

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

**COMMITTEE ON HEALTH**

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

**Convened** 4:29 p.m.

**Recessed**

**Reconvened**

**Adjourned** 7:58 p.m.

**Members Present**

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

**Members Absent**

**Request to Speak**

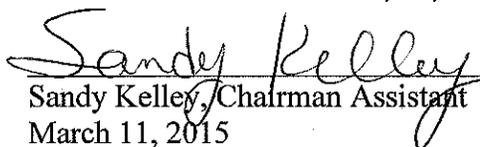
Report – Attachment 1

**Presentations**

| <b><u>Name</u></b> | <b><u>Organization</u></b>  | <b><u>Attachments (Handouts)</u></b> |
|--------------------|-----------------------------|--------------------------------------|
| Dr. Donald L. Noah | Midwestern University       | 2                                    |
| Dr. Scott Grant    | Phoenix Children's Hospital | 3, 4, 5                              |
| Dr. Sara Bode      | Phoenix Children's Hospital |                                      |

**Committee Action**

| <b><u>Bill</u></b> | <b><u>Action</u></b> | <b><u>Vote</u></b> | <b><u>Attachments (Summaries, Amendments, Roll Call)</u></b> |
|--------------------|----------------------|--------------------|--|
| SB1008             | DP                   | 6-0-0-0            | 6, 7   |
| SB1214             | DP                   | 6-0-0-0            | 8, 9   |
| SB1284             | DP                   | 4-2-0-0            | 10, 11   |
| SB1288             | DP                   | 6-0-0-0            | 12, 13   |
| SB1290             | DP                   | 6-0-0-0            | 14, 15, 16   |

  
Sandy Kelley, Chairman Assistant  
March 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

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*House Health (3/10/2015)*

## **SB1214, homeopathic board; licensure; regulation**

### **Testified in support:**

Christine Springer, representing self

### **Support:**

Joseph Abate, AZ HOMEOPATHIC AND INTEGRATIVE MEDICAL ASSN; Bruce Shelton MD MD(H), representing self; LaJuana Gillette, representing self; Lester Adler, representing self; Jonathan Lindsey, AZ Society Of Oriental Medicine & Acupuncture; Martha Grout, representing self; Todd Rowe, representing self

### **All Comments:**

Christine Springer, Self: As the Executive Director for the board I will be available to address the committee and respond to questions; Bruce Shelton MD MD(H), Self: As President of the Homeopathic Board, I'm strongly in favor of a do pass vote; LaJuana Gillette, Self: As a member of the Homeopathic and Integrative medical Board I ask that you pass this bill.

## **SB1284, direct payments; providers; facilities; deductible**

### **Testified in support:**

Eric Novack, representing self

### **Testified as opposed:**

Steve Barclay, BLUE CROSS AND BLUE SHIELD OF AZ; David Childers, AMERICA'S HEALTH INSURANCE PLANS (AHIP); Mike Huckins, GREATER PHOENIX CHAMBER OF COMMERCE; Gary Petersen, representing self

### **Support:**

Scot Mussi, Arizona Free Enterprise Club; Don Isaacson, LEADINGAGE ARIZONA; Joan Koerber-Walker, representing self; Laura Knaperek, representing self; Meghaen Dell'Artino, US Health Freedom Coalition; Amanda Rusing, Arizona Bio Industry Association; Meghaen Dell'Artino, US Health Freedom Coalition

### **Oppose:**

Shirley Gunther, DIGNITY HEALTH; Chuck Bassett, Blue Cross Blue Shield Of AZ; Kathryn Busby, HEALTH NET INC.; Steve Barclay, Arizona Medical Association; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Jason Bezozo, Senior Program Director, Government Relations, BANNER HEALTH ARIZONA; Michelle Pabis, Government and Public Affairs Exec Director, SCOTTSDALE LINCOLN HEALTH NETWORK; Elizabeth Hatch, AETNA INC; Ryan O'Daniel, HUMANA INC

### **All Comments:**

Steve Barclay, BLUE CROSS AND BLUE SHIELD OF AZ: Will be testifying on behalf of Blue Cross against this bill.; Chuck Bassett, Blue Cross Blue Shield Of AZ: This bill will jeopardize networks, increase premiums & interfere with existing contracts.; Steve Barclay, Arizona Medical Association: ArMA does not support SB 1284 because it is a coverage mandate on health insurers.; Laura Knaperek, Self: SB1284 helps real people with real health care needs have additional health care options in a time when health care is mandated, premiums, deductibles and copays are rising and options through networks are limited. Please vote yes.

### **SB1288, prescription drug coverage; medication synchronization**

#### **Testified in support:**

Kelly Ridgway, AZ PHARMACY ALLIANCE

#### **Support:**

Joseph Abate, PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA; Tom Farley, AZ PHARMACY ALLIANCE; Don Isaacson, LEADINGAGE ARIZONA; Alexis Glascock, ARTHRITIS FOUNDATION; Pete Wertheim, Other; Susie Stevens, Allergan; Brian Hummell, American Cancer Society Cancer Action Network; Rory Hays, Arizona Nurses Association; Rod Shafer, representing self; Lidia Stickler, representing self; Miranda Cain, BOEHRINGER INGELHEIM PHARMACEUTICALS INC; James Hamilton, NOVARTIS PHARMACEUTICALS CO; Amanda Rusing, Arizona Bio Industry Association

#### **All Comments:**

Tom Farley, AZ PHARMACY ALLIANCE: Updated representation.; Brian Hummell, American Cancer Society Cancer Action Network: This bill will help cancer patients and others with chronic diseases.

### **SB1008, chiropractic board; licensure; regulation; fees**

#### **Testified in support:**

Pamela Paschal, AZ STATE BOARD OF CHIROPRACTIC EXAMINERS; Jim Badge, D.C., AZ STATE BOARD OF CHIROPRACTIC EXAMINERS

#### **Testified as neutral:**

Barry Aarons, AZ ASSOCIATION OF CHIROPRACTIC

#### **Support:**

Norris Nordvold, representing self

#### **All Comments:**

Pamela Paschal, AZ STATE BOARD OF CHIROPRACTIC EXAMINERS: Executive Director of the Board of Chiropractic Examiners.; Jim Badge, D.C., AZ STATE BOARD OF CHIROPRACTIC EXAMINERS: Chairman of the Board; Norris Nordvold, Self: As one of the Public Members of the Chiropractic Board, I support this bill which will allow the Board to serve our members with a high quality staff. The last fee increase was in 2002.

## **SB1290, independent medical examinations; board complaints**

### **Testified in support:**

Steve Barclay, Arizona Medical Association; James Stabler, COPPERPOINT MUTUAL INSURANCE CO DBA SCF ARIZONA; christopher yeung, representing self

### **Testified as opposed:**

Stephanie Helsten, representing self

### **Support:**

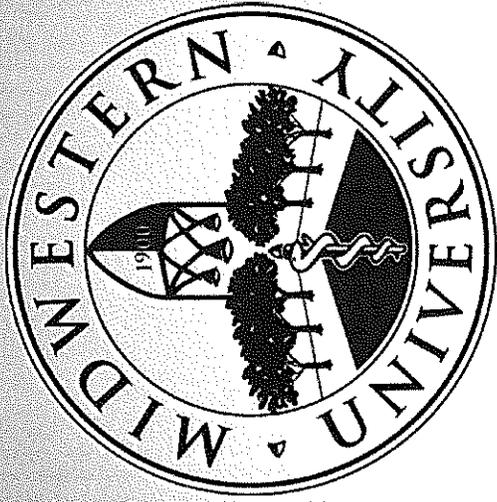
Pete Wertheim, Other; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Jeff Gray, AZ SELF-INSURERS ASSOC; Susan Parker, representing self; Amanda Rusing, American Insurance Association

### **Oppose:**

Nima Salari, representing self

### **All Comments:**

James Stabler, COPPERPOINT MUTUAL INSURANCE CO DBA SCF ARIZONA: Support the introduced version but OPPOSE the amendment.



# The Future of US Medical Education

*Midwestern University Leading the Way*

Donald L. Noah, DVM, MPH, DACVPM

Associate Professor, Public Health & Epidemiology

Midwestern University

[dnoah@midwestern.edu](mailto:dnoah@midwestern.edu)

