

**DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES**

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**SUBJECT:** Signature Authority for Diabetic Shoes and Shoe Inserts (Concerning 20 CAR pt. 641)

**DESCRIPTION:**

**Statement of Necessity**

Act 431 of 2025 clarified that advanced practice registered nurse and physician assistant signature authority for durable medical equipment includes, without limitation, orthotics, prosthetics, and diabetic shoes or shoe inserts that are designed to reduce the risk of skin breakdown in patients with diabetes and existing foot disease and to relieve pressure to prevent diabetic foot ulcers. The Division of Medical Services (DMS) promulgates this rule to implement Act 431.

**Summary of Changes**

To implement Act 431, DMS updates the Arkansas Medicaid Prosthetics Provider Manual (20 CAR pt. 641). Section 212.600 of the manual is updated to state that providers of orthotic appliances may be reimbursed for diabetic shoes or shoe inserts when prescribed by a beneficiary's provider who has prescribing authority, if within the scope of practice, and the need is documented as medically necessary.

**PUBLIC COMMENT:** A public hearing was held on this rule on July 15, 2026. The public comment period expired on July 27, 2026. The agency indicated that it received no public comments.

The proposed effective date is October 1, 2026.

**FINANCIAL IMPACT:** The agency indicated that this rule has no financial impact.

**LEGAL AUTHORIZATION:** The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements Act 431 of 2025. The Act, sponsored by Representative Lee Johnson, modified the signature authority for advanced practice registered nurses and physician assistants and clarified that durable medical equipment includes diabetic shoes and shoe inserts.



**Office of Policy and Rules**

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

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June 26, 2026

Mrs. Rebecca Miller-Rice  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
#1 Capitol, 5<sup>th</sup> Floor  
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

**Re: Signature Authority for Diabetic Shoes and Shoe Inserts**

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact me at 501-320-6383 or by emailing [Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov).

Sincerely,

*Mac Golden*

Mac Golden  
Attorney III  
Office of Policy and Rules

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH  
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT Department of Human Services  
BOARD/COMMISSION \_\_\_\_\_  
BOARD/COMMISSION DIRECTOR \_\_\_\_\_  
CONTACT PERSON Mac Golden  
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203-1437  
PHONE NO. (501) 320-6383 EMAIL Mac.E.Golden@dhs.arkansas.gov  
NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING \_\_\_\_\_  
Elizabeth Pitman  
PRESENTER EMAIL(S) elizabeth.pitman@dhs.arkansas.gov

**INSTRUCTIONS**

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, [miller-ricer@blr.arkansas.gov](mailto:miller-ricer@blr.arkansas.gov), for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, [garritym@blr.arkansas.gov](mailto:garritym@blr.arkansas.gov), for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

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1. What is the official title of this rule?  
Signature Authority for Diabetic Shoes and Shoe Inserts
2. What is the subject of the proposed rule? 20 CAR 641
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☒

*If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).*

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☐

4. Is this rule being filed for permanent promulgation? Yes ☒ No ☐

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☒

If yes, what was the effective date of the emergency rule? \_\_\_\_\_

On what date does the emergency rule expire? \_\_\_\_\_

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes ☐ No ☒

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes ☒ No ☐

If yes, please provide the state statute and/or rule citation.

[Act 431 of 2025](#)

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes ☐ No ☒

If yes, please list the rules being repealed.

If no, please explain.

[Exception from the Governor](#)

8. Is this a new rule? Yes ☐ No ☒

Does this repeal an existing rule? Yes ☐ No ☒

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes ☒ No ☐

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

[Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129](#)

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?  
Yes ☒ No ☐

If yes, please provide the year of the act(s) and act number(s).

[Act 431 of 2025](#)

11. What is the reason for this proposed rule? Why is it necessary?

[The General Assembly of the State of Arkansas recognized an urgent need to allow Advanced Practice Registered Nurses and Physician Assistants to authorize diabetic shoes and inserts for Medicaid beneficiaries. This change will allow greater access to diabetic shoes and inserts for Medicaid beneficiaries who have limited access to authorizing providers.](#)

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

[ar.gov/dhs-proposed-rules](http://ar.gov/dhs-proposed-rules)

13. Will a public hearing be held on this proposed rule? Yes ☒ No ☐

If yes, please complete the following:

Date: 07/15/2026

Time: 10:00 am

Place: ar.gov/dhspublichearings

*Please be sure to advise Bureau Staff if this information changes for any reason.*

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. 07/27/2026

15. What is the proposed effective date for this rule? 10/01/2026

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

[Unknown.](#)

19. Is the rule expected to be controversial? Yes ☐ No ☒

If yes, please explain.

## NOTICE OF RULEMAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-77-107, and 25-10-129. The projected effective date of the rule is October 1, 2026, if approved. There is no fiscal impact.

