

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-first Legislature – First Regular Session

COMMITTEE ON HEALTH

Minutes of Meeting
Wednesday, February 20, 2013
House Hearing Room 4 -- 9:00 a.m.

Chairman Carter called the meeting to order at 9:16 a.m. and roll call was taken by the secretary.

Members Present

Mrs. Brophy McGee
Mrs. Gonzales
Mr. Lovas

Mr. Meyer
Ms. Steele
Ms. Townsend

Mr. Boyer, Vice-Chairman
Mrs. Carter, Chairman

Members Absent

None

Committee Action

HB2040 – DPA S/E (8-0-0-0)
HB2041 – DPA S/E (8-0-0-0)
HB2042 – DPA S/E (7-0-0-1)
HB2091 – DP (8-0-0-0)
HB2400 – DPA S/E (7-0-0-1)

HB2409 – DPA (8-0-0-0)
HB2430 – DPA (7-0-0-1)
HB2490 – DPA (7-1-0-0)
HB2550 – DP (8-0-0-0)

CONSIDERATION OF BILLS

HB2041 – technical correction; public health – DO PASS AMENDED S/E

S/E: ambulance attendants

Mrs. Brophy McGee moved that HB2041 do pass.

Mrs. Brophy McGee moved that the Carter eight-page strike-everything amendment to HB2041 dated 2/13/13 (Attachment 1) be adopted.

Ingrid Garvey, Senior Majority Research Analyst, explained that the Carter eight-page strike-everything amendment to HB2041 dated 2/13/13 (Attachment 1) contains the following provisions (Attachment 2):

- Requires that at least one ambulance attendant in an ambulance that provides advanced or a basic life support transport be an employee or under the control of the Certificate of Necessity (CON) holder or its corporate affiliate. This requirement does not apply to a

contract in effect before October 1, 2013 or to an extension or renewal of a contract in effect before October 1, 2013.

- Makes a technical clarification to the definition of *ambulance*.

Ms. Garvey related that the Carter 19-line amendment to the strike-everything amendment to HB2041 dated 2/19/13 (Attachment 3) contains the following provisions:

- Removes the first section of the strike-everything amendment relating to technical clarification of the definition of *ambulance*.
- Adds an exemption from requirements pertaining to the control and employment of ambulance attendants under certain conditions.
- Stipulates that ambulance services provided by air, pertaining to these requirements, may be satisfied by a non-ambulance attendant pilot employed or controlled by the CON holder or its corporate affiliate.

Mrs. Brophy McGee moved that the Carter 19-line amendment to the strike-everything amendment to HB2041 dated 2/19/13 (Attachment 3) be adopted. The motion carried.

Chairman Carter, sponsor, stated she has been working on solving this issue; it is still a work in progress and stakeholder meetings will continue.

John Kaites, EMT Ambulance, testified in support of the strike-everything amendment to HB2041. He stated it is important to determine who is in operational control of these ambulances, which the bill seeks to clarify. He is working with firefighters, city personnel and fire chiefs to see if a compromise can be reached to clarify the issue in statute; if that is done, he will proceed with the bill, but if not, he does not intend to move the bill further.

Will Humble, Director, Arizona Department of Health Services (ADHS), indicated a neutral position on the strike-everything amendment to HB2041. He indicated that there are three items the Members should consider in debating the merits of the bill:

- It is important for ADHS to have clear governing authority on ambulances as ADHS regulates CONs to ensure that ADHS standards are met.
- During medical emergencies, it is important to have clear command and control in the ambulance regarding medical direction, triage and decisions about resuscitation and stabilization of patients
- There could be an impact of rising rates and charges.

Mr. Meyer asked if those three items should be delineated in the strike-everything amendment or addressed by ADHS after the bill passes. Chairman Carter responded that stakeholder meetings are still being held on this legislation and all participants are committed to working on the bill.