623-537-6381

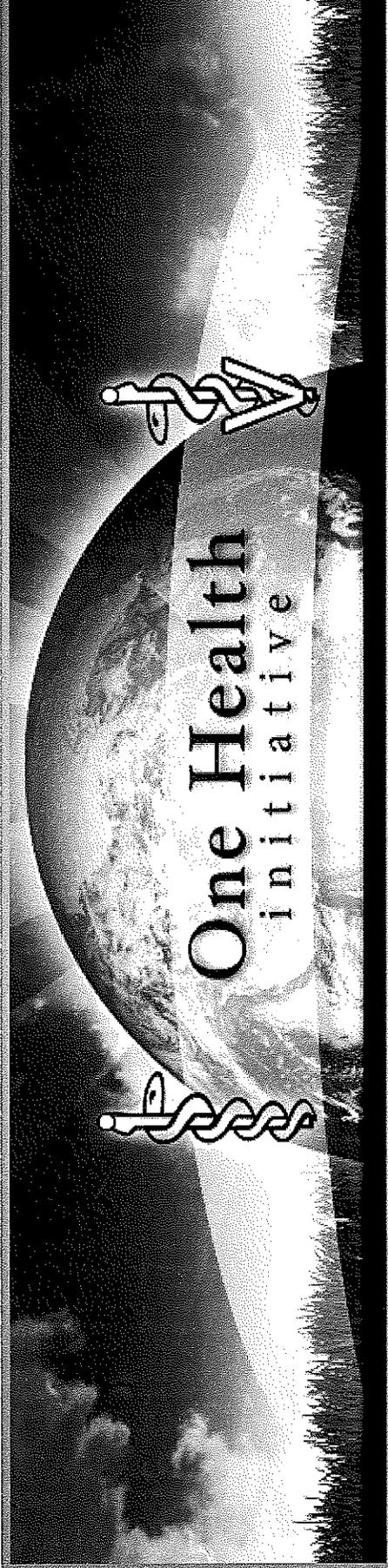
# Historical Model of Medicine

*Education & Practice*



# Global Realities

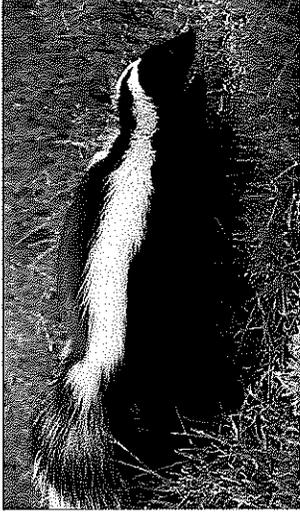
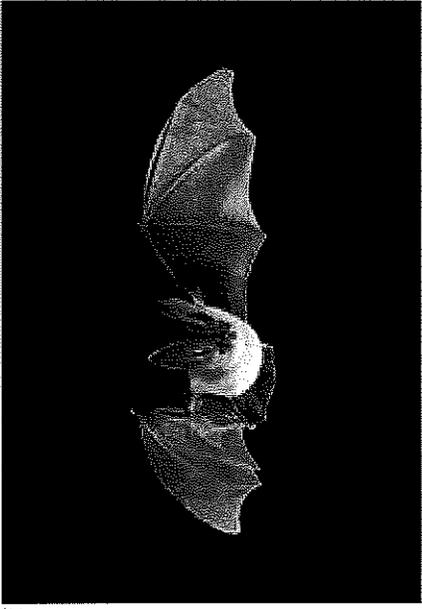
- >75% of emerging diseases are zoonotic
  - Scientists predict there will be 2-4 each year
- The top 13 zoonoses cause (worldwide, annually)
  - 2.4B illnesses
  - 2.2M deaths
- World population (>7B) is growing at 1.2% annually
- Global demand for protein will increase 50% in 20 yrs
- The US spends ~\$2T on health care
  - A minor fraction on disease prevention & health promotion



The collaborative effort of multiple health science professions, together with their related disciplines and institutions—working locally, nationally, and globally—to attain optimal health for people, domestic animals, wildlife, plants, and our environment

# Zoonotic Disease Examples

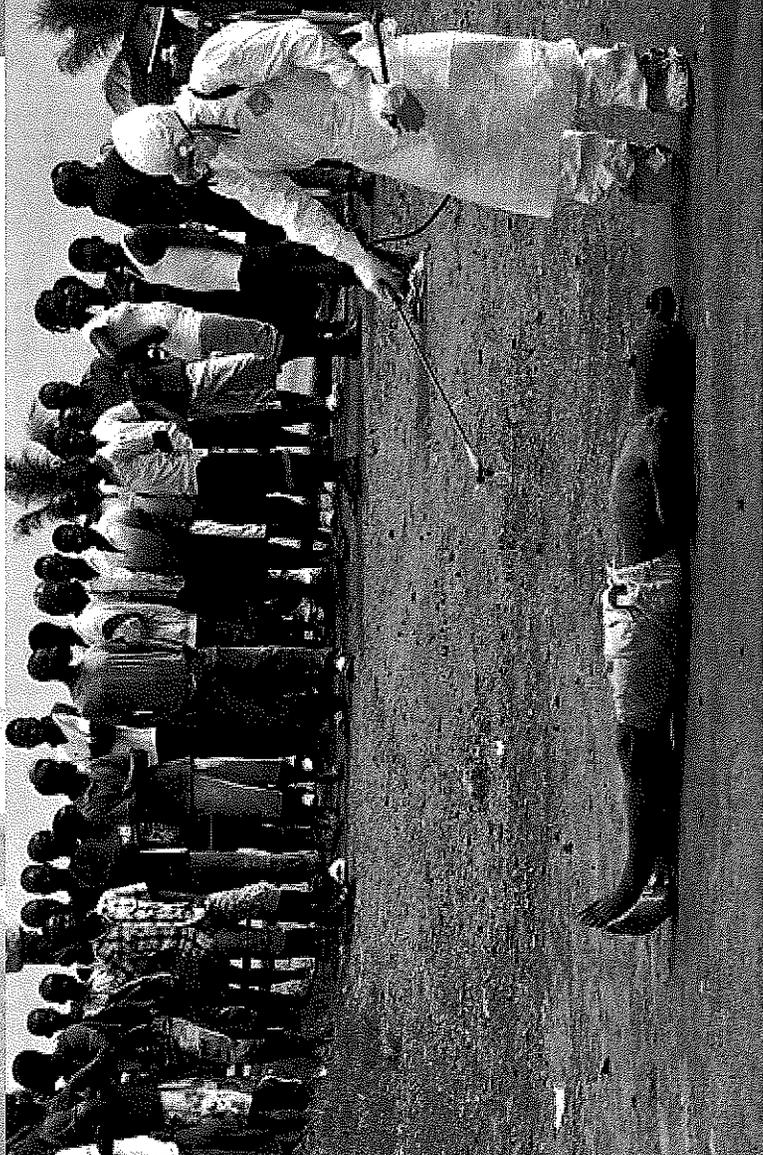
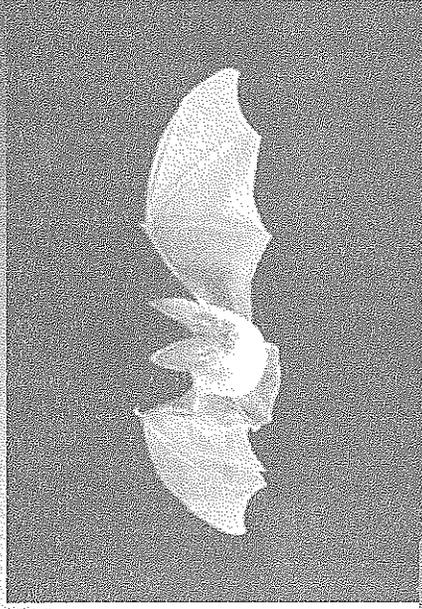
## Rabies



# Zoonotic Disease Examples



Rabies



Ebola

# Current Outbreak

*Liberia, Sierra Leone, Guinea, Senegal, Nigeria*

- **December 2013**
  - Index case likely among bat bushmeat hunters in Guinea
  - Not recognized as Ebola as outside of usual range
- **>22,800 cases; 9,200 deaths**
  - Half in Liberia, one-third in Sierra Leone
- **Largest recognized outbreak in history**
  - Zaire strain of Ebolavirus
  - Severely straining health/public health care
  - Disruption of civil liberties and int'l travel/commerce

# Transmission



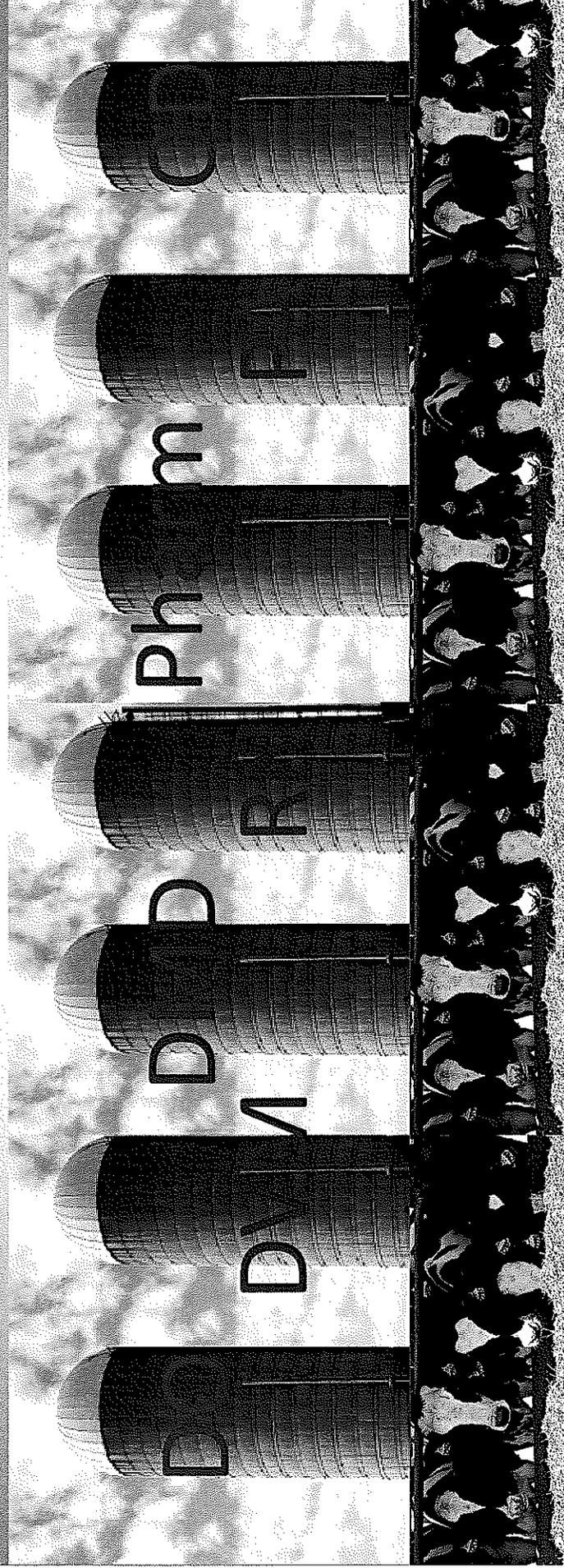
- Animal to human
  - Spillover event from reservoir or ill/dead animal
    - In Congo Basin, > 5 million tons of bushmeat each year
  - No evidence of dog/cat transmission to humans
    - ‘Vehicle’ transmission is possible but unlikely
    - MWU will be site of pet quarantine, if need arises
- Human to human
  - Direct or droplet contact from ill person or dead body
  - Fomite (needlestick, invasive medical procedures)
  - NO transmission from anyone not infected and showing signs