The Division of Medical Services (DMS) implements Act 431 of 2025. The Act clarified that advanced practice registered nurse and physician assistant signature authority for durable medical equipment includes, without limitation, orthotics, prosthetics, and diabetic shoes or shoe inserts that are designed to reduce the risk of skin breakdown in patients with diabetes and existing foot disease and to relieve pressure to prevent diabetic foot ulcers. The Arkansas Medicaid Prosthetics Provider Manual section 212.600 is updated to state that providers of orthotic appliances may be reimbursed for diabetic shoes or shoe inserts when prescribed by a beneficiary's provider who has prescribing authority, if within the scope of practice, and the need is documented as medically necessary.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at [ar.gov/dhs-proposed-rules](https://ar.gov/dhs-proposed-rules).

Public comments can be submitted in writing at the above address or at the following email address: [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov). All public comments must be received by DHS no later than July 27, 2026. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing will be held online by remote access. Public comments may be submitted at the hearing. The details for attending the online public hearing appear at [ar.gov/dhspublichearings](https://ar.gov/dhspublichearings).

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin.

4502292178

Elizabeth Pitman, Director  
Division of Medical Services

## Kate Chagnon

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**From:** Legal Ads <legalads@arkansasonline.com>  
**Sent:** Thursday, June 25, 2026 11:12 AM  
**To:** Kate Chagnon  
**Subject:** Re: Full Run Ad (Rule 342)

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

### CAUTION: External Email

Scheduled for Sun 6/28, Mon 6/29, and Tues 6/30. Thanks.

Gregg Sterne, Legal Advertising  
Arkansas Democrat-Gazette  
legalads@arkansasonline.com

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**From:** "Kate Chagnon" <Kate.Chagnon@dhs.arkansas.gov>  
**To:** "legalads" <legalads@arkansasonline.com>  
**Cc:** "Mac Golden" <Mac.E.Golden@dhs.arkansas.gov>, "Jack Tiner" <jack.tiner@dhs.arkansas.gov>, "Lakeya Gipson" <Lakeya.Gipson@dhs.arkansas.gov>, "Elaine Stafford" <elaine.stafford@dhs.arkansas.gov>  
**Sent:** Wednesday, June 24, 2026 10:11:47 AM  
**Subject:** Full Run Ad (Rule 342)

Hi, Gregg:

Please reply to this email using REPLY ALL to confirm receipt and processing of this request.

Please run the attached public notice in the *Arkansas Democrat-Gazette* on **Sunday 6/28/26, Monday 6/29/26, and Tuesday 6/30/26.**

I am aware that the print version will only be provided to all counties on Sundays.

Invoice to: **AR Dept. of Human Services**

**OPR, ATTN: Lakeya Gipson**

**P.O. Box 1437, Slot S295**

**Little Rock, AR 72203-8068**

**([Lakeya.Gipson@dhs.arkansas.gov](mailto:Lakeya.Gipson@dhs.arkansas.gov))**

I look forward to your confirmation.

Thank you!



**Kate Chagnon**

Rules & Regulations Coordinator

Arkansas Department of Human Services

Office of Policy and Rules

P: 501.371.1316

[kate.chagnon@dhs.arkansas.gov](mailto:kate.chagnon@dhs.arkansas.gov)

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)

**Privacy Notice: This email may contain confidential information protected by state/federal laws. If you are not the intended recipient, please let the sender know, and delete the message/attachment(s) from your system.**

## Kate Chagnon

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**From:** Kate Chagnon  
**Sent:** Friday, June 26, 2026 10:28 AM  
**To:** Arkansas Register  
**Cc:** Mac Golden; Jack Tiner; Lakeya Gipson; JAMIE EWING  
**Subject:** RE: DHS/DMS - Proposed Filing - Signature Authority for Diabetic Shoes and Shoe Inserts (Rule 342)  
**Attachments:** SOS-Proposed Filing\_R342.pdf

NOTE: There was a typographical error in my previous email—it should have stated “Rule 342” not “R342.” Please see a corrected subject line above and corrected text below. I have re-attached the proposed filing packet for convenience.

Please find attached a proposed filing for Signature Authority for Diabetic Shoes and Shoe Inserts (Rule 342).

The public notice will be published in the *Arkansas Democrat-Gazette* on 6/28/26, 6/29/26, and 6/30/26.

The public comment period ends 7/27/26.

I look forward to your confirmation of receipt.

Thank you.



