

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

COMMITTEE ON HEALTH

Minutes of Meeting
Wednesday, February 5, 2014
House Hearing Room 4 -- 9:30 a.m.

Chairman Carter called the meeting to order at 9:42 a.m. and attendance was noted by the secretary.

Members Present

Mrs. Brophy McGee
Mrs. Gonzales
Mr. Lovas

Mr. Meyer
Ms. Steele

Ms. Townsend
Mrs. Carter, Chairman

Members Absent

Mr. Boyer, Vice-Chairman (excused)

Committee Action

HB2101 - DP (7-0-0-1)
HB2172 - DPA (7-0-0-1)

HB2173 - DP (7-0-0-1)
HB2491 - DPA (6-0-0-2)

Chairman Carter welcomed:

- The Arizona Academy of Family Physicians
- The Family Medicine Programs from Banner Good Samaritan, Baptist Scottsdale Health Care, and The University of Arizona
- Medical students from Creighton University, Midwestern University and The University of Arizona
- Dr. Carter Mayberry, MD
- Dr. Heather O'Toole, MD
- Caitlin Crujido, who is shadowing Chairman Carter for the day

CONSIDERATION OF BILLS

HB2101 – vaccines; study committee – DO PASS

Mrs. Brophy McGee moved that HB2101 do pass.

Sophia Horn, Majority Research Intern, explained that HB2101 establishes the Vaccine Financing and Availability Study Committee (Study Committee) which (Attachment 1):

- Outlines the membership

- Addresses committee duties and responsibilities
- Requires a written report of the study committee findings to be submitted on or before December 15, 2014
- Repeals the study committee from and after December 31, 2015

Mrs. Brophy McGee, sponsor, spoke about an immunization bill that was passed last session and the benefits of HB2101. She said that amendments will be forthcoming to fine tune the membership of the committee.

Dr. Bob England, Director, Maricopa County Department of Public Health, spoke in support of HB2101. He expressed why vaccines are so important and how childhood diseases, that were once prevalent, are now very rare. He explained about herd immunity, stating that is a simple concept, if there are enough people in a group who are vaccinated, even with imperfect vaccines, the odds of outbreaks decrease. Dr. England conveyed that the public providers are seeing more of the privately insured patients getting their immunizations through them instead of through private providers. He explained why this might be happening and how much of a cost there is when an outbreak occurs, such as the measles outbreak in Pima County a few years ago, which cost over \$1 million to contain. When an outbreak occurs at a school, unimmunized children are kept out of school, not to just protect them but, to keep that herd immunity up so the outbreak does not continue to spread. He explained that the department is vaccinating about 50,000 children a year and private providers are needed to keep up the safety net.

Dr. Mike Perlstein, Arizona Chapter of Academy of Pediatrics, spoke in favor of HB2101 and stated that 70 percent of the vaccines given have been in private offices but due to the cost, many offices are starting to refer their patients to public providers, shifting the cost to the state. He said that 42 percent of his office's overhead is spent purchasing the vaccines and in a five-man office, over three years, the cost was over \$600,000. The purchase price is dictated, the sales price is dictated and physicians are stuck in the middle. Dr. Perlstein explained that there is more involved than just giving a shot, there is a science to it that involves staff, timing, and record keeping. He understands that rural communities have stopped giving vaccines because of the cost and asked the Committee to support HB2101.

Jennifer Tinney, Arizona Partnership for Immunizations, spoke in support of HB2101 and explained that they are a statewide, nonprofit coalition working in a public and private partnership. Having competitors work together to find a solution to make it easier for patients to access vaccinations is a complicated situation. She outlined the duties and benefits of a study committee and stated it has taken many years and many meetings to come up with some solutions and voiced support for HB2101.

Chairman Carter and Mrs. Brophy McGee reiterated that this subject has been addressed for some time and thanked the stakeholders for their time and efforts.

