

Health & Human Services Committee

Senator Nancy Barto, Chairman



Emily Mercado, Research Analyst
Catcher Baden, Assistant Analyst
Jennifer Kahn, Intern

HEALTH & HUMAN SERVICES COMMITTEE

LEGISLATION ENACTED

chiropractic board; licensure; regulation; fees (S.B. 1008) – Chapter 134 RFE

Effective April 1, 2015, and subject to the requirements for enactment (Proposition 108), which requires the affirmative vote of at least two-thirds of the members of each house of the Legislature, allows the Board of Chiropractic Examiners to annually adjust certain fees and increases fees as follows:

Fee	Previous Amount	S.B. 1008 Amount
Application	\$250	Not to exceed \$325
Original license	\$100	Not to exceed \$125
Application for specialty certificate	\$100	Not to exceed \$125
Specialty certificate	\$100	Not to exceed \$125
Renewal of license	Not more than \$170	Not to exceed \$225
Reinstatement of license	\$100	\$200

Establishes licensure by endorsement and outlines requirements for applicants.

dispensing opticians; continuing education (S.B. 1010) – Chapter 29

Increases the maximum required hours of continuing education for dispensing opticians from 12 to 21 hours within a three-year period.

osteopathic board; licensure; regulation (S.B. 1012) – Chapter 135

Makes various changes to the requirements regarding the Arizona Board of Osteopathic Examiners (Board), including modifications to certain permit and license application processes. Allows the Board to issue a pro bono registration to allow a doctor of osteopathy to practice in this state for a specified amount of time if the doctor meets certain requirements. Modifies requirements relating to disciplinary actions taken by the Board against a licensee or permit holder. Requires a licensee to respond to the Board in writing within 30 days after the notice of a formal or administrative hearing is served, and stipulates that a licensee's failure to respond is deemed an admission of the acts charged in the complaint, which allows the Board to revoke or suspend the license without a hearing. Modifies the list of acts that constitute unprofessional conduct.

AHCCCS; contractors; prescription monitoring (S.B. 1032) – Chapter 30

Requires Arizona Health Care Cost Containment System (AHCCCS) health plans to intervene if a member has 10 or more prescriptions for controlled substances within a three-month period or if excessive amounts of controlled substances are being used. Healthcare plans

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

must direct cases involving excessive controlled substance use to the AHCCCS Medical Director for review.

AHCCCS; emergency services; case management (S.B. 1034) – Chapter 31

Requires an Arizona Health Care Cost Containment System (AHCCCS) contractor to intervene if an AHCCCS member inappropriately seeks care at a hospital's emergency department four or more times within six months, and requires the contractor to report the number of times the contractor intervenes with a member to the AHCCCS Administration.

pharmacy board; regulation; transactions (NOW: health care sharing ministries; exemption) (S.B. 1039) – Chapter 136

Conforms the definition of *healthcare sharing ministry* to the definition found in federal law.

child care facilities; SFB guidelines (S.B. 1077) – Chapter 35

Removes the ability of certain child care facilities to incorporate School Facilities Board guidelines when selecting facilities. This language was added to legislation in 2014 to build a bridge to make an amendment germane.

tribal social services agencies; information. (S.B. 1080) – Chapter 143

Authorizes the Department of Public Safety to share criminal justice information with a tribal social services agency to: 1) provide criminal history record information on prospective adoptive parents; 2) evaluate the fitness of custodians or prospective custodians of juveniles; and 3) investigate or respond to a report of child abuse, neglect or exploitation.

Expands the duty to report child abuse or neglect to include reporting to a tribal law enforcement or social services agency for any Native American minor who lives on a reservation.

AHCCCS; annual waiver submittals. (S.B. 1092/H.B. 2075) – Chapter 7

Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration Director to apply to the Centers for Medicare and Medicaid Services for permission to institute work requirements and lifetime limits for able-bodied adults receiving AHCCCS benefits, with exceptions as outlined.

nursing facility assessment; continuation (S.B. 1136) – Chapter 39

Continues the nursing facility assessment for eight years. Modifies the actions the Arizona Health Care Cost Containment System (AHCCCS) may take when a nursing facility fails to pay the assessment to allow the Director of AHCCCS to suspend or revoke a nursing facility's provider agreement registration. Requires the Director of the Department of Health

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Services to suspend or revoke the nursing facility's license if a nursing facility does not comply within 180 days after the suspension or revocation

Prohibits, subject to approval by the Centers for Medicare and Medicaid Services, nursing facilities located outside the state from receiving adjustment payments.
Arizona medical board; fingerprinting; disclosure (S.B. 1149/H.B. 2521) – Chapter 2 E

An emergency measure, effective February 18, 2015, that prohibits the Arizona Medical Board (Board) from publishing federal criminal records information of licensees to its website. Retroactive to September 2, 2014, removes a fingerprinting requirement for those who did not submit fingerprints to the Board upon initial licensure, including renewal applications currently under consideration by the Board. Appropriates \$200,000 from the Board Fund to the Board to refund fees collected by the Board for fingerprinting for renewal applications.

