

ARIZONA HOUSE OF REPRESENTATIVES
Fiftieth Legislature –First Regular Session

COMMITTEE ON HEALTH AND HUMAN SERVICES

Minutes of Meeting
Wednesday, February 2, 2011
House Hearing Room 4 -- 9:00 a.m.

Chairman Ash called the meeting to order at 9:07 a.m. and attendance was noted by the secretary.

Members Present

Mrs. Barton	Mr. Heinz	Mrs. Yee
Mrs. Brophy McGee	Ms. Hobbs	Mrs. Carter, Vice-Chairman
Mrs. Gonzales	Mrs. Judd	Mr. Ash, Chairman

Members Absent

None

Committee Action

HB2096 – DPA (9-0-0-0)	HB2416 – DP (6-3-0-0)
HB2111 – DPA (9-0-0-0)	HB2443 – HELD AT REQUEST OF SPONSOR
HB2157 – DPA S/E (9-0-0-0)	HB2548 – DP (9-0-0-0)

APPOINTMENT OF THE COMMITTEE OF REFERENCE

Chairman Ash appointed the following Members to the Committee of Reference:

Mrs. Carter, Chairman
Mrs. Brophy McGee
Mr. Heinz
Ms. Hobbs
Mr. Ash

CONSIDERATION OF BILLS

HB2443 – abortion; sex; race selection; prohibition – HELD AT REQUEST OF SPONSOR

Chairman Ash announced that HB2443 will be held at the request of the sponsor.

HB2111 – chiropractic board; fees – DO PASS AMENDED

Vice-Chairman Carter moved that HB2111 do pass.

Vice-Chairman Carter moved that the Brophy McGee 14-line amendment to HB2111 dated 1/26/11 (Attachment 1) be adopted.

Jessica Gordon, Majority Intern, explained that HB2111 replaces specified dollar amounts for various chiropractic fees with the language *as prescribed by the Board by rule* (Attachment 2). The amendment specifies that the State Board of Chiropractic Examiners cannot increase any fees to be collected pursuant to Title 32, Chapter 8, more than once every two years unless the Board determines that an increase in fees is necessary to avoid a threat to the public health or safety (Attachment 1).

Representative Nancy McLain, sponsor, related that the Chiropractic Board has had a decrease in revenue in the last few years. Last year, the Legislature made a major sweep of the Board's funds, some of which was restored, but not all, so the Board needs the ability to increase fees. In response to a question, she indicated that the Board must go through a review process before the fees can be set. The Legislature can authorize the fees, which requires a two-thirds vote of each chamber, but in this case, the rule-making ability is more appropriate.

Barry Aarons, Lobbyist, Arizona Association of Chiropractic, opposed HB2111. He stated that he was introduced to this bill two years ago, and since then, he worked with Dr. Jim Badge, a member of the Association and Board, Pat Pritzl, Director of the Board, and the sponsor to develop language which resulted in the amendment; however, it is not quite enough due to a variety of circumstances. He noted that he received a letter from Dr. Badge and Norris Nordvold, a member of the Board, indicating that they would try to get a resolution passed by the Board stating the intention not to increase the renewal fee by more than \$39, so he would like to continue discussions.

Pat Pritzl, Director, Chiropractic Board, in support of HB2111, offered to answer questions; there were none.

Vice-Chairman Carter announced the names of those who signed up in support of HB2111 but did not speak:

Brenda Young, representing self

Norris Nordvold, Public Member, Board of Chiropractic Examiners

Vice-Chairman Carter announced the names of those who signed up in opposition to HB2111 but did not speak:

Alan Immerman, Chiropractic Physician, Arizona Chiropractic Society

Question was called on the motion that the Brophy McGee 14-line amendment to HB2111 dated 1/26/11 (Attachment 1) be adopted. The motion carried.

Vice-Chairman Carter moved that HB2111 as amended do pass. The motion carried by a roll call vote of 9-0-0-0 (Attachment 3).

