prevention (Standard Fire Prevention Code with Arkansas Amendments) and Volume II - Building Construction (Standard Building Code with Arkansas Amendments).

(H) Arkansas Mechanical Code, 17 CAR pt. 260, Department of Health.

(I) Arkansas Plumbing Code, 17 CAR pt. 65, Department of Health.

(J) DOP Penetration Test Method, MIL STD No. 282, Filter Units, Protective Clothing, Gas Mask Components and Related Products: Performance Test Methods.

(K) Illuminating Engineering Society, IESNA Publication CP29, Lighting for Health Care Facilities.

(L) Administrative Rules of the Boiler Inspection Division, 20 CAR pt. 880, Department of Labor and Licensing.

(M) National Council on Radiation Protection and Measurements (NCRP), Report No. 33, Medical X-ray and Gamma Ray Protection for Energies Up to 10 MeV — Equipment Design and Use, 1986.

(N) National Council on Radiation Protection and Measurements (NCRP), Report No. 49, Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies Up to 10 MeV.

(O) National Council on Radiation Protection and Measurements (NCRP), Radiation Protection Design Guidelines for 0.1pi29100, MeV Particle Accelerator Facilities.

(P) National Fire Codes, 1998.

(Q) Rules Pertaining to the Management of Medical Waste from Generators and Healthcare Related Facilities, 20 CAR pt. 53, Department of Health.

(R) Rules Pertaining to Swimming Pools and Other Related Facilities, 20 CAR pt. 136, Department of Health.

(l) **Availability of codes and standards.**

(1) The codes and standards referenced in various sections throughout this part can be ordered, if they are government publications, from the Superintendent of Documents, United States Government Publishing Office, Washington, DC 20402.

(2) Copies of nongovernment publications can be obtained at the addresses listed below.

(A) Air Conditioning, Heating and Refrigeration Institute, 2311 Wilson Boulevard, Suite 400, Arlington, VA 22201.

(B) American National Standards Institute, 25 West 43rd Street, 4th Floor, New York, NY 10036.

(C) American Society of Civil Engineers, 1801 Alexander Bell Drive, Reston, VA 20191.

(D) American Society for Testing and Materials, 100 Barr Harbor Drive, P.O. Box C700, Conshohocken, PA 19428.

(E) American Society of Heating, Refrigerating, and Air-Conditioning Engineers, 180 Technology Parkway NW, Peachtree Corners, GA 30092.

(F) Division of Building Authority, 501 Woodlane, Little Rock, AR 72201.

(G) Department of Labor and Licensing, 900 West Capitol Avenue, Suite 400, Little Rock, AR 72201.

(H) Illuminating Engineering Society (IESNA), 85 Broad Street Floor 17, New York, NY 10004.

(I) National Council on Radiation Protection and Measurement, 7910 Woodmont Avenue, Suite 905, Bethesda, MD 20814.

(J) National Fire Protection Association, 1 Batterymarch Park, Post Office Box 9101, Quincy, MA 02169.

(K) National Technical Information Service, 5301 Shawnee Road, Alexander, VA 22312.

(L) Defense Printing Service, 700 Robbins Avenue, Building 4D, Philadelphia, PA 19111, for DOP Penetration Test Method.

(M) International Code Council, 500 New Jersey Avenue, NW, Washington, DC 20001.

(N) UL Solutions Headquarters, 333 Pfingsten Road, Northbrook, IL 60062.

20 CAR § 44-115. Clinical facilities~~ — Freestanding birthing centers~~.

(a)(1) The extent (number and types) of the administrative, clinical, and diagnostic facilities to be provided shall be determined by the services contemplated and the estimated patient load as described in the approved narrative program.

(2) The planning of freestanding birthing centers shall provide for the privacy and dignity of the patient during:

(A) Interview;

(B) Examination; and

(C) Treatment.

(b) **General.** Each element provided in the freestanding birthing center shall meet the requirements outlined herein as a minimum, with the understanding that the elements shall be expanded where needed.

(c) **Birthing room or rooms.**

(1) Birthing rooms shall be adjacent to a toilet room and shall have storage space sufficient to accommodate the:

(A) Belongings of occupants;

(B) Bedding;

(C) Equipment; and

(D) Supplies.

(2) In addition, the following shall be provided:

(A)(i) Birthing rooms shall be adequate in size to accommodate:

(a) One (1) patient;

(b) Her family; and

(c) Attending staff.

(ii) Each birthing room shall have a minimum floor area of one hundred sixty square feet (160 sq. ft.), excluding vestibule toilets;

(B) An area for equipment and supplies for routine and remedial newborn care, separate from the equipment supplies for maternal care, shall be provided in each birthing room in:

(i) Built-in cabinets;

(ii) Closets; or

(iii) Furniture;

(C) Medications, syringes, specimen containers, and instrument packs shall be contained in storage areas not accessible to children; and

(D) The plan for the birthing room shall be such that it will permit the need for emergency transfer by stretcher unimpeded.

(c) **Nurses' station or stations.** Facilities for charting, clinical records, work counter, communication system, space for supplies, and convenient access to handwashing facilities shall be provided.

(d) **Medication distribution.**

(1) This may be:

(A) A medication preparation room or unit;

(B) A self-contained medication dispensing unit; or

(C) Another approved system.

(2) A medication dispensing unit may be located:

(A) At the nursing station;

(B) In the clean workroom; or

(C) In an alcove or other space under direct control of the nursing or pharmacy staff.

(e) **Clean workroom or clean holding room.**

(1) The clean workroom shall contain:

(A) A work counter; and

(B) Handwashing and storage facilities.

(2) A clean holding room shall be:

(A) Part of a system for storage and distribution of clean supply materials; and

(B) Similar to a clean workroom except that the work counter and handwashing facilities may be omitted.