# Summary

- EVD is harder to contract than most people think
- EVD is PRIME for a *One Health* approach
  - Healthcare providers (physicians, nurses, etc.)
  - Infection control
  - Veterinarians
  - Environmental scientists
  - Agriculture/nutrition specialists
  - Wildlife specialists
  - Social/religious leaders
- Being knowledgeable reduces fear
- Being knowledgeable reduces risk

# Midwestern University

*Significant Improvements*



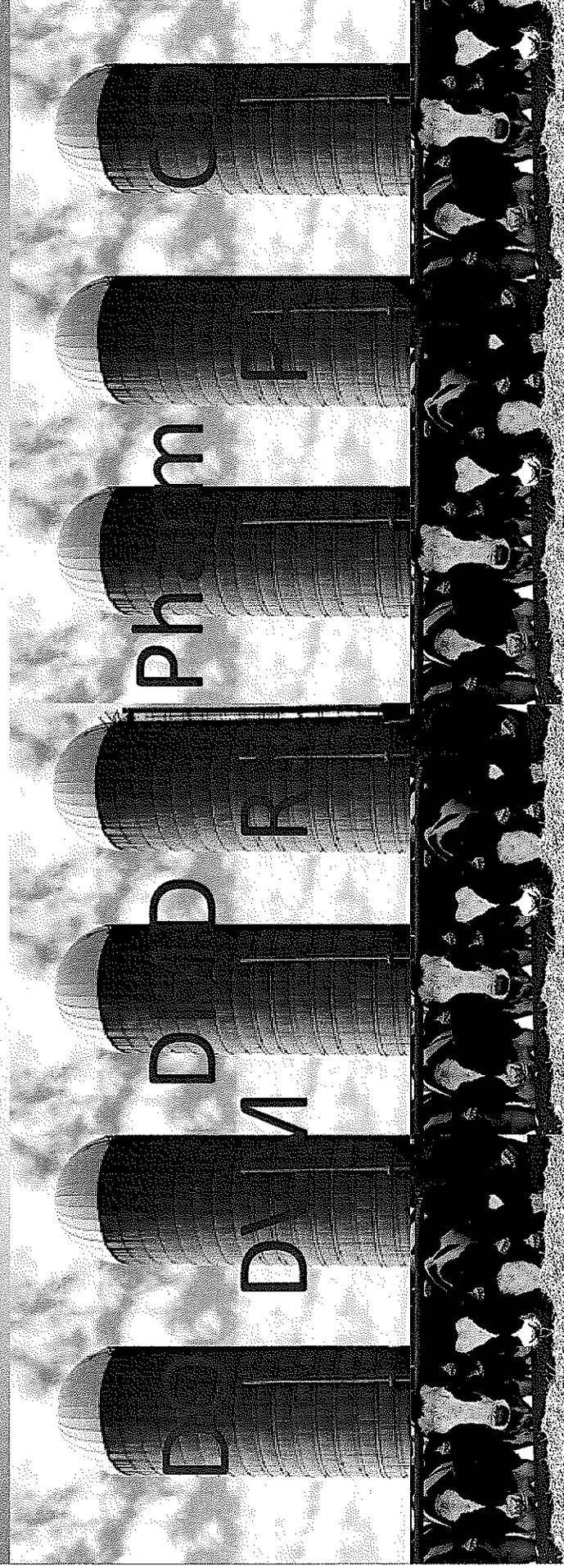
# Why Midwestern?

## *Unique Innovation*

- Singular focus on medical education
  - Multi-specialty; multi-species
- Resilient/agile curricula
  - Not tied to public funding sources & requirements
- Common basic science foundation
- Handpicked, motivated faculty
- Inextricable community engagement
  - Healthcare beneficiaries (e.g., underserved)
  - State & local public health/agricultural agencies

# Midwestern University

*Significant Improvements*



Next steps will require a mindset of  
proaction and prevention

# MINDSET

“The flying machine which will really fly might be evolved by the combined and continuous efforts of mathematicians and mechanics in from one million to ten million years.”

- The New York Times

October 9, 1903

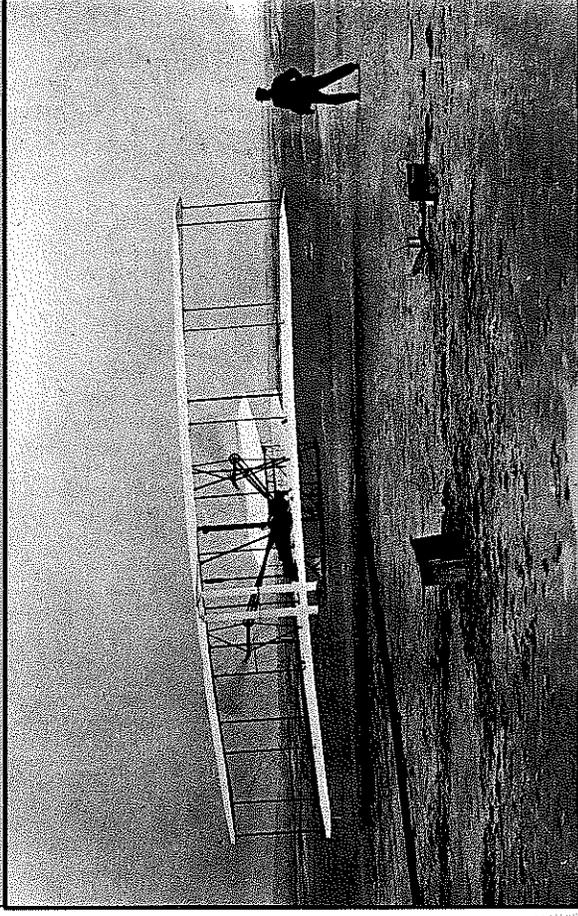
# MINDSET

“The flying machine which will really fly might be evolved by the combined and continuous efforts of mathematicians and mechanics in from one million to ten million years.”

- The New York Times  
October 9, 1903

“We started assembly today.”

- Orville Wright's diary  
October 9, 1903





- **Serving Arizona and the Nation - All species!**
- **Leading medical education innovation**
- **Championing One Health – from education to practice**

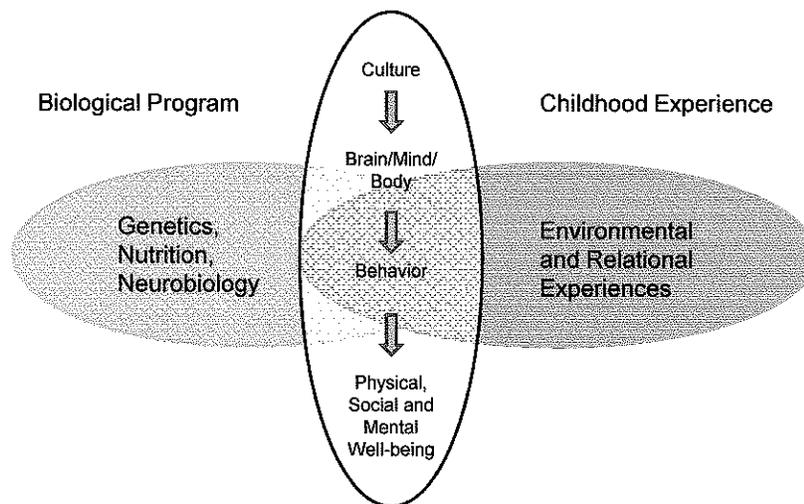
# ADVERSE CHILDHOOD EXPERIENCES IN ARIZONA:

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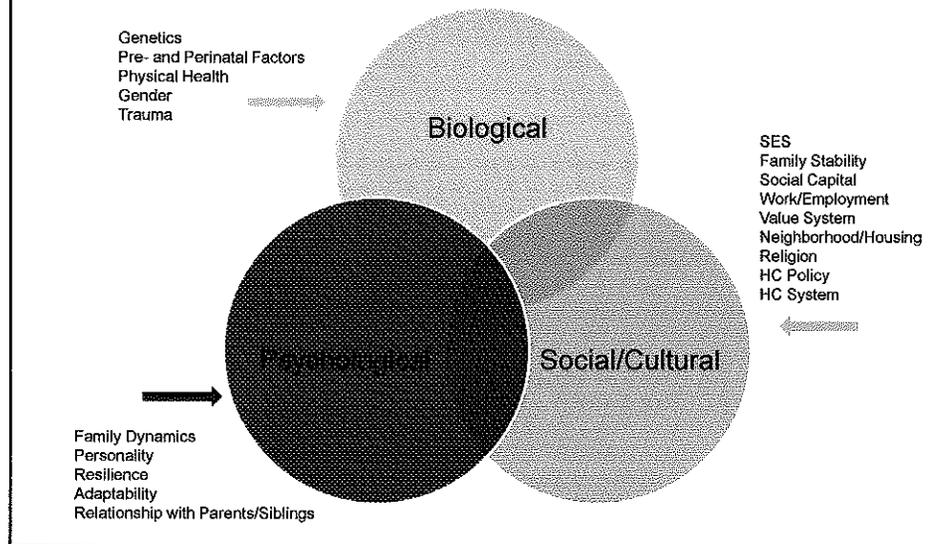
## HOW TO BUILD RESILIENCY

Arizona House of Representatives  
Health Committee Presentation  
3/10/2015

### Eco-biodevelopmental Model



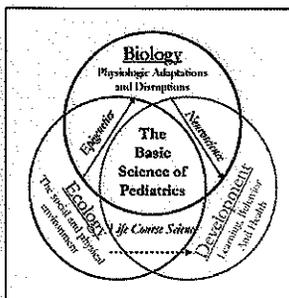
## What Determines Health?