Chairman Carter announced the names of those who signed up as neutral on the strike-everything amendment to HB2041:

Colby Bower, Director of Government Relations, Arizona Department of Health Services

Chairman Carter announced the names of those who signed up in opposition to the strike-everything amendment to HB2041 but did not speak:

Anthony Butch, Professional Fire Fighters of Arizona
Chris Dechant, Assistant Chief, Glendale Fire Department

Chairman Carter announced the names of those who signed up in support of the strike-everything amendment to HB2041 but did not speak:

Norman Moore, Attorney, Southwest Ambulance
Marcus Dell'Artino, Arizona Ambulance Association
Mike Bielecki, Consultant, Southwest Ambulance
Tom Dorn, Lobbyist, American Medical Response; River Medical
John Kaites, Rural Metro

Mrs. Brophy McGee moved that the Carter eight-page strike-everything amendment to HB2041 dated 2/13/13 (Attachment 1) as amended be adopted. The motion carried.

Mrs. Brophy McGee moved that HB2041 as amended do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 4).

HB2091 – AHCCCS; orthotic services; restoration – DO PASS

Mrs. Brophy McGee moved that HB2091 do pass.

Ryan Sullivan, Majority Assistant Research Analyst, explained that HB2091 adds orthotic devices to the list of covered health and medical services provided by the Arizona Health Care Cost Containment System (AHCCCS) if the following guidelines are met (Attachment 5):

- The physician is qualified to prescribe the orthotic device.
- The device is less expensive than other treatment options or surgical procedures to treat the diagnosed condition.
- The device is medically recognized as the preferred treatment option pursuant to medical guidelines.

Mrs. Brophy McGee, sponsor, stated she sponsored this bill after two years of work with a constituent.

Representative Jonathan Larkin, representing self, indicated that a constituent called him because AHCCCS paid about \$28,000 to amputate his legs, but would not pay \$2,000 for a set of braces for his legs. Hanger Orthotics was able to provide braces for the constituent.

Stuart Goodman, Hanger Orthotics, in support of HB2091, stated decisions that were made to remove optional benefits, not only for orthotics, caused an unintended consequence for Representative Larkin's constituent. AHCCCS was working within the context of the law. The intent of the bill is to create a limited restoration for specific high-profile cases in which the orthotic device is not only the preferred treatment, but the less expensive treatment for Medicaid patients. He added that he will continue working with AHCCCS.

Chairman Carter announced the names of those who signed up as neutral on HB2091 but did not speak:

Jennifer Carusetta, Chief Legislative Liaison, AHCCCS

Vice-Chairman Boyer announced the names of those who signed up in support of HB2091 but did not speak:

Rip Wilson, American Diabetes Association

Don Isaacson, LeadingAge Arizona

Jennifer Bonnett, representing self

Tara Plese, Arizona Association of Community Health Centers; Arizona Alliance for Community Health Centers

Pat VanMaanen, representing self

Mrs. Brophy McGee thanked AHCCCS staff and Jennifer Carusetta for their willingness to work on this issue, which will save money for the state and provide quality of life so people afflicted with certain types of diseases and injuries can continue to be productive citizens.

Question was called on the motion that HB2091 do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 6).

HB2042 – technical correction; home health agencies – DO PASS AMENDED S/E S/E: schools; pupils with diabetes

Vice-Chairman Boyer moved that HB2042 do pass.

Vice-Chairman Boyer moved that the Carter four-page strike-everything amendment to HB2042 dated 2/15/13 (Attachment 7) be adopted.

Ingrid Garvey, Senior Majority Research Analyst, explained that the strike-everything amendment to HB2042 dated 2/15/13 (Attachment 7) allows voluntary diabetes care assistants to administer insulin in addition to glucagon, assist the pupil with self-administration of insulin in an emergency situation or perform any combination of these actions under certain conditions (Attachment 8). It also provides that if a school district or charter school governing board has adopted policies and procedures relating to diabetes management, those procedures must include that pupils with diabetes be allowed to attend the same school that a pupil without diabetes is entitled to attend, and that any necessary diabetes care be provided to the pupil at the school.

Chairman Carter, sponsor, related that some students are suffering from type 1 diabetes and parents want to ensure their child receives ample educational opportunities, but sometimes there is a challenge related to receiving diabetic care in school in emergency and non-emergency situations. She indicated this is still a work in progress. A stakeholder meeting is set for the next week with health and school officials to figure out how to implement this in schools. If a consensus cannot be reached, she will work on the issue during the interim.

