

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

COMMITTEE ON HEALTH

Report of Regular Meeting
Tuesday, March 3, 2015
House Hearing Room 4 -- 2:00 p.m.

Convened 3:07 p.m.

Recessed

Reconvened

Adjourned 4:40 p.m.

Members Present

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

Members Absent

Request to Speak

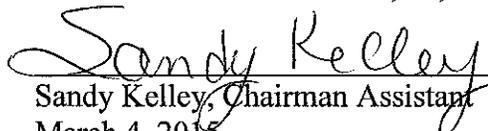
Report – Attachment 1

Presentations

<u>Name</u>	<u>Organization</u>	<u>Attachments (Handouts)</u>
David Besst	Department of Economic Security, Division of Aging and Adult Services	2
Lois von Halle	Arizona Caregiver Coalition	3

Committee Action

<u>Bill</u>	<u>Action</u>	<u>Vote</u>	<u>Attachments (Summaries, Amendments, Roll Call)</u>
SB1010	DP	6-0-0-0	4, 5
SB1012	DP	6-0-0-0	6, 7
SB1136	DP	6-0-0-0	8, 9
SB1212	DP	5-0-0-1	10, 11
SB1215	DP	6-0-0-0	12, 13
SB1258	HELD		
SB1290	HELD		
SB1370	DP	6-0-0-0	14, 15, 16


Sandy Kelley, Chairman Assistant
March 4, 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 (3/3/2015)

SB1258, medical board; affiliation verification; rulemaking

Support:

Steve Barclay, Arizona Medical Association; Stuart Goodman, Arizona Medical Board; Tara Plese, AZ Alliance For Community Health Centers; Barbara Fanning, Arizona Hospital And Healthcare Association

SB1290, independent medical examinations; board complaints

Support:

Steve Barclay, Arizona Medical Association; Pete Wertheim, Other; J. Michael Powers, representing self; Carol Peairs, representing self; Amanda Rusing, American Insurance Association; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Jason Jameson, representing self; Steven Moortel, Banner Hospital; Jeff Gray, AZ SELF-INSURERS ASSOC

Oppose:

Anthony Yeung, MD on behalf of patients, representing self; Stephanie Helsten, representing self; Justin Field, representing self

All Comments:

Anthony Yeung, MD on behalf of patients, Self: IME's are abused. The bill protects the rogue, mercenary physicians who can be shown to provide opinions that injure or deny treatment to injured parties. I have personal knowledge of abuses. Legitimate differences in opinion need no protection.; Stephanie Helsten, Self: Need amendment to protect patient. Must allow AMB the ability to censor/restrict the license of any physician proven to give false or rogue opinion in favor of the entity that pays for the IME that it becomes unprofessional conduct.

SB1136, nursing facility assessment; continuation

Testified in support:

Dave Ellis, representing self; Kathleen Pagels, Arizona Health Care Association

Support:

Sylvia Balistreri, representing self; Genny Rose, representing self; Sean Mockbee, representing self; Kristie Larsen, representing self; Susan Hornbostel, representing self; Jennifer Vandivort, representing self; Gretchen Cobb, representing self; David Ornelas, representing self; Ronald Estes, representing self; Tim Layton, representing self; Phil Friedlan, representing self; Cynthia Leach, representing self; Bob Roth, representing self; Cheryl Knupp, representing self; Deborah Platt, representing self; Don Isaacson, LEADINGAGE ARIZONA; Steve Koinacki, representing self; Donna Taylor, representing self; Toni Horton, representing self; Blaine Enghusen, representing self; Allan Tramel, representing self; Paula Mitchell, representing self; Patty Freeman, representing self; Eileen

McCain, representing self; Terry Granger, representing self; Maya Castillo, representing self; Blake Gillman, representing self; Dean Kidder, representing self; Kurtis Yocum, representing self; John Kirby, representing self; Sean Hill, representing self; Virginia Leacock, representing self; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Jeanine L'Ecuyer, representing self; Ken Kidder, representing self; Cheyenne Walsh, LEADINGAGE ARIZONA; Tara Plese, AZ Alliance For Community Health Centers; Linda Anderson, representing self; Kyrstyn Richardson, representing self; Joshua Albrechtsen, representing self; Kathryn Nail, representing self; Denise Banchs, representing self; Doug Haney, representing self; Tim Nelson, representing self; Kim Doiron, representing self; Breanna Partain, representing self; Terry Speth, representing self; Pierre Napier, representing self; Karina Villacorta, representing self; Lisa Zaitz, representing self; David Dunyon, representing self; Nigel Santiago, representing self; Julie Uychiat, representing self; James Guschl, representing self; Susan Goad, representing self; Paul Friedlan, representing self; Barbara Fanning, Arizona Hospital And Healthcare Association; Kathleen Langford, representing self; Frank Langford, representing self; Leah Shaler, representing self; Maria Ordaz, representing self; Aron Medeiros, representing self; Ellen Cote, representing self; Amy Rhudy, representing self; Jayson Hunt, representing self; Adriana Holman, representing self; Heather Friebus, representing self; Sherri Eschberger, representing self; Brett Ottley, representing self; Jaime McGrath, representing self; Ryan Cornelius, representing self; Darunee Armenta, representing self; Jill Preston, representing self; Sarah Kaufman, representing self; Christine Courtney Fischbeck, representing self; Timothy Summerhays, representing self; Barbara Archuleta, representing self; Kathleen Jones, representing self; Marjorie Barsona, representing self; Lance Taylor, representing self; Brittney Phelps, representing self; Connolly, representing self; Jennifer Nealon, representing self; Eddie Wagoner, representing self; Mack Harrison, representing self; Ross Higgins, representing self; Willa Irvin, representing self; Kathie Jenkins, representing self; Hilda Ornelas, representing self; Don Hornbostel, representing self; Cheryl Paulovich, representing self; Lucy Restrepo, representing self; Steve Romero, representing self; Jim Sage, representing self; Diane Sloan, representing self; Tony Wilson, representing self

All Comments:

Sylvia Balistreri, Self: Arizona Health Care Association; Genny Rose, Self: This bill is critical to the future of quality healthcare for vulnerable seniors.; Susan Hornbostel, Self: Keep this provider assessment to continue Federal Funding of ALTCS in nursing homes. No general funds are touched.; Gretchen Cobb, Self: The continuation of the self-assessment is critical to the senior living sector. Skilled nursing for low income will cease if this bill does not pass.; Ronald Estes, Self: I am the Chief Financial Officer of LifeStream Complete Senior Living, a non-profit, 501(c)(3) organization with four campuses located in the greater Phoenix area. I respectfully request members of the House Health Committee vote in favor of SB1136.; Tim Layton, Self: Senior Rehab Solutions. SB1136 provides critical funding to skilled nursing facilities. These facilities must have this funding in order to remain open and continue to provide critically needed care to Arizonians each of you are representing.; Dave Ellis, Self: I represent LifeStream Complete Senior Living, Inc.; Deborah Platt, Self: I will be represented by Leading Age. I do not want to speak. Thank you; Steve Kolnacki, Self: This Bill is critical to the operations of long term care /SNF facilities in AZ. Skilled Nursing care for low income seniors will be dramatically affected if this bill does not pass. THIS IS CRITICAL!; Toni Horton, Self: This bill is very important to nursing facilities who provide care to those on the ALTCS program and to the residents who live there.; Allan Tramel, Self: Save our federal matching dollars; Paula Mitchell, Self: This

is critical for the continued care of long term residents in our facilities in Arizona. Please vote yes to save the homes of thousands of vulnerable elderly residents.; Eileen McCain, Self: If the 3% proposed decrease in rates for 4/1/15 is enacted for SNFs it will offset any gains we made 4 months ago along with this cut it will drop us below the 2009 rates. Bill SB1136 extends the sunset date until 2023.; Terry Granger, Self: This is probably the most important bill to come to the House in 10 years for the survival of the nursing home industry. We must see this bill pass or we, our staff, and our frail residents will be severely negatively impacted. Please vote to pass.; Maya Castillo, Self: Bandera Healthcare; Troy Toolson, Self: For many facilities in the state this assessment is the difference between staying open for business and closing; Virginia Leacock, Self: I represent Villa Maria Care Center in Tucson, AZ. This bill is crucial for the financial stability of facilities struggling to provide quality care within the financial confines of the reimbursement structure. Please consider the continuation.; Sean Hill, Self: Sunview Health and Rehabilitation - It is imperative to our booming baby boomer population that this bill be passed. This money is utilized in so many ways to help our employees take great care of our aging population. It truly serves both parties.; Ken Kidder, Self: As a Skilled Nursing Facility Administrator I support this bill.; Joshua Albrechtsen, Self: I represent Bella Vita Health and Rehabilitation Center, a long-term nursing home for many ALTCS members. The funding from this bill is crucial for the continued care and financial health of Bella Vita and our 150 residents. Please vote Yes on SB1136; Christie Leath, Self: Constituent This bill will bring needed additional Medicaid funding to the state. I've worked in the long term care industry for 22 yrs and understand that we need to provide more care for fewer dollars today.; Forrest Peterson, Self: We represent Montecito Post- Acute in Mesa, and 109 patients who are benefiting from this who we could not support without this bill.; James Guschl, Self: It is imperative that we continue this funding. So many elderly and vulnerable citizens of Arizona rely on these facilities for care and without the continuation of this funding, many facilities may close.; Susan Goad, Self: This bill represents a viable solution to continue to provide quality care to seniors of Arizona who depend on funding from Medicaid.; paul friedlan, Self: absolutely critical to our residents' care in skilled nursing facilities.; Leah Shaler, Self: Leah Shaler, Immanuel Campus of Care; Brett Ottley, Self: Scottsdale Nursing & Rehab Center; Courtney Fischbeck, Self: Financially necessary to continue to care for the Medicaid population.

SB1212, behavioral health examiners board

Testified in support:

Stuart Goodman, Arizona Board Of Behavioral Health Examiners

Support:

Jeremy Arp, NATIONAL ASSOCIATION OF SOCIAL WORKERS, ARIZONA CHAPTER; Bahney Dedolph, representing self; Tara Plese, AZ Alliance For Community Health Centers; Elizabeth Forsyth, ARIZONA COUNSELORS ASSOCIATION; Emily Jenkins, Arizona Council Of Human Service Providers

All Comments:

Jeremy Arp, NATIONAL ASSOCIATION OF SOCIAL WORKERS, ARIZONA CHAPTER: NASWAZ supports SB1212.

SB1370, controlled substances prescription monitoring program

Testified in support:

Pete Wertheim, Other

Support:

Steve Barclay, Arizona Medical Association; Susan Cannata, The Arizona Academy Of Family Physicians; Susan Cannata, MARICOPA COUNTY; Richard Bitner, Arizona College Of Emergency Physicians; Barbara Fanning, Arizona Hospital And Healthcare Association; Susie Stevens, Arizona Veterinary Medical Association

SB1010, dispensing opticians; continuing education**Testified in support:**

Dale Nyblade, representing self

Support:

Lori Scott, representing self; Sheri Mayes, representing self

All Comments:

Lori Scott, Self: I am the Executive Director for the Dispensing Opticians Board. I will be happy to answer any questions.; Dale Nyblade, Self: I am chairman of the Arizona State Board of Dispensing Opticians

SB1012, osteopathic board; licensure; regulation**Support:**

Richard Hofelich, representing self; Pete Wertheim, Other; Barbara Fanning, Arizona Hospital And Healthcare Association; Joseph Abate, AZ OSTEOPATHIC MEDICAL ASSN

SB1215, respiratory care; temporary licensure; repeal**Support:**

Jack Confer, Executive Director, AZ STATE BOARD OF RESPIRATORY CARE

Arizona Lifespan Respite Program

A Presentation to the House Health Committee

March 3, 2015

David Besst
Program Services Manager
Division of Aging and Adult Services



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

What is Lifespan Respite?

- A.R.S. §46-171 definitions:
 - “Lifespan Respite Care” means a coordinated system of accessible, community-based respite care services for family caregivers of children or adults with special needs.
 - “Respite Care” means short-term care and supervision services that are provided to an individual to relieve the individual’s caregiver.
- Designed to link family caregivers with respite services they may be eligible for, but are not receiving, and provides respite services to caregivers not eligible for any other publically funded programs.

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Respite Care in Arizona

- The Lifespan Respite Program (LRP) collaborates with the Arizona Caregiver Coalition, using the toll-free Caregiver Resource Line to identify & serve family caregivers across Arizona.
- Respite available in different forms:
 - In-home Respite
 - Adult/Child Day Care
 - Participant Directed Vouchers
- Various programs offer respite
 - DES Division of Aging & Adult Services
 - DES Division of Developmental Disabilities
 - DES Division of Child Support Services
 - ALTCS and Medicare Hospice
- Eligibility and availability vary from program to program.



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Respite Care in Arizona

- The Arizona Family Caregiver Support Program (FCSP) is the primary funder of respite services provided to caregivers of frail older adults.
 - Federally funded by the Older Americans Act
 - Provided respite to 760 caregivers in FFY14 through the Area Agencies on Aging, with another 480 caregivers on waiting lists.
- LRP served 109 additional family caregivers through respite vouchers in FFY-14, utilizing funding from a federal grant that ended last October. Additional funding through a federal grant may become available in the future, but it will be a competitive process with no guarantee that Arizona would receive funding.

