



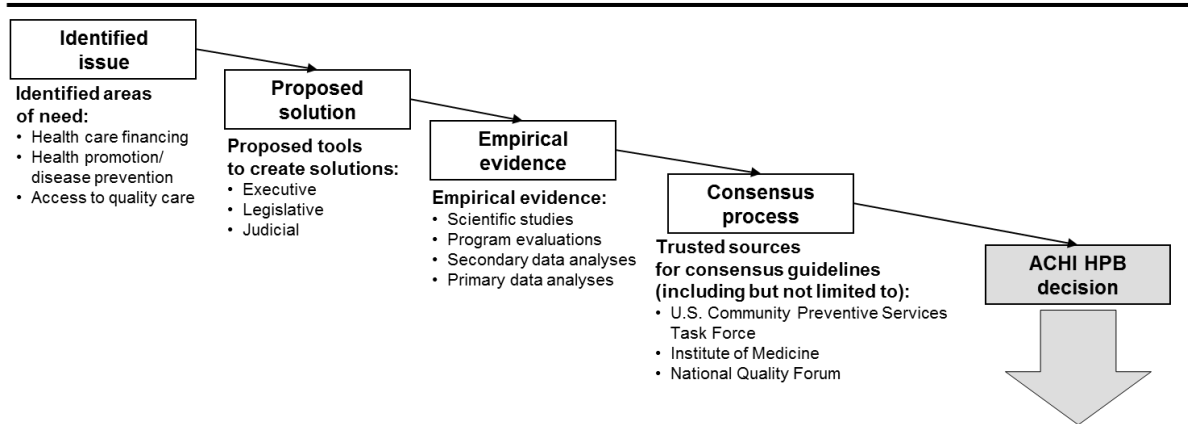
HEALTH POLICY BOARD POLICY POSITIONS & STATEMENTS

(Updated March 2, 2023)

ACHI's mission is to be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy, and collaborative program development. Its vision is to be a trusted health policy leader committed to innovations that improve the health of Arkansans.

The ACHI Health Policy Board consists of 21 members from across the state who bring diverse perspectives and interests in health. As part of its standing work, the Health Policy Board, aided by ACHI staff, identifies and establishes strategic priorities, provides direction and guidance, and serves as a forum for the exchange of ideas. The Health Policy Board uses a decision support tool in determining its level of engagement around specific policy issues (shown below). Through informed discussions, the Health Policy Board guides and sets policy recommendations to benefit the citizens of the state, thus allowing ACHI to serve as an independent voice articulating the needs of Arkansans.

ACHI Health Policy Board: Decision Support Document



On-going ACHI staff activities:

Proactive

- Identify needs
- Develop proposals
- Engage collaborative partners
- Develop methods to improve policy development

Responsive

- Respond to external requests for information/analyses
- Respond to external requests for proposal development

Monitoring

- Scan for opportunities and vulnerabilities
- Tracking health indicators

Defensive

- Raise awareness of potential threats

ACHI Health Policy Board decision making process considerations:

- Impact assessment (Arkansas health impact and ACHI's ability to effect change)
- Support, oppose, or remain silent
- Level of engagement (see table below)
- Specific to a topic (e.g., fluoridation) or an action (e.g., support a specific House bill)

Level of engagement

Support proposal	Neutral	Oppose proposal
Policy position	—	Policy position
Position statement	—	Position statement
Letter of support	—	Letter of opposition
Board testimony	—	Board testimony
Public support	—	Public opposition



SUMMARY OF ACHI HEALTH POLICY BOARD POSITIONS & STATEMENTS

(Click to go directly to statement)

CONSENSUS GUIDELINES

1. Adhere to recommendations from the U.S. Preventive Services Task Force and the U.S. Task Force on Community Preventive Services.

TOBACCO PREVENTION/CESSATION

2. Improve health by reducing use of all tobacco products.
3. Reduce exposure to secondhand smoke.
4. Reduce smoking and tobacco use through higher taxes on tobacco products.
5. E-Cigarettes regulated similar to other smoking tobacco products.
6. E-Cigarettes for therapeutic purposes only.

