

**Arkansas Spinal Cord Commission
Legislative Mandate
Arkansas Code Annotated (ACA)**

20-8-201. Legislative intent.

(1)(a) It is declared and found that a major problem facing medicine and the public health and welfare is the absence of an adequate program to assist in the treatment and rehabilitation of persons suffering from congenital or acquired spinal cord dysfunction.

(b) It has been found that no fewer than one thousand one hundred (1,100) Arkansas residents presently suffer from spinal cord injury or damage, and it is estimated that at least one hundred twenty (120) Arkansans experience serious injury or congenital dysfunction of the spinal cord annually.

(2) Furthermore, it has been found that a fully coordinated approach to the early recognition, the emergency care and transportation, the definitive treatment and rehabilitation, and the long-term management direction and support of such persons is presently lacking and yet is essential to guaranteeing these patients the best possible opportunity to minimize mortality, morbidity, and permanent disability.

(3) It is further recognized that the enormous cost for medical services, hospitalization, and rehabilitative care of spinal cord injured persons makes it extremely difficult, and often financially impossible, for persons of moderate or modest means to secure adequate medical and rehabilitative services, and in most cases, services are financially possible only by the very wealthy, if at all.

(4) Therefore, to guarantee the best possible opportunity for minimizing the mortality, morbidity, and permanent disability of persons due to spinal cord injury or dysfunction, it is essential that the state develop a program to:

(A) Provide for complete identification and visible integration of the numerous complex funding mechanisms which are applicable to the needs of a particular individual at each overlapping stage of treatment and rehabilitation and provide financial assistance when necessary to fill a specific identified gap in funding a portion of the coordinated treatment and rehabilitation plan of a specified patient when the patient's own financial resources are insufficient to meet such requirements;

(B) Authorize the development and operation of an Arkansas spinal cord treatment center and system which will integrate present treatment and rehabilitative capabilities and develop additional service capabilities as necessary to guarantee the availability of continuously current and evolving new processes in state-of-the-art treatment and rehabilitative services to all spinal cord disabled Arkansans; and

(C) Provide for full coordination of treatment and rehabilitation efforts from problem recognition through progressive rehabilitation and for as long as a need for these specialized services shall exist.

History. Acts 1975, No. 311, § 1; A.S.A. 1947, § 82-3301.

20-8-202. Creation - Members.

(a) There is established the Arkansas Spinal Cord Commission, to consist of five (5) members to be appointed by the Governor from the state at large for terms of ten (10) years and confirmed by the Senate, as provided by law. The members of the commission shall be either spinal cord injured victims themselves, members of the immediate families of spinal cord injured victims, or persons with special knowledge of and experience with spinal cord injuries and dysfunctions who have demonstrated active involvement and interest in the fight against death and disability due to spinal cord injury and dysfunction.

(b) Members of the commission shall serve until their successors are appointed and confirmed.

(c) In the event that a vacancy occurs on the commission due to death, resignation, or other cause, the vacancy shall be filled by appointment of the Governor of a person eligible for the initial appointment as set forth in this section, to serve for the remainder of the unexpired portion of the term of the member.

(d)(1) The commission shall select a disbursing officer of funds appropriated to the commission. All expenditures shall be approved by the chairman of the commission prior to their disbursement.

(2) The commission shall annually elect one (1) of its members as chairman and one (1) of its members as vice chairman, and other officers as the commission deems necessary.

(e) Members of the commission shall serve without pay but shall be reimbursed from commission funds, if available, for reasonable and necessary expenses incurred in attending to commission business, in the same manner and in accordance with the same conditions, restrictions, and limitations as are applicable to employees of the state.

(f) Members of the commission shall qualify by taking the oath of office as prescribed by law.

(g) The commission shall meet at least one (1) time each calendar quarter and at such other times as may be designated by the commission's rules, or upon call by the chairman or by the written request of any four (4) members.

(h)(1) The commission may, from time to time, create advisory committees as are deemed necessary to assist the commission in formulating policies, effectuating and reviewing operating procedures, and for such other purposes as the commission may deem appropriate.

(2) The members of the advisory committees shall serve without pay, but the commission may, if sufficient funds are available, reimburse members of the advisory committees for expenses in accordance with § [25-16-901](#) et seq.

History. Acts 1975, No. 311, §§ 2, 3; 1977, No. 428, § 1; A.S.A. 1947, §§ 82-3302, 82-3303; Acts 1987, No. 263, §§ 1, 2; 1993, No. 1154, § 1; 1997, No. 250, § 180.

20-8-203. Powers and duties.

