

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

COMMITTEE ON HEALTH

Minutes of Meeting
Wednesday, March 12, 2014
House Hearing Room 4 -- 9:30 a.m.

Chairman Carter called the meeting to order at 9:39 a.m. and attendance was noted 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

SB1041 – DP (8-0-0-0)
SB1043 – DPA (6-0-0-2)
SB1051 – DP (8-0-0-0)
SB1154 – DP (8-0-0-0)
SB1216 – DP (7-0-0-1)

SB1339 – DPA (7-0-0-1)
SB1343 – DP (7-0-0-1)
SB1379 – DP (8-0-0-0)
SB1381 – DP (7-0-0-1)
SCM1009 – NOT ASSIGNED

Chairman Carter recognized the following groups in the audience:

Athletic Trainers and Athletic Training students (she acknowledged Michelle Gonzalez, President, Arizona Athletic Trainers' Association)

Registered Dieticians and Dietetic Technician, Registered

PRESENTATION ON HEALTHCARE INNOVATION: Increasing Access and Affordability of Diagnostic Tests for Arizonans

Sunny Balwani, President and Chief Operating Officer, Theranos, Inc., gave a slide presentation on Theranos, a California-based company, that has spent the last ten years developing innovative technology to make healthcare diagnostic information available to physicians when they are meeting with patients (Attachment 1). This new technology provides significant cost savings to ensure that people who need diagnostic testing are able to afford it. Additionally, the cost to

taxpayers, through Medicare, is a fraction of the current costs, which will save the State of Arizona about \$153 million. He advised that all of its pricing is available on the Theranos website and patient experience is better, e.g., in laboratory tests, patients do not have multiple vials of blood drawn from the arm but have a small volume of blood drawn from a finger stick. Theranos is the world's first certified laboratory running all of its tests on micro samples in a more rapid time frame than normally done. Theranos wants people to get diagnostic testing faster, cheaper and sooner so they can focus on how to improve their health and take control of their life. Theranos has partnered with Walgreens Pharmacy to launch this new technology across the State of Arizona to provide high-quality healthcare products at low prices and has already located in two Walgreens stores. The goal is to be available at all Walgreens stores throughout the state. He said Theranos is honored to employ this technology in the State of Arizona.

Vice-Chairman Boyer assumed the Chair.

Mr. Meyer asked whether Theranos has partnered with any Medicare or Medicaid programs in any other states. Mr. Balwani said they have reached out to those organizations but have just started this process. The next step is to engage those organizations and be able to provide these services to them.

In response to Mrs. Brophy McGee, Mr. Balwani related that if a person has a lab order for a blood draw, it can be brought to the Theranos location at Walgreens where the lab testing can be done.

CONSIDERATION OF BILLS

SB1216 – licensure; behavioral health services – DO PASS

Mrs. Brophy McGee moved that SB1216 do pass.

Sophia Horn, Majority Research Intern, stated that SB1216 allows the Director of the Arizona Department of Health Services (ADHS) 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 (Attachment 2).

Kathryn Busby, Lobbyist, Arizona Council of Human Services Providers, in support of SB1216, advised that when ADHS was making licensure rules changes, it became aware of gaps in the statute. This bill addresses the problems identified. It adds a definition of *behavioral health services* and allows the Department to promulgate rules to integrate physical and behavioral health. She urged Members' support of SB1216.

Names of those who signed up in support of SB1216 but did not speak:

Bahney Dedolph, Lobbyist, representing self

Pat VanMaanen, representing self

David Landrith, Lobbyist, Arizona Medical Association

Gibson McKay, Lobbyist, UA Healthcare

Bryan Milward, Lobbyist, UA Healthcare

Elizabeth Hatch, Lobbyist, Southwest Catholic Health Network dba Mercy Care Plan

Deb Gullett, Arizona Association of Health Plans
Rob Dalager, Lobbyist, WellPoint, Inc.
Michael Haener, Partner, Centene Corporation
Tara Plese, Lobbyist, Arizona Alliance for Community Health Centers
Emily Jenkins, Lobbyist, Arizona Council of Human Services Providers
Barbara Fanning, Lobbyist, Arizona Hospital and Healthcare Association

Names of those who signed up as neutral on SB1216 but did not speak:
Colby Bower, Lobbyist, Arizona Department of Health Services

Question was called on the motion that SB1216 do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 3).