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Needs and Outcomes

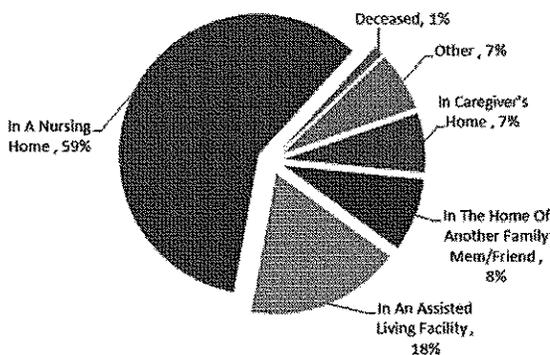
- Overall, Arizona currently provides respite services to a very small percentage of family caregivers.
- According to an AARP study in 2012, there are 855,000 family caregivers providing care to a loved one in Arizona.
- These caregivers provide over \$9B in unpaid care that helps keep their loved ones living at home vs. being placed in a more expensive setting such as Assisted Living or a Nursing Home.

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Needs and Outcomes

Where Care Recipient Would Live if Unable to Have Caregiver Support Services



Source: 2014 National Survey of Older Americans Act Participants. <http://www.aoia.aol.gov/>

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Conclusions

- Respite Care is a critical component to supporting family caregivers.
- Respite Care delays placement of the caregiver's loved one into a much more expensive institutional setting.
- Lifespan Respite is the only caregiver support program that serves caregivers across the lifespan and spectrum of various care recipients.
- The LRP partnership with the Arizona Caregiver Coalition creates a true community-based program that helps to build a stronger Arizona.

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Thank You!



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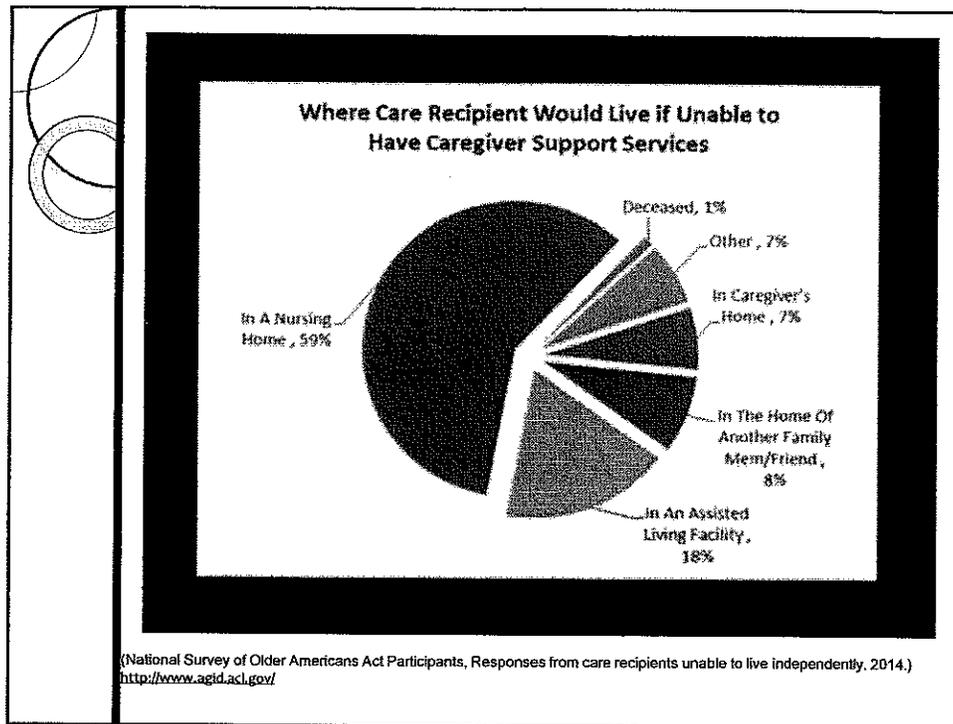


HB 2170 Lifespan Respite Care

Keeping Arizona families strong and taking care of their own

Why we provide support to family caregivers?

- Arizona currently has approximately 855,000 caregivers who care for loved ones of all ages. Value at 9.4 Billion a year. - AARP *Public Policy Institute, 2014 Update.*
 - Keep Arizona families strong and taking care of their own
 - 63 % more mortality than non caregivers (ACL, 2012).
- Caregivers provide cost of care at a fraction of the cost of institutionalization
- Receiving no support results in:**
- Premature placements in nursing homes
 - Overburden of Arizona Medicaid Program
 - Caregiver's loss or reduction of employment



Economic Saving to Arizona

- The value of the uncompensated care provided by family caregivers is 1.12 times greater than the state spent on AHCCCS in a year for institutional stays and services to help people remain at home. (AARP, 2015)
- ALTCS services projected annual expenditures for FY 2015= \$167,797,400 (state general fund). (AZAHCCCS, Monthly Reports/FY2015)
- 56,563 people utilize ALTCS services as of 2/1/2015
 - Categories for ALTCS: developmental disabilities, physically disabled, and frail elderly. (AZAHCCCS, Populations Statistics/FY2015)
- ALTCS population has increased from 45,915 to 56,110 from July 2008 to October 2014. (AZAHCCCS, AHCCCS Demographics/Nov. 2014)
- The need for caregiving will only increase as the number of people needing caretaking increases. (AZAHCCCS, Populations Statistics/Nov. 2014 AHCCCS Demographics)

Out of Home Placement Costs

- In 2012 a private room in a nursing home cost an average of \$240 daily/ \$90,500+ annually
(USNews, Health, Feb. 2013).
- In 2015 a contract for an ALTCs Assisted Living facility home costs
(Daniel Robescu, Good Hands Placement, communication Feb. 2015).
 - Mercy Care and Bridgeway pay \$1680 - \$1800 average cost per month
 - \$21,600 annually per person
 - United Health Care pay \$2200, \$2500, \$2800 cost per month based on level of care.
 - \$26,400, \$30,000, \$33,600 annually per person



Arizona Lifespan Respite Care Program

- 4th Lifespan Respite Care signed into law in the nation, 2007.
- Lifespan Respite Care Program. §46-171
 - Definitions
 - 1. "Lifespan Respite Care" means a coordinated system of accessible, community-based respite care services for family caregivers of children or adults with special needs.
 - "Respite Care" means short-term care and supervision services that are provided to an individual to relieve the individual's caregiver.