## Adverse Childhood Experiences

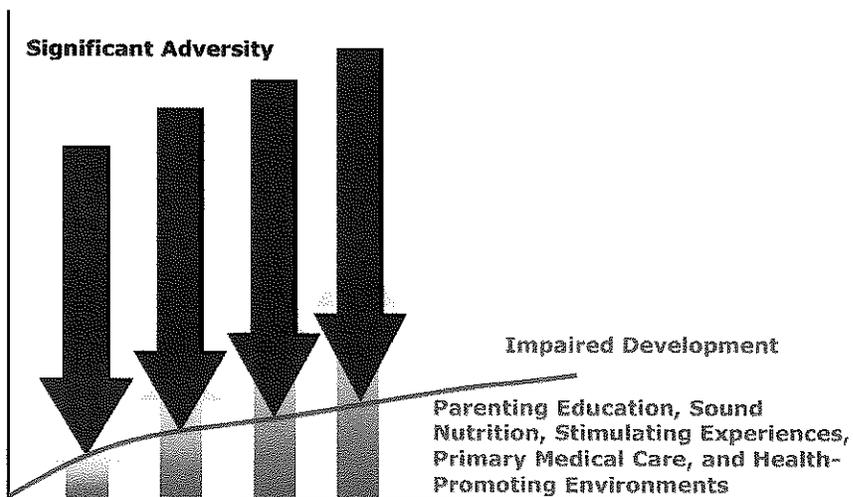
- Experiences in childhood shape the way our children interact with the world around them
- When children have adverse childhood experiences can lead to a toxic stress response which causes changes in the brain and nervous system
- This can lead to developmental delays, decreased school readiness, and eventually to increased disease and decreased productivity in adulthood

## Eco-Bio-Developmental Model of Human Health and Disease



**Ecology**  
Becomes **biology**,  
And together they drive **development** across the lifespan

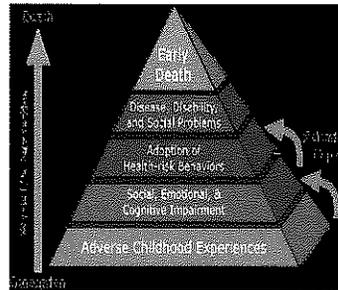
## Current Conceptual Framework Guiding Early Childhood Policy and Practice



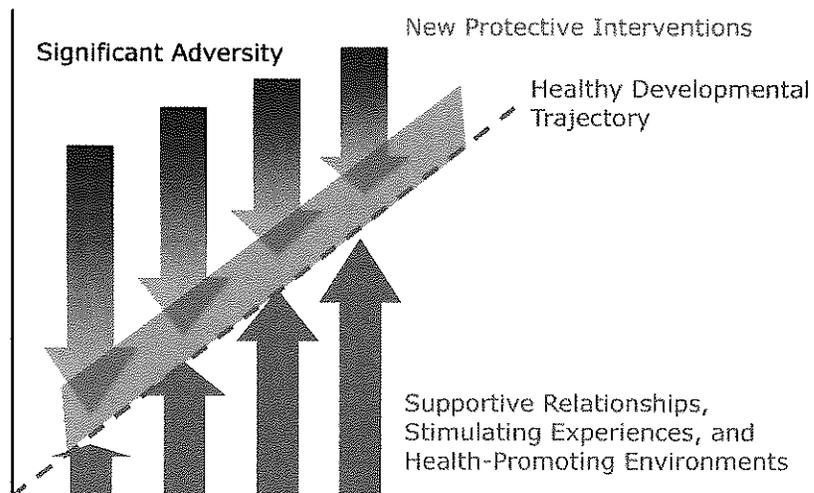
Center on the Developing Child, Harvard University

## What are ACEs?

- Physical Abuse
- Verbal Abuse
- Sexual Abuse
- Neglect
- Death of Parent
- Incarceration of Parent
- Separation or Divorce
- Substance Abuse
- Untreated Mental Illness
- Witnessed Violence

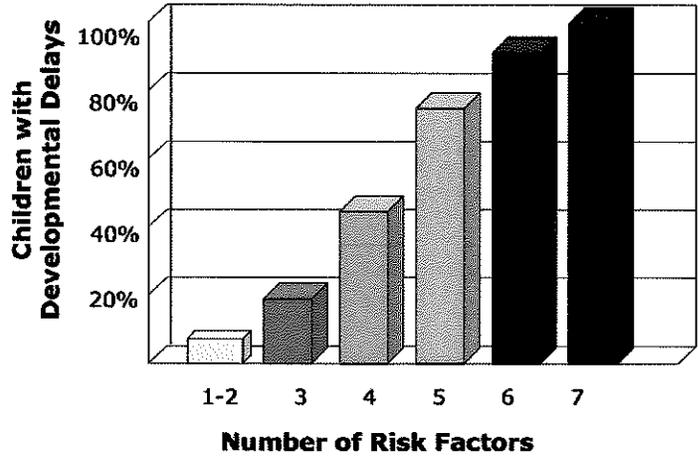


## Building an Enhanced Theory of Change that Balances Enrichment and Protection



Center on the Developing Child, Harvard University

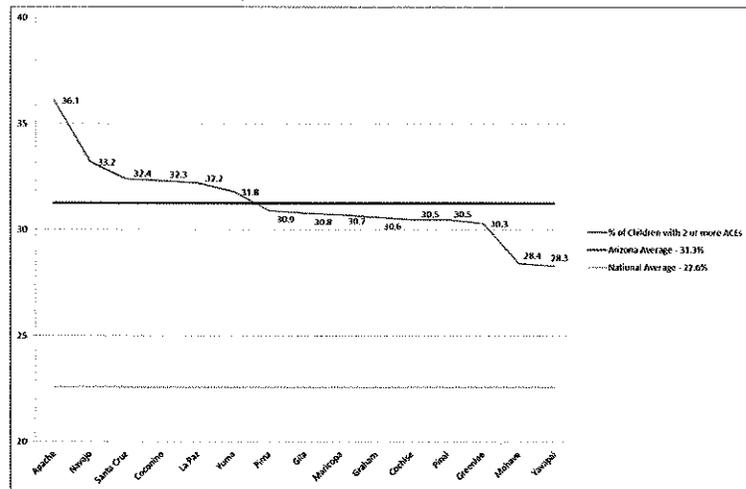
### Significant Adversity Impairs Development in the First Three Years



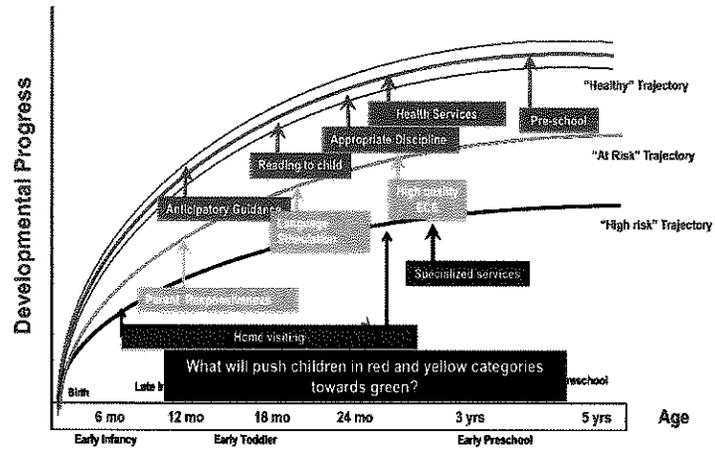
Source: Barth, et al. (2008)  
Center on the Developing Child, Harvard University

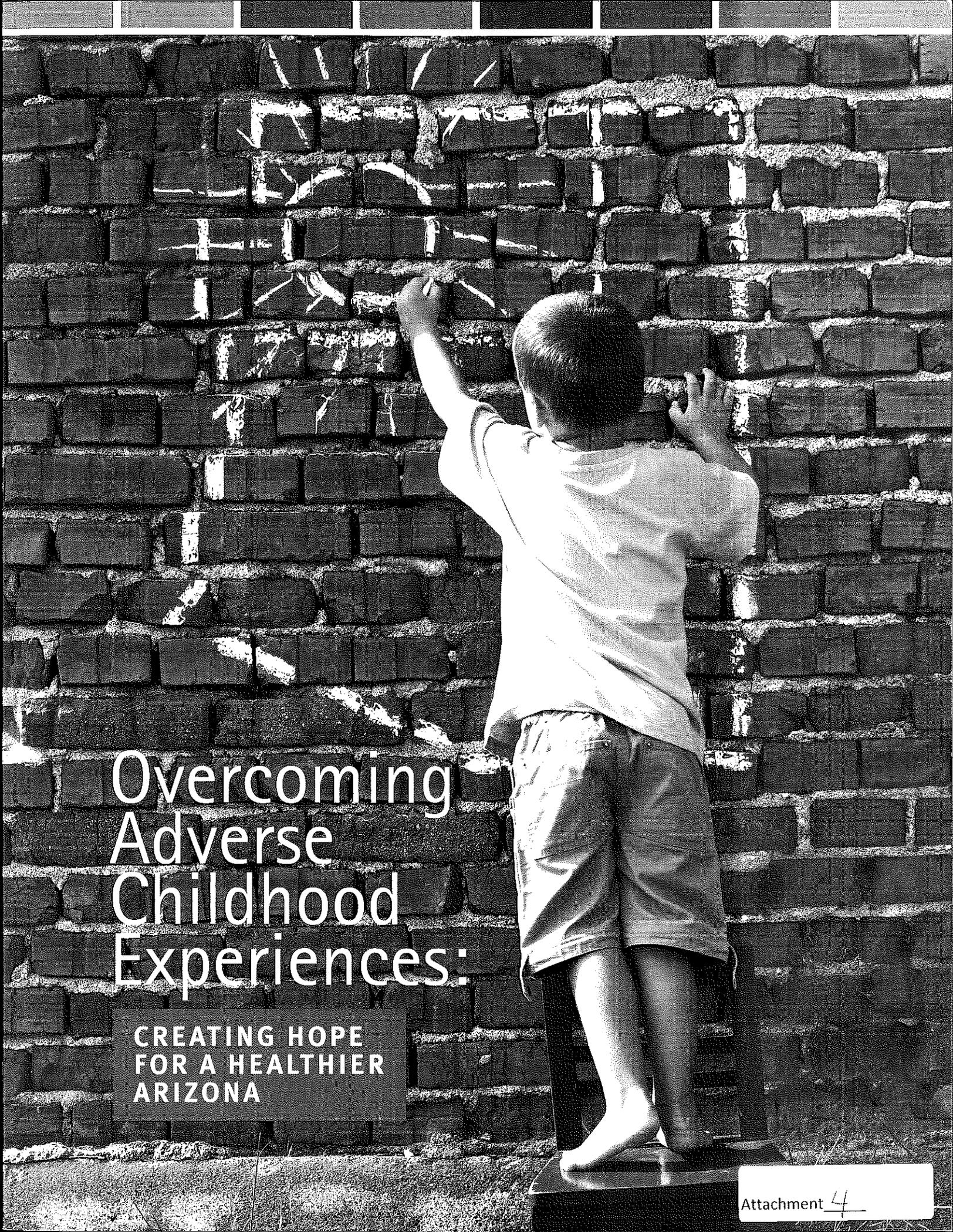
### Arizona Child ACE Data by County

(2011/2012 National Survey of Children's Health)



# Strategies to Improve Developmental Trajectories





# Overcoming Adverse Childhood Experiences:

**CREATING HOPE  
FOR A HEALTHIER  
ARIZONA**

The first years of a child's life have a profound effect on future learning, behavior and well-being. But recently, a new line of research has made it clear just how strongly early experiences shape adult lives.