Rip Wilson, American Diabetes Association, in favor of the strike-everything amendment to HB2042, stated that some people are concerned about liability and who will provide the training, but the strike-everything amendment attempts to address the fact that there are many students in

public schools with diabetes that must be managed. The Association is committed to working on this because more people are needed in the school setting to supervise and help these students manage their diabetes.

Ms. Townsend asked about the credentials of the volunteer diabetes care assistants who will be administering insulin. Mr. Wilson responded that the care assistants will be volunteers in the school setting who are willing to be trained in administering glucagon or supervise insulin administration. There are resources within the Association to help with training at no cost to school districts. He noted this statute allows governing boards and charter schools to adopt rules and policies and procedures, but it is not required.

Chairman Carter indicated that the strike-everything amendment is not a finished product. Children in charter schools and school districts sometimes do not have their needs met, so the intent is to reduce roadblocks so children can attend the school of their choice, which is strongly supported in Arizona.

Mr. Meyer commented that children on a 504 plan should be receiving these services at school. In certain school districts, nurses can provide these services, but unfortunately, the Scottsdale School District is thinking about eliminating nurses due to budget constraints. The number of children developing diabetes at a young age is exploding and expected to increase year after year. He asked how schools can provide services to these students so they can be in an academic environment to succeed and be kept safe.

Chairman Carter responded that there seems to be a strong interest in relation to health issues of students in school, not only for diabetes, but food allergies, as well as creating a group of middle-school and older students who will have the capacity to administer hands-only cardiopulmonary resuscitation (CPR). Two of those bills are currently in the Senate and this bill is moving in the House. By the end of the session, she hopes clarity will be provided to schools on how to meet the medical needs of students.

Shawn Garrelts, representing self, spoke in favor of the strike-everything amendment to HB2042. She said her family's lives were changed in August 2008 when her eight-year-old son was hospitalized and diagnosed with type 1 diabetes at the age of three. In August 2012, their oldest son was diagnosed with type 1 diabetes just after his tenth birthday. She supports this legislation, which allows a sense of normalcy for children who take care of their diabetic needs in the classroom and a minimal impact on their education.

In response to a question from Mr. Lovas, Ms. Garrelts replied that her sons are at the point where she wants to have someone make sure they receive the appropriate dose, but both have insulin pumps and know how to manage carbohydrates and test their blood sugar.

Mr. Lovas noted that his middle son has severe food allergies so he was involved with the EpiPen legislation in the Senate.

Paul Jordan, Registered Nurse, American Diabetes Association (ADA), spoke in support of the strike-everything amendment to HB2042. He indicated he has had type 1 diabetes for 22 years. He works closely with children through the ADA at the Camp Arizona Diabetes Association (AZDA) where he stresses the importance of self-management and the ability to be independent

and in charge of their diabetes. The children know their bodies. Taking a blood test takes five seconds at a student's desk and will reduce time missed in class. Teaching adults how to run the equipment is fairly simple and basically involves supervising the children.

Dr. Sam Fereidouni, American Diabetes Association, spoke in favor of the strike-everything amendment to HB2042. He stated he is a practicing clinician in family medicine who almost exclusively sees diabetic patients, who are often minors. This bill supports active testing of children in schools, as well as administration of a variety of injectible medications, particularly insulin, by these patients, with the help of adult volunteers. There are concerns by stakeholders regarding testing and administration of medications by young people, but he can teach patients within 10 or 15 minutes how to use a glucometer device. A trained volunteer, nurse, teacher or other responsible adult can aid these children in treating their diabetes.

Chairman Carter announced the names of those who signed up in support of the strike-everything amendment to HB2042 but did not speak:

Paul Jorden, R.N., American Diabetes Association
Rip Wilson, American Diabetes Association
Pat VanMaanen, representing self
Lisa Murdock, Director, Government Affairs, ADA

Chairman Carter announced the names of those who signed up as neutral on the strike-everything amendment to HB2042 but did not speak:

Gregory Harris, Lobbyist, State Board of Nursing
Janice Palmer, Governmental Relations Analyst, Arizona School Boards Association

Ms. Steele said she wants to make sure schools in remote locations are addressed so children receive a high standard of care at school.