Mrs. Brophy McGee announced the names of those who signed up in support of HB2101 but did not speak:

Richard Bitner, Arizona State Association of Physician Assistants
 Rory Hays, Arizona Nurses Association
 Barbara Burkholder, representing self

David Landrith, Arizona Medical Association
Pat VanMaanen, representing self
Kelly Ridgway, Arizona Pharmacy Alliance
Tara Plese, Arizona Alliance for Community Health Centers
Joseph Abate, Arizona Osteopathic Medical Association
Laura Dearing, Arizona Academy of Family Physicians
Jamie Geng, representing self
Ed Paul, MD, representing self
Rebecca Nevedale, Arizona Chapter of the American Academy of Pediatrics

Mrs. Brophy McGee announced the names of those who signed up neutral on HB2101 but did not speak:

Colby Bower, Arizona Department of Health Services
Jennifer Carusetta, Arizona Health Care Cost Containment System

Question was called on the motion that HB2101 do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 2).

PRESENTATIONS ON INNOVATION AT SCOTTSDALE LINCOLN HEALTH NETWORK

Michelle Pabis, Executive Director, Government Relations, Scottsdale Lincoln Health Network, gave a powerpoint presentation on an overview of Scottsdale Lincoln Health Network (Attachment 3, pages 1 and 2). She spoke about their programs; clinical research, family medicine residency and a new general surgery residency. She stated that their facilities are located in Legislative Districts 15, 23, 28 and they have 157 primary care providers, urgent care physicians, and specialists working in the community.

Melanie Brewer, Director, Nursing Research, Scottsdale Healthcare, continued the presentation and explained advanced practice nurses. She stated that Arizona is ranked 15th nationally by population and 37th for number of primary care providers. With the Affordable Care Act (ACA) enacted, coverage will extend to 12 million Arizona residents creating a shortage of primary care physicians, which could affect the elderly and underserved. She discussed the opportunity to begin to address the shortfall now by a Graduate Nurse Education (GNE) Demonstration Project. GNE is a four-year project, supported by Medicare, to increase the supply of advanced practice registered nurses who can provide high quality care (Attachment 3, pages 3-11). The intent of the project is to focus on rural and underserved areas. Ms. Brewer explained the program in relation to:

- National Sites
- Collaboration of nursing colleges
- Student enrollment
- Outcomes
- Future directions

Teri Pipe, Dean, College of Nursing and Health Innovation, Arizona State University, spoke about the Scottsdale Health Care role and the GNE demonstration project. She stated that the

Arizona Board of Regents conducted a survey and determined that Arizona's number one gap for future workforce needs, is nursing.

Mark Slater, PhD, Vice President, Research, Scottsdale Healthcare, continued the powerpoint presentation and explained that the Scottsdale Healthcare Research Institute is a young institution that was initiated by local vision to bring together exceptional health care, cutting edge genomic and molecular science (Attachment 3, pages 12-16). He spoke of collaborations such as TGen, local universities and institutions around the world that are not in competition with each other, but are creating a hybrid community academic environment which complements each other. Scottsdale Healthcare's role is to provide clinical care and conduct clinical research to determine what new innovations work for the patients, the impact, benefits and how to best use them. The work is supported by local, federal funds, grants, and major recognition groups. Dr. Slater shared several case studies with positive results and stated that in seven years, five drugs have been Food and Drug Administration (FDA) approved. It normally takes fifteen years for approval but with the results, FDA approval was given in five. He spoke about cancer cases, the radar imaging research program and the success of early detection, cost savings, and extended survival time. He highlighted that Arizona is a destination site for healthcare and health innovation. Patients come from 48 states and two dozen counties to seek help.

Nathan L. Anspach, Senior Vice President, Chief Executive Officer, John C. Lincoln Physician Network Development & Accountable Care, and Dr. John Lees, Medical Director of Transition Services, John C. Lincoln Scottsdale Health Network, played a video of active military returning home and the workforce issues they face. They introduced two veterans in the audience who participate in the program and continued the powerpoint presentation (Attachment 3, pages 17-22). They stated that over 20,000 combat medics or corpsmen have medical training in the field that does not convert to civilian status and this program was designed to bridge that gap. This program was invented to train veterans to be transition specialists. They are assigned to congestive heart failure patients after discharge from the hospital. There are currently nine transition specialists and five more on the way. This program is growing and has three beneficial components (Attachment 4):

1. It is a stepping stone for growth, whether veterans stay with the program or further their education.
2. It helps the frail population and keeps them in touch with someone to help them with after-hospital recovery such as making appointments, helping with medications and following up.
3. The program is evaluated on the ability to save money. Currently the program has saved hospitals about \$1 million a month and has been in operation for over a year.