The Arkansas Spinal Cord Commission shall have the following functions, powers, and duties:

(1) To identify and cooperate with existing agencies, organizations, and individuals offering services to the spinal cord injured or spina bifida patient for the establishment and integration of a statewide system of treatment, rehabilitation, counseling, and social services by means of entering into cooperative agreement with the agencies, organizations, and individuals. The programs shall be designed and administered to:

(A) Provide for coordinated and integrated development and continued review of a full treatment and rehabilitation plan for each qualified applicant patient;

(B) Identify all possible and existing funding sources for each type of service identified in the treatment plan for which a qualified patient may be eligible and assist the patient in obtaining funding assistance for which he is eligible from existing sources;

(C) Assess the patient's financial ability to pay for needed services identified in the treatment plan for which no other funding sources are available;

(D) Provide financial assistance for persons unable to pay for the services, including special equipment, without causing unjust and unusual hardship, including, but not limited to, a drastic lowering of the standard of living to the person or his immediate family;

(E) Identify service needs which cannot be adequately met by existing resources;

(F) Provide for increased accountability by documenting the full range of fiscal resources being invested from the various funding sources toward the achievement of each patient's service plan objectives; and

(G) Provide an annual report to the Governor, to the General Assembly, and to the public documenting areas of success, unresolved problems, and overall cost/benefit analyses of expenditures from the various sources;

(2) To develop or cause to be developed an Arkansas spinal cord treatment center and system to serve the entire state through the provision of such direct and indirect services as may be identified and documented as provided for in subdivision (1) of this section.

(A) The center and system may provide such services as specialized emergency and acute care, specialized emergency transfer services, specialized diagnostic and prescriptive services, specialized rehabilitative services, family education and home care outreach services, coordinative services, continuing educational services for physicians and other health professionals and paraprofessionals who deal with the spinal cord patient, and such other services as are deemed necessary and appropriate by the commission.

(B) At such time as an Arkansas spinal cord treatment center is established, the commission shall serve as its board of directors and may either directly administer the operation of the center or may enter into contractual agreements with existing institutions for facilities, staffing, and administrative services or such other services as the commission deems appropriate.

(C) Until an Arkansas spinal cord treatment center is established, or after a center is established, the commission may, whenever the commission determines it to be in the best interest of a spinal cord injured person, contract and pay for services provided by other institutions. It is the intent of this subchapter that the commission have broad discretion in providing or obtaining for spinal cord injured patients a complete level of services which the commission deems to be in the best interest of the patient, as set forth in this subchapter;

(3) To work with all appropriate agencies, organizations, and individuals throughout the state in order to develop a fully integrated statewide network of coordinated services for spinal cord patients covering all needed services from the detection of spinal cord injuries or congenital conditions through the related phases of emergency care and transfer, acute and definitive care, and rehabilitative and follow-up care and to thus effect a measured reduction in spinal cord related morbidity and mortality, long-term disability, and long-term maintenance system expenditures of public funds;

(4) To provide special expert consultation and services to cooperating and participating agencies, institutions, and individuals, including appropriate elements of the Arkansas Emergency Medical Services System, on the emergency care and transportation of spinal cord injured persons as well as to other agencies, institutions, and individuals responsible for the delivery of professional medical and health sciences education and training necessary for providing appropriate progressive and evolving specialized programs of treatment of service to spinal cord injured and spina bifida patients;

(5) To develop standards for determining eligibility for assistance to defray the cost of care and treatment of spinal cord patients under this program; and

(6) To accept gifts, grants, and donations from private sources, from municipal and county governments, from the state, and from the federal government to be used for the purposes of this subchapter to defray costs incurred by persons suffering from spinal cord disability who are unable to meet the total cost of treatment and rehabilitation and to promote the development of specialized service capability found to be needed but not available.

History. Acts 1975, No. 311, § 4; A.S.A. 1947, § 82-3304.

20-8-204. [Repealed.]

20-8-205. [Repealed.]

20-8-206. Central registry.

(a)(1) The Arkansas Spinal Cord Commission shall establish and maintain a central registry of spinal cord disabled persons. Every public and private health and social agency and attending physician shall report to the commission within five (5) calendar days after identification of any spinal cord disabled person. However, the consent of the individual shall be obtained prior to making this report, except that every spinal cord disease or injury resulting in permanent partial, permanent total, or total disability shall be reported to the commission immediately upon identification.

(2) The report shall contain the name, age, residence, and type of disability of the individual and such additional information as may be deemed necessary by the commission.

(b)(1) Within fifteen (15) days of the report and identification of a spinal cord disabled person, the commission shall notify the spinal cord disabled person or the most immediate family members of their right to assistance from the state, the services available, and the eligibility requirements.

(2) The commission shall refer severely disabled persons to appropriate divisions, departments, and other state agencies to assure that maximum available rehabilitative services, if desired, are obtained by the spinal cord disabled person.

(3) All other agencies of the state shall cooperate with the commission to ensure that appropriate total rehabilitative and other services are available, as well as access to records and other information.

(c) As used in this section, "spinal cord disabled" means any person who has a spinal cord disease or injury, congenital or acquired, which results in partial or total loss of motor or sensory functions and which results in temporary or permanent partial or total disability.

(d) It is the intent of the General Assembly to ensure the referral of all spinal cord disabled persons to the commission by appropriate individuals or public and private agencies in order that all spinal cord disabled persons might obtain the appropriate total rehabilitative services rendered by existing state agencies, state departments, and other organizations and individuals.

History. Acts 1977, No. 170, §§ 1-4; 1977, No. 330, §§ 1-4; A.S.A. 1947, §§ 82-3307 - 82-3310; Acts 1993, No. 1154, § 2.