~~technical correction; adoption~~ (NOW: loan repayment; medically underserved areas) (S.B. 1194) – Chapter 3

SEE THE RURAL AFFAIRS & ENVIRONMENT COMMITTEE.

behavioral health examiners board (S.B. 1212) – Chapter 154

Beginning November 1, 2015, modifies the Arizona Board of Behavioral Health Examiners' (Board) statutes regarding education requirements for certain licensees, and modifies the Board's authority to include the establishment of telepractice. Modifies requirements related to Academic Review Committees, including duties, pay, training criteria and appointment requirements.

If delegated by the Board, the Executive Director of the Board may dismiss a complaint if the investigative staff's review indicates that the complaint is without merit and that dismissal is appropriate. Requires the Executive Director to provide to the Board a list of each complaint that was dismissed by the Executive Director. Provides recourse for a person aggrieved by the Executive Director's action. Provides a related rulemaking exemption.

physician assistants; licensure; renewal (S.B. 1213) – Chapter 84

Beginning January 1, 2016, changes the license renewal deadline for physician assistants from June 1 of every year to the licensee's birthday every other year. Specifies a licensee who fails to renew the license within 30 days after the licensee's birthday must pay a penalty fee, and specifies a license automatically expires if the licensee fails to renew the license within 90 days after the licensee's birthday. Requires the Board of Physician Assistants to update the licensee's profile after receiving the renewal application instead of annually.

homeopathic board; licensure; regulation (S.B. 1214) – Chapter 155

Allows the Board of Homeopathic and Integrated Medicine (Board) to establish a treatment program that includes: 1) education; 2) intervention; 3) therapeutic treatment; and 4)

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

posttreatment monitoring and support for licensees who have a medical, psychiatric, psychological or behavioral health disorder that may impact the licensee's ability to safely practice medicine and perform healthcare tasks. Updates the Board's policy on complaints to prohibit the Board from opening an investigation if identifying information about the complainant is not provided and allows a complainant's identifying information to be withheld from the licensee if the Board enters into a written agreement with the complainant as outlined. Requires a licensee who has been notified of a complaint to file a written response no more than 20 days after service of the complaint, and stipulates if a licensee does not file an answer in writing it is deemed an admission of the acts charged.

respiratory care; temporary licensure; repeal (S.B. 1215) – Chapter 156

Removes the requirement for the Board of Respiratory Care Examiners to issue temporary license certificates and temporary license renewal certificates. Removes the ability of an applicant to perform respiratory care services without a license.

AHCCCS; contractors; providers (NOW: auxiliary containers; regulatory prohibition; reporting) (S.B. 1241) – Chapter 271

SEE THE GOVERNMENT COMMITTEE.

medical licensure; state programs; prohibition (NOW: behavioral health; transfer; AHCCCS) (S.B. 1257) – Chapter 195

Beginning July 1, 2016, transfers the administration of behavioral health services from the Division of Behavioral Health Services (DBHS) within the Department of Health Services (DHS) to the Arizona Health Care Cost Containment System (AHCCCS) Administration. Authorizes the DHS Director to have charge and control of the Arizona State Hospital (State Hospital), and requires DHS to consult with AHCCCS on rules relating to transfers to and from the State Hospital and other mental health treatment agencies. Outlines reporting requirements for AHCCCS and DHS relating to the transfer of resources between the two departments, and outlines reporting requirements of DHS, including a budget request and a financial and programmatic report on the State Hospital as outlined.

medical board; affiliation verification; rulemaking (S.B. 1258) – Chapter 251

Modifies the Arizona Medical Board's (Board) requirements regarding affiliation verification and review of complaints. If an applicant is employed by a hospital or medical group or organization, the Board must accept affiliation or employment verifications from the applicant's employer. Specifies the applicant must submit to the Board all *medical* employment for the five years preceding application for licensure. Modifies the types of complaints that are sent to the medical consultant for review. Provides a related rulemaking exemption. Requires the Board to issue a request for information for the sole purpose of seeking information relating to the outsourcing of any or all of the credentialing or verification process for licensure.