Stable, nurturing environments help children develop cognitive and emotional skills as well as the resilience they need to thrive as adults. Unfortunately, negative experiences can hinder this development, often leading to risky behaviors and health problems in adulthood.

While it's easy to understand how adverse childhood

## ACEs can lead to poor mental and physical health, less success at school and work, and lower socioeconomic status in adulthood.

experiences—or ACEs—affect mental health, the link between early childhood trauma and adult physical health has only recently begun to be understood.

Research on the biology of stress shows that being exposed to "toxic" levels of stress harms the developing brain and other organs. Toxic stress occurs when a child experiences strong, frequent or prolonged adversity, such as extreme poverty, abuse or exposure to violence, substance abuse or mental illness.

Fortunately, safe, nurturing relationships and communities can



help break the cycle and produce long-term improvements in children's outcomes. The Arizona Adverse Childhood Experiences (ACE) Consortium is working to raise awareness about the lifelong impacts of ACEs and to support initiatives aimed at preventing or mitigating their effects. This brochure will tell you how you can play a role.

### What Is an ACE?

An adverse childhood experience (ACE) is trauma that takes place in a child's life before age 18. In the ACE Survey, adults were asked whether they grew up exposed to any of the following:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Alcohol and/or drug abuse in the household
- An incarcerated household member
- Someone in the household who was depressed, mentally ill, institutionalized or suicidal
- Mother who was treated violently
- One or no parent
- Emotional or physical neglect

The number of "yes" answers yields an ACE score that represents a person's cumulative exposure to particular adverse conditions in childhood. If a person experienced none of the conditions above in childhood, the ACE score would be zero; an ACE score of nine means that a person was exposed to all of the categories of trauma above.

### The ACE Study

The ACE Study is a long-term collaboration between the U.S. Centers for Disease Control and Prevention and Kaiser Permanente. It analyzes the relationship between childhood trauma and

social and health consequences later in life.

The study provides compelling evidence that certain health, social and economic risks result from childhood trauma. As the number of ACEs in a young person's life increases, so does the likelihood of cancer, depression, diabetes, alcoholism, smoking, heart disease and other conditions that most often show up in adulthood. In fact, the ACE Study suggests that certain childhood experiences are major risk factors for the leading causes of illness and death in the U.S.

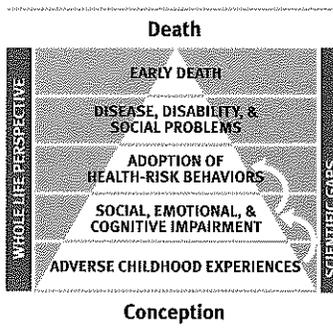
### Toxic Stress Affects Future Health

We have begun to learn the extent to which toxic stress affects the architecture of young children's developing brains. In short, early experiences factor into how children learn, how they cope with stress, how they form friendships and adult relationships, and how they view themselves and their world.

Unfortunately, a growing body of research suggests that adverse childhood experiences can lead to poor mental and physical health, less success at school and work, and lower socioeconomic status in adulthood.

ACEs activate the stress-response system, disrupting brain and organ development and weakening the defense system against diseases. The more ACEs a child experiences, the greater the chance of health problems later in life.

The good news is that although the impact of ACEs can last a lifetime, it doesn't have to.



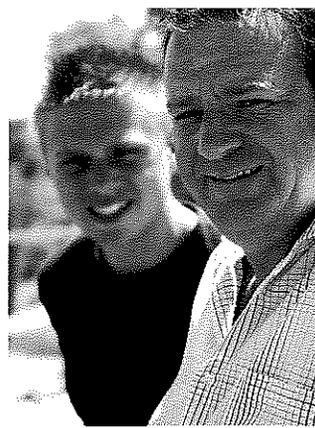
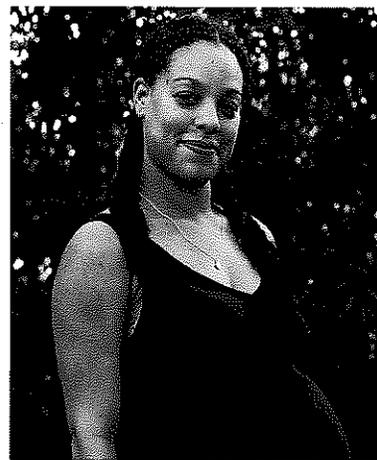
Responsive caregivers and supportive communities can break the cycle and reverse the impacts of toxic stress.

### ACEs in Arizona Adults

The relationship of ACEs to adult physical and mental health outcomes in Arizona was explored using the 2008 Arizona Health Survey. A random sample of more than 2,400 Arizona residents was given a form of the ACE Survey. The findings were consistent with the initial ACE Study and other states' ACE studies. Data from this survey shows that ACEs are common in Arizona. In fact, more than half (57.5%) of Arizona adults have experienced at least one ACE. The number of ACEs is tied to income level, family structure, ethnicity, insurance status and the educational attainment of adults in the household.

Beyond this, ACEs frequently occur together. A separate study found that one Arizonan in four has experienced one ACE. One in three has experienced two or more. That is to say, more Arizonans report multiple ACEs than those who report just one.

This has serious implications for our state's health future, because the higher the ACE score, the greater the risk for numerous health and social problems throughout a person's lifetime. For example, Arizonans with more



ACEs were more likely to rate their health as fair or poor, to report smoking, to have been diagnosed with gastrointestinal or autoimmune disorders, to have been diagnosed with depression, anxiety, bipolar disorder or other mental disorder, and to have serious employment problems.

### ACEs in Arizona Children

According to the 2011-2012 National Survey of Children's Health, ACEs are common in Arizona's children as well. Over one-quarter (26.4%) of children ages 0 to 17 have already experienced one adverse family experience and nearly one-third (31.1%) have experienced two or more. This is significantly higher than the national average of

children experiencing two or more ACEs (22.6%). Even worse, in Arizona children ages 12 to 17, 44.4% have experienced two or more ACEs, compared to the national average of 30.5%.

### Community Support: Pay Now – or Pay More Later

Though our brains retain the capacity to change and adapt as we grow older, the neurological response to early toxic stress never goes away, with costly consequences for both children and society.

In a nutshell, nurturing environments—or lack of them— affect the development of brain circuitry. Trying to change behavior or build new skills on a foundation of damaged circuitry requires more work, is more expensive and produces worse outcomes than providing nurturing, protective relationships and appropriate learning experiences earlier in life.

Arizona's future prosperity depends on its ability to foster the

health and well-being of the next generation. Encouraging positive environments and experiences in our communities will pay dividends both in improving the health of the future adult as well as for the state as a whole.

### What Can We Do?

This is an exciting time for Arizona. The growing body of knowledge about ACEs and their impacts holds promise for our state's ability to improve its citizens' lives.

Solutions are available, and they need to be implemented. The most

**Stable, nurturing relationships with caring adults can prevent or reverse the damaging effects of toxic stress.**

effective treatment is to reduce young children's exposure to adverse conditions, such as abuse, neglect, violence, or caregiver mental illness or substance abuse.

However, even under stressful conditions, the negative consequences of toxic stress can be mitigated. Stable, nurturing relationships with caring adults can prevent or reverse the damaging effects of toxic stress. Therefore, this call to action must also be to create safe spaces and strong, healthy communities for children.

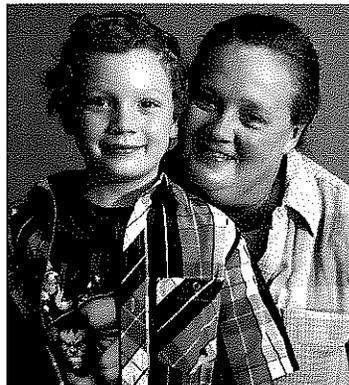
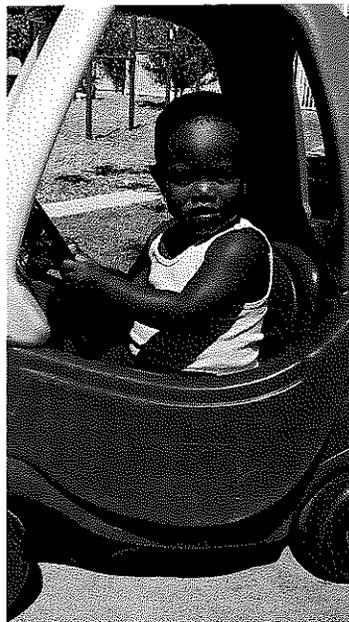
When it comes to legislation, Arizona-specific ACEs data will provide a powerful new tool for

Children 0-17 years of age in Arizona



planning human services. Based on the findings of Arizona's ACE Study, we recommend the following strategies to reduce ACEs and build stronger Arizona communities:

- Increase public understanding of ACEs and their impact on health and well-being;
- Enhance the capacity of families and providers to prevent and respond to ACEs;
- Improve the effectiveness of public-health campaigns by refining their messages regarding ACEs;
- Promote identification and early intervention of ACEs through universal screening or assessment within early-childhood and family-service systems; and
- Continue to collect Arizona-specific data on the relationship between ACEs, health outcomes and resilience.