HB2096 – minor parents; medical decisions – DO PASS AMENDED

Vice-Chairman Carter moved that HB2096 do pass.

Vice-Chairman Carter moved that the Heinz 10-line amendment to HB2096 dated 2/1/11 (Attachment 4) be adopted.

Ingrid Garvey, Majority Research Analyst, explained that HB2096 allows a minor to consent to the minor's own medical procedures without parental or legal guardian consent only if the minor is at least 16 years old, otherwise competent and a custodial parent (Attachment 5). The amendment provides that a minor who is at least 16 years old, a custodial parent and otherwise competent may consent to the minor's medical treatment, except for an elected procedure, defines *elective procedure* and provides that an elective procedure does not include an abortion unless it is a medical emergency (Attachment 4).

Mr. Heinz, sponsor, stated that he sponsored this bill because of multiple experiences at the hospital where he works in the Emergency Department. He witnessed 16- and 17-year-old patients who were able to provide consent for procedures, surgeries and interventions on behalf of their infants, but could not do so for themselves, even in an emergency situation, which could be life-threatening. This bill is supported by multiple members of the medical community.

Question was called on the motion that the Heinz 10-line amendment to HB2096 dated 2/1/11 (Attachment 4) be adopted. The motion carried.

Vice-Chairman Carter moved that HB2096 as amended do pass.

Vice-Chairman Carter announced the names of those who signed up in support of HB2096 but did not speak:

Susan Cannata, Attorney, Arizona Academy of Family Physicians
Laura Hahn, Executive Vice President, Arizona Academy of Family Physicians
Tara Plese, Arizona Association of Community Health Centers
Sue Braga, Arizona Chapter of the American Academy of Pediatrics
Richard Bitner, Legislative Counsel, Arizona College of Emergency Physicians

Vice-Chairman Carter announced the names of those who signed up as neutral on HB2096 but did not speak:

Cathi Herrod, President, Center for Arizona Policy

Question was called on the motion that HB2096 as amended do pass. The motion carried by a roll call vote of 9-0-0-0 (Attachment 6).

HB2157 – DHS; stroke care protocols – DO PASS AMENDED S/E
S/E: same subject

Vice-Chairman Carter moved that HB2157 do pass.

Vice-Chairman Carter moved that the Ash 29-line strike-everything amendment to HB2157 dated 1/28/11 (Attachment 7) be adopted.

Jessica Gordon, Majority Intern, explained that the strike-everything amendment to HB2157 (Attachment 7) requires the Department of Health Services (DHS), by January 1, 2014, to advance coordinate stroke care between emergency medical service (EMS) providers and hospitals (Attachment 8).

Tim Vaske, Director of Government Affairs, American Heart Association, spoke in favor of the strike-everything amendment to HB2157. He conveyed that stroke is the third leading cause of death in the U.S. and the number one cause of long-term disability. Approximately 87 percent of strokes in the U.S. are ischemic, i.e., the result of a clot blocking the flow of blood to the brain, and time is crucial with these types of strokes. A clot-busting drug, tissue plasminogen activator (tPA), needs to be administered intravenously within the first four-and-a-half hours of symptom onset. Unfortunately, only two or three percent of stroke patients nationally receive this intervention. In order to ensure that more eligible stroke patients receive tPA, an integrated system of care is needed, which can be achieved by passage of HB2157.

Dr. Ben Bobrow, American Heart Association, spoke in support of the strike-everything amendment to HB2157. He remarked that a stroke exacts an enormous toll on the lives of Arizonans. Because it is such a time-sensitive illness, immediate recognition is required along with rapid stabilization, triage and transport to the right medical facility where stroke victims can receive guideline treatments. This system of care is often referred to as the stroke chain of survival. To mitigate the effects of stroke in Arizona, it is imperative to systematically measure the incidents, the processes of care and the outcomes for stroke victims throughout this state, which can be done through HB2157.

