

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

COMMITTEE ON HEALTH

Report of Regular Meeting
Tuesday, February 10, 2015
House Hearing Room 4 -- 2:00 p.m.

Convened 2:00 p.m.
Recessed 2:01 p.m.
Reconvened 3:12 p.m.
Adjourned 4:57 p.m.

Members Present

Mr. Boyer
Mr. Friese
Mr. Lawrence
Mr. Meyer
Mrs. Cobb, Vice-Chairman
Mrs. Carter, Chairman

Members Absent

Request to Speak

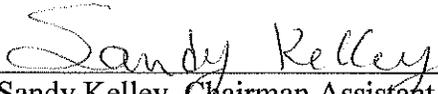
Report – Attachment 1

Presentations

<u>Name</u>	<u>Organization</u>	<u>Attachments (Handouts)</u>
Julie Reisetter	Banner Health	
Deb Dahl	Banner Health	
Cynthia Driskell	Arizona Physical Therapy Association	

Committee Action

<u>Bill</u>	<u>Action</u>	<u>Vote</u>	<u>Attachments (Summaries, Amendments, Roll Call)</u>
HB2238	DP	4-2-0-0	2, 3
HB2373	DP	6-0-0-0	4, 5
HB2492	DP	4-2-0-0	6, 7, 8
HB2556	S/E DPA	5-0-0-1	9, 10, 11


Sandy Kelley, Chairman Assistant
February 11, 2015

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

Information Registered on the Request to Speak System

House Health (2/10/2015)

HB2373, AHCCCS; orthotics

Support:

Kathleen Pagels, Arizona Health Care Association; David Carey, Arizona Disability Advocacy Coalition, Self; Daniella Yaloz Smith, AZ PUBLIC HEALTH ASSOCIATION; Stuart Goodman, Hanger Orthotics; Pat VanMaanen, representing self; sara bode, representing self

All Comments:

sara bode, Self: As a pediatrician I see the importance of podiatry and orthotic services for my patients and think it is a necessary component of primary health care.

HB2492, AHCCCS coverage; ALTCS; medical services

Testified in support:

Larry Litman, representing self; Kathleen Langford, representing self; Kevin Earle, Executive Director, Arizona Dental Association; Barry Aarons, AZ ASSOCIATION OF CHIROPRACTIC; Allison House, representing self; Jeffrey Page, Azpma; Virginia Moore, representing self

Testified as opposed:

Deb Gullett, Arizona Association Of Health Plans

Support:

Kathleen Pagels, Arizona Health Care Association; Don Isaacson, LEADINGAGE ARIZONA; Linda Doescher, representing self; Dean Kidder, representing self; Tim Layton, representing self; Eddie Wagoner, representing self; Cynthia Leach, representing self; Frank Langford, representing self; Tyler Litman, representing self; Joseph Abate, AZ PODIATRIC MEDICAL ASSN, Dentaquest; David Carey, Arizona Disability Advocacy Coalition, Self; Jeffreys Barrett, representing self; Genny Rose, representing self; Sean Mockbee, representing self; Deborah Kappes, representing self; Sylvia Balistreri, representing self; Eva Hamant, representing self; Gina Griffiths, representing self; Ken Green, representing self; Rivko Knox, representing self; Barbara Brown, representing self; Pat White, representing self; Jeanine L'Ecuyer, representing self; Amy Laff, representing self; Stuart Goodman, Hanger Orthotics; Steve Barclay, Arizona Medical Association; Tris Rollins, representing self; Michael Haener, Partner, Arizona Health Care Association; Kyrstyn Richardson, representing self; Cami Baughman, representing self; Matt Ham, representing self; Jan Grutzus, representing self; Leah Shaler, representing self; Jessica Teiman, representing self; Emily Hobart, representing self; Jun kyung Ko, representing self; Yeri Guak, representing self; Brandon Koroni, representing self; Arielle Schulman, representing self; Chelsey Allen, representing self; Diewitt Duong, representing self; Mark Hughes, representing self; Brittany Carter, representing self; George Walrath, representing self; Michael Choi, representing self; Charles Groscoast, representing self; Michelle Gross-Panico, representing self; Stan Szpytek, representing self; Mary Busch, representing self; Michael Lacorte, representing self; William Powley, representing self; Erika Arana, representing self; Edmund Monsef, representing self; Phil Friedlan, representing self; Pat