Lifespan Respite Program Federal Funding from 2009 - 2014

- 1st Federal Lifespan Respite Care Program awarded ADES, Div. of Aging and Adult Services awarded \$200,000 between 2009 – 2012 federal grant for the LRP
- 2nd Federal Lifespan Respite Care Program awarded additional \$250,000 in 2012 – Sept. 30, 2014
- Requesting appropriations for dollars that will leverage the program in order to sustain the support services for all Arizonans





Requirements Met §46-171 Arizona Lifespan Respite Care Program

1. ESTABLISH A RESPITE PROGRAM FOR PRIMARY CAREGIVERS OF INDIVIDUALS WHO DO NOT CURRENTLY QUALIFY FOR OTHER PUBLICLY FUNDED RESPITE SERVICES.
 - ✓ **Arizona Respite Locator**
 - ✓ **Respite Voucher Reimbursement Services**
2. COORDINATE WITH OTHER RESPITE SERVICES, INCLUDING SERVICES THAT ARE PROVIDED PURSUANT TO TITLE 36, CHAPTER 5.1 AND SECTIONS 36-2939, 36-3407 AND 46-193.
 - ✓ **National Respite Locator**
 - ✓ **Statewide Caregiver Resource Line**
 - ✓ **Arizona Respite Locator**
 - ✓ **Under development a Developmental Disability portal identifying approved independent providers by the ADES, Department of Developmental Disabilities on the Arizona Respite Locator**
3. SUPPORT THE GROWTH AND MAINTENANCE OF A STATEWIDE RESPITE COALITION
 - ✓ **Non-government operated statewide coalition called Arizona Caregiver Coalition**
 - ✓ **18,00 members strong**
 - ✓ **50 + Supporters and Stakeholders**
 - ✓ **Caregiver Advocates Volunteers**



Requirements Met §46-171 cont...

5. IDENTIFY LOCAL TRAINING RESOURCES FOR RESPITE CARE PROVIDERS.
 - ✓ Direct Care Workers Training – approved training for ALTCS, DDD
 - ✓ Assisted Living Caregiver Certification
 - ✓ Respite Education Support Training (REST – National Volunteer Respite Training)
 - ✓ Powerful Tools for Caregivers Workshops
 - ✓ Family Caregiver Training

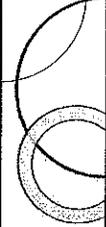
6. LINK FAMILIES WITH RESPITE CARE PROVIDERS AND OTHER TYPES OF RESPITE CAREGIVER CONSULTANTS
 - ✓ Statewide Caregiver Resource Line
 - ✓ Arizona Respite Locator
 - ✓ Respite Voucher Reimbursement Program

7. CREATE AN EVALUATION TOOL FOR RECIPIENTS OF RESPITE CARE TO ASSURE QUALITY CARE
 - ✓ Caregiver Assessment Tool (CAT)
 - ✓ CAT used in Case Managed assessments used at all Area Agencies on Aging
 - ✓ Eligibility requirement for Respite Voucher Reimbursement Service

Caregiver Resource Line



- Staffed by trained caring VOLUNTEERS who are were caregivers themselves
- These volunteers answer approximately 300 callers a month
- Statewide Resource Line – anyone can call or email for support, information and referral
- “One-stop shop” support, information and referrals for a wide array of community support services including access to respite care
 - The power of volunteerism - our volunteers match callers with 50+ dynamic nonprofits statewide to promote independence. All services including but not limited to transportation and respite care provided by trained caring volunteers at no charge, except Meals on Wheels
 - Connects caller to AZ Links website: www.AZLinks.gov
- No eligibility requirements to use this service



Arizona Respite Locator

- This innovative database fills a critical need in our state, making it easier to have personal freedom to choose respite and direct care workers
- Database of over 550 respite and direct care workers and providers
- Gives families the personal freedom to choose a provider who meets their needs
- Families pay and coordinate their own supports by best matching their particular needs by skills, experience, location, and cost of workers and/or agencies
- Increasing access to the workforce of respite and direct care workers
- No eligibility requirements to use this service



Who uses these services?

Family caregivers and all people caring for people of all ages and all communities:

- Children, youth, and adults with chronic illnesses and disabilities (birth – 18), (19 – 59) including seriously those caring for the mentally ill, children and adults with developmental disabilities
- Aging adults and the elderly (60 or older)
- Particularly those with Memory Loss, other related dementias, and Alzheimer's of any age)
- Kinship Caregivers, Grandparents Raising Grandchildren, and/or any adult caring for a child in the absence of a parent
- Respite and Direct Care Workers, paid caregivers
- Para-professionals, agencies licensed professionals



Respite Voucher Reimbursement Service



- This service is intentionally streamlined to allow easy simple access for a caregivers to take a short temporary break from their duties
- Helping people remain living independent and keeping Arizona families strong and taking care of their own
- Targeting families that are falling through the cracks
- Families are reimbursed for the money they spend at a rate of \$300 per quarter, with a maximum of \$1200 a year

Respite is the #1 requested service for family caregivers.
(Jill Kagan, ARCH the National Respite Network)

Respite Voucher Eligibility Requirements



- Completion of Caregiver Assessment Tool
 - Evidence based
- Caregiver and loved one must live in same household
- The care recipient may have certain eligibility requirements related to their age, condition and/or caregiver performing 2 or more Activities of Daily Living (ADL's)
- **Currently not receiving any publicly funded respite services**
- Family caregiver must reapply each quarter
- Unduplicated service

81% of families report respite services enable them to provide care longer (ACL, 2012)

Restoration of Funding

- The restoration of funds for the Lifespan Respite Care Program will continue the services now in jeopardy
- Amount requested lowered from \$500,00 to \$250,000 to be appropriated for Lifespan Respite Care Program from the state general fund to the Department of Economic Security in FY2015-2016 for the Lifespan Respite Care program



HB 2170 Lifespan Respite Care

Keeping Arizona families strong and taking care of their own!

Testimonies . . .

Thank you so much for all of the helpful information. I really do appreciate it.

MM 12/2012

The impact of doing all this caregiving business means that I can see the light at the end of the tunnel when I know I have even 4 hours of respite. I live for those few precious hours of respite! BJC 6/2014

My purpose in writing is to let you know how grateful I am to your coalition. I want to thank you for all your helpful options. MU 4/24/14

Thank you, LvH (Caregiver Advocate Volunteer). I really appreciate the time you spent explaining the various programs available for my elderly mother.

I'm especially encouraged by the opportunity so my family caring for my mother might have some relief through Respite Voucher Reimbursement service. LLC 11/13

Thank you for just listening to me rattle. I really appreciate the service because I know I can just call and someone will listen to what's stressing me out. It really does help. Author Unknown 2/07/15

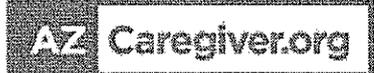
My purpose in writing is to let you know how grateful I am to your coalition. The resources you provided me are wonderful. MU 4/24/14



Questions?