Ms. Pabis returned to the podium to thank the Committee for their time and to answer any questions.

Discussion ensued on patient participation in clinical trials, transition program benefits, medical help in rural and underserved communities, and the FDA process and approval.

Chairman Carter thanked the participants for their presentation and time.

CONSIDERATION OF BILLS (Continued)

HB2491 – newborn screening program – DO PASS AMENDED

Mrs. Brophy McGee moved that HB2491 do pass.

Mrs. Brophy McGee moved that the Carter three-line amendment to HB2491 dated 01/28/14 (Attachment 5) be adopted.

Sophia Horn, Majority Research Intern, explained that HB2491 permits the Director of the Arizona Department of Health Services (ADHS) to designate other laboratory testing facilities for conditions or tests added to the Arizona Newborn Screening Program (ANSP). It requires ADHS, on or before July 1, 2015, to adopt rules regarding ANSP that requires a person or physician who is required to make a report on the birth, to order critical congenital heart defect screening using pulse oximetry on each newborn and report the results to ADHS. The bill allows ADHS to adopt rules regarding adding the severe combined immunodeficiency testing to ANSP and exempts ADHS from rulemaking requirements relating to this act through July 1, 2015 and requires ADHS to provide public notice of proposed rules at least thirty days before a rule is adopted or amended (Attachment 6). The Carter three-line amendment dated 01/28/14 requires ADHS to perform and consider a cost benefit analysis with regard to adding severe combined immunodeficiency testing to ANSP (Attachment 5).

Jeff Gray, March of Dimes Birth Defects Foundation, provided a letter stating support for HB2491 (Attachment 7). He stated that adding these two tests, critical congenital heart disease (CCHD) and severe combined immunodeficiency (SCID), at birth, will increase the survival rate and decrease the cost of finding it later.

Mr. Meyer and Mr. Gray discussed the number of cases in Arizona, cultural percentages, and the actual cost of the lab work internally and/or externally.

Roy Teramoto, Pediatrician, representing self, spoke in favor of HB2491 and expressed the anguish associated with having an infant with these diseases. He explained that CCHD comprises seven different heart conditions that affect newborns and is one of the leading causes of infant deaths in the United States. Babies born with heart defects can be treated but need to be found in time, and if not detected, they may suffer impairments or die. SCID is a group of disorders, classified as an immunodeficiency. Initially, babies show no symptoms of the disease. It is not until they continually get sick and are diagnosed it is found. That is usually after expensive medications and long hospital stays for serious infections which are not curable. The cost of the treatment is about \$1 million versus the cost of screening which could be as low as \$7 dollars. He stated that neighboring states have already implemented the screening and Arizona currently does not have the equipment to do the screening.

Mr. Teramoto answered questions from Mr. Meyer, Mrs. Gonzales and Ms. Townsend stating cultural statistics of risk for the diseases:

- Native American is 1:2,000
- Hispanic is 1:25,000
- General population 1:100,000

He stated that it is hard to be exact on cases and the screening would be done in the first day or two of life. It would require a noninvasive monitor and another test of the blood that is already drawn.

Nicole Olmstead, Government Relations Director, American Heart Association, spoke in favor of HB2491 and reiterated that heart defects are the leading cause of infant deaths within the first year. Approximately 500 babies are born every year with a heart defect and 25 percent are critical (CCHD). It is usually a structural defect which requires surgery in the first hours of life. She explained that the pulse oximetry is a meter, like a clothes pin, that is put on your finger to monitor the oxygen, or in the case of infants, it is wrapped on the heel (Attachment 8). She brought three volunteers to speak.

Molly and Mark Wright, representing self, in support of HB2491. Molly spoke about her son Mark's active lifestyle and relayed his story. He was healthy at birth, had all the prenatal screenings, and when examined by his pediatrician, a murmur was detected but nothing was done about it. The second day, another murmur was heard but no other tests were done. That night, the nurse noticed his breathing and gave him the pulse oximetry test. Mark's reading was in the low 80s and normal is 99 to 100; further testing detected a serious congenital heart defect. She stated she was thankful for the nurse who made the difference and the test that found the problem early. At eight days old he had his first open heart surgery, at three and a half months he had his second, and at three years he had his third. She urged support for this bill.