schools; exempt fundraisers (S.B. 1267) – Chapter 157

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Directs the Arizona Department of Education to issue exemptions allowing school districts and charter schools to sell food of minimal nutritional value at a fundraiser during the normal school day.

teledentistry; dental hygienists; dental assistants (S.B. 1282) – Chapter 196

Teledentistry – Defines *teledentistry* and outlines requirements for the delivery of care through teledentistry. Requires dentists or dental providers to obtain consent from the patient or patient's healthcare decision maker. Entitles patients to existing confidentiality protections concerning medical records and prohibits the dissemination of images or individually identifiable information for research or educational purposes without consent, unless authorized by state or federal law. As session law, requires the Arizona Health Care Cost Containment System to implement teledentistry services for enrolled members under 21 years of age.

Expanded Function Dental Assistants (EFDA) – Creates a new member of the dental team called an EFDA. Lists the restorative functions an EFDA may perform if a dental assistant successfully completes: 1) a board-approved training program; and 2) an examination in expanded functions. Allows a hygienist to engage in the expanded restorative functions with study and examination equivalent to an EFDA.

Affiliated Practice Relationship (APR) – Modifies the minimum competency requirements for hygienists to be eligible to enter into an APR. Lists the entities and settings eligible to enter into an APR. Prohibits a dentist in an APR from permitting the provision of services of more than three affiliated practice hygienists at any one time.

outpatient treatment centers; colocation; respite (S.B. 1283) – Chapter 158 E

An emergency measure effective April 1, 2015, that requires, instead of allows, the Director of the Department of Health Services (DHS) to adopt licensing provisions that facilitate the colocation and integration of outpatient treatment centers that provide medical, nursing and health-related services with behavioral health services, and provides related guidelines. Allows colocation between outpatient treatment center licensees with one or more behavioral health center licensees, and allows them to share common areas and nontreatment personnel, but specifies associated requirements. Exempts DHS, until April 15, 2016, from rulemaking requirements for the following purposes: 1) to implement the colocation requirements; and 2) to consider adopting and amending rules relating to the licensing of behavioral health residential facilities, outpatient treatment centers and behavioral health respite homes as outlined.

prescription drug coverage; medication synchronization (S.B. 1288) – Chapter 159

Prohibits the following plans or policies issued or renewed on or after January 1, 2017, from denying coverage for an approved prescription drug dispensed by a network pharmacy for less than the standard refill amount: 1) a subscription contract; 2) an evidence of coverage; 3) a disability insurance policy; and 4) a group or blanket disability insurance contract. Prohibits plans or policies from denying coverage if the patient requests enrollment into a medication

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

synchronization program and less than the standard refill amount for the purpose of synchronizing their medications. Requires plans or policies to prorate the cost-sharing rate for the covered prescription if such a request is made.

Defines *medication synchronization* as the coordination of medication refills for a patient taking two or more medications for a chronic condition that are being dispensed by a single contracted pharmacy to facilitate the synchronization of the patient's medications for the purpose of improving medication adherence.

independent medical examinations; board complaints (S.B. 1290) – Chapter 252

SEE THE COMMERCE & WORKFORCE DEVELOPMENT COMMITTEE.

uniform interstate family support act (S.B. 1313) – Chapter 253

SEE THE JUDICIARY COMMITTEE.

abortion; health care exchange; licensure (S.B. 1318) – Chapter 87

Prohibits any healthcare exchange operating in Arizona from providing coverage for abortion, except under specified circumstances. Requires a health professional to inform the woman at least 24 hours before the abortion that: 1) it may be possible to reverse the effects of a medication abortion but that time is of the essence; and 2) information on and assistance with reversing the effects of a medication abortion is on the Department of Health Services (DHS) website. Adds to the list of information kept by DHS that is not available to the public personally identifiable information of a physician and any records kept regarding the physician's admitting privileges. Requires abortion clinics to submit specified information and documentation to the DHS Director upon initial licensure and any subsequent license renewal.

controlled substances prescription monitoring program (S.B. 1370) – Chapter 46

Beginning January 1, 2016, requires medical practitioners who possess a Drug Enforcement Agency number under the Controlled Substances Act to gain access to the Controlled Substances Prescription Monitoring Program Database (CSPMPD). Establishes notification requirements for the Pharmacy Board and appropriate medical practitioner regulatory boards and eliminates requirements for medical practitioners to biennially renew with the Controlled Substance Monitoring Program. Finally, the bill adds county medical examiners to the list of entities eligible to receive information from the CSPMPD.