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona





HOUSE OF REPRESENTATIVES

SB 1010

dispensing opticians; continuing education

Sponsor: Senator Barto

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

SB 1010 increases the amount of continuing education for dispensing opticians.

HISTORY

Arizona Revised Statutes (A.R.S.) § 32-1672 established the Arizona Board of Dispensing Opticians (Board) with the mission to make sure that the consumers of the State of Arizona are afforded quality optical services. The board consists of seven members appointed by the governor including five licensees in good standing and two members of the public. Each member is required to serve for a term of five years. In order to practice as a dispensing optician in Arizona, a person is required to obtain a valid license issued by the Board.

A.R.S. § 32-1687 requires all licensed dispensing opticians to complete a continuing education requirement. Opticians can satisfy the continuing education requirement by home study courses or attending seminars and are not required to join a professional association of dispensing opticians in Arizona in order to fulfill the requirement. Currently, statute requires dispensing opticians to complete 12 hours of continuing education every three years.

PROVISIONS

1. Increases the amount of continuing education for dispensing opticians from 12 to 21 hours every three years.

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

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. SB 1010

DATE March 3, 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

SB 1012

osteopathic board; licensure; regulation

Sponsor: Senator Barto

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1012 makes various changes to statute regarding the Board of Osteopathic Examiners in Medicine and Surgery (Board).

HISTORY

Laws 1970, Chapter 138, established the Board of Osteopathic Examiners in Medicine and Surgery. The Board regulates over 2,500 doctors of osteopathic medicine and regulates over 200 osteopathic interns and residents receiving post-graduate training in Arizona hospitals and clinics.

The Board is composed of five osteopathic doctors and two members of the public who shall not be in any manner connected with, or have an interest in, any school of medicine or any person practicing any form of healing or treatment of bodily or mental ailments and who has demonstrated an interest in the health problems of the state. The governor appoints each member to a five-year term. Each member may serve a second consecutive term, if re-appointed.

The mission of the Board is to protect the public by setting educational and training standards for licensure, and by reviewing complaints made against osteopathic physicians, interns, and residents to ensure that their conduct meets the standards of the profession.

PROVISIONS

Locum Tenens

1. Permits the Board or Director to require an applicant to submit to a personal interview to provide appropriate information regarding the applicant's ability to practice under locum tenens registration.
 - a. States that the applicant is responsible for all costs relating to the interview.
2. Allows the Board to deny an application for any professional misconduct that would constitute grounds for disciplinary action pursuant to statute or as determined by a competent foreign or domestic jurisdiction.
3. Specifies that a locum tenens registrant is subject to the same disciplinary provisions relating to an osteopathic physician.

License Renewal

4. Removes the requirement that the Director send a license renewal notification to a licensee by way of first class mail.
5. Specifies that a licensee must complete 40 clock hours of continuing education every two years, rather than 20 hours each year.

Fifty-second Legislature
First Regular Session

Analyst Initials SG
Feb: 2017

Attachment 6

Training Permits

6. States that in order for a person to obtain a training permit granted by the Board, the applicant is required to submit an application that shows proof of the following:
 - a. The applicant's name on the application is valid;
 - b. Graduation from an approved school;
 - c. Citizenship or resident alien status;
 - d. Participation in any postgraduate training;
 - e. Passage of approved examinations appropriate to the applicant's level of education and training;
 - f. The applicant has not engaged in unprofessional conduct and proof of rehabilitation if professional misconduct has occurred;
 - g. Good moral conduct; and
 - h. Physical, mental and emotional ability to practice medicine or consent to a contingent permit or entry into a confidential substance abuse treatment program if the applicant is limited, restricted or impaired in their ability to practice medicine.
7. Specifies that the information that an applicant submits to the Board must be on a form and in a manner prescribed by the Board.

Teaching Licenses

8. Allows a doctor of osteopathic medicine, not licensed in this state to be employed as a full-time faculty member of a school of osteopathic medicine in this state that is approved by the American Osteopathic Association.
9. Exempts teaching license holders from continuing education and examination requirements.
10. Permits the Board or Director to require an applicant, at their own expense, to submit to the following:
 - a. A personal interview which may include questions regarding medical knowledge and other relevant matters;
 - b. A physical examination;
 - c. A mental examination; or
 - d. Any combination of the three.
11. Specifies that if an interview or examination is required, the Board must prescribe a reasonable time and place in order to receive necessary information regarding the applicant's ability to meet licensure requirements.
12. Allows the Board to deny a license for any unprofessional conduct that would constitute grounds for disciplinary action pursuant to statute or as determined by a competent domestic or foreign jurisdiction.
13. Stipulates that teaching licensees holders are subject to the same disciplinary provisions as licensed Arizona osteopathic physicians.

Retired Licenses

14. Requires the Board to waive a physician's biennial renewal fee if certain conditions are met and the person does not have any pending complaints or open disciplinary matters before the Board.
15. Requires a retired physician, who has been granted retired status by the Board, to submit a renewal of retired status every two years.

16. Allows the Board to:
 - a. Deny the request of a retired physician to be reinstated to active status;
 - b. Place the licensee on probation; or
 - c. Issue a limited license that requires general or direct supervision by another licensed doctor of osteopathy for not more than one year.

Pro Bono Registration

17. Allows the Board to issue a pro bono registration for a total of 60 days each calendar year performed either consecutively or cumulatively, to a doctor of osteopathy not licensed in this state if all of the following requirements are met:
 - a. An active and unrestricted license is held in the United States or its territories;
 - b. A license has never been revoked or suspended by a health profession regulatory board of another jurisdiction;
 - c. An applicant for pro bono registration is not the subject of an unresolved complaint;
 - d. Application for registration is done on an annual basis as prescribed by the Board; and
 - e. All medical services are rendered free of charge and no salary is accepted or only initial or follow-up examinations are performed at no cost to the patient and the patient's family through a charitable organization.
18. Requires an applicant to provide the Board the name of each state in which a license is, or has been held.
19. Requires the Board to verify that an applicant holds or has held a license, has not had a license revoked or suspended and is not the subject of an unresolved complaint.
 - a. Allows the Board to accept the verification of information either electronically or by hard copy.

Unprofessional Conduct

20. Specifies the following constitute an act of unprofessional conduct:
 - a. Knowingly, rather than wilfully betraying a professional secret;
 - b. Practicing medicine while under the influence of a dangerous drug, as defined in the criminal code; and
 - c. Failing or refusing to establish and maintain adequate records on an adult or child patient for at least six, rather than seven years after the last date the licensee provided medical or health care services.
21. Changes the timeframe requirement relating to how long medical records must be retained for a patient who has died.