Karla Baning, Nurse Practitioner; Stroke Program Coordinator, Chandler Regional Hospital, spoke in support of the strike-everything amendment to HB2157. She stated that it will allow the Department of Health Services (DHS) to establish emergency stroke protocols relating to the assessment, treatment and transport of patients that is consistent with nationally recognized guidelines, which will create an atmosphere of urgency toward stroke very similar to that experienced with cardiac arrest. Protocols will guide the care of stroke patients, whether they present to a large, urban hospital or a small, rural Emergency Department.

Dr. Timothy Ingall, Arizona Stroke Initiative, spoke in support of the strike-everything amendment to HB2157. He related that this legislation, through a public-private partnership, creates the framework to improve stroke care for all Arizonans. In response to a question, he stated that there may be some additional cost to hospitals (setting up telemedicine, for example), but implementation will mostly involve utilization of resources already in place.

June Estrada, representing self, in support of the strike-everything amendment to HB2157, related her experience six years ago when she suffered a massive stroke at the age of 32. Medical personnel on the scene appeared to believe she had taken drugs, but fortunately, when she was taken by ambulance to St. Luke's Hospital, the Emergency Room physician ordered magnetic resonance imaging (MRI), which showed a dark spot on her brain; however, he could not tell if it was a blood clot or tumor, and a neurologist was not able to diagnose. The physician arranged for her to be transported to St. Joseph's Hospital where she arrived eight hours later and had another MRI. She woke up to be told by neurosurgeons that she had suffered a massive stroke. She spent five days in the Intensive Care Unit, another 10 days as an in-patient in the rehabilitation center, after which she went to the out-patient rehabilitation center to learn basic skills. It was a full year after the stroke before she was fully recovered. She said she is lucky to be fully recovered today considering the events that took place over a 48-hour period.

Maria Tapia, representing self, spoke in support of the strike-everything amendment to HB2157. She conveyed that she is 44 and she suffered a stroke on December 11, 2009; she tried to get out of the car and fell to the ground, and her friend called 911. Paramedics arrived immediately and took her to Del Webb Stroke Trauma Unit. After she and her husband were informed of the risk, she was administered tPA, to which she responded within 45 minutes. Four days later, she walked out of the hospital with no problems.

Kay Wing, Physical Therapist, SWAN Rehab, spoke in support of the strike-everything amendment to HB2157. She remarked that stroke is not only a disease of the elderly; the average age of stroke survivors in the clinic is 49. She sees the positive results of appropriate and timely care in ERs, but she also sees the devastating effects of stroke. She seldom sees patients that had tPA, probably because of the low percentage who receive it in Emergency Rooms, and those who receive it seldom need ongoing rehabilitation. She said if this bill passes, people who have a stroke, or their families, will not have to decide which hospital to go to; the system will make that decision.

Vice-Chairman Carter announced the names of those who signed up in support of the strike-everything amendment to HB2157 but did not speak:

Susie Stevens, Lobbyist, Genentech

Charlie Smith, Chief, Arizona Ambulance Association; PMT Ambulance

Deborah Liable, Stroke Coordinator, representing self

Steve Barclay, Lobbyist, Mayo Clinic Arizona

Stuart Goodman, Lobbyist, Catholic Healthcare West

Rory Hays, Lobbyist, Arizona Nurses Association

Jennifer Bonnett, Arizona Public Health Association

Javier Cardenas, M.D., Arizona Neurological Society

John Flynn, Arizona Fire District Association

Pete Wertheim, Chief Legislative Liaison, IASIS Healthcare

Ron Loomis, R.N., representing self

Mary Paulsen, representing self

Jason Bezozo, Senior Program Director, Government Relations, Banner Health

Heather Bernacki, Government Relations Associate, Arizona Physical Therapy Association

Vice-Chairman Carter announced the names of those who signed up as neutral on the strike-everything amendment to HB2157 but did not speak:

Colby Bower, Director of Government Relations, American Cancer Society; DHS
Elaine Arena, Southwest Ambulance

Question was called on the motion that the Ash 29-line strike-everything amendment to HB2157 dated 1/28/11 (Attachment 7) be adopted. The motion carried.