Eliminates the Controlled Substances Prescription Monitoring Program's termination date of July 1, 2017. Requires the Pharmacy Board to issue a report detailing the CSPMPD's utilization by July 1, 2016, and for two years thereafter.

delayed birth certificates; Native Americans (S.B. 1393) – Chapter 197

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Requires the state registrar to establish documentation requirements for Native Americans born before 1970 requesting a delayed birth certificate. If the requirements are not met, the state registrar must review the submitted documents and determine whether to create and register a delayed birth certificate. Provides a related rulemaking exemption.

human rights committees; members (S.B. 1400) – Chapter 167

Modifies requirements related to Human Rights Committees (HRCs). Modifies the possible membership of HRCs. Requires HRCs to make recommendations to the appropriate director and the Legislature regarding laws, rules and practices to ensure that clients' rights are protected. Requires the appropriate director to respond in writing within 21 days of receiving a written objection to problems or rights violations from an HRC. Allows an HRC to receive Adult Protective Services case status and outcome information. Permits HRCs to exchange information and engage in coordination activities, and requires the appropriate departments to coordinate education and training programs for HRC members and statewide meetings of HRCs at least every two years. Requires the Department of Health Services to ensure that each Regional Behavioral Health Authority and its providers develop and implement a human rights training plan.

home care services; disclosure (S.B. 1401) – Chapter 181

Requires a business entity providing home-care services to disclose to the clients annually: 1) if the employees who provide the services have had criminal background checks and the policy on sending employees with criminal history into a client's home; 2) the name and position of the person responsible for the management of employees; 3) a description of the required training for employees who provide the services; 4) a description and cost of the provided services; and 5) a description of the services agreement and how it may be terminated. Lists exemptions to who must disclose the information, including: 1) a volunteer organization; 2) a person or family member who does not receive compensation for the services; 3) a licensed organization or individual; and 4) an organization or individual contracted through the state.

health care directives; conflicts (S.B. 1404) – Chapter 182

Presumes a healthcare directive, the decision of a patient's agent or the decision of a surrogate represents the wishes of the patient if there is a conflict with a healthcare provider's order.

judicially appointed psychologists; complaints (S.B. 1439) – Chapter 168

SEE THE JUDICIARY COMMITTEE.

ALTCS; developmental disabilities; rates; appropriation (S.B. 1440) – Chapter 169

Requires the Department of Economic Security (DES) to annually determine the cost-effective study rate for persons receiving developmental disability (DD) services and provide

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

that rate to the Arizona Health Care Cost Containment System (AHCCCS) and the Joint Legislative Budget Committee. Appropriates \$120,000 from the Special Administration Fund to DES in FY 2016 to provide services for DD clients whose services were reduced under the current cost-effective study rate as a result of the FY 2015 legislatively mandated provider rate increases. Transfers the first \$100,000 in the Long-Term Care System Fund that is unexpended at the end of FY 2015 to the Client Developmental Disability Services Trust Fund, subject to approval by AHCCCS.

human services; budget reconciliation; 2015-2016. (S.B. 1479/H.B. 2681) – Chapter 18

SEE THE APPROPRIATIONS COMMITTEE.

adult protective services; information online (H.B. 2021) – Chapter 183

Requires information maintained in the Adult Protective Services Registry to be made available to the public online, and increases the number of years for which reports are required to be maintained. Stipulates that an Adult Protective Services worker is not required to evaluate communications concerning a person who is incarcerated or concerning a patient in the Arizona State Hospital.

~~technical correction; health services; fees~~ (NOW: child safety oversight committee; continuation) (H.B. 2024) – Chapter 254

Extends the Child Safety Oversight Committee for one year, until January 1, 2017, and the report date. Modifies the committee membership.

naturopathic physicians medical board; continuation (H.B. 2035) – Chapter 255

Retroactive to July 1, 2015, the Naturopathic Physicians Medical Board is continued until July 1, 2023.