Disciplinary Action

22. Allows the Board to issue a letter of concern if:
 - a. Upon completion of an investigation, the Board finds evidence to be not of sufficient seriousness to merit direct action against a physician's license; or
 - b. The Board deems it necessary upon completion of an investigative hearing and competence examination.
23. Specifies that sworn statements of witnesses may be considered in an investigative hearing, rather than at a formal hearing.
24. Removes the requirement that a licensee respond in writing to charges in a complaint in order to be present with counsel and witnesses at the investigative or administrative hearing.

SB 1012

25. Permits the Board to accept the surrender of an active license from a licensee who admits in writing to being unable to safely practice medicine.
26. Requires a licensee to respond within 30 days in writing to the Board, after a notice of formal or administrative hearing is served.
 - a. Specifies that if a licensee fails to respond in writing, the licensee will be deemed guilty in absentia and the Board may revoke or suspend the license without a hearing.

Fees

27. Removes the requirement that the Board establish fees for the sale of copies of the annual osteopathic medical directory.
28. Requires the Board to establish a fee for the sale of a computerized format of the Board's licensee directory.
29. States that the licensure application fee, teaching application fee and the training permit application fee are nonrefundable.
30. Specifies that training permit fees are prescribed by the Board.

Miscellaneous

31. Allows the Board to call witnesses at an investigative hearing.
32. Removes the requirement to publicly post the number of malpractice claims by award or settlement on behalf of osteopathic physicians in the last 10 years.
33. Specifies that an applicant for licensure must graduate from a school of osteopathic medicine approved by the American Osteopathic Association.
34. States that, at an applicant's expense, the Board may request an interview, physical examination or mental evaluation to determine the applicant's ability to meet licensure requirements.
35. Specifies that a person whose license has been revoked, denied or surrendered may apply for licensure not sooner than 5 years after the revocation, denial or surrender.
36. Removes the requirement that the Board inform all hospitals in this state of all disciplinary actions taken against a licensee, except letters of concern.
37. Modifies terms.
38. Makes technical and conforming changes.

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

ROLL CALL VOTE

COMMITTEE ON _____ HEALTH _____ BILL NO. SB 1012

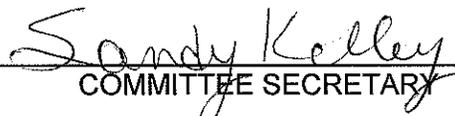
DATE March 3, 2015 MOTION: dp

	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

SB 1136

nursing facility assessment; continuation

Sponsors: Senators Barto, Hobbs; Representative Carter, et al.

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1136 continues the nursing facility assessment for eight years and makes various changes relating to the nursing facility assessment.

HISTORY

The Arizona Department of Health Services (ADHS) licenses and monitors health care facilities and providers throughout the state. Licensing inspections, on-site surveys, and complaint investigations are conducted to promote quality care and safety and to ensure that performance standards are met for facility operation and maintenance. The Arizona Health Care Cost Containment System (AHCCCS) contracts with licensed nursing facilities to offer services for individuals who require nursing home or in-home care. Some of these services are offered through the Arizona Long Term Care System (ALTCS) for individuals who are 65 or older, blind or have a disability (at any age) and need ongoing services at a nursing facility level of care. In addition to these eligibility criteria, for an individual to be eligible for ALTCS their household monthly income cannot exceed \$2,000.

Laws 2012, Chapter 213 established a provider assessment on nursing facilities within the state of Arizona, beginning October 1, 2012. The nursing assessment is set to repeal on October 1, 2015.

PROVISIONS

1. Allows the Director of AHCCCS (Director) to revoke or suspend a nursing facility's AHCCCS provider agreement registration if the full assessment amount is not paid on time.
2. Specifies that if the Director of AHCCCS suspends or revokes a provider agreement registration and the nursing facility does not comply within 180 days, the Director is required to notify the Director of ADHS.
3. Requires the Director of ADHS to suspend or revoke a nursing facility's license if they have been notified of a nursing facility's noncompliance by AHCCCS.
4. Removes authority, related to failure to pay an assessment from AHCCCS, to do the following:
 - a. Withhold medical assistance reimbursement payments;
 - b. Suspend or revoke the nursing facility's license; and
 - c. Require the nursing facility to make payment installments for any delinquent assessment.
5. Stipulates that a nursing facility located outside this state may not receive adjustment payments.
 - a. Subject to the approval by the Centers for Medicare and Medicaid Services.

Fifty-second Legislature
First Regular Session

Analyst Initials JLS
7, 2015

Attachment 8

SB 1136

6. Changes the repeal date of the nursing facility assessment to from and after September 30, 2023.

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

ROLL CALL VOTE

COMMITTEE ON _____ HEALTH _____ BILL NO. SB 1136

DATE March 3, 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

Sandy Kelley
COMMITTEE SECRETARY

APPROVED:


HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1212

behavioral health examiners board

Sponsor: Senator Barto

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1212 updates the behavioral health statutes.

HISTORY

Laws 1998, Chapter 313 established the 12 member, governor appointed Board of Behavioral Health Examiners, with the mission to establish and maintain standards of qualifications and performance for the four categories of licensed behavioral health professionals. Counselors work with individuals, families and groups to treat mental, behavioral and emotional problems and disorders. Marriage and Family Therapists diagnose and treat mental and emotional disorders within the context of marriage, couples and family systems. Social Workers counsel individuals, families and communities and provide social service assistance through various organizations such as schools and public social agencies. Substance Abuse Counselors counsel individuals and families on addiction, prevention, treatment, recovery support and education.

The Board accomplishes its mission through the regulation of licensed behavioral health professionals, collaborating with community partners to improve the level of behavioral health services and providing increased outreach efforts to improve public awareness of and access to Board services. Responsibilities of the Board include licensing behavioral health professionals, investigating and resolving complaints and disciplining violators. As of February, 2015 there are approximately 9,600 certified behavioral health professionals in Arizona. Board members are eligible to receive compensation of not more than \$85 for each day spent in their official duties.

PROVISIONS

1. Allows behavioral health professionals to utilize telemedicine.
2. Requires the Board to adopt rules regarding the use of telemedicine beginning November 1, 2015.
3. Allows the Executive Director (Director), if delegated by the Board, to dismiss a complaint if the investigative staff's review indicates that the complaint is without merit and that dismissal is appropriate.
4. Requires the Director, at each regularly scheduled board meeting, to provide to the Board a list of each complaint the Director dismissed since the last board meeting.
5. Allows a person who disagrees with an action taken by the Director to file a written request that the Board review that action. The request must be filed within 30 days after that person is notified of the Director's action by personal delivery or if the notification is mailed to that person's last known residence or place of business, within 35 days after the date of

SB 1212

notification. At the next regular board meeting, the Board must review the Director's action and, on review, must approve, modify or reject the Director's action.