SB1154 – electronic do not resuscitate orders(now: physical therapists; dry needling) – DO PASS

Mrs. Brophy McGee moved that SB1154 do pass.

Ryan Sullivan, Majority Research Assistant Analyst, advised that SB1154 requires the Board of Physical Therapy to establish standards for the performance of dry needling and exempts certain physical therapists from this act for a specified time (Attachment 4).

Tom Dorn, Lobbyist, Arizona Physical Therapy Association, spoke in support of SB1154. He related that physical therapists have been using dry needling for over 30 years and no complaints were received until a complaint was filed in 2011. SB1154 provides a definition of *dry needling* in statute and requires the Board of Physical Therapy to establish rules. SB1154 is a compromise bill; the opponents want to further amend the bill; however, the Association opposes any amendments. There is a nationwide effort by acupuncturists to preclude physical therapists from using this technique. He believes the rules process will address the issues that have been raised and this legislation will resolve those problems.

Ms. Townsend queried whether dry needling is part of the training to become a physical therapist or whether it is an additional skill to be learned. Mr. Dorn said he understands that it is now being integrated into the basic education of physical therapy.

In reply to Mr. Lovas relating to this being a compromise piece of legislation, Mr. Dorn answered that this was more of a working agreement than a compromise. Issues were worked out and the State Board for Acupuncture took a neutral position; however, they have since changed their stance and want to change some of the language relating to public comment.

Chairman Carter resumed the Chair.

Mrs. Brophy McGee asked whether some members of the Physical Therapy Association are opposed to dry needling. Mr. Dorn said he is not aware of any physical therapists who are actually opposing the use of a technique that has been used in the profession for decades. He pointed out that not all physical therapists use this technique. It is a tool in the tool box and only applied when appropriate. Mrs. Brophy McGee advised that she has received many emails from

physical therapists who oppose dry needling. Mr. Dorn stated that thousands of patients have benefited from the use of dry needling.

Senator Kelli Ward, sponsor, explained that SB1154 was introduced because of some overlapping skill sets that exist between acupuncturists and physical therapists. In an effort to solve this issue between the two healthcare providers, several stakeholder meetings were held: stakeholders came up with the idea to define *dry needling* and give the Physical Therapy Board a chance to determine what kind of training, education and certification physical therapists will need to prove they are competent to provide this type of service to their patients. SB1154 clarifies things and enhances patient choice. She advised that she has not received any emails from physical therapists opposed to dry needling. She pointed out that they do not have to provide this service; however, it is a skill that can be used to benefit patients.

For the record, Chairman Carter explained that the "Board" is the disciplinary board; the "Association" is the professional association of which professionals in each of those disciplines join to advocate for their profession.

Barry Aarons, representing Arizona Association of Chiropractic; Arizona Acupuncture Board of Examiners, stated that the Acupuncture Board has taken a neutral position on SB1154 because while this issue is moving in the right direction, there are still some points that need to be resolved. He maintained that a protocol is in statute for dry needling for physical therapists as well as a protocol defining minimum education requirements, examinations to demonstrate qualifications, and certification for chiropractors and homeopaths who perform acupuncture. He advised that dry needling is not taught in the state's program.

Mr. Aarons related that the Chiropractic Association supports healthcare professionals who want to enhance their abilities and expand their scope of practice; therefore, for public safety, it favors a clear delineation as to definition, scope, education, examination and certification. If SB1154 passes, the Association looks forward to working with the Board.

Mr. Aarons suggested making a change to the Senate engrossed bill to make it clear what the Board is going to establish by rule (page 5, lines 7 through 9):

Line 7, after DEMONSTRATE, insert QUALIFICATIONS OF

Line 8, after EDUCATION, strike QUALIFICATIONS,

Mr. Meyer asked Mr. Aarons his position on the bill with the changes. Mr. Aarons said he believes it is a good idea to keep the bill moving forward with the proposed changes.