VanMaanen, representing self; Paula Mitchell, representing self; Timothy Summerhays, representing self; Richard Bitner, Arizona College Of Emergency Physicians; Leonard Clark Clark, representing self; Virginia Leacock, representing self; John MacDonald, Arizona Dental Association; Susan Cannata, The Arc Of Arizona; Tory Anderson, AZ ALLIANCE FOR RETIRED AMERICANS; Laristine Levins, representing self; Tara Plese, AZ Alliance For Community Health Centers; Tom Dorn, THE CORE INSTITUTE

Neutral:

Jennifer Carusetta, AHCCCS

All Comments:

Kathleen Pagels, Arizona Health Care Association: Dental benefits are critical to the health of residents of nursing homes and assisted living; Dean Kidder, Self: Basic dental services are critical in promoting the health and well being of Arizona's most vulnerable elderly population; Tim Layton, Self: These benefits are of critical importance to these patients; especially the Dental benefits. Please keep these benefits funded as they are critical in overall health and well-being. Respectfully, Tim Layton Senior Rehab Solutions.; Larry Litman, Self: Self; Kathleen Langford, Self: Our elderly who have dental pain can be treated with painkillers and antibiotics. We need to do more than this for our seniors! Prisoners get better dental benefits.; Jeffrey Barrett, Self: I represent Maravilla Care Center a skilled nursing facility with an AHCCCS occupancy of 99.5% Dental care is desperately needed in our communities for the best health available to our patients.; Eva Hamant, Self: please vote yes for the dental services for prevention. kids get dental. community plans for medicare people with ID get dental, so please cover the rest of the adults who need it to maintain their health. thank you. Eva Hamant a parent with ADC.; Ken Green, Self: Represent Long Term Care Facility and the numerous ALTCS residents in their quest to get dental coverage re-instated; Rivko Knox, Self: My sister, now deceased, was on AHCCCS, with out dental coverage. Oye!!! The problems!! Medical problems are medical problems and bad teeth and feet can have far reaching and dangerous consequences if not addressed.; Barbara Brown, Self: Winslow Campus of Care provides long term care to 119 indigent residents. Dental care is a critical area of concern for our patients. It is imperative that dental services are reinstated as indicated in HB2492. Thank You, Barbara Brown,Adm; Pat White, Self: Critically important dental benefits provide early diag/trtmt improving outcomes & reducing costs for all. Expensive ER visits are significantly reduced. Estimated that only 9.8% of older adults retire with dental benefits - Mobile Dentistry of AZ; Tris Rollins, Self: Desert Terrace Healthcare Center, 2509 N. 24th St, Phoenix, AZ. This bill is important to hundreds of patients in need of these services that pass through my facility. It is for their dignity and health that I am FOR HB2492.; Cami Baughman, Self: Wellsprings of Gilbert. This bill is imperative to the overall health and quality of life of the residents we serve. By being proactive in dental care, this prevents further medical issues down the road.; Leah Shaler, Self: Immanuel campus of care- this bill is critical to the health, wellbeing and quality of life for all our Medicaid residents the go without dental treatment because they lack the means to pay for this needed service.; Brittany Carter, Self: Arizona Health Care Association; Mary Busch, Self: Do support.; Paula Mitchell, Self: We desperately need this for our residents.; Timothy Summerhays, Self: On behalf of our wonderful residents at Heritage Health Care we express our support for this much needed service.; Susan Cannata, The Arc Of Arizona: dental benefits are critical for persons with intellectual disabilities; Laristine Levins, Self: Resident dental health contributes greatly to their overall health. Many health issues can be avoided by favorable dental care/health, not to mention the mere ability to eat and enjoy your meals. It all leads back to healthcare.; Tom Dorn, THE CORE INSTITUTE: The Center for Orthopedic Research and Education is an Arizona-based international company. CORE strongly supports including podiatry services on the list of what is reimbursable by AHCCCS. We strongly believe preventive care saves the State money.

