



# HEALTH POLICY BOARD

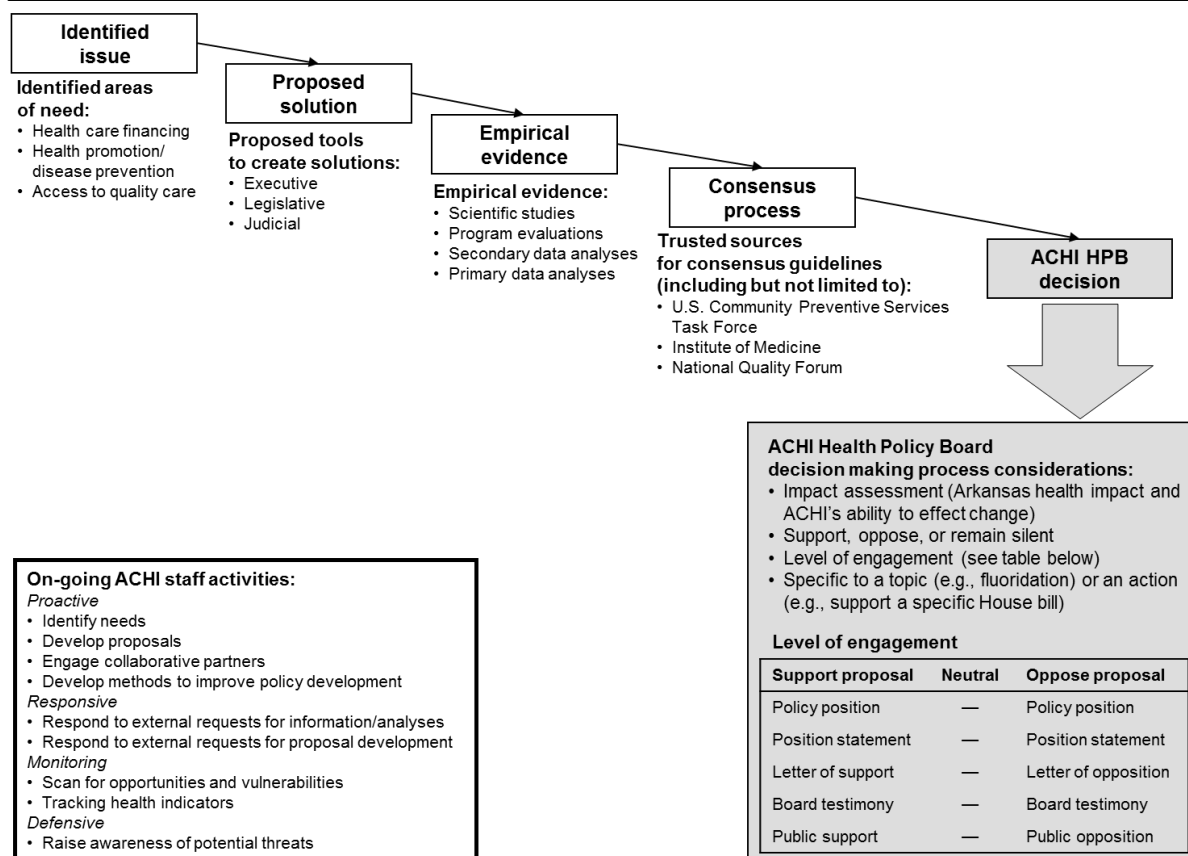
## POLICY POSITIONS & STATEMENTS

(Updated May 14, 2025)

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



# SUMMARY OF ACHI HEALTH POLICY BOARD POSITIONS & STATEMENTS

*(Click to go directly to statement)*

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## **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.