Vice-Chairman Carter moved that HB2157 as amended do pass. The motion carried by a roll call vote of 9-0-0-0 (Attachment 9).

HB2548 – medical helicopters; nontrauma patients; guidelines – DO PASS

Vice-Chairman Carter moved that HB2548 do pass.

Jessica Gordon, Majority Intern, explained that HB2548 directs the Department of Health Services (DHS) to establish guidelines on the use of medical helicopters for non-trauma patients (Attachment 10).

Mr. Heinz, sponsor, stated that this bill stems from meetings with stakeholders involved in medical transport and emergency response. DHS developed and distributed guidelines for transport of trauma patients; however, there are no guidelines for seriously medically ill patients or non-trauma patients, so this bill directs DHS to develop and distribute those guidelines. The potential benefit is more appropriate utilization of ground transport versus air transport, which is much more expensive. The state could save a lot of money given that many patients are covered by the Arizona Health Care Cost Containment System (AHCCCS).

Colby Bower, Chief Legislative Liaison, Department of Health Services (DHS), in support of HB2548, voiced concern about the timeline of January 1, 2012 to develop the guidelines. DHS will have only a few months after the bill becomes law to obtain approval from the Emergency Medical Services (EMS) Council and the Medical Direction Commission (MDC), which only meet three times per year and sometimes do not have a quorum. He suggested changing the date to the end of the fiscal year or January 1, 2013, noting that the bill is constructed so that it is very functional for DHS.

Mr. Heinz commented that he is willing to adjust the date to allow adequate time.

Vice-Chairman Carter announced the names of those who signed up in support of HB2548 but did not speak:

Charlie Smith, Chief, Arizona Ambulance Association
Elaine Arena, Southwest Ambulance
John Flynn, Arizona Fire District Association

Question was called on the motion that HB2548 do pass. The motion carried by a roll call vote of 9-0-0-0 (Attachment 11).

PRESENTATION

Dr. Peter Rhee, Chief of Trauma, University Medical Center (UMC), Tucson, related his education and background experience, including five years in the Navy where he ran a trauma training program at the Los Angeles County Medical Center. Subsequently, he moved to Tucson because he wanted to be involved in academic medicine and remain in the Southwest. There was only one trauma center in Tucson at that time at the UMC that was state designated as Level 1, which provides the greatest amount of care and generally has a trauma surgeon, access to a neurosurgeon and an orthopedic surgeon. Level 1 and 2 function similarly, but Level 2 (such as John C. Lincoln Hospital [from a national standard]) does not include academia. St. Joseph's Hospital in Phoenix is the only Level 1 trauma center in the nation's eyes. One of the main components is a performance improvement program where the results and outcome are reviewed and items are corrected so problems do not exist in the future.

He stated that about three years ago, after going through the national process, UMC finally obtained a Level 1 designation because of the resources provided by the hospital and its future improvement efforts. When he arrived in Tucson, there were many newspaper articles about the trauma program being a catastrophe and in crisis, which was because there was only one surgeon in town. He flew in people from Los Angeles, New York and Phoenix to have as much coverage as possible. The first year he was basically on call all the time, which is when he did heavy recruiting, and now there are eight trauma surgeons. It is the busiest trauma center in Arizona with 5,000 trauma patients per year. St. Joseph's, the busiest trauma center in Phoenix, has about 4,500 trauma patients per year.

Dr. Rhee noted that there is a national verification process, but the state also has a verification process, which is not as stringent as the national standard. For example, John C. Lincoln, which is a national standard Level 2, is a state Level 1. In addition to the trauma center in Tucson, there are six trauma centers in Phoenix (Phoenix Children's Hospital and five adult trauma centers) and one in Flagstaff. There are still many gaps in access to trauma care in the country because some trauma centers have very good programs and others do not, although the country is better off than it was in the past. Out of 350 million people in the United States, about 45 million have inadequate access to trauma centers, mostly due to being in a rural-type setting.