(f) **Soiled workroom or soiled holding room.**

(1) The soiled workroom shall contain a:

(A) Clinical sink or equivalent flushing-rim fixture;

(B) Sink equipped for handwashing;

(C) Work counter; and

(D) Waste receptacle.

(2) A soiled holding room shall be:

(A) Part of a system for collection and disposal of soiled materials; and

(B) Similar to the soiled workroom except that the clinical sink and the work counter may be omitted.

(g) If a stretcher is provided, stretcher storage space shall be out of the direct line of traffic.

20 CAR § 44-116. Physical facilities — Details and finishes.

(a) **Details.**

(1) Small freestanding birthing centers shall meet minimum construction requirements as described by NFPA 101: Life Safety Code, Chapter 26 with the exceptions noted herein.

(2) Renovation in small freestanding birthing centers shall meet minimum construction requirements as described by NFPA 101: Life Safety Code, Chapter 27 with the exceptions noted herein.

(3) Large freestanding birthing centers shall meet minimum construction requirements as described by NFPA 101: Life Safety Code, Chapter 12, Section 6 with the exceptions noted herein.

(4) Renovation in large freestanding birthing centers shall meet minimum construction requirements as described by NFPA 101: Life Safety Code, Chapter 13, Section 6 with the exceptions noted herein.

(5)(A) Renovations, including new additions, shall not diminish the level of safety that existed prior to the start of the work.

(B) However, safety in excess of that required for new facilities is not required.

(6)(A) In large freestanding birthing centers, the minimum corridor width shall be six feet (6').

(B) Work corridors less than six feet (6') long may be four feet (4') wide.

(C) In small freestanding birthing centers, the minimum corridor width shall be forty-four inches (44").

(7) Items such as drinking fountains, fold-down writing surfaces, telephone booths, vending machines, etc., shall not:

(A) Restrict corridor traffic; or

(B) Reduce the corridor width below the required minimum.

(8)(A) The minimum door width for patient use shall be two feet ten inches (2' 10").

(B) If the facility services patients transported in beds, the minimum door width shall be three feet eight inches (3' 8").

(9)(A) Rooms containing bathtubs, sitz baths, showers, and water closets subject to occupancy by patients shall be equipped with doors and hardware that shall permit access from the outside in any emergency.

(B) When such rooms have only one (1) opening or are small, the doors shall be:

(i) Capable of opening outwards; or

(ii) Otherwise designed to be opened without need to push against a patient who may have collapsed within the room.

(10)(A) Doors, sidelights, borrowed lights, and windows located within eighteen inches (18") of the floor shall be glazed with safety glass, wired glass, or plastic glazing material that shall:

(i) Resist breaking; and

(ii) Not create dangerous cutting edges when broken.

(B) Safety glass or plastic glazing materials shall be used for shower doors and bath enclosures.

(11) Thresholds and expansion joint covers shall be flush with the floor surface to facilitate use of wheelchairs and carts.

(12) Location and arrangement of handwashing facilities shall permit proper use and operation.

(13) Lavatories and handwashing facilities shall be securely anchored to withstand an applied downward vertical load of not less than two hundred fifty pounds (250 lbs.) on the front of the fixture.

(14) Ceiling heights shall be as follows:

(A) Boiler rooms shall have ceiling clearances not less than two feet six inches (2′ 6″) above the main boiler heater and connecting piping;

(B) Rooms containing ceiling-mounted equipment or ceiling-mounted surgical light fixtures shall have height required to accommodate the equipment or fixtures, with a minimum height of nine feet (9′) in new construction; and

(C)(i) All other rooms shall not have less than seven feet eight inches (7′ 8″).

(ii) Suspended tracks, rails, and pipes located in the path of normal traffic shall be not less than seven feet (7′) above the floor and clearances in other areas may be six feet eight inches (6′ 8″) above the floor.

(15) Rooms containing heat-producing equipment such as boiler or heater rooms and laundries shall be insulated and ventilated to prevent any adjacent partition surface from exceeding a temperature of ten degrees Fahrenheit (10°F) above ambient room temperature.

(16)(A) Approved fire extinguishers shall be provided in locations throughout the building in accordance with NFPA Standard 10.

(B) Extinguishers located in exit corridors shall be recessed.

(17)(A) Rooms for patient medical records and archived patient medical records that remain onsite shall be:

(i) Kept in a one-hour fire-rated enclosure; and

(ii) Protected by a smoke detection system.

(B) Circulating records at nurses' station or in active working areas are excluded from this requirement.

(C) Offsite buildings or freestanding buildings used for storage of archived patient medical records shall:

(i) Be built of noncombustible materials; and

(ii) Provide security and smoke detection systems.

(D) Both onsite and offsite records shall be:

(i) Arranged in an accessible manner;

(ii) Stored at least six inches (6") above the floor; and

(iii) Protected against undue destruction from dust, vermin, water, etc.

(18) Fluorescent light fixtures shall be provided with protective covers if used in:

(A) Food preparation and serving areas; and

(B) Patient care and treatment spaces.

(19)(A) No operable fireplace shall be permitted in the facility.

(B) Inoperable fireplaces shall be sealed at the upper and lower portions of the flue.

(b) **Finishes.**

(1) Cubicle curtains and draperies shall:

(A) Be noncombustible or flame-retardant; and

(B) Pass both the large-scale and small-scale tests of NFPA Standard 701.

(2) Interior wall, ceiling, and floor finish classifications shall be in accordance with NFPA 101, 26-3.3.

(3)(A) Floor materials shall be easily cleanable and appropriately wear-resistant.

(B) Floors in areas used for food preparation or food assembly shall be water-resistant and greaseproof.

(C) Joints in tile and similar material in such areas shall be resistant to food acids.

(D) In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.