HB2556, DUI; oral fluid swab test

Testified in support:

Jason Bezozo, Senior Program Director, Government Relations, BANNER HEALTH ARIZONA

Support:

shirley gunther, DIGNITY HEALTH; Steve Barclay, Arizona Medical Association; Michelle Pabis, Government and Public Affairs Exec Director, SCOTTSDALE LINCOLN HEALTH NETWORK; Steven Moortel, BANNER HEALTH ARIZONA; Janice Dinner, representing self; Barbara Meaney, Tenet Healthcare

Oppose:

Elisha Dorfsmith, representing self; cynthia Dorfsmith, representing self; Thomas Woodrow, representing self

All Comments:

shirley gunther, DIGNITY HEALTH: Support the Cobb SE amendment; Steve Barclay, Arizona Medical Association: ArMA supports the striker amendment to be offered on HB 2556; Michelle Pabis, SCOTTSDALE LINCOLN HEALTH NETWORK: support with the Cobb strike everything amendment; Janice Dinner, Self: Support the amendment; Barbara Meaney, Tenet Healthcare: We support the striker.



HOUSE OF REPRESENTATIVES

HB 2238

health professionals; licensure requirements; prohibition
Sponsors: Representatives Boyer: Kern, Senator Ward

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

HB 2238 states a health professional is not required to participate in any public or private third-party reimbursement program as a condition of licensure.

HISTORY

Title 32 of the Arizona Revised Statutes (A.R.S.) contains the laws for Professions and Occupations. A.R.S. § 32-3201 defines *health professional* as a person who is licensed or certified in one of the following:

- Podiatry
- Chiropractic
- Dentistry
- Medicine and Surgery
- Naturopathic Medicine
- Nursing
- Dispensing Optician
- Optometry
- Osteopathic Physicians and Surgeons
- Pharmacy
- Physical Therapy
- Psychologists
- Veterinarians
- Physician Assistants
- Radiologic Technologists
- Homeopathic Physicians
- Occupational Therapy
- Respiratory Care
- Acupuncture
- Athletic Trainers
- Massage Therapy
- Nursing Care Institution Administrators and Assisted Living Facilities Managers
- Midwifery
- Hearing Aid Dispensers, Audiologists and Speech Language Pathologist

Statute outlines each profession's application, education and examination requirements for licensure or certification.

PROVISIONS

1. States a *health professional* is not required to participate in any public or private third-party reimbursement program as a condition of licensure.

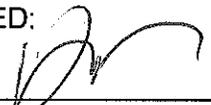
ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - First Regular Session

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2238

DATE February 10, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese			✓		
Mr. Lawrence		✓			
Mr. Meyer			✓		
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		4	2	0	0

APPROVED: 

 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2373

AHCCCS; orthotics

Sponsors: Representatives Brophy McGee, Cobb

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2373 requires AHCCCS contractors to provide services for orthotics when specified conditions are met.

HISTORY

Laws 1981, Chapter 1, established the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona's Medicaid program that oversees contracted health plans for the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. Through contracted health plans across the state, AHCCCS delivers health care to qualifying individuals including low-income adults, their children or people with certain disabilities.

AHCCCS provides medical assistance programs for acute care, long term care and contracts with the Arizona Department of Health Services Division of Behavioral Health Services to bring behavioral health services to its acute care members. The Arizona Long Term Care System program is for individuals over the age of 65, are blind, disabled or need continuing assistance at a nursing facility level of care. As of February 2015 there are approximately 1.6 million individuals enrolled in the AHCCCS program.