How to respond to the new information on ACEs is a question requiring broad input at state and local levels, from public and private sectors, and from families, policymakers, health-care providers and educators. Through more effective prevention of ACEs, as well as better intervention with those who have already had adverse experiences, Arizona will enhance the lives of citizens so they can be healthier and more productive while also reducing the burden ACEs have on our economy, health and public-benefit systems.

**Learn what you can do to break the cycle. For Arizona ACE information, visit:**

- [azpbs.org/strongkids](http://azpbs.org/strongkids)
- [acestoohigh.com](http://acestoohigh.com)
- [arizonahealthsurvey.org](http://arizonahealthsurvey.org)
- [cdc.gov/ace](http://cdc.gov/ace)
- [cdc.gov/nchs/slats/nsch.htm](http://cdc.gov/nchs/slats/nsch.htm)
- [childhealthdata.org](http://childhealthdata.org)



**Adverse Childhood Experiences**

*Can last a lifetime, but they don't have to.*



Injury Prevention Center, Strong Families

**Phoenix Children's Hospital**

1919 East Thomas Road, East Building, Room 1617 | Phoenix, AZ 85016

Office: 602.933.3342 | Fax: 602.933.3356 | [phoenixchildrens.com](http://phoenixchildrens.com)

Follow us on twitter at <http://twitter.com/kidsstaysafe>

# Adverse Childhood Experiences in Arizona

Now more than ever, we are beginning to understand the impact of Adverse Childhood Experiences, or ACEs, on the developing bodies and brains of children. Traumatic experiences—whether due to abuse, neglect or household dysfunction—can have lasting impacts on

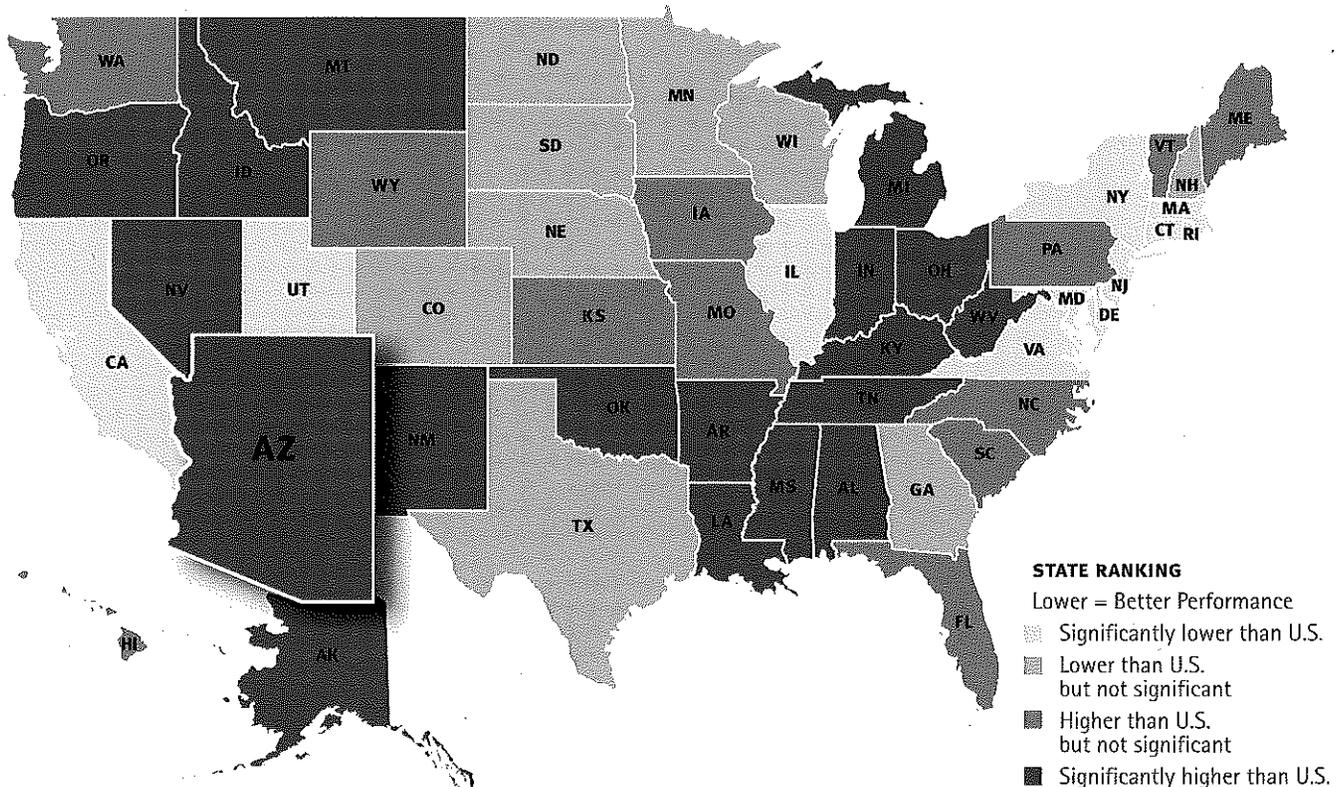
a person's health throughout his or her lifetime. While research remains to be done, the science is clear: Toxic stress caused by ACEs can profoundly change the otherwise healthy development of a child. Here's a look at how this toxic stress impacts Arizona.

## ACEs Are Prevalent in Arizona

- The number of Arizona children with two or more ACEs is significantly higher than in the U.S. as a whole. In Arizona children ages 12 to 17, 44.4% have experienced two or more ACEs, compared to the national average of 30.5%.
- As children age, the number of those who have experienced two or more ACEs increases.
- It is estimated that nearly **70,000** Arizona children have **more than five ACEs**.\*

2011/12 National Survey of Children's Health. Maternal and Child Health Bureau in collaboration with the National Center for Health Statistics. 2011/12 NSCH Data prepared by the Data Resource Center for Child and Adolescent Health, Child and Adolescent Health Measurement Initiative. [www.childhealthdata.org](http://www.childhealthdata.org)

\*Estimates generated from 2011/12 NSCH data set and 2010 Kids Count population estimates



## How Home Plays a Role

Children's bodies adapt and develop in direct relation to their environments. In fact, studies have shown a significant correlation between ACE scores and home

environment. Higher ACE scores were found in children who:

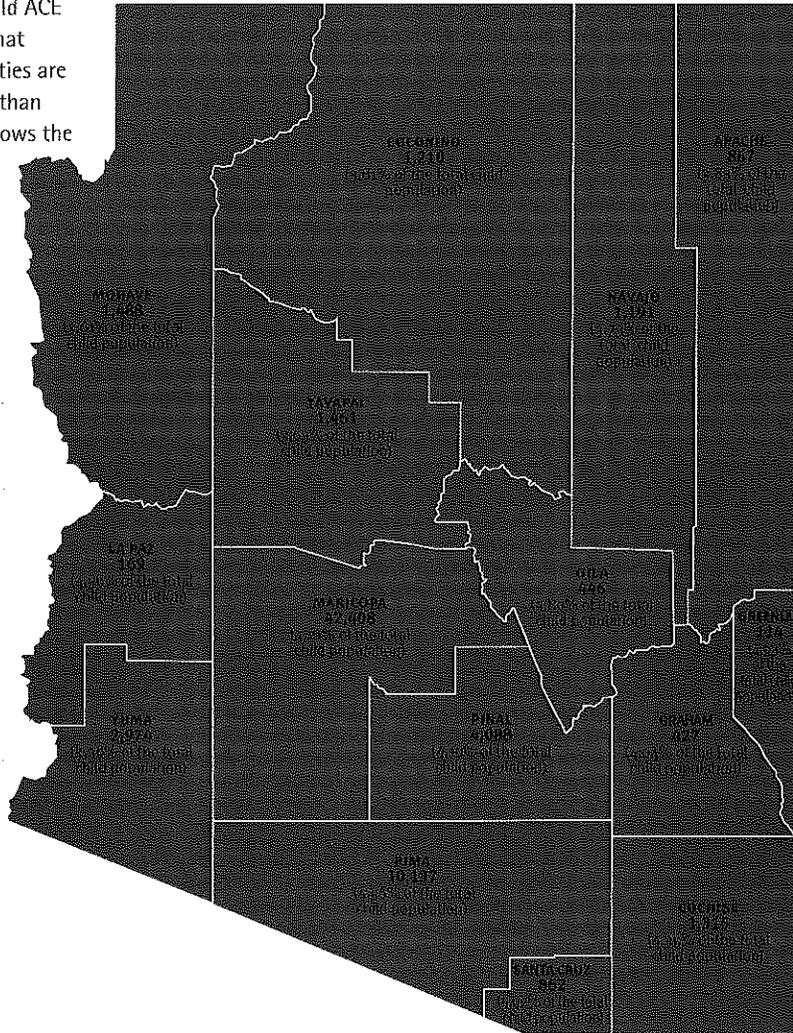
- Live in poverty.
- Live in unsupportive neighborhoods.
- Spend hours playing video games and watching television.

- Have a physically ill parent.
- Take medication for attention-deficit hyperactivity disorder (ADHD) and body mass index (BMI).
- Have problems at school.

- Have fewer family supports.
- Are an ethnic minority. What's more, minority children have a disproportionately higher share of six or more ACEs.

## Arizona Has ACE Hot Spots

County-level child ACE estimates\* reveal that some Arizona counties are hit harder by ACEs than others. This map shows the number of children within Arizona counties who have **five or more ACEs**.



\*Estimates generated from 2011/12 NSCH data set and 2010 Kids Count population estimates

## How We Can Address the Impacts of Toxic Stress

The growing body of knowledge about ACEs offers suggestions about how Arizona can respond and make a positive impact on its citizens lives.