(E) Floors that are subject to traffic while wet, such as shower and bath areas, shall have a nonslip surface.

(4) Floors and wall bases in birthing rooms shall be:

(A) Coved with the floor;

(B) Tightly sealed within the wall; and

(C) Constructed without voids.

(5) Wall finishes:

(A) Shall be washable; and

(B) In the vicinity of plumbing fixtures shall be smooth and water-resistant.

(6) Floors and walls penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects.

(7) Ceilings in birthing rooms and soiled/clean utility rooms shall be washable, waterproof, lay-in:

(A) Vinyl-coated gypsum board;

(B) Gypsum board;

(C) Plaster; or

(D) Equivalent.

(8) Ceilings shall have access panels a minimum of two feet by two feet (2' x 2') provided where mechanical or electrical maintenance or repair to the facilities above the ceiling shall include but not be limited to cut-off valves, air filters, cleanout plugs, etc.

20 CAR § 44-117. Physical facilities — Mechanical requirements.

(a) **General.**

(1)(A) Prior to completion and acceptance of the facility, all mechanical systems shall be tested, balanced, and operated to demonstrate to the owner or his or her representative that the installation and performance of these systems conform to the requirements of the plans and specifications.

(B) The test and balance report shall be based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) systems guide standards, and a copy of the final report shall be on file at the facility.

(2)(A) Upon completion of the contract, the owner shall be furnished with a complete set of manufacturers':

(i) Operating and maintenance instructions; and

(ii) Parts list with numbers and description of each piece of equipment.

(B) He or she shall also be provided with instructions in the operational use of systems and equipment as required.

(b) **Thermal and acoustical insulation.**

(1) Insulation shall be provided for the following within the building:

(A) Boilers, smoke breeching, and stacks;

(B) Steam supply and condensate return piping;

(C) Hot water piping above one hundred ten degrees Fahrenheit (110°F) and all hot water heaters, generators, and convertors;

(D) Chilled water, refrigerant, and other process piping and equipment operating with fluid temperature below ambient dewpoint;

(E) Water supply and drain piping on which condensation may occur;

(F) Air ducts and casing with outside surface temperature below ambient dew point; and

(G) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system.

(2) Insulation on cold surfaces shall include an exterior vapor barrier.

(3)(A) Insulation, including finishes on the exterior surfaces of ducts, pipes, and equipment, shall have a flame spread rating of twenty-five (25) or less and a

smoke developed rating of fifty (50) or less as determined by an independent testing laboratory in accordance with NFPA 255.

(B) The smoke development rating for pipe insulation shall not exceed one hundred fifty (150).

(4) Interior duct lining is a potential health hazard and shall not be permitted.

(c) **Steam and hot water systems and pressure vessels.**

(1) All pressure vessels shall:

(A) Have the ASME seal; and

(B) Meet the requirements of the Boiler Inspection Division, Division of Labor.

(2) Boilers shall have the capacity, based upon the net ratings published by the Hydronics Institute or another acceptable national standard, to supply the normal requirements of all systems and equipment.

(3)(A) Supply and return mains and risers of cooling, heating, and process steam systems shall be valved to isolate the various sections of each system.

(B) Each piece of equipment shall be valved at the supply and return ends.

(d) **Air conditioning, heating, and ventilating systems.**

(1)(A) For laundries, a maximum average design temperature of eighty-three to eighty-five degrees Fahrenheit (83°F – 85°F) at summer design conditions shall be assumed, with higher temperatures permitted adjacent to heat-producing equipment such as ironers.

(B) For all other occupied areas, a design temperature of seventy-two degrees Fahrenheit (72°F) for cooling and heating design conditions shall be assumed.

(2) All air-supply and air-exhaust systems shall be mechanically operated.

(3)(A) Outdoor intakes shall be located as far as practical but not less than twenty-five feet (25’) in large freestanding birthing centers and ten feet (10’) in all other freestanding birthing centers from:

(i) Exhaust outlets of ventilating systems;

(ii) Combustion equipment stacks;

(iii) Medical/surgical vacuum systems;

(iv) Plumbing vents stacks; or

(v) Areas that may collect vehicular exhaust and other noxious fumes.

(B) The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet (6') above the ground level, or if installed above the roof, three feet (3') above the roof level.

(C) Exhaust outlets from areas that may be contaminated shall be:

(i) Above roof level; and

(ii) Arranged to minimize recirculation of exhaust air into the building.

(4) It shall be prohibited to use exit access corridors, separated from building use areas by fire-rated partitions and providing access to exit, for return or exhaust from adjoining air conditioned spaces through louvers or other devices mounted in:

(A) Corridor doors;

(B) Partitions; or

(C) Ceilings.

(5) The space above ceilings shall not be used as plenum space to supply air to, return air from, or to exhaust air from any patient care area in large freestanding birthing centers.

(6)(A) In large freestanding birthing centers, all central air conditioning systems shall be equipped with two (2) filters.

(B) Filter bed number one (1) shall:

(i) Be located upstream of the air conditioning equipment; and

(ii) Have an efficiency of no less than thirty percent (30%).

(C) Filter bed number two (2) shall:

(i) Be located downstream of any fan or blowers; and

(ii) Have an efficiency of no less than ninety percent (90%).

(D) Filtration efficiency ratings shall be based on dust spot efficiency per ASHRAE 52-76.

(7)(A) Noncentral air handling systems, i.e., individual room units that are used for heating and cooling purposes (fan-coil units, heat pump units, etc.), shall be equipped with permanent cleanable or replaceable filters.

(B) The filters shall have a minimum efficiency of sixty-eight percent (68%) weight arrestance.

(C) These units may be used as recirculating units only.

(D) All outdoor air requirements shall be met by a separate central air handling system with the proper filtration.

(8) Direct gas-fired space heating equipment (i.e., products of combustion are not separated from the air stream) shall not be used in patient care areas.