Mrs. Gonzales commented that the testimony was mostly about type 1 diabetes, but many people in the Indian community have type 2 diabetes, which has different complications. She is also concerned about liability and teacher volunteers. She echoed Ms. Steele's concern about rural schools accessing this assistance.

Mrs. Brophy McGee remarked that she hopes this can be solved by the end of session because it is an urgent issue, but she wants to make sure the 504 special education component is addressed, perhaps by the Arizona Department of Education. School districts need to make accommodations, but she is also concerned about the financial strain at schools.

Chairman Carter said this is a bipartisan, multi-discipline stakeholder process involving many people. This is not an easy task because there are many challenges, such as legal issues and 504 plans for students with physical challenges, which is federal law that cannot be sidestepped, even due to lack of resources.

Question was called on the motion that the Carter four-page strike-everything amendment to HB2042 dated 2/15/13 (Attachment 7) be adopted. The motion carried.

Vice-Chairman Boyer moved that HB2042 as amended do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 9).

HB2400 – prior authorization; prescription drugs – DO PASS AMENDED S/E
S/E: study committee; prior authorization

Vice-Chairman Boyer moved that HB2400 do pass.

Vice-Chairman Boyer moved that the Carter three-page strike-everything amendment to HB2400 dated 2/18/13 (Attachment 10) be adopted.

Ryan Sullivan, Majority Assistant Research Analyst, explained that the strike-everything amendment to HB2400 dated 2/18/13 (Attachment 10) establishes the Joint Legislative Study Committee on Electronic Processing and Uniform Prior Authorization of Prescription Drugs, outlines the membership and duties of Committee Members and states that Committee Members are not eligible for compensation or reimbursement (Attachment 11). The bill contains a repeal clause from and after December 31, 2014.

Chairman Carter, sponsor, stated she engaged in lengthy, large stakeholder meetings, where it was determined that this issue needs more study, so the strike-everything amendment establishes a Study Committee.

Rory Hays, Arizona Nurses Association, spoke in favor of the strike-everything amendment to HB2400. She stated health insurers and health plans have utilized prior authorization of certain pharmaceuticals for years, using old-fashioned electronic methods, such as fax machines. The purpose of the Study Committee is to make recommendations regarding non-fax-based means for communicating prior authorization and consider the possibility of a uniform prior authorization form. There is a reluctance to establish Study Committees, but it is necessary in this case. Developing a reasonable requirement for prior authorization will require the participation of people with technical and experiential knowledge, which is reflected in the broad membership of the Study Committee.

Chairman Carter stated that a Study Committee is warranted in this instance because there are many changes occurring at state and federal levels related to health care. She wants to make sure not to preempt or place something in statute that will have to be changed next year. This Study Committee will provide the time and experts to discuss these issues at greater length, with the end goal of efficiency in patient care.

Vice-Chairman Boyer announced the names of those who signed up in support of the strike-everything amendment to HB2400 but did not speak:

David Landrith, Vice President of Policy and Political Affairs, Arizona Medical Association

Amanda Weaver, Executive Director, Arizona Osteopathic Medical Association

Norman Moore, Attorney, Pfizer

Don Isaacson, Pfizer

Jennifer Bonnett, representing self

John MacDonald, Maricopa Integrated Healthcare System

Richard Bitner, Legislative Counsel, Arizona State Association of Physician Assistants

Kathryn Busby, HealthNet of Arizona

Joseph Abate, Counsel, Pharmaceutical Research and Manufacturers of America
Deb Gullett, Arizona Association of Health Plans
Pat VanMaanen, representing self
Susan Cannata, Arizona Academy of Family Physicians

Vice-Chairman Boyer announced the names of those who signed up as neutral on the strike-everything amendment to HB2400 but did not speak:
David Childers, Lobbyist, America's Health Insurance Plans
Jennifer Carusetta, Chief Legislative Liaison, AHCCCS
Andrew Carlson, Executive Assistant for Policy Affairs, Arizona Department of Insurance
Kelly Ridgway, Chief Executive Officer, Arizona Pharmacy Association
Dianne McCallister, Public Policy Partners, Express Scripts

Question was called on the motion that the Carter three-page strike-everything amendment to HB2400 dated 2/18/13 (Attachment 10) be adopted. The motion carried.