**Kate Chagnon**  
Rules & Regulations Coordinator  
Arkansas Department of Human Services  
Office of Policy and Rules

P: 501.371.1316  
[kate.chagnon@dhs.arkansas.gov](mailto:kate.chagnon@dhs.arkansas.gov)

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY.**

**DEPARTMENT** Department of Human Services

**BOARD/COMMISSION** \_\_\_\_\_

**PERSON COMPLETING THIS STATEMENT** Andy Morgan

**TELEPHONE NO.** 320-6540 **EMAIL** andy.morgan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

**TITLE OF THIS RULE** Signature authority for Diabetic Shoes and Shoe Inserts

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes ☐ No ☒
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  
Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

If no, please explain:

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

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

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
  - (a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

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

**Current Fiscal Year**

General Revenue \$0 \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \$0 \_\_\_\_\_

**Next Fiscal Year**

General Revenue \$0 \_\_\_\_\_  
 Federal Funds \_\_\_\_\_  
 Cash Funds \_\_\_\_\_  
 Special Revenue \_\_\_\_\_  
 Other (Identify) \_\_\_\_\_

Total \$0 \_\_\_\_\_

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

**Current Fiscal Year**

\$ 0 \_\_\_\_\_

**Next Fiscal Year**

\$ 0 \_\_\_\_\_

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

**Current Fiscal Year**

\$ 0 \_\_\_\_\_

**Next Fiscal Year**

\$ 0 \_\_\_\_\_

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

Yes ☐ No ☒

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

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

## **Statement of Necessity and Rule Summary Signature Authority for Diabetic Shoes and Shoe Inserts**

### **Statement of Necessity**

Act 431 of 2025 clarified that advanced practice registered nurse and physician assistant signature authority for durable medical equipment includes, without limitation, orthotics, prosthetics, and diabetic shoes or shoe inserts that are designed to reduce the risk of skin breakdown in patients with diabetes and existing foot disease and to relieve pressure to prevent diabetic foot ulcers. The Division of Medical Services (DMS) promulgates this rule to implement Act 431.

### **Summary of Changes**

To implement Act 431, DMS updates the Arkansas Medicaid Prosthetics Provider Manual (20 CAR 641). Section 212.600 of the manual is updated to state that providers of orthotic appliances may be reimbursed for diabetic shoes or shoe inserts when prescribed by a beneficiary's provider who has prescribing authority, if within the scope of practice, and the need is documented as medically necessary.

TOC not required

212.600

Orthotic Appliances and Prosthetic Devices, All Ages

8-1-2410-1-  
26

- A. The Arkansas Medicaid Program covers orthotic appliances and prosthetic devices for beneficiaries under age twenty-one (21) in the Child Health Services (EPSDT) Program. Providers of orthotic appliances and prosthetic devices may be reimbursed by the Arkansas Medicaid Program when the items are prescribed by a physician and documented as medically necessary for beneficiaries under age twenty-one (21) participating in the Child Health Services (EPSDT) Program.
1. No prior authorization is required to obtain these services for beneficiaries under age twenty-one (21).
  2. No benefit limits apply to orthotic appliances and prosthetic devices for beneficiaries under age twenty-one (21).
- B. Arkansas Medicaid covers orthotic appliances for beneficiaries age twenty-one (21) and over. The following provisions must be met before services may be provided.
1. Prior authorization is required for orthotic appliances valued at or above the Medicaid maximum allowable reimbursement rate of \$500.00 per item. Prior authorization may be requested by submitting form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components* to DHS or its designated vendor. [View or print form DMS-679A and instructions for completion.](#) [View or print contact information for how to submit the request.](#)
  2. A benefit limit of \$3,000 per state fiscal year (SFY; July 1 through June 30) has been established for reimbursement for orthotic appliances. No extension of benefits will be granted.
- The following restrictions apply to the coverage of orthotic appliances.:
- a. Orthotic appliances may not be replaced for twelve (12) months from the date of purchase. If a beneficiary's condition warrants a modification or replacement and the \$3,000.00 SFY benefit limit has not been met, the provider may submit documentation to DHS or its designated vendor, to substantiate medical necessity. [View or print contact information for how to submit the request.](#)
  - b. Custom-molded orthotic appliances are not covered for a diagnosis of carpal tunnel syndrome prior to surgery.
- C. Arkansas Medicaid covers prosthetic devices for beneficiaries age twenty-one (21) and over; however, the following provisions must be met before services may be provided.
1. Prior authorization will be required for prosthetic device items valued at or in excess of the \$1,000.00 per item Medicaid maximum allowable reimbursement rate. Prior authorization may be requested by submitting form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components* to DHS or its designated vendor. [View or print form DMS-679A and instructions for completion.](#) [View or print contact information for how to submit the request.](#)
  2. A benefit limit of \$60,000 per SFY has been established for reimbursement for prosthetic devices. No extension of benefits will be granted.
  3. The following restrictions apply to coverage of prosthetic devices:
    - a. Prosthetic devices may be replaced only after five years have elapsed from their date of purchase. If the beneficiary's condition warrants a modification or replacement, and the \$60,000 per SFY benefit limit has not been met, the provider may submit documentation to DHS or its designated vendor to substantiate medical necessity. [View or print contact information for how](#)

to submit the request.