(9)(A) Duct humidifiers, when located upstream of final filters, shall be:

(i) Located a minimum of fifteen feet (15') upstream of final filters; or

(ii) Fitted with water removal devices that do not allow any water droplets to reach the filter.

(B) Humidifiers shall be connected to air flow proving switches that prevent humidification unless:

(i) The required volume of air flow is present; or

(ii) High-limit humidistats are provided.

(C) All duct takeoffs shall be sufficiently downstream of the humidifier to ensure complete moisture dissemination.

(D) Humidifiers that utilize direct contact of water with the air stream shall not be used.

(10)(A) Air handling duct systems shall meet the requirements of:

(i) NFPA 90A; and

(ii) Those contained herein.

(B) When approved for use, flexible duct lengths shall be limited to a maximum of fourteen feet (14').

(11) Penetrations in barriers that have been designed to provide radiation shielding shall not compromise the effectiveness of the shielding.

(12) Fire, smoke dampers, and smoke detectors shall be constructed, located, and installed in accordance with the requirements of NFPA 101.

(13) Boiler rooms shall be provided with sufficient outdoor air to:

(A) Maintain maximum combustion rates of equipment; and

(B) Limit temperatures in working stations to ten degrees Fahrenheit (10°F) above design temperature.

20 CAR § 44-118. Physical facilities — Plumbing and other piping systems.

(a)(1) All plumbing systems shall be designed and installed in accordance with the requirements of the latest edition of the Arkansas Plumbing Code, 17 CAR pt. 65.

(2) Only metal piping or piping material of a type approved by the Department of Health for corrosive wastes, etc., shall be permitted.

(b) **Plumbing fixtures.**

(1) The material used for plumbing fixtures shall be nonabsorbent acid-resistant material.

(2) All fixtures used by the staff and all lavatories used by patients and food handlers shall be trimmed with valves that can be operated without the use of hands.

(3) Clinical sinks shall have an integral trap in which the upper portion of the water trap provides a visible seal.

(c) **Water supply systems.**

(1) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(2)(A) Each water service main, branch main, riser, and branch to a group of fixtures shall be valved.

(B) Stop valves shall be provided at each fixture.

(C) Appropriate panels for access shall be provided at all valves where required.

(3) Backflow preventers (vacuum breakers) shall be installed on:

(A) Hose bibbs;

(B) Laboratory sinks;

(C) Janitors' sinks; and

(D) All other fixtures to which hoses or tubing can be attached.

(4)(A) Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times.

(B) Hot water at shower, bathing, and handwashing facilities shall not exceed one hundred ten degrees Fahrenheit (110°F).

(5) The hot water heating equipment and storage tank or tanks shall be:

(A) Fabricated of corrosion-resistant metal; or

(B) Lined with noncorrosive material.

(d) **Drainage systems.**

(1) Drain lines from sinks in which acid wastes may be poured shall be fabricated from an acid-resistant material.

(2)(A) Building sewers shall discharge into a community sewage system.

(B) Where such a system is not available, a facility providing sewage treatment shall conform to applicable local and state regulations.

(e)(1) All piping, except control line tubing shall be identified as to content.

(2) All valves shall be tagged and a valve schedule shall be maintained at the facility for permanent record.

(f) **Gas and vacuum systems.**

(1) Gas and vacuum systems if installed shall be in accordance with NFPA 99, Chapter 4.

(2) In large freestanding birthing centers, a piped medical gas system shall be required and shall be installed in accordance with NFPA 99, Chapter 4.

20 CAR § 44-119. Physical facilities — Electrical requirements.

(a)(1) All material and equipment including conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities:

(A) Shown in the specifications; or

(B) Indicated on the plans.

(2) Compliance shall be in accordance with applicable sections of NFPA 70 and NFPA 99.

(3) All materials shall be listed as complying with:

(A) Available standards of UL Solutions; or

(B) Other similarly established standards.

(b) **Performance tests.**

(1) All electrical installations including alarm, nurses' call, and communication systems shall be tested to demonstrate that equipment is installed and operates as planned and specified.

(2) A written record of performance tests on special electrical systems and equipment shall be supplied to the owner.

(c) **Lighting.**

(1) All spaces occupied by people, machinery, and equipment within buildings, approaches to buildings, and parking lots shall have lighting.

(2) Lighting levels shall be in accordance with the:

(A) IES Lighting Handbook (1987, Volume II, Applications); and

(B) Illuminating Engineering Society, IESNA Publication CP29, Lighting for Health Care Facilities (1985).

(d) **Equipment installation in special areas.**

(1) Ground fault circuit interrupters shall comply with NFPA 70.

(2) When ground fault circuit interrupters are used in critical areas, provisions shall be made to insure that other essential equipment is not affected by activation of one (1) interrupter.

(e) **Nurses' call system.**

(1) In large freestanding birthing centers, a nurses' emergency call system shall be provided for patients' use at each patient's:

(A) Toilet;

(B) Bath;

(C) Sitz bath; and

(D) Shower room.

(2) This system shall be accessible to a collapsed patient lying on the floor.

(3) Inclusion of a pull cord shall satisfy this standard.

(4) The emergency call signal (i.e., visible and audible) shall be distinguishable from the normal nurse call signal, and the call light shall be cancelable only at the station of origin.

(5) The signal shall activate:

(A) An enumerator panel at the nurses' station; and

(B) A visible signal in the corridor at:

(i) The patient's door; and

(ii) Other areas defined by the functional program.

(6) Provisions for emergency call shall also be needed in outpatient and treatment areas where patients may be subject to incapacitation.

(f) **Fire alarm system.**

(1) A protected premises fire alarm system as defined in Chapter 3 of NFPA 72: National Fire Alarm Code shall be required.