To effectively address ACEs and toxic stress, we must first understand the scope of the problem. Gathering data on the prevalence of ACEs throughout Arizona is a critical first step. Here are some other things we can do:

- Educate leaders, policymakers, pediatricians, other healthcare professionals, and the public about ACEs, brain development and effective interventions.
- Promote and bring to scale research-informed, community-driven and cost-effective trauma and adversity prevention and recovery strategies, services and programs.
- Engage elected and appointed officials, private-sector leaders and other influencers as champions for health, education, economic and related policy changes that improve community resilience, health equity and social justice.
- Build a comprehensive, integrated system for identifying, screening and treating adverse childhood experiences.
- Craft a statewide response to ACEs in Arizona.

## Connecting the Dots

The unhealthy stress ACEs bring can have devastating consequences later in life. Out of 100 people . . .

Statistics from "The High Cost of Adverse Childhood Experiences" compiled by Krista Goldstone-Cole, education director at the Washington State Family Policy Council

| 33% REPORT NO ACEs        | 51% REPORT 1-3 ACEs      | 16% REPORT 4-10 ACEs     |
|---------------------------|--------------------------|--------------------------|
| With 0 ACEs:              | With 3 ACEs:             | With 7+ ACEs:            |
| 1 in 16 smokes            | 1 in 9 smokes            | 1 in 6 smokes            |
| 1 in 69 is alcoholic      | 1 in 9 is alcoholic      | 1 in 6 is alcoholic      |
| 1 in 480 uses IV drugs    | 1 in 43 uses IV drugs    | 1 in 30 uses IV drugs    |
| 1 in 14 has heart disease | 1 in 7 has heart disease | 1 in 6 has heart disease |
| 1 in 96 attempts suicide  | 1 in 10 attempts suicide | 1 in 5 attempts suicide  |



Injury Prevention Center, Strong Families | **Phoenix Children's Hospital**  
 1919 East Thomas Road, East Building, Room 1617 | Phoenix, AZ 85016  
 Office: 602.933.3342 | Fax: 602.933.3356  
 Follow us on twitter at <http://twitter.com/kidsstaysafe>  
 For more information, write [mstanto@phoenixchildrens.com](mailto:mstanto@phoenixchildrens.com) or visit  
[www.phoenixchildrens.org/community/injury-prevention-center/child-abuse-prevention](http://www.phoenixchildrens.org/community/injury-prevention-center/child-abuse-prevention)



# HOUSE OF REPRESENTATIVES

## SB 1008

chiropractic board; licensure; regulation; fees  
Sponsor: Senator Barto

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X Committee on Health  
Caucus and COW  
House Engrossed

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### OVERVIEW

SB 1008 allows the Arizona Board of Chiropractic Examiners (Board) to annually establish fees, increase fee caps and makes various other changes. Contains a Proposition 108 clause.

### HISTORY

Laws 1921, Chapter 118 created the Board for the purpose of protecting the public by enforcing the laws regulating the practice of chiropractic. Arizona Revised Statutes (A.R.S.) § 32-901 outlines the membership of the Board, which consists of three licensed chiropractors and two consumer members who are appointed by the Governor. Each member receives compensation of \$100 for each day of actual service in the business of the Board and is eligible for reimbursement of expenses. The Board currently licenses over 2,500 chiropractors in Arizona.

A.R.S. § 32-921 outlines the application process for a person who wishes to practice chiropractic in Arizona. Currently on making an application, an applicant is required to pay the executive director of the Board a nonrefundable fee of \$250. Statute also lists the requirements to be eligible for examination and licensure. A.R.S. § 32-923 requires every person licensed to practice chiropractic to apply for renewal before January 1 after the original issuance of a license and to pay a renewal license fee.

### PROVISIONS

1. Requires the Board to review the amount of each fee in a public hearing at least once each fiscal year before establishing the amount of a fee for the subsequent year.
2. Stipulates the Board can refuse to give an examination or may deny licensure to an applicant who has engaged in any conduct that constitutes grounds for disciplinary action.
3. Increases the application fee from \$250 to not more than \$325.
4. Increases the original license fee from \$100 to not more than \$125.
5. Increases the certificate fee from \$100 to not more than \$125.
6. Increases the fee on making an application from \$100 to not more than \$125.
7. States that a chiropractor who is certified to perform physiotherapy before July 29, 2010 is deemed to be certified in physical medicine modalities and therapeutic procedures.
8. Authorizes the Board to issue a license by endorsement to an applicant who meets all of the following requirements:
  - a. Has actively practiced chiropractic in another state or jurisdiction for at least five of the immediately preceding seven years;

**SB 1008**

- b. Has not had an adverse disciplinary action taken against a professional license issued by another state or jurisdiction;
  - c. Receives a grade of at least seventy-five percent on the Arizona Jurisprudence Examination;
  - d. Pays to the executive director of the Board a nonrefundable fee of not more than \$500, on making an application; and
  - e. Pays the original license fee.
9. Requires the applicant to present proof satisfactory to the Board that:
- a. A professional license of the applicant issued by any other state or jurisdiction has not been sanctioned for any cause that may be a basis of a sanction imposed by the Board, except for failure to pay fees;
  - b. The applicant has not previously failed the examination in Arizona; and
  - c. The applicant qualifies for licensure, except the applicant is not required to submit proof of obtaining a passing score on part III or IV of the examination conducted by the National Board of Chiropractic Examiners.
10. Exempts applicants for chiropractic licensure from the application fee.
11. Increases the fee for a renewal license from \$170 to not more than \$225.
12. Clarifies that the Board must administratively suspend a license automatically if the licensee does not submit a complete application for renewal and pay the renewal license fee.
13. Authorizes the Board to reinstate a license if the person completes an application for reinstatement as prescribed by the Board, complies with the continuing education requirements for each year that the license was suspended, pays the annual renewal license fee for each year that the license was suspended and pays an additional fee of \$200.
14. Requires a licensee who has been notified of a complaint to file with the Board a written response within twenty days after service of the complaint and the notice of hearing.
15. States that if the licensee fails to file an answer in writing, it is deemed an admission of the act or acts charged in the complaint and notice of hearing and the Board can take disciplinary action without a hearing.
16. Defines *administratively suspend*.
17. Contains a Proposition 108 clause.
18. Makes technical changes.

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

**ROLL CALL VOTE**

COMMITTEE ON \_\_\_\_\_ HEALTH \_\_\_\_\_ BILL NO. SB 1008

DATE March 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:

*HC*  
HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

*Sandy Kelley*  
COMMITTEE SECRETARY

ATTACHMENT \_\_\_\_\_



# HOUSE OF REPRESENTATIVES

SB 1214

homeopathic board; licensure; regulation

Sponsor: Senator Barto

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X Committee on Health

Caucus and COW

House Engrossed

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## OVERVIEW

SB 1214 allows the Arizona Board of Homeopathic and Integrated Medicine (Board) to establish a treatment program for licensees with medical, psychiatric, psychological or behavioral health disorders.

## HISTORY

Laws 1980, Chapter 249 established the Board to protect the health, safety and welfare of Arizona citizens by examining, licensing and regulating homeopathic physicians. The Board also registers homeopathic medical assistants that work under the supervision of licensed homeopathic physicians. As of February 2015, the Board licenses and regulates approximately 87 physicians, and has registered 23 medical assistants.

Arizona Revised Statutes § 32-2934 authorizes the Board to investigate any evidence that appears to show that a licensee is or may be medically incompetent, guilty of unprofessional conduct or mentally or physically unable to engage safely in the practice of homeopathic medicine. Statute also permits any licensee, the Arizona Homeopathic and Integrative Medical Association, any health care institution and any other person to report to the Board any information that appears to show that a licensee is or may be medically incompetent, guilty of unprofessional conduct or mentally unable to engage safely in the practice of homeopathic medicine. Additionally, statute outlines the actions the Board may take once an investigation is complete.

## PROVISIONS

1. Modifies the definition of *approved school of medicine* as it relates to a person who is seeking licensure, to mean a school or college that on successful completion results in a degree of doctor or homeopathy and that is approved or accredited by the Accreditation Commission for Homeopathic Education in North America or any board-approved similar body that accredits this course of study.
2. Extends the term of four committee members until January 1, 2017 and delays membership for five members until January 1, 2017.
3. Requires the Board to vacate its previous order to revoke a license if that revocation was based on the applicant's conviction of a felony or an offense involving moral turpitude and that conviction has been reversed on appeal.
4. States that the Board may not open an investigation if identifying information regarding the complainant is not provided to the Board.

**SB 1214**

5. Stipulates that if a complainant wishes to have their identifying information withheld from the licensee against whom the allegation of unprofessional conduct is being made, the Board must enter into a written agreement with the complainant stating that the complainant's identifying information will not be provided to the licensee to the extent consistent with the administrative appeals process and requires the Board to post this policy on their website.
6. States that the Board may require a licensee under investigation to undergo any combination of mental, physical, oral or written medical competency examination at the licensee's expense.
7. Requires a licensee that has been notified of a complaint to file a written response to the Board within 20 days after service of the complaint and the notice of the hearing.
8. Stipulates that if a licensee fails to file an answer in writing, it is considered an admission of the act or acts charged in the complaint and notice of hearing and allows the Board to take disciplinary action without a hearing.
9. Authorizes the Board to establish a confidential program for the evaluation, treatment and monitoring of persons who are licensed and have a medical, psychiatric, psychological or behavioral health disorder that may impact the ability to safely practice medicine or perform health care tasks. The program must include education, intervention, therapeutic treatment and post-treatment monitoring and support.
10. Allows a licensee who has a medical, psychiatric, psychological or behavioral health disorder who has not committed a violation to agree to enter into a confidential consent agreement with the Board for participation in a program if the licensee either:
  - a. Voluntarily reports that disorder to the Board
  - b. Is reported to the Board by a peer review committee, hospital medical staff member, health plan, other health care practitioner or health care entity.
11. Permits the Board to contract with a private organization to operate a program and states that the contract must require the private organization to do all of the following:
  - a. Periodically report to the Board regarding treatment program activity.
  - b. Release all treatment records to the Board on demand.
  - c. Immediately report to the Board the name of a licensee who the treating organization believes is incapable of safely practicing medicine or performing health care tasks.
12. Provides that an evaluator, teacher, supervisor or volunteer who acts in good faith within the scope of the program is not subject to civil liability, including malpractice liability, for the actions of a licensee who is participating in the program.
13. Terminates the confidential program for the treatment of mental, behavioral and physical health disorders established by this act on July 1, 2025.
14. Stipulates that the Board may not act on any complaint in which an allegation of unprofessional conduct or any other violation occurred more than seven years before the complaint is received by the Board and states that the time limitation does not apply to medical malpractice settlements or judgments.
15. Makes technical and conforming changes.