- b. Myoelectric prosthetic devices may be purchased only when needed to replace myoelectric devices received by beneficiaries who were under age twenty-one (21) when they received the original device.
- D. The forms, listed below, are available for evaluating the need of beneficiaries age twenty-one (21) and over for orthotic appliances and prosthetic devices, and prescribing the needed appliances and equipment. The Medicaid Program does not require providers to use the forms, but the information the forms are designed to collect is required by Medicaid to process requests for prior authorization of orthotic appliances and prosthetic devices.

The appropriate forms (or the required information in a different format) must accompany the form DMS-679A. [View or print DMS-679A titled Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components and instructions for completion.](#)

The forms and their titles are as follows:

- 1. DMS-647 Gait Analysis: Full Body. [View or print form DMS-647.](#)
- 2. DMS-648 Upper-Limb Prosthetic Evaluation. [View or print form DMS-648.](#)
- 3. DMS-649 Upper-Limb Prosthetic Prescription. [View or print form DMS-649.](#)
- 4. DMS-650 Lower-Limb Prosthetic Evaluation. [View or print form DMS-650.](#)
- 5. DMS-651 Lower-Limb Prosthetic Prescription. [View or print form DMS-651.](#)

- E. [Providers of orthotic appliances may be reimbursed for diabetic shoes or shoe inserts when prescribed by a beneficiary's provider who has prescribing authority and if it is within his or her scope of practice. The need for diabetic shoes or shoe inserts must be documented as medically necessary.](#)

TOC not required

**212.600****Orthotic Appliances and Prosthetic Devices, All Ages****10-1-26**

- A. The Arkansas Medicaid Program covers orthotic appliances and prosthetic devices for beneficiaries under age twenty-one (21) in the Child Health Services (EPSDT) Program. Providers of orthotic appliances and prosthetic devices may be reimbursed by the Arkansas Medicaid Program when the items are prescribed by a physician and documented as medically necessary for beneficiaries under age twenty-one (21) participating in the Child Health Services (EPSDT) Program.
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  - 4. DMS-650 Lower-Limb Prosthetic Evaluation. [View or print form DMS-650.](#)
  - 5. DMS-651 Lower-Limb Prosthetic Prescription. [View or print form DMS-651.](#)
- E. Providers of orthotic appliances may be reimbursed for diabetic shoes or shoe inserts when prescribed by a beneficiary's provider who has prescribing authority and if it is within his or her scope of practice. The need for diabetic shoes or shoe inserts must be documented as medically necessary.

State of Arkansas

As Engrossed: S3/18/25

95th General Assembly

## A Bill

Regular Session, 2025

HOUSE BILL 1167

By: Representative L. Johnson

By: Senator Irvin

### For An Act To Be Entitled

AN ACT TO MODIFY THE SIGNATURE AUTHORITY FOR ADVANCED  
PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS;  
TO CLARIFY THAT DURABLE MEDICAL EQUIPMENT INCLUDES  
DIABETIC SHOES AND SHOE INSERTS; AND FOR OTHER  
PURPOSES.

### Subtitle

TO MODIFY THE SIGNATURE AUTHORITY FOR  
ADVANCED PRACTICE REGISTERED NURSES AND  
PHYSICIAN ASSISTANTS; AND TO CLARIFY  
THAT DURABLE MEDICAL EQUIPMENT INCLUDES  
DIABETIC SHOES AND SHOE INSERTS.

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

SECTION 1. Arkansas Code § 17-80-120(a), concerning the signature  
authority for advanced practice registered nurses and physician assistants,  
is amended to read as follows:

(a) When a provision of law or rule requires a signature,  
certification, stamp, verification, affidavit, or endorsement by a physician,  
the requirement may be fulfilled by an advanced practice registered nurse or  
a physician assistant in any of the following circumstances:

(1) Certification of disability for patients to receive disabled  
parking permits or placards from the Office of Motor Vehicle; or

(2) Signature for:

(A) Sports physicals to authorize student athletes to  
participate in athletic activities;



- 1 (B) Physicals for bus drivers;  
2 (C) Forms relating to do-not-resuscitate orders;  
3 (D) Forms excusing a potential jury member due to an  
4 illness;  
5 (E) Death certificates;  
6 (F) Workers' compensation forms;  
7 (G) Forms relating to absenteeism for employment or school  
8 purposes; or  
9 (H) Authorizations for durable medical equipment,  
10 including without limitation orthotics, prosthethics, and diabetic shoes or  
11 shoe inserts that are designed to reduce the risk of skin breakdown in  
12 patients with diabetes and existing foot disease and to relieve pressure to  
13 prevent diabetic foot ulcers.

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15 /s/L. Johnson  
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18 **APPROVED: 4/3/25**  
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