~~night schools; technical correction~~ (NOW: naturopathic physicians; licensing requirements) (H.B. 2036) – Chapter 256 RFEIR

Requires applicants for licensure by endorsement to either: 1) successfully complete exams in elective practice areas of acupuncture and minor surgery; or 2) be issued a license that does not include these elective practice areas. Outlines procedures for the: 1) reinstatement of a retired license; 2) termination of a licensee's suspension; and 3) reissuance of a revoked license.

Expands the definition of *unprofessional conduct* to include a naturopathic physician who issues a written certification for medical marijuana but fails or refuses to include specific documents in the adequate medical records of that patient. Portions of the bill concerning the definition of *unprofessional conduct* relating to medical marijuana are subject to the

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

requirements for enactment for initiatives and referendums (Proposition 105), which requires the affirmative vote of at least three-fourths of the members of each house of the Legislature.

child removal; supervisor review; approval (H.B. 2047) – Chapter 198

Requires a child safety worker who recommends removal of the child to submit the worker's reasons and supporting information to the worker's supervisor. The supervisor must review that information and give approval before the child may be removed from the home. However, if an emergency exists that affects the child's health or safety, the child safety worker may remove the child but must submit the reasons and supporting information to the supervisor within specified deadlines.

department of child safety (H.B. 2098) – Chapter 257

Makes numerous conforming changes related to the transfer of child welfare responsibilities to the newly established Department of Child Safety (DCS). Outlines confidentiality requirements, as follows: 1) personal information, DCS information and the addresses where foster children are placed are confidential; 2) child welfare and adoption agency information is not confidential, including information on corporate or other entity applicants; and 3) foster parent information is generally confidential, but DCS may release enumerated information in specified circumstances.

Modifies deadlines for requesting certain hearings, clarifies when a person has the right to an appeal hearing regarding substantiated allegations and conforms the benefit and rate requirements of the Comprehensive Medical and Dental Program with the requirements for the Arizona Health Care Cost Containment System.

adoption; definitions; agency records (H.B. 2099) – Chapter 258

Requires adoption agencies that cease operations to transfer adoption documents to the Department of Child Safety (DCS) or another adoption agency, when appropriate, and requires adoption agencies to notify DCS and the adoptive parents of the transfer.

DCS employee personal information; confidentiality (H.B. 2100) – Chapter 259

Allows employees of the Department of Child Safety (DCS) who have direct contact with families to apply to the superior court to have their personal information protected from public access. Requires DCS, or a person who receives DCS information, to provide DCS information to law enforcement and a court to protect the safety of DCS employees, Attorney General employees or the employees' families.

Establishes felony offenses for the release of personal information of a DCS employee who has direct contact with families.

children; chronic illness; physical disability (H.B. 2102) – Chapter 204

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Transfers provisions relating to Children's Rehabilitative Services from the Department of Health Services statutes to statutes governing the Arizona Health Care Cost Containment System Administration.

inmate medical services; rate structure (H.B. 2105) – Chapter 70

SEE THE PUBLIC SAFETY, MILITARY & TECHNOLOGY COMMITTEE.

DCS information; egregious abuse; neglect (H.B. 2166) – Chapter 261

Modifies the information the Department of Child Safety (DCS) must provide to the public in the case of child abuse, abandonment or neglect resulting in a fatality or near fatality. Requires DCS to provide a summary report that may include DCS actions and changes and recommendations for changes in policies, practices, rules or statutes to address issues raised in the case of a fatality or near fatality. Outlines additional information the summary report must include, depending on if the case involves a child residing at home or in out-of-home care. Finally, modifies confidentiality requirements, and permits DCS to provide information to supplement information regarding cases of child abuse or neglect made public by a source outside DCS and if an employee has a reasonable belief that exigent circumstances exist.
~~technical correction; environmental education~~ (NOW: nursing; aides; assistants) (H.B. 2196) – Chapter 262

Beginning July 1, 2016, establishes a two-tier system of nursing assistants within the Arizona State Board of Nursing (Board).

Certified Nursing Assistant (CNA) – Requires CNAs to meet the minimum federal requirements for certification in order to be placed on the registry of nursing assistants. Removes the ability for the Board to assess fees on CNAs and removes the requirement for CNAs to submit fingerprints for the purpose of obtaining a criminal records check. Concerning the regulation of CNAs, the Board is limited to the following: 1) investigating allegations of abuse, neglect or misappropriation of property; 2) filing a letter of concern with the CNA; and 3) indicating on the CNA's registration the existence of any substantiated complaints.