(2) In large freestanding birthing centers, fire alarm systems shall conform to NFPA 101: Life Safety Code, 12-6.3.4.

(g) **Emergency electrical service.**

(1) Emergency egress lighting (battery backup) and delivery rooms lighting (battery backup) shall be provided.

(2) In large freestanding birthing centers, emergency lighting and power shall be provided in accordance with NFPA 99, NFPA 101, and NFPA 110 with eight (8) hours of onsite fuel.

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

SENATE BILL 137

By: Senator J. Boyd
By: Representative Achor

For An Act To Be Entitled

AN ACT TO PERMIT HEALTHCARE PROVIDERS TO MAINTAIN MEDICAL RECORDS IN AN ELECTRONIC FORMAT; AND FOR OTHER PURPOSES.

Subtitle

TO PERMIT HEALTHCARE PROVIDERS TO MAINTAIN MEDICAL RECORDS IN AN ELECTRONIC FORMAT.

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

SECTION 1. Arkansas Code Title 20, Chapter 9, Subchapter 1, is amended to add an additional section to read as follows:

20-9-106. Electronic medical records — Definitions.

(a) As used in this section:

(1) "Healthcare provider" means:

(A) An individual who is licensed, certified, or otherwise authorized by a licensing authority of this state to administer healthcare services in the ordinary course of his or her business or practice; or

(B) A healthcare facility including without limitation a hospital, pharmacy, long-term care facility, office of a healthcare professional, or a hospice facility;

(2) "Medical record" means a patient's health record, including without limitation evaluations, diagnoses, prognoses, laboratory reports, X-rays, prescriptions, and other technical information used in assessing the patient's condition, or the pertinent portion of the record relating to a specific condition or a summary of the record; and

(3) "Patient" means a person who has received healthcare services from a healthcare provider.

(b) Notwithstanding any other provision of the law to the contrary, a healthcare provider may, in its sole discretion, create, maintain, transmit, receive, and store medical records in an electronic format and may, in its sole discretion, temporarily or permanently convert records into an electronic format.

(c)(1) A healthcare provider is not required to maintain separate tangible copies of electronically stored medical records.

(2) However, the healthcare provider shall maintain electronically stored medical records in a legible and retrievable form, including adequate data backup.

(d) This section is subject to all applicable federal laws governing the security and confidentiality of a patient's personal health information.

(e) A tangible copy of a medical record reproduced from an electronically stored record shall be considered an original for purposes of providing copies to patients or other authorized parties and for introduction of the medical record into evidence in administrative or court proceedings.

(f)(1) Except as provided otherwise under federal law, upon receiving a request for a copy of a medical record from a patient or an authorized person, a healthcare provider shall provide copies of the medical record in either tangible or electronically stored form.

(2) Except as provided otherwise under federal law, if a healthcare provider is audited by a health benefit plan, a pharmacy benefit manager, or a third-party entity involved in health benefits, the auditor shall accept an electronic version of the medical record in lieu of a physical medical record.

(g) This section applies to psychiatric, psychological, or other mental health medical records of a patient.

APPROVED: 2/25/25

State of Arkansas *As Engrossed: S3/17/25*
95th General Assembly **A Bill**
Regular Session, 2025 SENATE BILL 322

By: Senator J. Bryant
By: Representative Pilkington

For An Act To Be Entitled

AN ACT TO AMEND THE LAW CONCERNING CONSTRUCTION AND DEVELOPMENT; TO ALLOW THIRD PARTIES TO PERFORM PLAN REVIEWS AND SITE INSPECTIONS; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE LAW CONCERNING CONSTRUCTION AND DEVELOPMENT; AND TO ALLOW THIRD PARTIES TO PERFORM PLAN REVIEWS AND SITE INSPECTIONS.

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

SECTION 1. Arkansas Code § 14-1-503 is amended to read as follows:

14-1-503. Definitions.

As used in this subchapter:

(1) "Applicant" means a person that submits a request for permit or a person designated to act on the applicant's behalf in submitting a request for permit;

(2) "Local governing body" means a group of persons elected or appointed to make decisions for or recommendations to one (1) or more local governments;

(3) "Local government" means a municipality, county, or other political subdivision of this state;

(4) "Local government official" means an employee of a local government who is lawfully authorized to issue a permit;

(5) "Person" means an individual, corporation, limited liability company, partnership, association, trust, or other entity or organization

that can sue or be sued; ~~and~~

(6) "Private professional provider" means one (1) of the following who is not an employee of or otherwise affiliated with the person engaged in the construction project to be reviewed or inspected:

(A) A professional engineer as defined in § 17-30-101;

(B) A registered architect as defined in § 17-15-102; or

(C) A person licensed, certified, or registered by the applicable agency or body to conduct the type of plan review or inspection covered under this section;

(7) "Regulatory fee" means payments, whether designated as permit fees, application fees, or by another name, that are required by the local government to accept a request for permit or request for inspection;

(8)(A) "Regulatory requirements" means the requirements reasonably determined by the local government to be necessary for approval of plans, permits, or applications under this subchapter.

(B) "Regulatory requirements" includes:

(i) The Arkansas Fire Prevention Code as adopted by the State Fire Marshal;

(ii) The state plumbing code;

(iii) The fuel gas code;

(iv) The plumbing law under § 17-38-301 et seq.;

(v) Any locally adopted ordinances and amendments to the ordinances;

(vi) Development, utility, and subdivision regulations;

(vii) Applicable zoning ordinances and conditions;

(viii) Design standards; and

(ix) Other state and local laws, rules, and ordinances applicable to the application in question;

(9) "Request for inspection" means a request for an inspection of improvements related to a residential, multifamily, commercial, or industrial development or subdivision within the jurisdiction of a local government; and

(10) "Request for permit" means a request for a local government official's approval of a permit related to the development of a residential, multifamily, commercial, or industrial improvement within the jurisdiction of

a local government.