OBESITY PREVENTION/REDUCTION

7. Increase access to safe and secure places for physical activity.
8. Increase school-based physical activity to reduce childhood obesity.
9. Increase awareness of food calorie and nutrition information to optimize restaurant purchasing decisions.
10. To implement healthy food and beverage procurement policies.
11. Increase worksite wellness policies and programs.
12. Increase the number of medical facilities and clinics that adopt Baby-Friendly Hospital policies.
13. Improve diet and nutrition and reduce sales of products that contribute to development of obesity-related diseases.

ORAL HEALTH

14. Reduce untreated caries and dental decay through fluoridation.
15. Prevent dental caries through access to fluoride varnishes.
16. Prevent dental caries through access to dental sealants for children.

CHILD HEALTH AND MORTALITY

17. Obtain comprehensive determination of causes of death in children.
18. Adopt a statewide coordinated school health system.

INJURY PREVENTION

19. Reduce preventable deaths and injuries related to motorcycle crashes with non-helmeted riders.
20. Reduce motor vehicle crashes related to alcohol.

HEALTHCARE SYSTEM

21. Maintain critical support for programs leading to health improvement.
22. Pursue healthcare reform that expands access for all Arkansans to high-quality, affordable, evidence-based care.
23. Provide enhanced transparency of access, quality, and cost information to support patient, provider, payer, employer, and other stakeholder decision-making as it relates to healthcare service selection.
24. Conscience rights protections should maintain balance with patients' rights and protect individuals from discrimination.

HEALTHCARE SYSTEM FINANCING

25. Align financial incentives to achieve health outcomes, adopt new financing, payment, and reimbursement policies and mechanisms.

HEALTHCARE COVERAGE

26. Increase health insurance coverage for Arkansans by optimizing coverage expansion to uninsured adults as authorized by the Patient Protection and Affordable Care Act of 2010 and the Health Care Independence Program waiver.
27. Modify the state RFP process to award "scoring points" for bid respondents providing healthcare coverage as a benefit to employees.

COORDINATION AND QUALITY OF HEALTHCARE SERVICES

28. Improve quality of care for Arkansans, promote coordination across the continuum of care.
29. Improve delivery of health care to trauma victims.
30. Increase access to quality mental health/substance abuse care for children and pregnant women.
31. Rebalance long-term care in Arkansas to compress morbidity.
32. Advance end-of-life directives in Arkansas.
33. Support policies that promote substance abuse prevention and treatment.

HEALTHCARE WORKFORCE

34. Improve and expand Arkansas's healthcare workforce to meet present and projected needs of Arkansans.
35. Meet existing and future needs for primary care, increase primary care capacity by fostering team-based care.
36. Meet existing and future needs for primary care, enhance roles for non-physician practitioners.

HEALTH INFORMATION TECHNOLOGY

37. Improve quality and efficiency in healthcare delivery, and support the adoption of information technology and meaningful connection to SHARE across all Arkansas providers.

IMMUNIZATIONS

38. Increase flu vaccination rates in Arkansas, especially among pregnant women.

PRESCRIPTION DRUG MONITORING PROGRAM

39. Support for the Arkansas Prescription Drug Monitoring Program and other efforts.

BUILT ENVIRONMENT

40. To support and encourage those policies that create built environments that support healthy lifestyles.

TEEN PREGNANCY IN ARKANSAS

41. To support efforts and develop statewide strategies to reduce teen pregnancy.

LEGALIZATION OF MEDICAL MARIJUANA

42. Medical marijuana should be subject to approval by the FDA and made available only under appropriate clinical supervision.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

43. Decrease the incidence and prevalence of HIV in Arkansas by promoting HIV screening and pre and post exposure prophylaxis, deploy harm reduction strategies to reduce transmission, and advance criminal justice policy changes that may reduce transmission risk.

INFECTIOUS DISEASES

44. Decrease incidence and prevalence of infectious diseases in Arkansas by promoting screening, prevention, and education, ensuring availability and accessibility of comprehensive treatment options.