PROVISIONS

1. Requires AHCCCS contractors to provide services for orthotics, if all of the following apply:
 - a. The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.
 - b. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.
 - c. The orthotic is ordered by a physician or primary care practitioner.
2. Requires AHCCCS to submit an application for approval of services to the Centers for Medicare and Medicaid Services no later than 30 days after the effective date of this act and additionally AHCCCS must request that the services noted above be approved as soon as practicable.
3. Prohibits AHCCCS from limiting a contractor's ability to approve orthotic services.
4. Requires the contractor to determine whether an orthotic ordered by a physician or primary care practitioner is medically necessary, the preferred treatment option and the orthotic is less expensive than all other treatment options.
5. Contains a conditional repeal.

**ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - First Regular Session**

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2373

DATE February 10, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		6	0	0	0

APPROVED:


HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman


COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2492

AHCCCS coverage; ALTCS; medical services
Sponsors: Representatives Carter, Brophy McGee

X Committee on Health
Committee on Appropriations
Caucus and COW
House Engrossed

OVERVIEW

HB 2492 mandates AHCCCS contractors provide coverage for podiatry services performed by a podiatrist, emergency dental care and extractions for persons over 21, orthotic devices and chiropractic services when ordered by a physician and emergency and preventative dental services for individuals on the Arizona Long Term Care System (ALTCS) program.

HISTORY

Laws 1981, Chapter 1, established the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona's Medicaid program that oversees contracted health plans for the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. Through contracted health plans across the state, AHCCCS delivers health care to qualifying individuals including low-income adults, their children or people with certain disabilities.

AHCCCS provides medical assistance programs for acute care, long term care and contracts with the Arizona Department of Health Services Division of Behavioral Health Services to bring behavioral health services to its acute care members. The ALTCS program is for individuals over the age of 65, are blind, disabled or need continuing assistance at a nursing facility level of care. As of February 2015 there are approximately 1.6 million individuals enrolled in the AHCCCS program.

PROVISIONS

1. Requires AHCCCS contractors to provide the following services for their members:
 - a. Podiatry services that are performed by a podiatrist and ordered by a primary care physician or primary care practitioner.
 - b. Emergency dental care and extractions for persons who are at least 21 years of age.
 - c. Orthotic devices ordered by a physician.
 - d. Chiropractic services ordered by a primary care physician pursuant to rules adopted by AHCCCS.
2. Requires AHCCCS contractors to provide emergency and preventative dental services for individuals on the ALTCS program.

**ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - First Regular Session**

ROLL CALL VOTE

COMMITTEE ON _____ HEALTH _____ BILL NO. HB 2492

DATE February 10, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese	✓	✓	✓		
Mr. Lawrence		✓			
Mr. Meyer			✓		
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		4	2	0	0

APPROVED:


HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman


COMMITTEE SECRETARY

ATTACHMENT _____





HOUSE OF REPRESENTATIVES

HB 2556

DUI; oral fluid swab test
Sponsor: Representative Cobb

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2556 allows a peace officer to request that a person submit to a preliminary oral swab test if there is reasonable suspicion that a person is driving under the influence of alcohol or drugs.

Summary of the Proposed Strike-Everything Amendment to HB 2556

The proposed strike-everything to HB 2556 requires state health care providers, hospitals and outpatient surgical centers and allows other health care entities to conduct quality assurance activities.

HISTORY

Title 36, Chapter 25, Article 1, Arizona Revised Statutes (A.R.S.) governs the quality assurance process for health care entities. Quality assurance is a process that utilizes established standards and criteria in order to investigate the quality of health care through the review of professional practices, training and experience, patient cases or conduct of licensed health care providers. A.R.S. § 36-2401 (2) excludes licensed hospitals and outpatient surgical centers from the quality assurance process.

PROVISIONS

1. Changes the article heading of Title 36, Chapter 25, Article 1, Arizona Revised Statutes from "Health Care Entity Quality Assurance Process" to "Health Care Entity Quality Assurance Activities".
2. Requires state health care providers, hospitals and outpatient surgical centers and allows other health care entities to conduct quality assurance activities.
3. Allows a health care entity to share information with appropriate state agencies and with licensed health care providers that are the subject of quality assurance activities.
4. Permits a health care entity to share quality assurance information with other health care entities.
5. Eliminates the provision of law that relates to the determination of malice by a court of law in regard to the sharing of quality assurance information.
6. States that a health care entity or person involved in quality assurance activities is not subject to liability for civil damages or any legal action in the consequence of such action except as it relates to injunctive relief seeking to correct an erroneous decision or procedure.
7. Allows health care entities to jointly conduct quality assurance activities.