SECTION 2. Arkansas Code § 14-1-504 is amended to read as follows:

14-1-504. Request for permit — Time period for approval or denial — Notice of denial required.

(a)(1) No later than five (5) business days after receipt of a request for permit, a local government official shall notify the applicant electronically or in writing as to whether the request for permit meets the regulatory requirements of a complete application under § 14-1-505.

(2)(A) Time spent by the local government official determining whether the request for permit is complete shall count toward the sixty-day time for review or inspection under this section.

(B) If a local government official determines that the request for permit is incomplete, the local government official shall follow the procedure under § 14-1-505.

(b)(1) Upon notification to an applicant under subdivision (a)(1) of this section that a complete application has been accepted, the local government official shall also notify the applicant electronically or in writing as to whether the personnel employed or contracted by the local government will be able to provide action by plan review for approval, denial, or request for revisions on the request for permit within sixty (60) days.

(2)(A)(i) If the local government official determines that the personnel employed or contracted by the local government cannot provide action by plan review within the time required under subdivision (b)(1) of this section, the applicant may request that the local government retain a private professional provider, at the local government's expense, to provide the required plan review under this subchapter.

(ii) The request under subdivision (b)(2)(A)(i) of this section shall be made electronically or in writing within three (3) business days upon receipt of notification from the local government official.

(B)(i) If the local government official determines that the personnel employed or contracted by the local government can provide action by plan review within the time required under subdivision (b)(1) of this section, the applicant may retain a private professional provider to

provide the required plan review under this subchapter.

(ii) If the applicant does not notify the local government official electronically or in writing within three (3) business days of receipt of notification from the local government official, the plan review will commence by the personnel employed or contracted by the local government.

(C) If the applicant elects to retain the services of a private professional provider, the applicant shall bear the full responsibility of expense of the private professional provider and any regulatory fees associated with the request for permit.

(D) An applicant may provide notice of intent to elect to retain the services of a private professional provider at the time of application for a request for permit.

(c)(1) A local government official shall act by approval, denial, or a request for revision of an applicant's request for permit within sixty (60) days from the date the local government official receives the request for permit.

(2) If the local government official does not approve, deny, or request a revision of an applicant's request for permit within sixty (60) days as required under subdivision ~~(a)(1)~~ (c)(1) of this section, the:

(A) ~~request~~ Request for permit is automatically approved; and

(B) Local government official shall refund all regulatory fees for the request for permit.

(3) A local government official shall not deny an applicant's request for permit if the request for permit complies with and includes the requirements related to the request for permit imposed by the local governing body.

(4)(A) Except as provided in subdivision (c)(4)(B) of this section, the local governing body may limit the:

(i) Scope of a request for permit; and

(ii) Areas of the site to which the request for permit may apply.

(B) The local governing body shall allow the applicant to begin work on the project if a portion of the initial phase of work is compliant with applicable codes, laws, and rules.

~~(b)~~(d) A local government official shall not impose additional requirements related to the request for permit if the request for permit is automatically approved under subdivision ~~(a)(2)~~ (c)(2) of this section.

~~(c)~~(e) The automatic approval of a permit under subdivision ~~(a)(2)~~ (c)(2) of this section shall not authorize the permit holder to violate a:

(1) Federal law or rule;

(2) State law or rule; or

(3) Local ordinance or rule.

~~(d)~~(f) Unless the applicant waives the automatic approval under subdivision ~~(a)(2)~~ (c)(2) of this section, a local government official may refuse to accept a request for permit submitted by a person who previously submitted a request for permit that has not yet been approved or denied.

~~(e)~~(g)(1) The time period for approval or denial of a request for permit shall be extended to accommodate a time period prescribed by state statute, federal law, or court order that prohibits a local government official from approving or denying a request for permit within sixty (60) days.

(2) A local government shall provide an applicant written notice stating the reasons for the extension.

(3) The time period for approval or denial shall be extended sixty (60) days from the date of compliance as required by the state statute, federal law, or court order.

(4) A delay in action on a request for permit that is caused by the fault of the applicant shall not count toward the sixty-day period for action by approval, denial, or request for revisions on a request for permit.

~~(f)~~(h) Upon consent of the applicant, a local government official may extend the time period for approval or denial of a request for permit by providing the applicant written notice stating the reasons for the extension.

~~(g)~~(i) If a local government official denies a request for permit, the local government official shall provide the applicant written or electronic notice of the denial stating the reasons the request for permit was denied.

SECTION 3. Arkansas Code Title 14, Chapter 1, Subchapter 5, is amended to add additional sections to read as follows:

14-1-506. Plan review for request for permit.

(a) A plan review conducted by a private professional provider shall

be no less extensive than a plan review conducted by a local government official.

(b)(1) A private professional provider performing a plan review under this section shall review the plans to determine compliance with all applicable regulatory requirements.

(2) Upon determining that the plans reviewed comply with the applicable regulatory requirements, the private professional provider shall prepare an affidavit or affidavits certifying under oath that the following is true and correct to the best of the private professional provider's knowledge and belief and in accordance with the applicable professional standard of care:

(A) That the plans were reviewed by the affiant who is authorized to perform the plan review under this section and who holds the appropriate license or certifications and insurance coverage required under this subchapter;

(B) That a determination has been made that the plan is in compliance; and

(C) That a determination has been made that plans submitted for the plan review are in conformity with plans previously submitted or approved by the local government in the plan submittal process.

(c) The private professional provider shall be authorized to perform a plan review for a request for permit required by the local government, including without limitation plan review for:

(1) Civil plans;

(2) Construction plans; and

(3) Plumbing plans if allowed by the Department of Health.