Catherine Niemiec, representing self, against SB1154, provided copies of letters and reports in opposition to SB1154 (Attachments 5, 6, 7, 8, 9 and 10). She related that she is one of three college presidents in Arizona whose college teaches four year medical degrees in acupuncture. She spoke of the difference in educational requirements between acupuncture and dry needling. Physical therapists do not take dry needling as part of their training in college; there is no national standard of training among physical therapist colleges nor is there accreditation regarding dry needling. For-profit continuing education groups are coming into the state, with the support of the Physical Therapy Association, renaming acupuncture techniques as dry needling and teaching it as a way of expanding their scope, without sanction of the Legislature. These dry needling groups are not licensed by the state to offer education and training in

needling and; therefore, are in violation of both education laws and many Acupuncture Board laws. SB1154 contains significant flaws that do not require training of dry needling for physical therapists. She said she believes the Legislature needs to set the same standards for dry needling that it set for acupuncture.

In reply to Ms. Steele's query whether the training will be included as part of the rulemaking process, Ms. Niemiec opined that is highly unlikely. Currently, the Board of Physical Therapy considers a weekend course sufficient for physical therapists while acupuncturists receive 180 hours of training in proper point locations and another 180 hours in needling technique. Ms. Steele asked the difference between dry needling and acupuncture. Ms. Niemiec said there is none; but the consequences can adversely affect many parts of the body.

Mrs. Brophy McGee questioned the number of cases that have occurred in the state due to misuse. Ms. Niemiec answered that it is hard to know. She understands that cases have been documented in other states, which have been wrongly reported as mistreatment by acupuncturists. A 14-year study documented many harmful situations, including a death.

To have a fair and balanced discussion, Chairman Carter cautioned those who testify to speak to the knowledge they have instead of giving anecdotal stories.

In order to find out if the cause of death was from acupuncture treatment or from another cause, Ms. Townsend said she would like a copy of the situation where the person died from acupuncture. Ms. Niemiec advised that there was one death in Arizona by a physician who was not fully trained.

Marissa Polen, representing self, against SB1154, related that she has many letters from students and faculty members who want to express their opposition to the proposed legislation (Attachment 11). She said she is testifying because she is concerned about regulation, safety and the practice of medicine. She had acupuncture treatments in the past and had to pay in cash. When she found out that a physical therapist would bill her insurance, she decided to try it but the treatment did not sound safe to her and the treatment she received made her condition worse, not better, leaving bruises for many days. She filed a complaint with the Board of Physical Therapy in March. She asked Members to protect the public and make equal requirements for all needling.

Chairman Carter advised Ms. Polen that her testimony today will be made a part of the complaint she filed with the Board and will be a part of the review process the Board will undertake.

Dr. Justin Dunaway, representing self, in favor of SB1154, advised that he is a physical therapist and board-certified orthopedic specialist. He maintained that there is no evidence that safety is a concern either in the state or nationally. Prior to the complaint filed in March, there have been no patient complaints filed in 30 years. A 2013 study looking at physical therapists performing dry needling concluded that there was a less than .4 percent risk grade for adverse events. In 2010, the World Health Organization produced a bulletin on a study of acupuncture-related adverse events and found that the adverse event rate was .24 to 2.2 percent and cited 16 separate cases of deaths following treatment of acupuncture. There have been no reported cases of death from dry needling by physical therapists. He said that adverse events are avoidable by expert knowledge of gross anatomy, one of the foundational sciences of physical therapy.

Kelly Hsu, representing self, expressed opposition to SB1154. She advised that she is a physician and a licensed acupuncturist in the States of Arizona and California. She said that another death attributed to acupuncture was in the 1950s where the health provider was using acupuncture to treat the patient for diabetic acidosis. She believes it is dangerous if physical therapists are not trained in other medical conditions in using needling. She opined that this bill puts the public at risk.

Carolyn Hanna, representing self, in favor of SB1154, told about her personal experience with a physical therapist using dry needling to treat her for a stroke she suffered two years ago, with no side effects. The benefits from her treatments have all been beneficial; she enjoys greater mobility and relief of pain in her shoulder, hip and leg.