Licensed Nursing Assistant (LNA) – Applies the existing regulatory structure for nursing assistants to LNAs. Specifically this includes statutes governing: 1) fees; 2) licensing requirements; 3) application and renewal procedures; 4) fingerprint requirements; and 5) the delegation of medication administration and the process for practicing as a medication assistant.

Miscellaneous – Allows nursing assistants' certifications that were issued prior to July 1, 2016, to remain in effect until the first renewal date of that certification after July 1, 2016, and allows a nursing assistant holding that certification to either file an application to become an LNA or file a renewal application to be registered as a CNA. Allows nursing assistants who have obtained a medication assistant certification to continue to register as a medication assistant. Exempts the Board from rulemaking requirements until December 31, 2016.

health professionals; licensure requirements; prohibition (H.B. 2238) – Chapter 263

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Stipulates a health professional is not required to participate in any third-party reimbursement program as a condition of licensure.

accountable health plans; disclosure; repeal (H.B. 2332) – Chapter 116

Removes the requirement that an accountable health plan and a healthcare services organization that offer a health benefits plan to the public provide a disclosure form outlining the contents of the healthcare plan.

AHCCCS; orthotics (H.B. 2373) – Chapter 264

Requires Arizona Health Care Cost Containment System (AHCCCS) contractors to provide services for orthotics if: 1) the use of the orthotic is medically necessary as the preferred treatment option; 2) the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition; and 3) the orthotic is ordered by a physician or primary care practitioner. Requires AHCCCS to submit an application for approval of these services to the Center for Medicaid Services (CMS) no later than 30 days after the general effective date. Contains a conditional repeal of AHCCCS contractors' ability to provide certain excluded services on the earlier of: 1) CMS approval and the services meeting outlined criteria; or 2) July 1, 2016.

~~annual pesticide report; submission date~~ (NOW: health care providers; direct payments) (H.B. 2417) – Chapter 266

Beginning January 1, 2017, requires the direct payment amount paid by an enrollee, if the enrollee pays to an out-of-network provider the direct-pay price for a lawful healthcare service that is covered under the enrollee's healthcare plan, to be applied first to the enrollee's in-network deductible with any remaining monies applied to the enrollee's out-of-network deductible, if applicable. Requires the amount applied to the in-network deductible to be the amount paid directly or the insurer's prevailing contracted commercial rate for the enrollee's healthcare plan in this state for the service or services. Exempts government plans from direct payment requirements relating to amounts paid to in-network and out-of-network deductibles. Immunizes the healthcare system from certain liability. Requires a healthcare provider or healthcare facility that receives direct payments to provide the person making the direct payments with a receipt that includes outlined information. Removes the delayed repeal date of the statutes relating to direct-pay services.

~~academic performance report; online~~ (NOW: limited service pharmacies; dispensing) (H.B. 2421) – Chapter 216

Allows limited service pharmacies to sell and dispense a Schedule II substance to any person with a valid prescription order from a medical practitioner located in another state if the prescription was issued according to and in compliance with the applicable state and federal laws.

housing assistance; seriously mentally ill (H.B. 2488) – Chapter 312

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Allows monies from the Seriously Mentally Ill Housing Trust Fund to be spent on rental assistance for seriously mentally ill persons until January 1, 2018.

EMTs; peace officers; naloxone administration (H.B. 2489) – Chapter 313

Allows trained emergency medical care technicians (EMT) and peace officers to administer naloxone hydrochloride or another opiate antagonist to a person who is suffering from an opiate-related drug overdose if a standing order has been issued. Immunizes from professional liability and criminal prosecution, as outlined, the following: 1) the EMTs; 2) the peace officers; and 3) the medical professionals who issued the standing orders. Establishes guidelines for the training module to be created related to the administration of the naloxone hydrochloride. Does not create a duty to act or a standard of care for peace officers to administer an opiate antagonist.

hospitals; community health centers; transactions (H.B. 2491) – Chapter 314

Removes the notification requirement to the Arizona Corporation Commission when a nonprofit healthcare entity intends to sell, transfer, lease, exchange, option, convey, convert, give, merge or otherwise dispose of all or substantially all of its assets to or with another nonprofit healthcare entity or a for-profit entity, including entering into a joint venture involving all or substantially all of its assets.