6. Requires, rather than allows, the Board to establish academic review committees for each professional area.
7. Specifies on referral by the Director, to the academic review committee, that recommendations be made to the Board regarding whether an applicant has met the supervised work experience when the applicant's curriculum has not been approved or whose program is not accredited by an organization or entity approved by the Board.
8. Mandates that members of the academic review committee have experience in the design and development of the curriculum of a related program. If qualified, a faculty member may serve on more than one committee. A Board member may not be appointed to serve on an academic review committee.
9. Specifies that committee members must initially be appointed by the Board. From and after January 1, 2016, the Governor must appoint the committee members. A committee member who is initially appointed by the Board may be reappointed by the Governor. A committee member who is initially appointed by the Board must continue to serve until appointed or replaced by the Governor.
10. Requires committee members to receive at least five hours of training within one year after the member is initially appointed and that includes instruction in ethics and open meeting laws.
11. Provides that a person who was engaged in the practice of behavioral health while appointed under federal law may submit behavioral health practice outside the state or states issuing the license or certification.
12. Removes obsolete language for behavioral health professionals who were grandfathered in for licensure by endorsement.
13. Requires an applicant for a license as a marriage and family therapist to have completed 3,200 hours of post-master's degree experience *in not less than 24 months* and requires 1,000 hours of clinical experience to include a combination of 100 rather than 200 hours of group or individual supervision in the practice of marriage and family therapy.
14. Requires an applicant for a licensed substance abuse technician, associate substance abuse technician or an independent substance abuse counselor to present evidence to the board that the applicant has received at least 3,200 hours of work experience in not less than 24 months.
15. Provides a rule making exemption for the Board until November 1, 2016.
16. Requires the Board to allow interested parties to provide to the Board written comments or testimony on proposed rules and the Board must adequately address the comments, including comments or testimony concerning the information contained in the economic, small business and consumer impact statement. The Board must hold at least two public hearings on its proposed rules before adoption and must testify before the Joint Legislative Budget Committee regarding the proposed rules.
17. Contains an effective date provision.

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

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. SB 1212

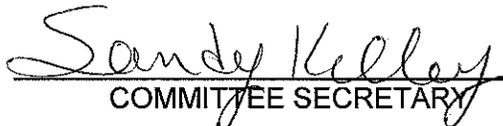
DATE March 3, 2015 MOTION: dp

	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



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1215

respiratory care; temporary licensure; repeal

Sponsor: Senator Barto

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

SB 1215 removes the requirement for the Arizona Board of Respiratory Care (Board) to issue temporary licenses and temporary license renewals.

HISTORY

Arizona Revised Statutes (A.R.S.) § 32-3502 established the Board consisting of seven members appointed by the governor including: three licensed respiratory care practitioners, a physician who is knowledgeable in respiratory care, two public members who are not involved in providing health care services and one hospital administrator. The term of each Board member is three years and begins and ends on June 30. A.R.S. § 32-3506 requires an individual who is not a Board member to serve as the executive director and outlines the duties of the executive director which includes the requirement to issue temporary license certificates and temporary license renewal certificates.

A.R.S. § 32-3521 allows a person who has filed an application for licensure, from the date they receive notice their application on file to the date they receive their license, to perform respiratory care services without a license if the services are performed under the direct supervision of a licensed respiratory care practitioner or physician. This period is not to exceed one year and during this period, the Board is required to grant the applicant a temporary license. Following this, the Board is required to review the applicant's excepted status and is permitted to renew the temporary license for an additional 120 days.

PROVISIONS

1. Removes the requirement for the Board to issue temporary licenses and temporary license renewals.
2. Makes technical and conforming changes.

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

ROLL CALL VOTE

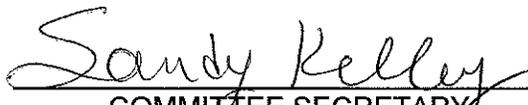
COMMITTEE ON HEALTH BILL NO. SB 1215

DATE March 3, 2015 MOTION: dr

	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

SB 1370

controlled substances prescription monitoring program

Sponsor: Senator Kavanagh

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1370 requires medical practitioners to gain access to the Controlled Substances Prescription Monitoring Program (CSPMP).

HISTORY

The Arizona State Board of Pharmacy (Board) was established in 1903 and consists of nine members that include six licensed pharmacists, one licensed pharmacy technician and two public members all appointed by the governor. The Board's mission is to protect the health, safety and welfare of the citizens of Arizona by regulating the practice of pharmacy and the distribution, sale and storage of prescription medications and devices and non-prescription medications. The Board's duties include licensing pharmacists, pharmacy interns, pharmacy technicians and pharmacy technician trainees. The Board also issues permits to pharmacies, drug manufacturers, wholesalers, distributors and suppliers in Arizona. In addition, the Board adopts rules necessary to protect the public, investigates alleged violations, conducts disciplinary hearings and by rule, approves colleges and programs.

The Controlled Substance Act (ACT) is a federal law passed in 1970 that regulates the manufacture, possession and distribution of controlled substances. The Act divides substances into five schedules based on their relative abuse potential, accepted medical use in treatment and the likelihood of causing dependence. Practitioners who possess, distribute or prescribe controlled substances are required to register with the Federal Drug Enforcement Agency and obtain a unique number identifier (21 U.S.C. § 822).

Laws 2007, Chapter 269 established the CSPMP. The CSPMP is a program developed to promote the public health and welfare by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances under the Arizona Uniform Controlled Substances Act. The CSPMP maintains a computerized central database tracking system that tracks the prescribing, dispensing and consumption of schedule II, III and IV controlled substances that are dispensed by a licensed medical practitioner or pharmacy (Arizona Revised Statutes § 36-2602).