## **OBESITY PREVENTION/REDUCTION**

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

## **ORAL HEALTH**

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

## **CHILD HEALTH AND MORTALITY**

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

## **INJURY PREVENTION**

17. Reduce preventable deaths and injuries related to motorcycle crashes with non-helmeted riders.

## **HEALTHCARE SYSTEM**

18. Maintain critical support for programs leading to health improvement.
19. Pursue healthcare reform that expands access for all Arkansans to high-quality, affordable, evidence-based care.
20. 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.
21. Conscience rights protections should maintain balance with patients' rights and protect individuals from discrimination.
22. Increase oversight of health market transactions involving private equity and other for-profit corporate entities to ensure transparency.

## **HEALTHCARE SYSTEM FINANCING**

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

## **HEALTHCARE COVERAGE**

24. Increase health insurance coverage for Arkansans as authorized by the Patient Protection and Affordable Care Act

## **COORDINATION AND QUALITY OF HEALTHCARE SERVICES**

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

## **HEALTHCARE WORKFORCE**

31. Improve and expand Arkansas's healthcare workforce to meet present and projected needs of Arkansans.

32. Meet existing and future needs for primary care, increase primary care capacity by fostering team-based care.
33. Meet existing and future needs for primary care, enhance roles for non-physician practitioners.
34. Increase access to and use of trained certified birthing companions such as doulas to support parents navigating the birthing journey to improve outcomes for mothers and babies.

#### **HEALTH INFORMATION TECHNOLOGY**

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

#### **IMMUNIZATIONS**

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

#### **PRESCRIPTION DRUG MONITORING PROGRAM**

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

#### **BUILT ENVIRONMENT**

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

#### **TEEN PREGNANCY IN ARKANSAS**

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

#### **LEGALIZATION OF MEDICAL MARIJUANA**

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

#### **HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

41. 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**

42. 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**

43. 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**

44. 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**

45. 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.

#### **HEALTHY FOOD ACCESS**

46. Support eliminating asset limits for public assistance food programs or designing them to avoid economic cliffs.
47. Ensuring students have affordable access to healthy meals at school and offering programs to reduce student hunger during extended breaks.
48. Public funds, including SNAP, should be used to optimize the purchase of healthy foods by incentivizing nutritious options.

# ACHI Health Policy Board – Policy Positions

## CONSENSUS GUIDELINES

1. *The Health Policy Board's position is that it supports recommendations from the U.S. Preventive Services Task Force and the U.S. Task Force on Community Preventive Services. The recommendations advanced serve as the threshold or default position for the Health Policy Board. (November 2023) (Originally adopted 2006)*

## TOBACCO PREVENTION/CESSATION

2. *The ACHI Health Policy Board's position is that all tobacco use is detrimental to good health. (November 2023) (Originally adopted 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. (November 2023) (Originally adopted 2006)*
4. *The ACHI Health Policy Board's position is that 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. (November 2023) (Originally adopted 2005; updated 2006)*
5. *The ACHI Health Policy Board's position is that vaping products are devices capable of delivering addictive nicotine to users, and they should be regulated in a manner similar to other tobacco products. If available at all, vaping products should be only available via prescription as a means of harm reduction for individuals who currently use tobacco and have no plan to quit using tobacco. (November 2023) (Originally adopted 2014; merged with Statement #6)*

## OBESITY PREVENTION/REDUCTION

6. *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; Reaffirmed January 2024)*
7. *All school students should be required to participate in at least 30 minutes of daily physical activity. (Reaffirmed January 2009; Reaffirmed January 2024)*
8. *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; Reaffirmed January 2024)*

9. *The ACHI Health Policy Board recommends that all Arkansas businesses in both the public and private sectors voluntarily implement evidence-based 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; Reaffirmed January 2024)*
10. *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; Reaffirmed January 2024)*
11. *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; Reaffirmed January 2024)*