dental board; regulation; fingerprinting (H.B. 2496) – Chapter 315

Modifies statutes that govern the Arizona Board of Dental Examiners (Board) regarding licensing and discipline of licensees. Requires applicants for licensure and certification to obtain a valid fingerprint clearance card. Requires the Board to make certain determinations in the case of a licensee who is impaired by alcohol or drug abuse after completing a second monitoring program pursuant to a stipulation agreement with the Board. Specifies that any expenses relating to board-ordered treatment and competency evaluations are the responsibility of the applicant or licensee. Modifies the list of acts that constitute unprofessional conduct, and stipulates that failure to comply with any Board order, instead of a final Board order, is cause for suspension or revocation of a license. Beginning September 1, 2015, requires the Board to post the following to its website: 1) audio recordings of Board meetings; and 2) nondisciplinary actions by the Board against a licensee. Retroactive to July 1, 2015, the Board is continued until July 1, 2023.

relocation of child; parenting plans (H.B. 2519) – Chapter 317

Reduces the deadline for a parent who seeks to relocate a child to notify the other parent, from 60 days to 45 days before the relocation. Requires notification if the other parent has any parenting time, rather than only unsupervised parenting time. Adds relocation to the topics that must be covered in the parenting plan. Adds eviction to the circumstances in which a parent may temporarily relocate in less than 45 days after written notice has been given to the other parent.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

~~technical correction; power authority; monies~~ (NOW: direct care personnel; duties) (H.B. 2545)
– Chapter 318

Allows direct-care staff to comply with a prehospital medical care directive, or Do Not Resuscitate order (DNR), if the physician of the person who has the DNR has ordered a hospice plan of care. Provides certain exemptions for direct-care staff persons and allows the Department of Economic Security and the Arizona Health Care Cost Containment System to prescribe guidance for the training and education of direct-care staff concerning DNR orders.

~~DUI; oral fluid swab test~~ (NOW: health care entity quality assurance) (H.B. 2556) – Chapter 319

Requires state healthcare providers, hospitals and outpatient surgical centers, and allows other healthcare entities, to conduct quality-assurance activities, and allows those healthcare entities to share quality-assurance information with other healthcare entities for the purpose of conducting quality-assurance activities, as outlined. Exempts a healthcare entity or a person that receives quality-assurance information and that participates in quality-assurance activities from certain liability pertaining to the participation in quality-assurance activities, except from liability arising from treatment of a patient. Applies confidentiality requirements related to quality-assurance processes to quality-assurance information, and states that quality-assurance information is not subject to subpoena or order to produce, with exceptions.

~~DCS information; legislator discussion~~ (H.B. 2571) – Chapter 320

Allows a legislator to discuss Department of Child Safety information with another legislator if the other legislator has signed the confidentiality form regarding the same file.

~~DHS; stroke care protocols~~ (H.B. 2605) – Chapter 130

Exempts the Department of Health Services from rulemaking requirements for the purpose of adopting or amending rules related to the coordination of stroke-care services between emergency medical services providers and hospitals in the state as outlined.

~~sovereign authority; affordable care act~~ (H.B. 2643) – Chapter 321

SEE THE FEDERAL MANDATES & FISCAL RESPONSIBILITY COMMITTEE.

~~laboratory testing without physician order~~ (NOW: laboratory testing; without order) (H.B. 2645)
– Chapter 222

Allows a person to obtain any laboratory test from a licensed clinical laboratory on a direct-access basis without a healthcare provider's request or written authorization if the laboratory offers that test on a direct-access basis. Requires, if such a laboratory test is conducted or supervised by a non-healthcare provider, the report of the test results to: 1) be provided to the test subject; and 2) state that it is that person's responsibility to arrange with the person's healthcare provider for consultation and interpretation of the test results. States it is not the healthcare provider's duty of care to review or act on the laboratory test, and exempts the

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

healthcare provider from liability or disciplinary action for failure to do so. States a laboratory test is not required to be covered by a health insurance plan or by any plan administered by the Arizona Health Care Cost Containment System. Prohibits a clinical laboratory from submitting a claim for reimbursement from a third-party payor for any such laboratory test. Provides a related rulemaking exemption.

LEGISLATION VETOED

adoption petition; county attorney (H.B. 2296) – VETOED

Allows, instead of requires, a county attorney to prepare an adoption petition and act as attorney without expense to the prospective adoptive parent and allows, instead of requires, private adoption agencies to submit an adoption petition to the county attorney.

The Governor indicates in his veto message that H.B. 2296 could potentially reduce the number of adoptions.