COVID-19

45. Employers have an obligation to help achieve control of the pandemic, protect individuals, and minimize economic hardships in the state. Employers should comply with ADH public health directives at a minimum. Entities not subject to ADH directives should adopt reasonable precautions to protect themselves from potential liability and help prevent the spread of COVID-19.

OPIOID LITIGATION

46. Opioid litigation settlement proceeds should be earmarked to abate for the current opioid epidemic and prevent future substance use disorder epidemics.

LEGALIZATION OF RECREATIONAL MARIJUANA

47. Delay legalization of marijuana for recreational purposes until further research has been conducted on the impacts of its use and the possible consequences of long-term use.

ASSET LIMITS

48. Support eliminating asset limits for public assistance food programs or designing them to avoid economic cliffs.

ACHI Health Policy Board – Policy Positions

CONSENSUS GUIDELINES

1. *The Health Policy Board formally adopted recommendations from the U.S. Preventive Services Task Force and the U.S. Task Force on Community Preventive Services as policy positions of the Board. The recommendations advanced serve as the threshold or default policy position for the Health Policy Board. (May 2006)*

TOBACCO PREVENTION/CESSATION

2. *The ACHI Health Policy Board's position is that all tobacco use is detrimental to good health. (September 2008)*
3. *The ACHI Health Policy Board's position is that to decrease disease and death associated with exposure to secondhand smoke, local and statewide efforts to prohibit smoking entirely within public spaces, such as workplaces, shopping malls, restaurants, bars, and taverns should be implemented. (January 2006)*
4. *The ACHI Health Policy Board adopted a position in March 2001 that higher taxes are most effective at reducing smoking and that taxes should be raised simultaneously on all tobacco products to avoid product substitution. In November 2005, the Board also adopted a policy stating that it supported an increase in the excise tax on tobacco products and updated that position in January 2006: *To reduce tobacco use, particularly initiation of tobacco use among young people, the prices of all tobacco products should be increased through enhanced tax strategies.* (Adopted November 2005; updated January 2006)*
5. *The ACHI Health Policy Board's position is that electronic cigarettes are a nicotine-delivery device and therefore addictive and should be regulated in a manner similar to other tobacco products. (January 2014)*
6. *The ACHI Health Policy Board's position is that, if available at all, electronic cigarettes should only be available via prescription as a means of harm reduction for individuals who currently smoke cigarettes and have no plan to quit smoking. (January 2014)*

OBESITY PREVENTION/REDUCTION

7. *To increase access to safe and secure places for physical activities, the ACHI Health Policy Board recommends that schools and communities voluntarily enter into joint use agreements to expand access to physical activity. (Adopted July 2005; updated January 2009)*
8. *All school students should be required to participate in at least 30 minutes of daily physical activity. (In July 2005, the ACHI Health Policy Board, based on review of proposed Arkansas Department of Education rules and regulations, took a position recommending 30 minutes of vigorous physical activity daily for all students in grades K through 12; reaffirmed January 2009)*
9. *The ACHI Health Policy Board recommends that Arkansas require restaurant chains with 10 or more units nationally to display to consumers at the point of purchase, the number of calories for standard menu items identical to the federal menu labeling requirements that are part of the Patient Protection and Affordable Care Act. (January 2009)*
10. *The ACHI Health Policy Board recommends that state and local governments adopt and implement healthy procurement policies for all foods and beverages sold or provided through government-run programs and facilities. (November 2013)*
11. *The ACHI Health Policy Board recommends that all Arkansas businesses in both the public and private sectors voluntarily implement worksite wellness policies and programs as part of a*

statewide strategy to address high adult obesity rates and improve the health of Arkansans.
(November 2013)

12. *The ACHI Health Policy Board recommends that all Arkansas medical facilities, prenatal services, and community clinics adopt policies consistent with the Baby-Friendly Hospital Initiative.*
(November 2013)
13. *The ACHI Health Policy Board recognizes that fiscal policy can be used to influence the prices of products throughout the supply chain and therefore alter individual purchasing and consumption patterns. It is the position of the Board that taxation should be used as part of a multi-pronged approach to improve diet and nutrition and reduce the sale and consumption of products that contribute to the development of obesity-related diseases.* (February 2021)