He stated that there is a difference between a trauma center and a hospital. If a trauma patient is taken to a local hospital, there are delays and additional burdens to a person's system because the person then has to be transferred to a trauma center where a team of physicians, nurses, radiologists, etc., are waiting and can evaluate and treat the patient, which needs to be done quickly. Trauma is often the result of shootings, car accidents or other types of accidents.

Dr. Rhee explained that a Level 3 trauma care facility has a general surgeon that is available to respond, but does not necessarily have a neurosurgeon or an orthopedic surgeon. A general surgeon can help stabilize the patient, but critical patients are transported to a higher level of care. Level 4 trauma centers do not have a general surgeon. He added that in Arizona there is a process underway to have every hospital designated as a trauma center in one of those four categories.

In response to questions, Dr. Rhee related how the shooting incident in Tucson involving U.S. Representative Gabrielle Giffords and others was handled by the EMS response team and the trauma center, noting that everything went well because of the fact that one of the duties of trauma surgeons is to have drills for those types of incidents, so everyone was prepared. He said because of the preparedness that is required, from the operating budget for the hospital of \$550 million per year, the trauma portion is about \$47 million per year.

In response to further questions, he indicated that it is important to educate citizens about trauma centers because if a trauma patient is taken to a non-trauma facility first, the chance of dying is 3.8 times higher. Many states have mechanisms in place to fund trauma because it is so expensive:

- Florida has a sin tax on alcohol and tobacco.
- Georgia recently passed legislation for a driver license fee.
- In Maryland a fee is incorporated into the registration fee.

He stated that in Arizona, Proposition 202 relating to Indian gaming was passed by the citizens and the Indian community designated a certain portion for trauma, which is disbursed through the hospitals. If Proposition 202 is eliminated, he and his staff will have to leave. That fund is so important, but it is tied to gambling and the amount decreased by 32 percent, so he is scrambling to make up for it. He added that a sin tax on ATV registration tags may be a possibility since patients are often seen at the trauma center as the result of ATV accidents. Also, those patients often have to be flown to the trauma center because the accidents occur in remote areas, which is very expensive.

In response to questions, Dr. Rhee discussed trauma centers in other states, planned growth in Tucson (Level 3 trauma center will be opened at what formerly was Keno Hospital), placement of trauma centers, designation of rural hospitals, Tucson Medical Center, decreased funding from Indian gaming, funding from the tobacco settlement and the transport situation involving a vehicle accident that occurred in Tucson in the summer of 2010.

Mrs. Barton remarked that her daughter was taken to the UMC trauma center a few years ago after an early morning accident, in which she was the sole survivor. She said she is grateful for Dr. Rhee's service.

Mrs. Gonzales stated that she is looking forward to working with Dr. Rhee and the cadre of people that develop protocols to provide services in rural Arizona, especially on Indian reservations.

Dr. Rhee stated that when he attended the memorial for victims of the Tucson shooting, he met many tribal leaders. He told them this is the first time he has been able to say that the trauma program could not exist without the help provided by Indian communities through gaming.

Chairman Ash thanked Dr. Rhee for his presentation, adding that he believes it is by providence that he and his team were available and did so much good for those injured in the recent incident, so he appreciates the efforts that are made to be prepared. Dr. Rhee responded that the Members' appreciation extends to the entire medical community.

CONSIDERATION OF BILLS (CONTINUED)

HB2416 – abortion – DO PASS

Vice-Chairman Carter moved that HB2416 do pass.

Ingrid Garvey, Majority Research Analyst, explained that HB2416 specifies an abortion shall not be performed without voluntary and informed consent by the woman receiving an abortion and prohibits the use of telemedicine to perform an abortion (Attachment 12).