HB 2556

8. States that a health care entity is not relieved of liability arising from the treatment of a patient or from negligent credentialing decisions.
9. Specifies that quality assurance information is confidential and not subject to subpoena or order to produce except:
 - a. In proceedings before an appropriate agency or;
 - b. In actions taken by a licensed health care provider against a health care entity arising from the discipline of the provider or the refusal, termination, suspension or limitation of privileges.
10. States that a health care entity who provides or receives information or who participates in, takes any action in or makes any decision or recommendation for or in the course of quality assurance activities may not be subpoenaed to testify in a judicial proceeding.
11. Permits the representatives of a health care entity to testify as to whether there were quality assurance activities and the date or dates of the quality assurance activities in the event that a legal action is brought against a health care entity.
12. Specifies that the sharing of quality assurance activity information does not waive or impair confidentiality of the information shared
13. Allows governing bodies, administrative and other personnel to participate in quality assurance activities without waiving confidentiality and requires all individuals and entities sharing or receiving quality assurance information to maintain the information confidentially.
14. Directs any state agency or affected licensed health care provider to maintain quality assurance information confidentially when receiving or reviewing such information.
15. Stipulates that any quality assurance information reviewed or received by a state agency or affected licensed provider is not subject to subpoena or orders to produce in legal actions.
16. Clarifies that otherwise discoverable quality assurance information does not become confidential based solely on its submission or consideration by a health care entity conducting quality assurance activities.
 - a. Prohibits a health care entity from producing such information if such a discovery might reveal the deliberative process engaged in during such quality assurance activities.
17. Repeals statute relating to quality assurance review committees.
18. Makes definitional changes to *health care entity*, *health care provider*, *quality assurance activities*, *quality assurance information* and deletes the definition of *malice*.
19. Contains an intent clause.
20. Makes technical and conforming changes.

PROPOSED
HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2556
(Reference to printed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Section 36-2204, Arizona Revised Statutes, is amended to
3 read:

4 36-2204. Medical control

5 The medical director of the emergency medical services and trauma
6 system, the emergency medical services council and the medical direction
7 commission shall recommend to the director the following standards and
8 criteria that pertain to the quality of emergency patient care:

9 1. Statewide standardized training, certification and recertification
10 standards for all classifications of emergency medical care technicians.

11 2. A standardized and validated testing procedure for all
12 classifications of emergency medical care technicians.

13 3. Medical standards for certification and recertification of training
14 programs for all classifications of emergency medical care technicians.

15 4. Standardized continuing education criteria for all classifications
16 of emergency medical care technicians.

17 5. Medical standards for certification and recertification of
18 certified emergency receiving facilities and advanced life support base
19 hospitals and approval of physicians providing medical control or medical
20 direction for any classification of emergency medical care technicians who
21 are required to be under medical control or medical direction.

22 6. Standards and mechanisms for monitoring and ongoing evaluation of
23 performance levels of all classifications of emergency medical care
24 technicians, emergency receiving facilities and advanced life support base
25 hospitals and approval of physicians providing medical control or medical

Adopted # of Verbals _____
Failed _____ Withdrawn _____
Not Offered _____ Analysts Initials _____

1 direction for any classification of emergency medical care technicians who
2 are required to be under medical control or medical direction.

3 7. Objective criteria and mechanisms for decertification of all
4 classifications of emergency medical care technicians, emergency receiving
5 facilities and advanced life support base hospitals and for disapproval of
6 physicians providing medical control or medical direction for any
7 classification of emergency care technicians who are required to be under
8 medical control or medical direction.

9 8. Medical standards for nonphysician prehospital treatment and
10 prehospital triage of patients requiring emergency medical services.