## ORAL HEALTH

12. 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. *It is the position of the Health Policy Board that all public water supplies should be fluoridated. (Reaffirmed January 2009; Reaffirmed March 2024)*
13. *It is the position of the Health Policy Board that all children and adolescents should have access to fluoride varnishes to prevent dental caries. (Adopted January 2011; Reaffirmed March 2024)*
14. The U.S. Task Force on Community Preventive Services has endorsed and highly recommends that sealants be applied through school-based programs. *It is the position of the Health Policy Board that all children have access to dental sealant application. (Adopted January 2009; Reaffirmed March 2024)*

## CHILD HEALTH AND MORTALITY

15. *It is the position of the Health Policy Board that the Arkansas Infant & Child Death Review Program should be provided continued support to inform development of preventive measures to reduce the high rate of infant, child, and teen mortality. (Adopted January 2009; updated January 2014; Reaffirmed March 2024)*
16. *It is the position of the Health Policy Board that the state should strengthen its statewide coordinated school health system, expand school-based health services, and establish school-based health centers in areas where access to care is limited. (Adopted January 2009; Updated March 2024)*

## INJURY PREVENTION

17. *It is the position of the Health Policy Board that operators and passengers of motorcycles, motor scooters, mopeds, and all-terrain vehicles should be required to wear helmets while in transit.* (Adopted 2007; Reaffirmed January 2009; Adopted 2010; Reaffirmed March 2024)

## HEALTHCARE SYSTEM

18. The ACHI Health Policy Board's position is that expenditures of Arkansas's share of Master Settlement Agreement (MSA) funds (Adopted February 1999; Reaffirmed May 2024):
- *Should be used to improve and optimize the health of Arkansans.*
  - *Should be spent on long-term investments that improve the health of Arkansans.*
  - *Should be used to minimize future tobacco-related illness and healthcare costs in Arkansas.*
  - *Should be invested in evidence-based solutions that work effectively and efficiently in Arkansas.*
19. *The ACHI Health Policy Board's position is that the state should pursue healthcare reform that expands access for all Arkansans to high-quality, affordable, evidence-based care.* (Adopted March 2010; Reaffirmed May 2024)
20. *The ACHI Health Policy Board's position is that the state should support 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.* (Adopted May 2013; Reaffirmed May 2024)
21. *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.* (Adopted February 2021; Reaffirmed May 2024)
22. *The ACHI Health Policy Board's position is that the state should increase oversight of health market transactions involving private equity and other for-profit corporate entities to ensure transparency, including community notice and comment periods; preserve care quality and patient safety; protect healthcare workers from undue influence; and maintain public trust.* (Adopted May 2025)

## HEALTHCARE SYSTEM FINANCING

23. *The ACHI Health Policy Board's position is that the state, payers, and providers adopt strategies that should align financial incentives to achieve health outcomes and to adopt new financing, payment, and reimbursement policies and mechanisms.* (March 2012; Reaffirmed May 2024)



## HEALTHCARE COVERAGE

24. *The ACHI Health Policy Board's position is that Arkansas should continue coverage expansion under the federal Patient Protection and Affordable Care Act in a manner that preserves the quality of coverage and provider access currently offered through the premium assistance model and leverages the state's purchasing power to enhance competitiveness and affordability in the insurance market. (July 2024)*

## COORDINATION AND QUALITY OF HEALTHCARE SERVICES

25. *The ACHI Health Policy Board's position is that the state should adopt 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; updated July 2024)*
26. *The ACHI Health Policy Board's position is that the state should pursue continued development and implementation of a statewide coordinated trauma system and improved hospital participation at higher levels. (Adopted January 2009; updated January 2014; updated July 2024)*
27. *The ACHI Health Policy Board's position is that the state should pursue continued development and implementation of a comprehensive mental health/substance abuse system of care (SOC) for children and adults, including formal evaluation of existing efforts and optimization of funding strategies such as the tobacco tax to sufficiently fund quality mental health and substance abuse treatment. (January 2009; updated July 2024)*
28. *The ACHI Health Policy Board's position is that the state should 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. (January 2011; updated July 2024)*
29. *The ACHI Health Policy Board's position is that Arkansas should encourage 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; updated September 2024)*
30. *The ACHI Health Policy Board's position is that Arkansas should adopt policies that promote evidence-based substance use prevention strategies and expand 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; updated September 2024)*