Mrs. Yee, sponsor, stated that choosing an abortion is a decision that has physical and emotional consequences, and the Legislature has the duty to ensure that women making this difficult decision have the necessary information to make the decision fully informed and voluntarily. This bill facilitates the provision of that information and ensures that pregnant women, regardless of the stage of pregnancy, have the right to view the ultrasound image and hear the heartbeat, if it is audible, of the preborn child. It also makes important changes to protect the health and safety and ensure that women who have an abortion receive the same standard of care that would be afforded in other medical procedures.

In response to a question, she related that the telemedicine issue is important because situations have occurred in which a doctor was not physically present during the procedure. If a physician is not present in the medical setting, there may not be the ability for interaction to ask questions that are viable to the decision-making process. She said she does not believe there will be an impact on rural communities in terms of availability of the procedure because there should be a physician available in these critical decision-making processes, even in rural areas.

Mrs. Gonzales submitted that remote and rural areas will be affected. Women will not be able to have this required quality of care because telemedicine cannot be used, so they will have to drive to Phoenix and Tucson. It will be a strenuous financial burden and place more stress on women having to make this difficult decision.

Mrs. Yee responded that she does not believe there is a significant amount of telemedicine happening; the provision is a preventative measure so other states that have experience with telemedicine procedures do not locate to Arizona and do the same. If it is happening in rural areas, she would like to know the numbers.

Mrs. Brophy McGee stated that she received an email from a doctor who was not able to be present to testify. What she gathered from his email is that ease of access, an aspect that rural communities struggle with, should not be confused with the quality of care. In other words, people may have to go further to obtain the care that is needed.

Mary Krakora, Registered Nurse, representing self, in favor of HB2416, stated that she is a co-manager at 1st Way Pregnancy Center where she has witnessed many women who wanted an abortion but changed their minds after viewing an ultrasound. Ultrasound helps the abortion provider know which method will work for the gestation period of a pregnancy and allows the patient to have a chance to opt for a second opinion or change her mind. The ultrasound is

valuable in determining the gestational age, as well as showing viability because many women can be off as much as a month or more either later or earlier in their pregnancy.

Tamara Poole, representing self, spoke in favor of HB2416. She testified that as a registered nurse and co-manager at 1st Way Pregnancy Center, she has also witnessed many amazing moments while performing an ultrasound, which confirmed the power and impact an ultrasound scan has on a woman's decision regarding her pregnancy options.

Dr. Deshawn Taylor, representing self, spoke against HB2416. She stated that she is the Medical Director at Planned Parenthood, which has provided quality health care in Arizona for 75 years and serves 75,000 patients annually, the majority of which are the working poor or unemployed. Approximately 80 percent of the patients are between the ages of 18 and 29 and one in six go to the clinics for abortion care. She noted that the summary does not mention changing the definition of abortion to include abortion by pill for the purposes of determining which health centers must be licensed as abortion clinics.

Ms. Garvey advised that the abortion clinic currently means a facility other than a hospital in which five or more first trimester abortions in any month or any second or third trimester abortions are performed. It is a technical change to allow exemptions for hospitals from abortion clinic licensing since most are no longer accredited. When the statutory definition of abortion clinic was adopted, almost all hospitals were accredited. The Department does not have the authority to exempt licensed hospitals, which is the reason the provision is in the bill.

Deborah Sheasby, Legal Counsel, Center for Arizona Policy, indicated that the definitions in the section pertaining to licensing for abortion clinics previously stated that abortion was defined as use of a surgical instrument, and the bill changes it to the use of any means, which includes abortion medication or a surgical abortion.