Demaree Wilson, representing self, stated that hers is not a happy story. She relayed that her daughter did not receive the pulse oximetry but had all the other screenings at birth. After a month and a half, her daughter started throwing up and on a family trip she started breathing funny and they took her to the doctor. They were told she was very sick and found out that she had a heart problem. They airlifted her to a children's hospital but she did not make it. The autopsy found her aorta was half the size it should have been. She asked Members to vote for HB2491.

William Kenneth Mueller, representing self, stated that he is nine years old and was born with five heart defects. He said his parents did not know his heart was broken and he had surgery at three months old to fix one of the problems. He stated that this test would have caught the problems with his heart before he left the hospital and asked Members to vote for this bill and make Arizona babies safer.

Mrs. Brophy McGee announced the names of those who signed up in support of HB2491 but did not speak:

Rory Hays, Arizona Nurses Association

Barbara Burkholder, representing self

Pat VanMaanen, representing self

Tara Plese, Arizona Alliance for Community Health Centers

David Landrith, Arizona Medical Association

Joseph Abate, Arizona Osteopathic Medical Association

Rebecca Nevedale, Arizona Chapter of the American Academy of Pediatrics

Richard Bitner, Arizona Chapter American College Emergency Physicians

Mrs. Brophy McGee announced the names of those who signed up as neutral on HB2491 but did not speak:

Jennifer Carusetta, Arizona Health Care Cost Containment System
Colby Bower, Arizona Department of Health Services

Question was called on the motion that the Carter three-line amendment to HB2491 dated 01/28/14 (Attachment 5) be adopted. The motion carried.

Mrs. Brophy McGee moved that HB2491 as amended do pass. The motion carried by a roll call vote of 6-0-0-2 (Attachment 9).

HB2172 – board of psychologist examiners; psychologists – DO PASS AMENDED

Mrs. Brophy McGee moved that HB2172 do pass.

Mrs. Brophy McGee moved that the Brophy McGee six-line amendment to HB2172 dated 02/04/14 (Attachment 10) be adopted.

Ingrid Garvey, Majority Research Analyst, explained that HB2172 makes a variety of changes to the psychology statutes (Attachment 11).

Ms. Garvey stated that the Brophy McGee six-line amendment dated 02/04/14 states that the exemption from licensure does not include a faculty member who is providing direct services or is supervising a student who is providing direct services (Attachment 10).

Ms. Steele and Mrs. Brophy McGee both commented that they were pleased to see the inclusion of telemedicine in this bill to support the reservations and rural areas.

Brandy Petrone, Public Affairs, Arizona Board of Psychologist Examiners, spoke in favor of HB2172. She stated that the Board supports this bill but Blue Cross and Blue Shield has found an issue with two slightly different definitions for telemedicine. One definition is stated in Arizona Revised Statutes, Title 36 and the other is in Title 20. The Board will meet about this issue and a Floor amendment may be forthcoming.

Names of those who signed up in support of HB2172 but did not speak:

Tara Plese, Arizona Alliance for Community Health Centers
Bahney Dedolph, representing self
Emily Jenkins, Arizona Council of Human Services Providers
Susie Stevens, Arizona Psychological Association

Question was called on the motion that the Brophy McGee six-line amendment to HB2172 dated 02/04/14 (Attachment 10) be adopted. The motion carried.

Mrs. Brophy McGee moved that HB2172 as amended do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 12).

HB2173 – psychology board; behavior analysts – DO PASS

Mrs. Brophy McGee moved that HB2173 do pass.

Ingrid Garvey, Majority Research Analyst, explained that HB2173 makes a variety of changes to the behavior analyst statutes (Attachment 13).

Brandy Petrone, Arizona Board of Psychologist Examiners, spoke in favor of HB2173. She stated that the Board supports this bill.

Names of those who signed up in support of HB2173 but did not speak:

Tara Plese, Arizona Alliance for Community Health Centers

Bahney Dedolph, representing self

Emily Jenkins, Arizona Council of Human Services Providers

Kathryn Busby, Touchstone Behavioral Health, Inc.

Diana Davis-Wilson, representing self

Question was called on the motion that HB2173 do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 14).

Without objection, the meeting adjourned at 11:54 a.m.

Tracey Gardner, Committee Secretary
April 1, 2014

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