Vice-Chairman Boyer moved that HB2400 as amended do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 12).

HB2430 – technical corrections; immunizations; informed consent – DO PASS AMENDED

Vice-Chairman Boyer moved that HB2430 do pass.

Vice-Chairman Boyer moved that the Brophy McGee 13-line amendment to HB2430 dated 2/18/13 (Attachment 13) be adopted.

Ingrid Garvey, Senior Majority Research Analyst, explained that the Brophy McGee 13-line amendment to HB2430 dated 2/18/13 (Attachment 13) contains the following provisions (Attachment 14):

- Allows a local health department to enter into a contract with a private insurer on its own in conjunction with other local health departments or through a qualified intermediary.
- States that the contract must govern the terms of reimbursement and claims with the corresponding private insurer.
- Stipulates that if a county does not contract with a private insurer, the insurer must reimburse the local health department for the immunization at the lesser of the rate paid to an in-network provider or the rate paid to an out-of-network provider.

Mrs. Brophy McGee, sponsor, stated the genesis of this bill was a stakeholder meeting regarding immunization reimbursement for pediatricians. It was determined that it would be helpful to pull counties out of the mix and focus on reimbursement for immunizations in pediatric practices. She noted there is concern from the counties regarding the possible refusal of various insurance companies to not contract if the reimbursement rate remains at the non-provider rate, so stakeholders are working on changes to that language.

Chairman Carter commended Mrs. Brophy McGee for addressing this issue because pediatric vaccinations are a major issue. She said another stakeholder meeting was held weeks ago, with about 50 people in attendance, and there are multiple segments to this issue. This is one piece that stakeholders consider the first priority.

Sabrina Vasquez, Pinal County, in support of HB2430, offered to answer questions or provide background on behalf of the County.

Vice-Chairman Boyer announced the names of those who signed up in support of HB2430 but did not speak:

Kathi Beranek, Government Relations Coordinator, Blue Cross Blue Shield of Arizona

David Childers, Lobbyist, America's Health Insurance Plans

Kathryn Busby, HealthNet of Arizona

Elizabeth Hatch, Aetna

Beth Lewallen, Maricopa County Board of Supervisors

Pat VanMaanen, representing self

Mrs. Brophy McGee, thanked the counties for “stepping up to the plate” and addressing a public health concern in the absence of such an agreement.

Question was called on the motion that the Brophy McGee 13-line amendment to HB2430 dated 2/18/13 (Attachment 13) be adopted. The motion carried.

Vice-Chairman Boyer moved that HB2430 as amended do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 15).

HB2490 – utilization review; requirements. - DO PASS AMENDED

Vice-Chairman Boyer moved that HB2490 do pass.

Vice-Chairman Boyer moved that the Carter seven-line amendment to HB2490 dated 2/15/13 (Attachment 16) be adopted.

Ingrid Garvey, Senior Majority Research Analyst, explained that HB2490 allows chiropractors to supervise utilization reviews and requires a health insurer to use a licensed chiropractor to review direct denial of prior authorization of chiropractic services (Attachment 17). It also removes the provision allowing health insurers to use a chiropractor licensed in another state to review direct denial of prior authorization of chiropractic services.

Ms. Garvey related that the Carter seven-line amendment to HB2490 dated 2/15/13 (Attachment 16) removes chiropractors from the list of eligible specialists available to supervise utilization review activities and adds the option for a utilization review agent to have a licensed chiropractor supervise or conduct utilization review activities for health care services within the chiropractor’s scope of practice.

Representative John Allen, sponsor, stated this bill adds protections for chiropractors like other disciplines in the medical field so there is parity with the rest of the industry.