11 9. Standards for emergency medical dispatcher training, including
12 prearrival instructions. For the purposes of this paragraph, "emergency
13 medical dispatch" means the receipt of calls requesting emergency medical
14 services and the response of appropriate resources to the appropriate
15 location.

16 10. Standards for a quality assurance process for components of the
17 emergency medical services system, including standards for maintaining the
18 confidentiality of the information considered in the course of quality
19 assurance and the records of the ~~activities of quality assurance process~~
20 ACTIVITIES pursuant to section ~~36-2401~~ 36-2403.

21 11. Standards for ambulance service and medical transportation that
22 give consideration to the differences between urban, rural and wilderness
23 areas.

24 12. Standards to allow an ambulance to transport a patient to a health
25 care institution that is licensed as a special hospital and that is
26 physically connected to an emergency receiving facility.

27 Sec. 2. Heading change

28 The article heading of title 36, chapter 25, article 1, Arizona Revised
29 Statutes, is changed from "HEALTH CARE ENTITY QUALITY ASSURANCE PROCESS" to
30 "HEALTH CARE ENTITY QUALITY ASSURANCE ACTIVITIES".

31 Sec. 3. Section 36-2401, Arizona Revised Statutes, is amended to read:
32 36-2401. Definitions

33 In this article, unless the context otherwise requires:

- 1 1. "Health care entity" means any of the following:
- 2 (a) A licensed health care provider.
- 3 (b) An entity that provides ~~or contracts to provide~~ health care
- 4 services ~~other than a hospital or outpatient surgical center~~ THROUGH ONE OR
- 5 MORE LICENSED HEALTH CARE PROVIDERS.
- 6 (c) AN ENTITY THAT CONTRACTS TO PROVIDE OR PAYS FOR HEALTH CARE
- 7 SERVICES.
- 8 ~~(c)~~ (d) A professional organization of licensed health care
- 9 providers.
- 10 ~~(d)~~ (e) A utilization or quality control peer review organization.
- 11 ~~(e)~~ (f) A state health care provider.
- 12 ~~(f)~~ (g) A component of the statewide trauma system.
- 13 ~~(g)~~ (h) A qualifying community health center as defined in section
- 14 36-2907.06.
- 15 (i) A COMMITTEE OR OTHER ORGANIZATIONAL STRUCTURE OF A HEALTH CARE
- 16 ENTITY.
- 17 2. "Licensed health care provider" means a person or institution THAT
- 18 IS licensed or certified, ~~or a corporation, all of whose members or~~
- 19 ~~shareholders are licensed or certified,~~ by this state to provide health
- 20 care, medical services, nursing services or other health-related services
- 21 ~~other than a licensed hospital and outpatient surgical center.~~
- 22 ~~3. "Malice" means evil intent and outrageous, oppressive or~~
- 23 ~~intolerable conduct that creates a substantial risk of tremendous harm to~~
- 24 ~~others.~~
- 25 ~~4. "Quality assurance process" means a process that is adopted by a~~
- 26 ~~health care entity and that follows written standards and criteria. The~~
- 27 ~~process includes the activities of a health care entity or any of its~~
- 28 ~~committees that investigate the quality of health care through the review of~~
- 29 ~~professional practices, training and experience, patient cases or conduct of~~
- 30 ~~licensed health care providers, or encourage proper utilization of health~~
- 31 ~~care services and facilities.~~
- 32 3. "QUALITY ASSURANCE ACTIVITIES" MEANS ACTIVITIES OR PROCEEDINGS OF A
- 33 HEALTH CARE ENTITY:

1 (a) THAT ARE ESTABLISHED FOR THE PURPOSES OF REDUCING MORBIDITY AND
2 MORTALITY AND FOR IMPROVING THE QUALITY OF HEALTH CARE OR ENCOURAGING PROPER
3 UTILIZATION OF HEALTH CARE SERVICES AND FACILITIES THROUGH THE REVIEW OF THE
4 QUALIFICATIONS, PROFESSIONAL PRACTICES, TRAINING, EXPERIENCE, PATIENT CARE,
5 CONDUCT, PROCESSES OR DATA OF LICENSED HEALTH CARE PROVIDERS.