## HEALTHCARE WORKFORCE

31. *The ACHI Health Policy Board's position is that Arkansas should prioritize and develop a strategic framework for all policy decisions related to workforce development and decisions of authority and scope of practice for healthcare professionals. (November 2010; updated September 2024)*
32. *The ACHI Health Policy Board's position is that Arkansas should develop team-based models for healthcare that define team members, core competencies, practice roles, training needs, and outcome metrics for care teams, including non-traditional providers and community-based supports such as community-based supports such as community health workers and doulas across care settings, while assuring that patient safety and quality of care are protected in the assignment of clinical and non-clinical roles on the team. (March 2012; updated September 2024)*
33. *The ACHI Health Policy Board's position is that Arkansas should expand the capacity of the existing primary care workforce and ensure the availability of and access to services provided to Arkansans by deploying advanced practice registered nurses (APRNs) and physician assistants (PAs) as primary care providers. (March 2012; updated September 2024)*
34. *The ACHI Health Policy Board supports strategies, including financing, that will increase access to and use of training and certified birthing companions such as doulas to provide emotional and educational support to parents as they navigate the birthing journey and improve outcomes for mothers and babies. (Adopted January 2024)*

## HEALTH INFORMATION TECHNOLOGY

35. *The ACHI Health Policy Board's position is that Arkansas should adopt and optimize a coordinated and integrated system that will allow health and health-related social needs information to be exchanged between clinical and community-based service providers, payers, hospitals, pharmacies, and patients, and also allow this information to be utilized to assess quality of care and public health trends. All components of Arkansas's health information systems should be used as resources to continuously improve access to care, and clinical application of care, and to measure the quality of care that is delivered. (Adopted March 2010; updated May 2013; updated September 2024)*

## IMMUNIZATIONS

36. *The ACHI Health Policy Board's position is that all Arkansans over the age of six months, especially high-risk populations like pregnant women and the elderly should receive an annual flu vaccination. (November 2014; updated September 2024)*

## PRESCRIPTION DRUG MONITORING PROGRAM

37. *To prevent medically unnecessary opioid prescribing, to decrease nonmedical use overdoses and deaths, and to lower the costs associated with OPR misuse and abuse, the ACHI Health Policy Board's position is that there should be 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; updated November 2024)*



## BUILT ENVIRONMENT

38. *The ACHI Health Policy Board's position is that health should be included in all policies that impact community design and construction. (January 2016; updated November 2024)*

## TEEN PREGNANCY IN ARKANSAS

39. *The ACHI Health Policy Board's position is 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; updated November 2024)*

## LEGALIZATION OF MEDICAL MARIJUANA

40. *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 Food and Drug Administration (FDA) and made available only through standardized dosing and delivery mechanisms and under appropriate clinical supervision. (September 2016; updated November 2024)*

## HUMAN IMMUNODEFICIENCY VIRUS (HIV)

41. *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; updated November 2024)*

## INFECTIOUS DISEASES

42. *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 2019; updated November 2024)*

## COVID-19

43. *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

44. *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

45. *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)*

## HEALTHY FOOD ACCESS

46. *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)*
47. *The ACHI Health Policy Board's position is that to support the health, well-being, and academic success of all Arkansas students, the state should ensure affordable access to nutritious meals each school day and support programs that reduce student hunger during extended school breaks, with designs that mitigate stigma associated with income eligibility. (February 2025)*
48. *The ACHI Health Policy Board's position is that public funds dedicated to food programs, including the Supplemental Nutrition Assistance Program (SNAP), should be used to optimize the purchase of healthy foods by incentivizing nutritious options while restricting or disincentivizing less nutritious choices, provided that these approaches do not reduce the overall benefit for program participants. (March 2025)*