Barry Aarons, Arizona Association of Chiropractic, spoke in support of HB2490. He submitted that chiropractic physicians should be making decisions when there is a denial of prior coverage on chiropractic services, just as insurance companies use an allopath or osteopath to make decisions on health care. This is a parity issue. The reason for removal of the provision allowing chiropractors from outside the state is that the scope of practice is different in other states. A licensed chiropractor in Arizona who practices under certain laws, board regulations and policies, should conduct utilization reviews or denials of pre-authorization.

Vice-Chairman Boyer announced the names of those who signed up in opposition to HB2490 but did not speak:

Wendy Briggs, Cigna

David Childers, America's Health Insurance Plans

Kathryn Busby, HealthNet of Arizona

Vice-Chairman Boyer announced the names of those who signed up in support of HB2490 but did not speak:

David Landrith, Vice President of Policy & Political Affairs, Arizona Medical Association

Renee Haberl, Arizona Association of Chiropractic

Timothy LaSota, Attorney, Arizona Chiropractic Society

Vice-Chairman Boyer announced the names of those who signed up as neutral on HB2490 but did not speak:

Andrew Carlson, Executive Assistant for Policy Affairs, Arizona Department of Insurance

David Childers, America's Health Insurance Plan, in opposition HB2490, stated he has no objections to the amendment. His objection relates not so much to the concept of the bill, but to potential cost increases to health insurance plans that would occur as a result of this change. He opined that the current system works fine and chiropractors, irrespective of where they are licensed, are skilled in utilization review and can make decisions based upon Arizona's chiropractic scope of practice.

Mr. Meyer asked how many utilization review companies exist and if other states use personnel from companies based in another state to conduct reviews. Mr. Childers replied that he does not know the precise number of utilization review companies, but every health plan licensed in the state has to comply with the utilization review statutes, which means they have to be licensed as a utilization review agent, have someone with a contract license as a utilization review agent or be certified by a certification agency.

Wendy Briggs, Cigna, opposed to HB2490, expressed concern with the fact that chiropractors must be licensed in Arizona.

In response to questions, Representative Allen acknowledged there are some outstanding issues. He said he is willing to talk to people opposed to the bill about reasonable modifications; insurance companies prefer not to do this, which is not in the interest of people attempting to receive chiropractic care through their insurance companies.

Vice-Chairman Boyer assumed the Chair.

Mr. Allen added that this bill adds an element of fairness to the process. He pointed out that many reviews are conducted by osteopathic physicians in Arizona when there are more chiropractors than osteopathic physicians in the state. It will not be difficult to find someone to do this although, he admitted, it will place a burden on insurance companies.

Mr. Aarons related that he was contacted the previous week by a representative of the insurance industry who indicated there are problems with the out-of-state provision. Mr. Aarons stated he is willing to negotiate that language. In response to a previous question, he indicated that the original language stating that a chiropractor shall be available was in the wrong place. He would also prefer the amendment to state "shall". Just as a utilization review agent must have an M.D. or D.O. available, a chiropractor should also be available. Chiropractors are subject to a different level of cost containment methodologies, so he would like to refine those methodologies and reviews, especially for claim denials, so reviews are conducted by someone who is capable.

Question was called on the motion that the Carter seven-line amendment to HB2490 dated 2/15/13 (Attachment 16) be adopted. The motion carried.

Mrs. Brophy McGee moved that HB2490 as amended do pass.

Chairman Carter resumed the Chair.

The motion carried by a roll call vote of 7-1-0-0 (Attachment 18).

HB2550 – health insurance; policies; rating areas – DO PASS

Vice-Chairman Boyer moved that HB2550 do pass.

Ingrid Garvey, Senior Majority Research Analyst, explained that HB2550 establishes seven rating areas within the state in conformity with the Patient Protection and Affordable Care Act (PPACA), modifies time requirements regarding external independent review of coverage denials and authorizes the Director of the Department of Insurance (DOI) to ensure its authority over health care in Arizona (Attachment 19).

Chairman Carter, sponsor, noted that this bill passed out of the Insurance and Retirement Committee.