6 (b) THAT FOLLOW A PROCESS ADOPTED BY THE HEALTH CARE ENTITY THAT
7 INCLUDES WRITTEN STANDARDS AND CRITERIA.

8 4. "QUALITY ASSURANCE INFORMATION" MEANS INFORMATION IN ORAL, WRITTEN
9 OR DIGITAL FORM THAT IS SUBMITTED TO, PREPARED FOR OR BY OR CONSIDERED BY A
10 HEALTH CARE ENTITY FOR OR IN THE COURSE OF QUALITY ASSURANCE ACTIVITIES,
11 INCLUDING THE RECORD OF THE HEALTH CARE ENTITY'S ACTIONS AND PROCEEDINGS.

12 5. "State health care provider" means a department, agency, board or
13 commission of the state and its officers, agents and employees that is a
14 health care provider to clients, wards, patients or other persons in the
15 control or custody of a department, agency, board or commission of the state
16 and a health care provider rendering health care services on behalf of the
17 state that is covered by insurance or self-insurance pursuant to section
18 41-621, 41-622 or 41-623.

19 Sec. 4. Section 36-2402, Arizona Revised Statutes, is amended to read:

20 36-2402. Quality assurance activities; sharing of quality
21 assurance information; immunity

22 ~~A. The written standards and criteria for a quality assurance process~~
23 ~~must be available to all licensed health care providers that conduct or are~~
24 ~~subject to a quality assurance process.~~

25 A. STATE HEALTH CARE PROVIDERS, HOSPITALS AND OUTPATIENT SURGICAL
26 CENTERS SHALL, AND OTHER HEALTH CARE ENTITIES MAY, CONDUCT QUALITY ASSURANCE
27 ACTIVITIES.

28 B. A HEALTH CARE ENTITY MAY SHARE QUALITY ASSURANCE INFORMATION WITH
29 APPROPRIATE STATE LICENSING OR CERTIFYING AGENCIES AND WITH LICENSED HEALTH
30 CARE PROVIDERS WHO ARE THE SUBJECT OF QUALITY ASSURANCE ACTIVITIES.

31 C. A HEALTH CARE ENTITY MAY SHARE QUALITY ASSURANCE INFORMATION WITH
32 OTHER HEALTH CARE ENTITIES ONLY FOR THE PURPOSE OF CONDUCTING QUALITY
33 ASSURANCE ACTIVITIES.

1 certifying agency, or in actions by an ~~aggrieved~~ A licensed health care
2 provider against a health care entity ARISING FROM THE DISCIPLINE OF THE
3 LICENSED HEALTH CARE PROVIDER OR THE REFUSAL, TERMINATION, SUSPENSION OR
4 LIMITATION OF PRIVILEGES. ~~No member of A health care entity, its staff or~~
5 ~~any A person assisting or furnishing~~ WHO PROVIDES OR RECEIVES information ~~to~~
6 ~~it or participating~~ OR WHO PARTICIPATES IN, TAKES ANY ACTION IN OR MAKES ANY
7 DECISION OR RECOMMENDATION FOR OR in the course of the quality assurance
8 process ACTIVITIES may NOT be subpoenaed to testify in any judicial or
9 quasi-judicial proceeding ~~if such subpoena is based solely on activities~~
10 ~~relating to~~ RELATING TO THE SUBJECT MATTER OF the quality assurance process
11 ACTIVITIES.

12 B. This article shall not be construed to affect any patient's claim
13 to privilege or privacy or to prevent the subpoena of a patient's health care
14 records if they are otherwise subject to discovery. IN ANY LEGAL ACTION
15 BROUGHT PURSUANT TO SECTION 36-2402 IN WHICH IT IS ALLEGED THAT QUALITY
16 ASSURANCE ACTIVITIES WERE INADEQUATE OR WERE NEGLIGENTLY CONDUCTED,
17 REPRESENTATIVES OF A HEALTH CARE ENTITY ARE PERMITTED TO TESTIFY ONLY AS TO
18 WHETHER THERE WERE QUALITY ASSURANCE ACTIVITIES RELATING TO THE SUBJECT
19 MATTER BEING LITIGATED AND THE DATE OR DATES OF THE QUALITY ASSURANCE
20 ACTIVITIES.