(d)(1)(A) An applicant using a private professional provider shall submit a copy of the private professional provider's plan review report to a local government official within five (5) days of completion of the plan review report.

(B) A plan review report under subdivision (d)(1)(A) of this section shall include without limitation the following:

(i) The affidavit of the private professional provider required under subdivision (b)(2) of this section; and

(ii) Any documents reasonably required by the local government official and any other documents reasonably necessary to determine

that the applicant has secured all other governmental approvals required by law.

(2)(A) No more than ten (10) business days after receipt of a plan review report from the private professional provider, the local government official shall issue the requested permit or provide written notice to the applicant identifying the specific plan features that do not comply with the applicable regulatory requirements as well as the specific code chapters and sections of the regulatory requirements.

(B) If the local government official does not provide a written notice of the plan deficiencies with specific code references to the regulatory requirements not met within the prescribed ten-day period, the:

(i) Request for permit shall be deemed approved as a matter of law; and

(ii) Permit shall be issued by the local government official on the next business day.

(3)(A) If the local government official provides a written notice of plan deficiencies to the applicant within the prescribed ten-day period, the ten-day period shall be tolled pending resolution of the matter.

(B) To resolve the plan deficiencies, the applicant may:

(i) Dispute the plan deficiencies under this subchapter; or

(ii) Submit revisions to correct the plan deficiencies.

(4)(A) If the applicant submits revisions to address the plan deficiencies previously identified, the local government official shall have the remainder of the tolled ten-day period plus an additional five (5) business days to issue the requested permit or to provide a second written notice to the applicant stating which plan features remain in noncompliance with the applicable regulatory requirements, with specific reference to the relevant code chapters and sections of the regulatory requirements.

(B) If the local government official does not provide the second written notice under subdivision (4)(A) of this section within the prescribed time, the permit shall be issued by the local government official on the next business day.

(C) If the revisions required to address the plan deficiencies or any additional revisions submitted by the applicant require

that new governmental approvals be obtained, the applicant shall obtain the approvals before a new plan report can be submitted.

(5)(A) If the local government official provides a second written notice of plan deficiencies under subdivision (4)(A) of this section to the applicant within the prescribed time, the applicant may:

(i) Dispute the plan deficiencies under this subchapter; or

(ii) Submit additional revisions to correct the plan deficiencies.

(B) For all revisions submitted after the first revision, the local government official shall have an additional five (5) business days to issue the requested permit or to provide a written notice to the applicant stating which plan features remain in noncompliance with the applicable regulatory requirements, with specific reference to the relevant code chapters and sections.

(6)(A) If the local government official and the private professional provider are unable to resolve a dispute on matters concerning any ordinance, regulation, or policy of the local government, the matter shall be referred to the local governing body, which shall consider the matter by whichever occurs first:

(i) The next scheduled meeting of the local governing body; or

(ii) Within thirty (30) days from the date the matter is referred.

(B) If the local government official and the private professional provider are unable to resolve a dispute on matters concerning state law or state adopted building codes, the matter shall be referred to the Department of Labor and Licensing, which shall consider the matter by whichever occurs first:

(i) The next scheduled meeting of the local governing body; or

(ii) Within thirty (30) days from the date the matter is referred.

(e) The Department of Labor and Licensing may promulgate rules to implement this section.

14-1-507. Request for inspection by private professional provider.

(a)(1) An applicant making a request for inspection may retain a private professional provider to conduct the requested inspection at the expense of the applicant.

(2)(A) At the time the request for inspection is made to a local government official or at any time thereafter, the applicant shall include electronic or written notice of the intent to retain a private professional provider to complete a required inspection.

(B) The notice shall include the date, time, and location of the inspection to be completed.

(C) A local government official may be present during the inspection.

(3) If the applicant elects to retain the services of a private professional provider, the applicant shall bear the full responsibility of expense of the private professional provider and any regulatory fees associated with the request for inspection.

(b)(1) Upon completion of the inspection by the private professional provider, the private professional provider shall submit a copy of his or her inspection report to the local government official.

(2) The local government official shall accept the inspection and inspection report of the private professional provider without further inspection or approval by the personnel employed or contracted by the local government unless the local government official has notified the private professional provider, within one (1) business day after the submission of the inspection report, that the local government official finds the report incomplete or the inspection inadequate and has provided the private professional provider with a written description of the deficiencies and specific regulatory requirements that have not been adequately addressed.

(c) A local government may impose reasonable restrictions on the continuation of work that would hide, obscure, or make it impossible to inspect work subject to the inspection until the inspection report has been approved by the local government official.

(d) The private professional provider may perform an inspection or a review required by a local government, including without limitation:

(1) Inspections for:

(A) Footings, foundations, concrete slabs, sidewalks, and

streets;

(B) Framing;

(C) Electrical components;

(D) Plumbing;

(E) Heating ventilation and air conditioning;

(F) Drainage; and

(G) Utilities;

(2) All other inspections not listed under subdivision (d)(1) of this section that are necessary or required to determine compliance with applicable regulatory requirements; and

(3) Review for the issuance of a building permit or inspections for a certificate of occupancy issued by a local government.

(e) This subchapter does not authorize a private professional provider to issue a certificate of occupancy or building permit.

14-1-508. Fees.

(a) A local government that imposes regulatory fees or regulatory requirements within its jurisdiction shall establish and make available a schedule of the regulatory fees.

(b) The amount of a regulatory fee shall approximate the reasonable cost of the actual regulatory activity performed by the local government.

14-1-509. Exemptions.

(a) This subchapter does not limit a public or private right of action designed to provide protection, rights, or remedies for consumers.

(b) This subchapter does not apply to:

(1) Hospitals;

(2) Ambulatory healthcare centers;

(3) Nursing homes;

(4) Jails;

(5) Penal institutions;

(6) Airports;

(7) Buildings or structures that affect national or state homeland security; or

(8)(A) A building defined as a high-rise building in the Arkansas Fire Prevention Code.