Valerie Hobbs, representing self, against SB1154, testified that she is a Colorado-licensed acupuncturist and the Director of Program Development at Southwest Acupuncture College in Boulder, Colorado. She provided information about dry needling, where the practice has been allowed since 2005. The rules adopted in Colorado required 46 hours of education but were cut in half when the Board discovered that no one met the required hours. She provided a complaint, with identifying information redacted, of a patient who suffered a pneumothorax because of the treatment (Attachment 12) and also told of a story reported in USA TODAY about an 18-year-old member of the U.S. Olympic team who suffered a pneumothorax which almost kept him out of the Olympics. The two incidents cause her concern about the low education hours which represent a risk to public safety.

In reply to Mr. Meyer about Colorado's statutes, Ms. Hobbs stated that the Physical Therapy Board adopted the educational requirements by rule in 2005. In 2012, the Board reheard the educational rules and because physical therapists had not met the 46 hours, the number of hours was decreased by half.

Chairman Carter commented that Colorado allowed the Board to set rules and that is what SB1154 is allowing.

Ms. Steele referred to testimony that physical therapists have been allowed to take a weekend course in order to practice dry needling. She said she does not want that to be minimalized or dismissed as a way to grow in a profession.

Dr. Charles McDevitt, representing self, in support of SB1154, spoke on behalf of his son, Jack, who has benefited from dry needling. He said he has a problem with someone who has a different philosophical outlook on training telling him what should be required. Acupuncturists base their ideas on bioelectrical meridians. He said he does not believe in meridians. Years ago, he was treated unsuccessfully by an acupuncturist for deep pain. He was told that he was blocking meridians or blocking energy. Subsequently, an orthopedic surgeon told him he had a severed anterior cruciate ligament (ACL) and he got an ACL replacement; he was not blocking energy. He was misdiagnosed by an acupuncturist but he got help by someone who sees the world differently. He said he believes SB1154 provides choice for patients.

Deborah Malone, representing self, opposed to SB1154, advised that she is a licensed acupuncturist and former Chair of the Acupuncture Board of Examiners. She asked Members to

amend SB1154, granting physical therapists the right to perform acupuncture, which they call dry needling. She opined that the definition of dry needling should be amended to reflect that it is a form of acupuncture, otherwise it allows physical therapists to inappropriately bill for a service that currently is not allowed by most insurance. She opined that the amount of education that the Physical Therapist Board will require is grossly insufficient. In addition, supervised clinical practice is needed.

Sara Strawn, representing self, testified in support of SB1154. She has been a physical therapist for 20 years, board-certified in orthopedics and has implemented dry needling in her practice since 2009. Dry needling is not an increase in the scope in physical therapy. It is a safe and effective practice. She opined that a protocol is not needed and she requested that Members consider that. She discussed how dry needling helps post-childbirth women and the training she received specific to that. Her training included gross anatomy and supervision.

Ms. Townsend asked whether physical therapists are able to legally perform dry needling without training. Ms. Strawn answered in the negative. Chairman Carter mentioned that anyone can do anything, at any time, pretend to be anybody and there is no policing of that. The only way to police bad actors is when complaints are brought to the Board. The way the statutes are currently written, individuals have to engage in practice that they are qualified through training to do; however, dry needling is not spelled out.

John Zinn, representing self, in favor of SB1154, advised that he was diagnosed with a degenerative neurological condition which affects his balance and causes severe pain. His physician recommended dry needling and, with this method, he has experienced temporary relief that has gotten him off narcotics. He tried acupuncture but said it does not work for him.

Sean Flannagan, representing self, spoke in favor of SB1154. He stated that he is a practicing physical therapist and has been providing dry needling services for the past five years. This proposal allows the Board to set standards which it did not have previously. Chiropractors are allowed to deal with this in their practice without supervision. He asked Members to see the physical therapy profession as professionals who want to set a standard and keep the public safe.

Gibson McKay, Lobbyist, Coalition for Arizona Acupuncture Safety, neutral on SB1154, brought up the regulatory process. The Coalition advocates amending the bill to address health care and safety issues that should be put before the Governor's Regulatory Review Commission (GRRC).

Chairman Carter mentioned that rulemaking on healthcare issues has not gone through GRRC in the last three years.