21 ~~C. Information considered by a health care entity and the records of~~
22 ~~its actions and proceedings which are used pursuant to subsection A of this~~
23 ~~section by a state licensing or certifying agency or in an appeal shall be~~
24 ~~kept confidential and shall be subject to the same provisions concerning~~
25 ~~discovery and use in legal actions as are the original information and~~
26 ~~records in the possession and control of a health care entity.~~

27 ~~D. This section applies to a committee consisting of two or more~~
28 ~~qualifying community health centers as defined in section 36-2907.06 to~~
29 ~~review quality assurance information.~~

30 C. SHARING OF INFORMATION ABOUT QUALITY ASSURANCE ACTIVITIES IN
31 ACCORDANCE WITH SECTION 36-2402 DOES NOT WAIVE OR OTHERWISE IMPAIR THE
32 CONFIDENTIALITY OF THE INFORMATION SHARED. GOVERNING BODIES AND
33 ADMINISTRATIVE AND OTHER PERSONNEL OF A HEALTH CARE ENTITY MAY PARTICIPATE IN

1 QUALITY ASSURANCE ACTIVITIES WITHOUT WAIVING CONFIDENTIALITY. ALL
2 INDIVIDUALS OR ENTITIES SHARING OR RECEIVING QUALITY ASSURANCE INFORMATION
3 SHALL MAINTAIN THE INFORMATION CONFIDENTIALLY IN ACCORDANCE WITH THIS
4 SECTION.

5 D. A STATE AGENCY OR THE AFFECTED LICENSED HEALTH CARE PROVIDER
6 RECEIVING OR REVIEWING QUALITY ASSURANCE INFORMATION PURSUANT TO SECTION
7 36-2402 SHALL MAINTAIN THE INFORMATION CONFIDENTIALLY, AND SUCH ENTITIES AND
8 INDIVIDUALS ARE SUBJECT TO THE SAME PROVISIONS CONCERNING DISCOVERY AND USE
9 IN LEGAL ACTIONS AS ARE HEALTH CARE ENTITIES.

10 E. EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, INFORMATION THAT
11 IS OTHERWISE DISCOVERABLE DOES NOT BECOME CONFIDENTIAL BASED SOLELY ON ITS
12 SUBMISSION TO OR CONSIDERATION BY A HEALTH CARE ENTITY CONDUCTING
13 CONFIDENTIAL QUALITY ASSURANCE ACTIVITIES. A HEALTH CARE ENTITY CONDUCTING
14 QUALITY ASSURANCE ACTIVITIES MAY NOT PRODUCE SUCH INFORMATION IF DISCOVERY OF
15 SUCH INFORMATION MIGHT REVEAL THE DELIBERATIVE PROCESS ENGAGED IN DURING SUCH
16 QUALITY ASSURANCE ACTIVITIES.

17 Sec. 6. Repeal

18 Section 36-2404, Arizona Revised Statutes, is repealed.

19 Sec. 7. Intent

20 The intent of this act is to allow more health care entities to conduct
21 quality assurance activities and to specifically allow the sharing of quality
22 assurance information between entities without a waiver of privilege. It is
23 not the intent of this act to broaden the definitions of quality assurance
24 activities or quality assurance information."

25 Amend title to conform

REGINA COBB

2556rc
02/05/2015
10:54 AM
C: mjh

**ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - First Regular Session**

ROLL CALL VOTE

COMMITTEE ON _____ HEALTH _____ BILL NO. HB 2556

DATE February 10, 2015 MOTION: S/Edpa

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

APPROVED:



HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman

Sandy Kelly
COMMITTEE SECRETARY

ATTACHMENT _____