ORAL HEALTH

14. In addition to the ACHI Health Policy Board's support of all U.S. Task Force on Community Preventive Services recommendations, the Board specifically has taken a position to support legislation mandating statewide fluoridation of public water supplies. *All public water supplies should be fluoridated.* (Reaffirmed January 2009)
15. *The ACHI Health Policy Board recommends that all children and adolescents have access to fluoride varnishes to prevent dental caries.* (January 2011)
16. The U.S. Task Force on Community Preventive Services has endorsed and highly recommends that sealants be applied through school-based programs. *The ACHI Health Policy Board recommends that all children have access to dental sealant application.* (January 2009)

CHILD HEALTH AND MORTALITY

17. *The ACHI Health Policy Board recommends continued support of the Arkansas Infant & Child Death Review Program to inform development of preventive measures to reduce the high rate of infant, child, and teen mortality.* (Adopted January 2009; updated January 2014)
18. *The ACHI Health Policy Board recommends adoption of a statewide coordinated school health system.* (January 2009)

INJURY PREVENTION

19. The ACHI Health Policy Board had taken a position (January 2007) to support legislative attempts to require protective headgear while riding motor vehicles. The Board reaffirmed this decision in adopting the following statement: *The ACHI Health Policy Board supports legislation requiring helmet use by motorcycle, motor scooter, and moped operators* (reaffirmed January 2009) *and operators of all-terrain vehicles.* (November 2010)
20. In November 2007, the ACHI Health Policy Board adopted the following policy: *The ACHI Health Policy Board supports enhanced restrictions to eliminate any open containers of alcohol inside a motor vehicle.* (Reaffirmed January 2009)

HEALTHCARE SYSTEM

21. The ACHI Health Policy Board adopted the following positions related to expenditures of Arkansas's share of Master Settlement Agreement (MSA) funds (February 1999):
 - *All funds should be used to improve and optimize the health of Arkansans.*
 - *Funds should be spent on long-term investments that improve the health of Arkansans.*
 - *Future tobacco-related illness and healthcare costs in Arkansas should be minimized through use of funds.*
 - *Funds should be invested in solutions that work effectively and efficiently in Arkansas.*

22. *The ACHI Health Policy Board recommends the pursuit of healthcare reform that expands access for all Arkansans to high-quality, affordable, evidence-based care. (March 2010)*
23. *In March 2012, the ACHI Health Policy Board adopted a position statement to improve the quality and efficiency in healthcare delivery, and to enhance and increase the use of health information technology. In May 2013, the ACHI Health Policy Board replaced this position statement with the following statement that emphasizes transparency of health care-related data: *The ACHI Health Policy Board supports strategies that increase the responsible reporting, application, and transparency of access, quality, and cost information to inform patients, providers, and payers about the performance of providers, payers, and other components of the Arkansas healthcare system. (May 2013)**
24. *The ACHI Health Policy Board's position is that conscience rights protections for healthcare professionals, institutions, and payers should maintain an appropriate balance with patients' rights and protect individuals from discrimination based on actual or perceived group membership. (February 2021)*

HEALTHCARE SYSTEM FINANCING

25. *The ACHI Health Policy Board recommends that the state, payers, and providers adopt strategies that align financial incentives to achieve health outcomes and to adopt new financing, payment, and reimbursement policies and mechanisms. (March 2012)*

HEALTHCARE COVERAGE

26. *The ACHI Health Policy Board recommends that Arkansas optimize coverage expansion via the Patient Protection and Affordable Care Act and the Health Care Independence Program to offer coverage to low-income uninsured adults and pursue continued funding for the program during the 3-year approval of the waiver demonstration. (Adopted January 2012; updated January 2014)*

The ACHI Health Policy Board recommends that its level of engagement in coverage via the Health Care Independence Program be at the highest level of involvement. (January 2014)