Cynthia Driskell, Chair, State Government Affairs, Arizona Physical Therapy Association, in support of SB1154, stated that this proposal is a reasonable, public protection compromise. For many years, the State Board has regulated physical therapists in all aspects of practice without additional rules and regulations. The Association is responding to additional public protection by agreeing to this legislation. The Association does not think dry needling is synonymous with the practice of acupuncture; therefore, it believes that additional statutes or additional rules and regulations that apply to chiropractic use of acupuncture do not apply. The Association strongly supports the right of patients to choose the treatment of their choice for their condition. Physical

therapists are very adequately trained and prepared to provide dry needling in dealing with patient care.

In response to Chairman Carter's query about GRRC, Ms. Driskell explained that the Association does not believe this needs to go through the sunrise process because dry needling has been in the scope of practice for a number of years in Arizona by a variety of therapists in different settings.

Stuart Goodman, representing Arizona Board of Physical Therapy, testified in favor of SB1154. He related that stakeholder meetings on this issue were held throughout the state for two years. With the guidance of the Arizona Attorney General, the statutes were interpreted that dry needling was within the scope of practice of physical therapists and that the Board is statutorily responsible to make those interpretations. This legislation provides the Board with the necessary tools it needs to protect the public as well as to preserve the due process rights of the licensees.

Chairman Carter asked for the number of patient complaints the Board has received and whether the Board has disciplined anyone related to dry needling. Mr. Goodman answered that the Board received one complaint in March, as was testified to earlier. That process is ongoing and under investigation. At this time, there have been no disciplinary actions by the Board.

Mr. Goodman brought up the weekend training issue. He said that, based on the guidance of the Arizona Attorney General, the Board at this time has no authority to set the training standard. SB1154 provides the Board with that authority, through the rulemaking process, to develop standards.

Della Estrada, former Chair, Acupuncture Board of Examiners, opposed to SB1154, advised that Utah has a bill before the State Legislature requiring 300 hours of training for physical therapists. She asked Members to look at the LaSota & Peters letter dated February 24, 2012 stating that dry needling is acupuncture (Attachment 10). She pointed out that some members of the Physical Therapy Board do use dry needling and said she considers that a conflict. She said this is not a turf war; acupuncturists are not opposed to anyone learning to do acupuncture, but they do support going through the proper channels.

Duncan Hanna, representing self, in favor of SB1154, related that he has had dry needling therapy for the last six months. The therapist who worked with him was very professional and he noticed improvement immediately. He highly recommends this method of treatment.

Chairman Carter asked Mr. Goodman whether there are people on the Physical Therapy Board who do dry needling. Mr. Goodman answered that there are no Board members that practice dry needling.

A letter from Alissa Hill, Eastern Arizona University, opposed to dry needling, was distributed (Attachment 13).

Names of those who signed up in support of SB1154 but did not speak:

Sarah Hanna, representing self

Amanda Rusing, Lobbyist, Arizona Physical Therapy Association

Names of those who signed up in opposition to SB1154 but did not speak:
Jonathan Lindsey, representing Arizona Society of Oriental Medicine and Acupuncture, Phoenix
Institute of Herbal Medicine and Acupuncture
Alissa Hill, representing self
Amber Morton, representing self

Names of those who signed up as neutral on SB1154 but did not speak:
Pete Gonzalez, Lobbyist, Arizona Acupuncture Board of Examiners

Question was called on the motion that SB1154 do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 14).

SB1339 – physicians; prescriptions; required patient examinations – DO PASS AMENDED

Vice-Chairman Boyer moved that SB1339 do pass.

Vice-Chairman Boyer moved that the Carter 21-page amendment dated 03/11/14 be adopted (Attachment 15).

Ingrid Garvey, Majority Research Analyst, stated that SB1339 allows a medical doctor (MD) and a doctor of osteopathy (DO) to conduct a physical or mental health status examination via telemedicine, prohibits a telemedicine examination for the purpose of obtaining a written certification for medical marijuana and authorizes an MD or DO to write prescriptions through telemedicine (Attachment 16). The Carter 21-line amendment mirrors the language for the MD and DO for naturopaths except for the mental health provision, adds language into the pharmacy statutes regarding the filling of prescriptions to telemedicine to bring it in line with the other changes, and codifies existing rules (Attachment 15).