David Childers, America's Health Insurance Plan, spoke in favor of HB2550. He said this bill does not deal with insurance exchanges or Medicaid expansion. In 2010, Congress passed the PPACA, which has had a dramatic impact on health care and health insurance throughout the country. The impact will be realized on January 1, 2014 when more significant changes to the law will be made. The existence of that bill made it a necessity to reemphasize the primacy of state regulation in the business of health insurance, even though everything that is done will be impacted to some extent by the federal Affordable Care Act (ACA). He reviewed the provisions in the bill.

Mrs. Carter reiterated that this bill does not set up a state exchange and it is not a Medicaid expansion. If it is not passed, the DOI will be handed over to the federal government. She agreed to sponsor the bill in order to maintain as much state control as possible.

Question was called on the motion that HB2550 do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 20).

HB2040 – technical correction; child care; licensing – DO PASS AMENDED S/E
S/E: nursing care; assisted living; rehabilitation

Vice-Chairman Boyer moved that HB2040 do pass.

Vice-Chairman Boyer moved that the Carter three-page strike-everything amendment to HB2040 dated 2/18/13 (Attachment 21) be adopted.

Ryan Sullivan, Majority Assistant Research Analyst, explained that the strike-everything amendment to HB2040 dated 2/18/13 (Attachment 21) provides that a licensee or certificate holder, licensed or certified by the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers, bears the cost of rehabilitation programs (Attachment 22).

Brandy Petrone, Arizona Nursing Care Board, in favor of the strike-everything amendment to HB2040, related that the Board wants to create a monitoring program based on existing statutory authority to allow a licensee with drug or alcohol problems to obtain help in order to avoid impacts to their license and potential impacts to the public. The strike-everything amendment states that the licensee or certificate holder will bear the cost of the rehabilitation program, proactively addressing the monetary concerns for creating the program. This is similar to how other boards set up their programs.

Names of persons who signed up in support of HB2040 but did not speak:
Allen Imig, Executive Director, Nursing Care Board

Question was called on the motion that the Carter three-page strike-everything amendment to HB2040 dated 2/18/13 (Attachment 21) be adopted. The motion carried.

Vice-Chairman Boyer moved that HB2040 as amended do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 23).

HB2409 – dental hygienists; examinations – DO PASS AMENDED

Vice-Chairman Boyer moved that HB2409 do pass.

Vice-Chairman Boyer moved that the Carter 11-line amendment to HB2409 dated 2/18/13 (Attachment 24) be adopted.

Ingrid Garvey, Senior Majority Research Analyst, explained that HB2409 removes the requirement that a dental hygienist applicant take the Western Regional Examining Board

Examination and replaces it with an examination administered by an agency approved by the Board of Dental Examiners (BODEX) (Attachment 25).

Ms. Garvey stated the Carter 11-line amendment to HB2409 dated 2/18/13 (Attachment 24) adds a requirement that an applicant for licensure pass a clinical examination that is completed within five years preceding filing the application and that is either one of the following: the Western Regional Examining Board Examination or an examination administered by another state or testing agency that is substantially equivalent to the requirements of this state, as determined by BODEX. A clinical examination administered by another state or testing agency is deemed to meet the requirements of this subdivision if the clinical examination satisfies the requirements of licensure by credentials.

Chairman Carter, sponsor, said she has been working with dental hygienists on licensing procedures in order to work in Arizona, which is a burdensome process. This language was developed through the stakeholder process; it still recognizes an affiliation with the Western Regional Examining Board Examination, but allows for additional examination centers that basically test for the same information.

Mike Williams, Arizona State Dental Hygienists' Association, in favor of HB2409, stated this bill will allow dental hygienists opportunities to take different examinations and provide flexibility, possibly on price and location.

Vice-Chairman Boyer announced the names of those who signed up in support of HB2409 but did not speak:

John MacDonald, Arizona Dental Association

Vice-Chairman Boyer announced the names of those who signed up as neutral on HB2409 but did not speak:

Stuart Goodman, Lobbyist, Arizona Board of Dental Examiners

Question was called on the motion that the Carter 11-line amendment to HB2409 dated 2/18/13 (Attachment 24) be adopted. The motion carried.

Vice-Chairman Boyer moved that HB2409 as amended do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 26).

Without objection, the meeting adjourned at 11:15 a.m.

Linda Taylor, Committee Secretary
February 27, 2013

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