(B) An interior tenant build-out project within a high-rise building is not exempt from this subchapter.

14-1-510. Stop-work orders.

(a) If a local government official responsible for building code enforcement determines that a project does not comply with the applicable regulatory requirements, the local government official may:

(1) Deny the permit or request for a certificate of occupancy or certificate of completion, as appropriate; or

(2) Issue a stop-work order for the project or any portion of the project as provided by law after:

(A) Providing notice to one (1) of the following individuals:

(i) The owner;

(ii) The private professional provider of record; or

(iii) The contractor of record;

(B) Posting a copy of the order on the site of the project; and

(C) Providing the opportunity to remedy the violation within the time set forth in the notice.

(b) A local government official shall be available to meet with the private professional provider within two (2) business days after issuing a stop-work order under subdivision (a)(2) of this section to resolve any dispute after issuing a stop-work order or providing notice to the applicant denying:

(1) A permit;

(2) A request for a certificate of occupancy; or

(3) A certificate of completion.

(c) If the local government official and the private professional provider are unable to resolve the dispute or meet within the time required under subsection (b) of this section, the matter shall be referred to the local governing body, which shall consider the matter by whichever occurs first:

(1) The next scheduled meeting of the local governing body; or

(2) Within thirty (30) days from the date the matter is referred.

14-1-511. Authority of local government.

(a) A local government, local government official, member of local government building code enforcement personnel, and agents of the local government are immune from liability to any person or party for any action or inaction by an owner of a building or by a private professional provider or his or her authorized representative in connection with plan review or inspection services by private professional providers as provided under this subchapter.

(b) A local government may establish a list of private professional providers working within the jurisdiction of the local government.

(c) A local government may establish requirements regarding certification and licensure for private professional providers that equate to the certifications and licensure requirements required for personnel employed or contracted by the local government to conduct plan reviews and inspections as may be applicable to the particular type of plan review or inspection.

14-1-512. Liability of private professional providers.

(a) When performing plan review or inspection services under this subchapter, a private professional provider is subject to the disciplinary guidelines of the applicable professional licensing board with jurisdiction over the private professional provider's license or certification, as applicable.

(b) Any complaint processing, investigation, or disciplinary action that arises from a private professional provider's performance of plan review or inspection services shall be conducted by the applicable professional licensing board unless the action constitutes a violation of a local ordinance or law.

(c) Except as provided under the disciplinary rules of the applicable professional licensing board with jurisdiction over the private professional provider's license or certification, a local government official may decline to accept a plan review or an inspection report submitted by a private professional provider who has submitted multiple reports that required revisions due to:

(1) Negligence;

(2) Noncompliance; or

(3) Deficiencies.

(d) A private professional provider providing plan review or inspection services under this subchapter shall secure and maintain insurance coverage under an errors and omissions policy for professional liability insurance.

(e) The limits of the professional liability insurance under this section shall be not less than:

(1) One million dollars ($1,000,000) per claim and one million dollars ($1,000,000) in aggregate coverage for any project with a construction cost of less than five million dollars ($5,000,000); or

(2) Two million dollars ($2,000,000) per claim and two million dollars ($2,000,000) in aggregate coverage for any project with a construction cost of five million dollars ($5,000,000) or more.

(f)(1) Professional liability insurance under this section may be a practice policy or project-specific coverage.

(2) If the professional liability insurance under this section is a practice policy, it shall contain prior-acts coverage for the private professional provider.

(3) If the professional liability insurance under this section is project-specific, it shall continue in effect for two (2) years following the issuance of the certificate of final completion for the project.

(g) An applicant using a private professional provider shall verify compliance with the insurance requirements of this section and provide the information to the local government official.

/s/J. Bryant

APPROVED: 4/14/25

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

HOUSE BILL 1893

By: Representative M. Brown
By: Senator K. Hammer

For An Act To Be Entitled

AN ACT TO AMEND THE LAW REGARDING EMOTIONAL SUPPORT ANIMALS; TO AUTHORIZE A PRIVATE PROPERTY OWNER OR BUSINESS OWNER TO BAN AN EMOTIONAL SUPPORT ANIMAL FROM THE PRIVATE PROPERTY OR THE BUSINESS PREMISES; TO REGULATE LIABILITY ON PRIVATE PROPERTY RELATED TO EMOTIONAL SUPPORT ANIMALS; AND FOR OTHER PURPOSES.

Subtitle

TO AUTHORIZE A PRIVATE PROPERTY OWNER OR BUSINESS OWNER TO BAN AN EMOTIONAL SUPPORT ANIMAL FROM THE PRIVATE PROPERTY OR THE BUSINESS PREMISES; AND TO REGULATE LIABILITY ON PRIVATE PROPERTY RELATED TO EMOTIONAL SUPPORT ANIMALS.

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

SECTION 1. Arkansas Code Title 20, Chapter 14, Subchapter 10, is amended to add an additional section to read as follows:

20-14-1005. Emotional support animals on private property or business premises — Liability.

(a)(1) Unless prohibited by the Fair Housing Act, 42 U.S.C. § 3601 et seq., as it existed on January 1, 2025, or other existing federal law, a private property owner may ban an emotional support animal from his or her private property.

(2) If the private property is a business, the business owner may ban an emotional support animal from the business premises by:

(A) Verbally telling a customer or visitor that the emotional support animal is not allowed on the business premises; or

(B) Posting a sign in a conspicuous place at the entrance of the business premises stating that emotional support animals are prohibited.

(b) A private property owner or business owner shall not be held liable for an injury to a customer or visitor by an emotional support animal except in a case of gross negligence by the private property owner or business owner.

APPROVED: 4/17/25