Senator Kelli Ward, sponsor, advised that the medical profession asked for this legislation. She said that unprofessional conduct is a sanctionable event in the medical profession and can have an effect on a person's ability to practice medicine. New technology is changing the way healthcare is being provided and the law needs to keep up with that. This proposal addresses that issue. The amendment addresses concerns relating to medical marijuana and card certification.

Names of those who signed up in support of SB1339 but did not speak:
Jason Bezozo, Senior Program Director, Government Relations, Banner Health
Amanda Weaver, Lobbyist, Arizona Osteopathic Medical Association
Barbara Fanning, Lobbyist, Arizona Hospital and Healthcare Association
Susan Cannata, Lobbyist, Arizona Academy of Family Physicians
Sabrina Vazquez, Lobbyist, Arizona Naturopathic Medical Association
David Landrith, Lobbyist, Arizona Medical Association
Joseph Abate, Lobbyist, Arizona Psychiatric Society

Question was called on the motion that the Carter 21-page amendment dated 03/11/14 be adopted (Attachment 15). The motion carried.

Vice-Chairman Boyer moved that SB1339 as amended do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 17).

SB1043 – naturopaths; prescription authority; pharmacy board – DO PASS AMENDED

Ryan Sullivan, Majority Research Assistant Analyst, stated that SB1043 allows naturopathic doctors to prescribe any drug that is reclassified from a Schedule III to a Schedule II controlled substance after January 1, 2014 (Attachment 18). The bill requires applicants for initial pharmacist licensure to submit fingerprints for background checks and makes other changes regarding the Arizona State Board of Pharmacy. The Carter two-page amendment dated 03/11/14 adds language regarding the application for a permit to operate a pharmacy, drug manufacturing facility or wholesaling facility in the state (Attachment 19). The Carter 15-page amendment dated 03/11/14 codifies current authority under the practice of pharmacists relating to the collaborative agreement and immunizations (Attachment 20).

Vice-Chairman Boyer moved that SB1043 do pass.

Senator Nancy Barto, sponsor, related that SB1043 codifies practices currently in use.

Names of those who signed up in support of SB1043 but did not speak:

Jeffrey Lee, representing self

Sabrina Vazquez, Lobbyist, Arizona Naturopathic Medical Association

Hal Wand, Executive Director, Arizona Board of Pharmacy

Kelly Ridgway, Lobbyist, Arizona Pharmacy Association

Jeff Gray, Lobbyist, Arizona Pharmacy Alliance

Dennis McAllister, representing self

Tara Plese, Lobbyist, Arizona Alliance for Community Health Centers

Dianne McCallister, Lobbyist, Express Scripts

Janet Underwood, Lobbyist, Arizona Retailers Association

Vice-Chairman Boyer moved that the Carter two-page amendment dated 03/11/14 be adopted (Attachment 19). The motion carried.

Vice-Chairman Boyer moved that the Carter 15-page amendment dated 03/11/14 be adopted (Attachment 20). The motion carried.

Vice-Chairman Boyer moved that SB1043 as amended do pass. The motion carried by a roll call vote of 6-0-0-2 (Attachment 21).

SB1381 – Arizona medical board; supplemental appropriation – DO PASS

Vice-Chairman Boyer moved that SB1381 do pass.

Sophia Horn, Majority Research Intern, related that SB1381 appropriates \$855,000 to the Arizona Medical Board (AMB) from the AMB Fund in fiscal year 2014 to contract with an in-state credentials verification service for health professions (Attachment 22).

Senator Nancy Barto, sponsor, advised that SB1381 funds a credentialing company in order to verify the Board-approved licenses for the period of October 1, 2011 through February 5, 2014.

Names of those who signed up in support of SB1381 but did not speak:
David Landrith, Lobbyist, Arizona Medical Association
Stuart Goodman, Arizona Medical Board
Tara Plese, Lobbyist, Arizona Alliance for Community Health Centers
Barbara Fanning, Lobbyist, Arizona Hospital and Healthcare Association

Question was called on the motion that SB1381 do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 23).

SB1041 – board of pharmacy; continuation – DO PASS

Vice-Chairman Boyer moved that SB1041 do pass.