Dr. Taylor made the following statements:

- Changing the definition of abortion to shift the focus from surgery to include the abortion pill does not seem appropriate because the abortion pill is not surgery. The abortion pill is safe and less than one percent of women actually experience adverse affects; this legislation will make it more difficult for women to access this type of care.
- The requirement for an ultrasound viewing and auscultation of fetal heart tone one hour prior to the procedure will add another layer of waiting for women between the time that is done and when the abortion may proceed. It is not good policy for lawmakers to micromanage medical standards and guidelines. Planned Parenthood has protocols requiring that an abortion patient receive an ultrasound prior to an abortion procedure, whether medical or surgical.
- Planned Parenthood does not currently provide abortions by telemedicine; however, state law promotes the use of telemedicine, so avenues are always considered to increase access and affordability of health care services.
- The bill requires that only physicians will be able to provide abortion pills to patients, which will restrict access to this service in rural Arizona. The majority of abortions by pill is provided by physician extenders such as nurse practitioners, physician assistants and certified nurse midwives. To require a physician only to provide an abortion pill and not allowing this service to be done via telemedicine will force women in rural Arizona

to travel to the Metro Phoenix and Tucson areas to receive that care, which is where most physicians work who provide abortion services. A woman who wishes to terminate her pregnancy with the abortion pill has a limited time period to do so, and a delay in services may push her past the point when that is no longer an option.

Dr. Taylor responded to questions concerning Planned Parenthood standards, the impact of the redefinition of abortion on abortion care in rural areas, the abortion pill, the potential impact of the requirement for the ultrasound one hour prior to an abortion procedure and the cost possibly being passed on to patients, and differentiation between a surgical abortion and an abortion pill.

Bryan Howard, President, Planned Parenthood Arizona, opposed HB2416 and made the following statements:

- Regarding the redefinition of *abortion*, he was involved in development of the original language to mitigate risk associated with surgery. Medication abortion by pill was available in Europe and in use in the U.S. off label. Planned Parenthood protocol was used as the basis of the legislation. The redefinition is nonsensical because the entire regulatory framework in that section is built around surgery.
- Including the abortion pill will create issues for the Department of Health Services (DHS) in trying to license a health center that provides only abortion by pill as a surgical facility.
- The original language came about as the result of a tragic death of at least one, if not two, patients in a private practice owned by a physician. Up to that point, the assumption was that the delivery of that care would be regulated through the physician's license, but when it turned out that did not provide for on-site instructions, etc., Senator Susan Gerard asked stakeholders to work on the original language.

Deborah Sheasby, Legal Counsel, Center for Arizona Policy, spoke in favor of HB2416 and made the following points:

- With relation to the abortion clinic licensing scheme, the basic requirements are in statute and include items that would be found in a doctor's office that are not only related to surgery. There are provisions that specifically discuss surgery, but she said she believes DHS will be able to draft rules that will address centers that provide abortion by pill.
- These regulations came into effect in 1999 when a woman died after receiving a surgical abortion; she sees no reason to wait for a tragedy to occur before action is taken in relation to medication abortion. In 1999, medication abortion was not approved by the Food and Drug Administration (FDA), so it was not addressed at that time. Now, based on the most recent data from DHS, about half of abortions are done with medication and half are done with surgery.
- The label for the abortion pill states that it is important to have access to appropriate medical care, and if an emergency develops, the treatment procedure is contraindicated if the patient does not have adequate access to medical facilities equipped to provide emergency treatment or complete blood transfusions and emergency resuscitation during the period from the first visit until discharged by the administering physician. That is the standard that is supposed to be in place with regard to medication abortions, which is the purpose of this bill.

Ms. Sheasby responded to questions concerning compliance with the provisions by physicians, the possibility of diminished access to services, especially in rural areas, potential risks associated with the abortion pill and the provisions relating to unprofessional conduct on the part of the physician.

Mrs. Yee called for the question.

The secretary proceeded with the roll call vote, during which Mrs. Gonzales noted that the Committee did not vote on the call for the question. After a brief discussion, Chairman Ash stated that a roll call vote will be taken on the call for the question. The motion carried by a roll call vote of 6-3-0-0 (Attachment 13).

Question was called on the motion that HB2416 do pass. The motion carried by a roll call vote of 6-3-0-0 (Attachment 14).

Without objection, the meeting adjourned at 12:32 p.m.

Linda Taylor, Committee Secretary
February 10, 2011

(Original minutes, attachments and audio on file in the Chief Clerk's Office; video archives available at <http://www.azleg.gov>)