27. *The ACHI Health Policy Board recommends modification of the state RFP process to award "scoring points" for bid respondents providing healthcare coverage as a benefit to employees. (January 2009)*

COORDINATION AND QUALITY OF HEALTHCARE SERVICES

28. *The ACHI Health Policy Board recommends formal care coordination training and education and deployment of care coordinators for population-based management of preventive care and chronic disease in primary care settings, care transitions across care settings, and within episodes of care. (March 2012)*

29. *The ACHI Health Policy Board supports continued development and implementation of a statewide coordinated trauma system and improved hospital participation at higher levels. (Adopted January 2009; updated January 2014)*

30. *The ACHI Health Policy Board supports establishment of a Governor's Commission on Child Mental Health that will make recommendations regarding development and implementation of a mental health/substance abuse system of care (SOC). (January 2009)*

The ACHI Health Policy Board also supports the use of tobacco tax monies to fund quality mental health and substance abuse treatment for children and pregnant women. (November 2010)

31. *The ACHI Health Policy Board recommends that the state adopt programmatic and reimbursement long-term care policies that support individuals who desire to reside in their own homes and communities as long as possible. Evidence shows that these programmatic and reimbursement changes in the program would save the state money. (January 2011)*

32. *The ACHI Health Policy Board encourages all individuals to complete advance directives and to clearly communicate their end-of-life desires to family members and caregivers. In an effort to empower Arkansans to express their needs and expectations surrounding end of life issues, the Health Policy Board recommends exploring methods of public engagement and end-of-life education for health providers and the general public. (January 2013)*
33. *The ACHI Health Policy Board supports policies that promote evidence-based substance use prevention strategies, expanded access to alternative methods for chronic pain management and drug overdose reversal medication, medication-assisted treatment when combined with counseling and behavioral therapies, and recovery support. (February 2023)*

HEALTHCARE WORKFORCE

34. *The ACHI Health Policy Board recommends the prioritization and development of a strategic framework for all policy decisions related to workforce development and decisions of authority and scope of practice for healthcare professionals. (November 2010)*
35. *The ACHI Health Policy Board recommends the development of team-based models that define team members, core competencies, practice roles, training needs, and outcome metrics for care teams, including non-traditional providers in primary care settings, while assuring that patient safety and quality of care are protected in the assignment of clinical roles on the team. (March 2012)*
36. *Many healthcare professions require years of training, and expanding education and training — though it will ensure adequacy in the long term — will not solve the state's immediate needs. Consequently, the ACHI Health Policy Board's position is that Arkansas must look to expand the capacity of the existing primary care workforce and ensure the availability of and access to services provided to Arkansans by deploying APNs and PAs as primary care providers. (March 2012)*

HEALTH INFORMATION TECHNOLOGY

37. *In March 2010, the ACHI Health Policy Board developed a position statement encouraging the adoption of information technology to improve access and quality through the exchange of information between providers, payers, hospitals, and patients. In May 2013, the following position statement updated the original statement: *The ACHI Health Policy Board supports the state's adoption of a coordinated and integrated health information system that will allow important health information to be exchanged between providers, payers, hospitals, pharmacies, and patients, and also allow this information to be utilized to assess quality of care and public health trends. Whenever possible, all components of Arkansas's health information systems should be used as resources to continuously improve access to care, clinical application of care, and to measure the quality of care that is delivered. (Adopted March 2010; updated May 2013)**

IMMUNIZATIONS

38. *All Arkansans over the age of six months, especially high-risk populations like pregnant women, should receive an annual flu vaccination. (November 2014)*

PRESCRIPTION DRUG MONITORING PROGRAM

39. *To prevent opioid pain reliever (OPR) overprescribing, decrease nonmedical use and overdoses, and to lower the costs associated with OPR misuse, the ACHI Health Policy Board recommends full participation by providers in the Prescription Drug Monitoring Program (PDMP) in Arkansas and complete connectivity among all surrounding states. The Board also recommends the prioritization of the five focus areas as identified in the state plan. (March 2015)*