PROVISIONS

1. Requires a medical practitioner regulatory board to notify the Board, on a monthly basis, of any initial licensures for medical practitioners who intend to apply for registration under the Act and licensure renewals for practitioners for the purpose of registering a medical practitioner and accessing the CSPMP.
2. Requires a medical practitioner regulatory board to:

Fifty-second Legislature
First Regular Session

Analyst Initials JK
January 25, 2015

Attachment 14

SB 1370

- a. Provide necessary information to the Board to register and provide access to an eligible medical practitioner; and
 - b. Notify each medical practitioner receiving an initial license who intends to register under the Act, of their responsibility to register with the Board and be granted access to the CSPMP.
3. States that, on receipt of licensure and renewal confirmation, the Board must register a medical practitioner and provide access to the CSPMP.
 4. Specifies that the Board must notify each medical practitioner of their registration and access to the system, as well as how to use it.
 5. Requires the Board to notify an initial licensee of their responsibility, as well as the process, to register with the Board and be granted access to the CSPMP.
 6. Eliminates the biennial renewal requirement and procedures for initial licensure and renewals.
 7. Repeals statute relating to the termination of the CSPMP.
 8. Excludes veterinarians from requirements relating to the CSPMP.
 9. Requires the Board to submit a report, on or before July 1, 2016 and every two years thereafter that includes:
 - a. Changes in registration for and access to the CSPMP;
 - b. Statistical data regarding the change in utilization of the CSPMP by type of licensed medical practitioner from January 1, 2016, to the date of the report; and
 - c. Any relevant information from the Arizona prescription drug misuse and abuse initiative.
 10. Requires the Board to deliver the report to:
 - a. The President of the Senate;
 - b. The Speaker of the House of Representatives;
 - c. The governor; and
 - d. Deliver a copy of the report to the secretary of state.
 11. Specifies that a county medical examiner, alternate medical examiner or an authorized delegate may receive information from the CSPMP for the purpose of a death investigation.
 12. Modifies the definition of the term *delegate* to include:
 - a. A forensic pathologist, medical death investigator or other qualified person in connection with a death investigation.
 13. Defines *medical practitioner* and *medical practitioner regulatory board*.
 14. Contains an effective date of from and after December 31, 2015.
 15. Makes technical and conforming changes.

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

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. SB 1370

DATE March 3, 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

Sandy Kelley
COMMITTEE SECRETARY

APPROVED:
[Signature]
HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman

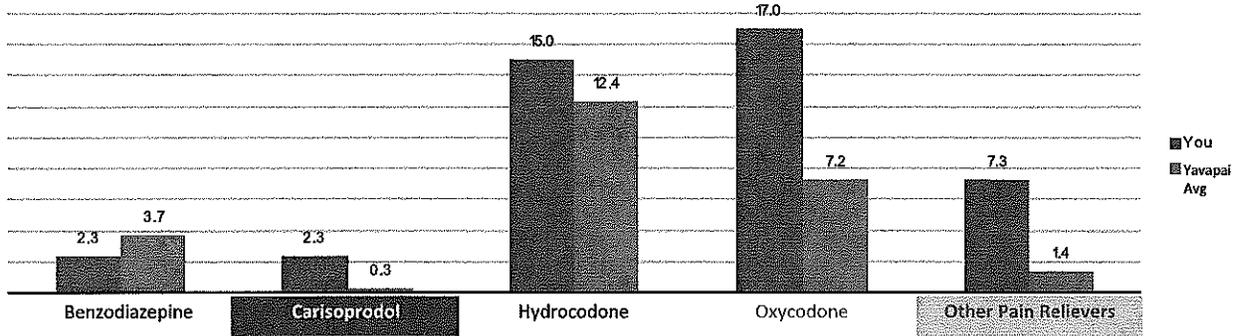
ATTACHMENT _____

A continuing review of the Prescription Drug Monitoring Program (PDMP) from October 2013 through December 2013 reveals the following about your prescribing habits: You have been identified as an **OUTLIER*** with respect to the number of prescriptions written and/or quantity of pills prescribed for one or more of Benzodiazepine, Carisoprodol, Hydrocodone, Oxycodone, and Other Pain Relievers. Please review your data below.

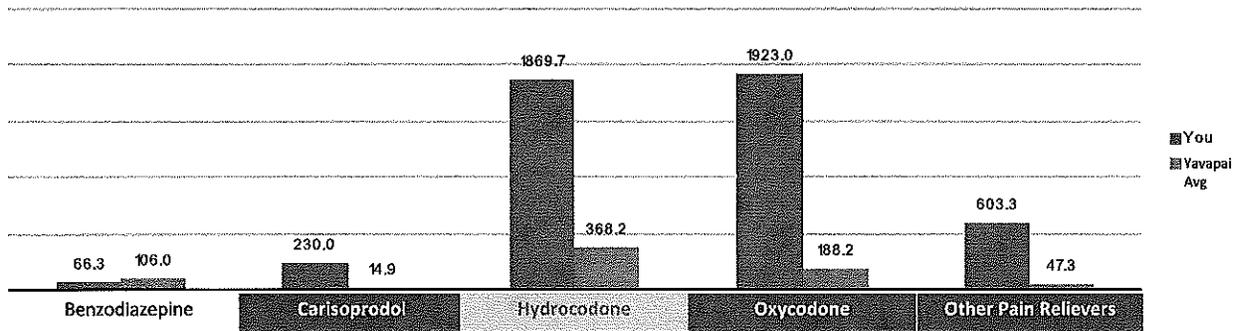
*1, 2, or >3 Standard Deviations above the mean for Emergency Department prescribers in your county

Normal High (>1) Severe (>2) Extreme (>3)

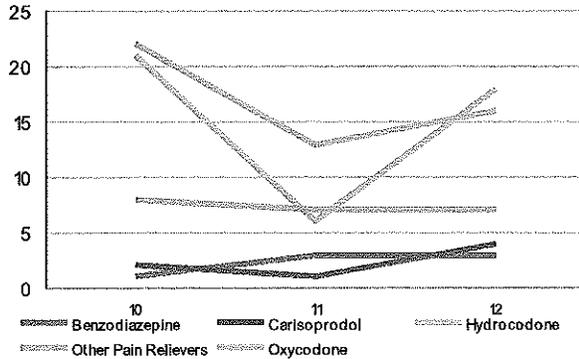
Prescriptions Written



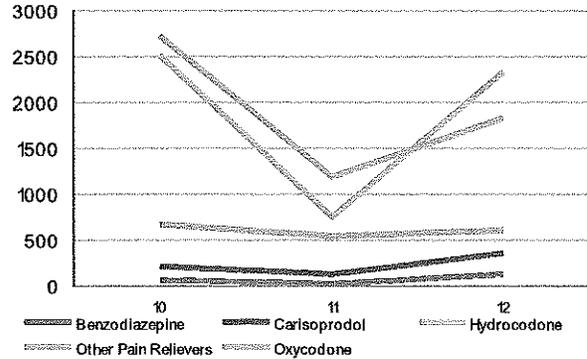
Quantity of Pills



Prescriptions Written



Quantity of Pills



You are NOT currently signed up for access to the Prescription Drug Monitoring Program (PDMP)

<http://www.azpharmacy.gov/pmp/default.asp>

For additional information please contact the Arizona State Board of Pharmacy (602) 771-2744