Sophia Horn, Majority Research Intern, explained that SB1041 continues the Arizona State Board of Pharmacy for eight years until July 1, 2022 (Attachment 24).

Senator Nancy Barto, sponsor, said that SB1041 continues the Board of Pharmacy.

Names of those who signed up in support of SB1041 but did not speak:
David Landrith, Lobbyist, Arizona Medical Association
Janet Underwood, Lobbyist, Arizona Retailers Association
Hal Wand, Executive Director, Arizona Board of Pharmacy
Kelly Ridgway, Lobbyist, Arizona Pharmacy Association
Jeff Gray, Lobbyist, Arizona Pharmacy Alliance
Dennis McAllister, representing self
Dianne McCallister, Lobbyist, Express Scripts
Barbara Fanning, Lobbyist, Arizona Hospital and Healthcare Association

Question was called on the motion that SB1041 do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 25).

SB1051 – technical correction; military affairs(now: medical board; pro bono registration) – DO PASS

Vice-Chairman Boyer moved that SB1051 do pass.

Ingrid Garvey, Majority Research Analyst, reviewed the provisions of SB1051 which require an applicant for a pro bono registration to supply to the Arizona Medical Board (AMB) the names of each state in which the person is licensed or held a license (Attachment 26). The bill requires the AMB to verify the information with the state's regulatory board either electronically or by hard copy.

Senator Nancy Barto, sponsor, related that SB1051 allow physicians to provide free healthcare in Arizona and still have the necessary oversight.

Names of those who signed up in support of SB1051 but did not speak:
David Landrith, Lobbyist, Arizona Medical Association

Question was called on the motion that SB1051 do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 27).

SB1379 – health professionals; state regulation; exemption(now: volunteer health services; registration) – DO PASS

Vice-Chairman Boyer moved that SB1379 do pass.

Ingrid Garvey, Majority Research Analyst, stated that SB1379 allows health professional regulatory boards to issue a volunteer health service registration to allow a health professional who is not a licensee to practice in this state for a total of up to 14 days each calendar year (Attachment 28).

Senator Nancy Barto, sponsor, related that SB1379 ensures that Arizona is not putting up barriers to health professionals who want to provide free healthcare services to Arizonans in need. It provides oversight while allowing them to move through the registration process quickly.

Chairman Carter thanked the sponsor for continuing to work with stakeholders on this legislation to address their concerns.

Names of those who signed up in support of SB1379 but did not speak:
Richard Bitner, Lobbyist, Arizona State Association of Physician Assistants
David Landrith, Lobbyist, Arizona Medical Association
Rory Hays, Lobbyist, Arizona Nurses Association
Stuart Goodman, Arizona Board of Physical Therapy

Names of those who signed up in opposition to SB1379 but did not speak:
Pat VanMaanen, representing self

Question was called on the motion that SB1379 do pass. The motion carried by a roll call vote of 8-0-0-0 (Attachment 29).

SB1343 – dentists; business entities – DO PASS

Vice-Chairman Boyer moved that SB1343 do pass.

Sophia Horn, Majority Research Intern, stated that SB1343 mandates that business entities providing dental services that are now owned by dentists must register with the Arizona State Board of Dental Examiners (Attachment 30).

Kevin Earle, Executive Director, Arizona Dental Association, in support of SB1343, advised that the bill clarifies an issue regarding a dentist-owned practice and a nondentist-owned practice. There is a provision in statute which states that a practice owned by a licensee would be exempt from registering with the Board and makes some posting requirements.

Names of those who signed up in support of SB1343 but did not speak:
Ryan Harper, Lobbyist, Care for Kids of Arizona LLC; Southwest Dental Group LTD
John MacDonald, Lobbyist, Arizona Dental Association

Question was called on the motion that SB1343 do pass. The motion carried by a roll call vote of 7-0-0-1 (Attachment 31).

SCM1009 – medicare enrollment requirement; physicians; repeal – NOT ASSIGNED

Chairman Carter announced that SCM1009 has not been assigned to the Committee on Health.

Without objection, the meeting adjourned at 12:18 p.m.

Joanne Bell, Committee Secretary
May 12, 2014

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