BUILT ENVIRONMENT

40. *The ACHI Health Policy Board's position is that health should be included in all policies that impact community design and construction. (January 2016)*

TEEN PREGNANCY IN ARKANSAS

41. *The ACHI Health Policy Board recognizes that teen pregnancy is a significant economic and public health threat in Arkansas and supports efforts to develop statewide strategies to reduce teen pregnancy. (January 2016)*

LEGALIZATION OF MEDICAL MARIJUANA

42. *The ACHI Health Policy Board's position is that cannabinoid medical therapeutics (i.e., medical marijuana) could have potential clinical benefits but as a pharmaceutical agent should be subject to approval by the FDA and made available only through standardized dosing and delivery mechanisms and under appropriate clinical supervision. (September 2016)*

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

43. *The ACHI Health Policy Board's position is that to decrease the incidence and prevalence of human immunodeficiency virus in Arkansas, the state should implement efforts to promote HIV screening and pre-exposure and post-exposure prophylaxis, deploy harm reduction strategies to reduce HIV transmission, and advance criminal justice policy changes that may reduce transmission risk. (September 2019)*

INFECTIOUS DISEASES

44. *The ACHI Health Policy Board's position is that to decrease the incidence and prevalence of infectious diseases in Arkansas, the state should implement efforts to promote screening, prevention, and education; ensure the availability and accessibility of comprehensive treatment options to those with infections without regard to current or former drug use; and expand coverage options and reimbursement for medically necessary treatment consistent with evidence-based guidelines. (November 20219)*

COVID-19

45. *The ACHI Health Policy Board's position is that employers have an obligation to help achieve control of the COVID-19 pandemic, protect individuals, and minimize economic hardships in the state. All entities subject to the Arkansas Department of Health's public health directives — including business-specific directives such as those for gyms, bars, and restaurants and general directives such as those for all businesses, manufacturers, and construction companies — should comply with those directives at a minimum. In addition, all public, private, and nonprofit entities that are not otherwise subject to a business-specific directive should adopt the following additional reasonable precautions in an effort to protect themselves from potential liability and to help prevent the spread of COVID-19 to others including their own employees:*
- *Require employees, customers, and visitors to wear face coverings in shared spaces while inside;*
 - *Screen all employees for potential COVID-19 exposure and symptoms including fever, cough, shortness of breath, sore throat, or loss of taste or smell as they are entering the facility at the beginning of work;*
 - *Make verbal announcements and post signage including signs for non-English speakers that encourage proper face covering placement, hand hygiene, and coughing and sneezing etiquette;*
 - *Establish and make available to the public written COVID-19 protocols for protection of employees, customers, and visitors; and*
 - *Regularly monitor and assess compliance for necessary changes to existing practices based on available peer-reviewed evidence and public health guidance. (June 2020)*

OPIOID LITIGATION

46. *The ACHI Health Policy Board's position is that opioid litigation settlement proceeds should be earmarked for programs, services, and other efforts to abate the current opioid epidemic and prevent future substance use disorder epidemics. Arkansas should establish a non-governmental, independent commission to protect and dispense settlement funds, and funding decisions should be based on the best available evidence, balancing a focus on treatment and prevention strategies. The commission should also consider supporting data collection and research to identify treatment access gaps, monitor system performance, and detect abnormal patterns of care. Finally, the commission should operate transparently and ensure accountability for use of funds through a systematic, independent, scientifically rigorous evaluation.* (September 2021)

LEGALIZATION OF RECREATIONAL MARIJUANA

47. *The ACHI Health Policy Board's position is that legalization of marijuana for recreational purposes should be delayed until further research has been conducted on the public health, medical, economic and social impacts of its use, as well as any consequences of long-term use, particularly among youth and pregnant women.* (September 2022)

ASSET LIMITS

48. *The ACHI Health Policy Board's position is that the use of restrictive asset limits for public food assistance programs impedes upward economic mobility and penalizes families trying to achieve economic security and that asset limits should either be eliminated or designed to avoid economic cliffs.* (January 2023)