SB 1214

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

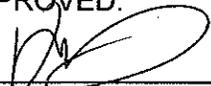
**ROLL CALL VOTE**

COMMITTEE ON HEALTH BILL NO. SB 1214

DATE March 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

## SB 1284

direct payments; providers; facilities; deductible

Sponsors: Senators Barto, Lesko: Ward

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X Committee on Health

Caucus and COW

House Engrossed

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### OVERVIEW

SB 1284 requires monies paid by an enrollee for direct pay service by a health care provider, which is covered under the enrollee's health plan, to be applied to the enrollee's in-network deductible with any remaining monies being applied to the enrollee's out-of-network deductible.

### HISTORY

Arizona Revised Statutes (A.R.S.) § 32-3216 requires a health care provider to make available the direct pay price for the 25 most commonly provided services, on request or on-line. The list of direct pay prices is required to be updated annually and based on the services from a 12-month period that occurred within the 18-month period preceding the annual update. A health care provider who does not comply with direct pay price requirements is guilty of unprofessional conduct. Statute exempts various groups from the health care provider direct pay price requirements, such as emergency medical services, veterans administration facilities, military health facilities and Indian health service facilities.

A.R.S. § 36-437 states that a health care facility is required to make available, on request or online, the direct pay price of the 50 most used diagnosis-related group codes and most used outpatient service codes, if the facility has more than 50 inpatient beds. Statute outlines direct pay price requirements for health care facilities with fewer than 50 inpatient beds. Military health care facilities, veterans administration facilities, Indian health services hospitals and the Arizona state hospital are exempt from health care facility direct pay price requirements.

### PROVISIONS

1. Stipulates that if an enrollee pays the direct price to a health care provider or health care facility, which is covered under the enrollee's plan, the amount paid by the enrollee is required to be applied first to the enrollee's in-network deductible, with any remaining monies being applied to the enrollee's out-of-network deductible, if applicable, regardless of whether the health care provider or health care facility is a contracted network provider for the enrollee's health care plan.
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 1284

DATE March 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

## SB 1288

prescription drug coverage; medication synchronization  
Sponsors: Senators Yee, Begay, Dalessandro, et al.

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X Committee on Health  
Caucus and COW  
House Engrossed

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### OVERVIEW

SB 1288 provides for the synchronization of an insured patient's prescription medication.

### HISTORY

Arizona Revised Statutes § 32-1968 covers the regulations concerning dispensing prescription-only drugs, prescription orders, refills, labels and misbranding. A prescription-only drug can only be dispensed under one of the following conditions, by a medical practitioner, a written prescription order bearing the prescribing medical practitioner's manual signature, an electronically transmitted prescription order containing the prescribing medical practitioner's electronic or digital signature, a written prescription order generated from electronic media containing the prescribing medical practitioner's electronic or manual signature, an oral prescription order or refilling any written, electronically submitted or oral prescription if a refill is authorized by the prescriber. Both an electronically transmitted prescription and an oral prescription order must be reduced promptly to writing and filled by the pharmacist. A prescription order is required to contain the date it was issued, the name and address of the person for whom the drug is ordered, refills authorized, if any, the legibly printed name, strength, dosage form and quantity of the drug ordered and directions for its use.

Medication synchronization is a process where a pharmacist coordinates refills for a patient who is taking multiple prescriptions, allowing them to be filled on the same day each month. Partial fills for less than the standard refill amount are often required in order to align all patient medications to the same refill date.

### PROVISIONS

1. States that a prescription contract, an evidence of health care coverage, a disability insurance policy or a group or blanket disability insurance contract that is issued or renewed on or after January 1, 2017 and that provides coverage for prescription drugs:
  - a. May not deny coverage and is required to prorate the cost sharing rate for a prescription drug that is dispensed by a network if certain criteria are met and if the insured requests enrollment into a medical synchronization program; and
  - b. Requires acceptance of early and short refill requests for prescription drugs using the submission clarification and message codes as adopted by the National Council for Prescription Drug Plans or alternative codes provided by the insurance plan.
2. Defines *medication synchronization*.

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

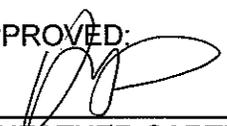
**ROLL CALL VOTE**

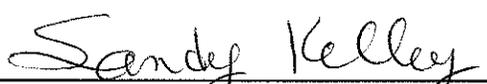
COMMITTEE ON HEALTH BILL NO. SB 1288

DATE March 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

SB 1290

independent medical examinations; board complaints  
Sponsors: Senators Ward, Yee; Representative Cobb, et al.

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X Committee on Health  
Caucus and COW  
House Engrossed

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## OVERVIEW

SB 1290 prohibits the filing of a complaint to a regulatory medical board, if the complaint is based on a disagreement with the findings of an independent medical examination conducted by a medical doctor, podiatrist or doctor of osteopathic medicine.

## HISTORY

Title 23, Chapter 6, Arizona Revised Statutes (A.R.S.) governs worker's compensation. Specifically, A.R.S. § 23-1026 states that an employee who is eligible for worker's compensation benefits is required to submit to an independent medical examination from time to time if certain conditions are met and is requested by either the Industrial Commission of Arizona, an employer or an insurance carrier.

Medical doctors, podiatrists and doctors of osteopathic medicine are regulated by their respective boards contained within A.R.S., Title 32. Pursuant to Title 32, each respective board may investigate any evidence that appears to show that a medical professional is or may be guilty of unprofessional conduct. Statute outlines each respective board's process for dealing with complaints regarding unprofessional conduct.

## PROVISIONS

1. Prohibits the filing of a complaint for unprofessional conduct against podiatrists, medical doctors, or osteopathic physicians if the complaint is based on a disagreement with the findings of an independent medical examination.
2. Stipulates that a complaint for unprofessional conduct may be filed, if the complaint is filed for reasons other than a disagreement of the findings or opinions of the examination.
3. Defines *independent medical examination*.
4. Makes technical and conforming changes.

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

**ROLL CALL VOTE**

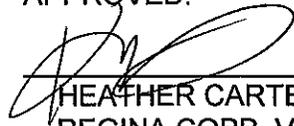
COMMITTEE ON HEALTH BILL NO. SB 1290

DATE March 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      |

Sandy Kelley  
COMMITTEE SECRETARY

APPROVED:

  
HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

ATTACHMENT \_\_\_\_\_

**SB 1290 Independent Medical Examinations  
Anthony T. Yeung, M. D. Against**

**1. IME are not Independent!**

- a. THEY ARE REPORTS USUALLY Advocating for Payor Insurance companies opposing the patient seeking care and AGAINST**
- b. Physicians advocating for the Patient requesting treatment**
- c. Who are the physicians performing IME"s? The same doctors over and over?**

**2. IN MY PERSONAL EXPERIENCE caring for patients and for being a patient advocate (OVER VIEW)**

- a. "Independent" exams are heavily weighted in favor of the payor in worker's comp claims and against the patient seeking the care recommended by their physician.**
- b. Patients have little recourse when the insurance company uses the IME to terminate responsibility for treatment except to get a lawyer to represent them in front of an administrative law judge when the "IME " goes against them. They are then forced to turn to their private health insurance, PAY CASH, or complain to the AMB, who regulates the physician's ability to practice.**

**Physicians for injured workers have little recourse against IME doctors who use their**

**“personal opinion” for conclusions, and this avenue, protected by a simple statement, is protected by absolute immunity granted by the legislature that is a bad law that needs revision or change.**

**One notorious IME physician even routinely aggressively “attacks” the treating physician’s judgment, as well as the patient’s motive for seeking care.**

**Because IME opinion doctors are protected by law for their testimony because they have “absolute immunity” in a centuries old law encouraged to allow doctors to testify with immunity, even if they lie as “hired guns”, opinions are freely given using personal opinion couched in highly prejudicial conclusions favoring the payer.**

- c. The patient’s only recourse is then to turn to the only regulating agency who can affect the doctors’ ability to practice by filing a complaint of unprofessional conduct.**

### **3. Practical Economic Consequences When the exam and conclusion favors the IME team**

- a. The Payors returns the favor to the same physicians who provides conclusions that overwhelmingly favor the referring payor, and against the patient and his doctor**

**b. If the patient happens to need surgery, Payors may reward some of their consultants by allowing their referred physicians to treat the patient under w/c coverage by converting an IME to a “consultation” for treatment. ( personal knowledge from an ex-employee of the rogue physician.)**

**4.**

**a. The patient is “encouraged to leave their doctor by the claims agent for the insurance company to go to their doctor “picked” by the case worker. The IME doctor provides the care, then discharges the patient after he has completed treatment paid for by the carrier.**

**5. Medical Directors for insurance companies like Copperpoint (formerly SCF) had broad power to favor their friends with referrals and even allegedly provide special payments to “chosen” providers not available to others. These physicians in the favored group are paid for providing progress reports and other requests by the case workers to physicians on their “list”, unknown to others. A former employee of DISC and AOS ( my practice) and the practice of the medical director of the insurance company providing the “whistle blower” information, was fired by this group.**

**The health care system is no longer controlled by physicians trained to provide care to the best of their ability based on their training. They must now get precertification for surgery and meet certain artificial**

**guidelines before surgical procedures are approved and certified.**

**Workman's comp has become a relatively lucrative source of income for physicians as their fee schedules now greatly exceed Medicare fee payment guidelines.**

**Physicians favored by w/c carriers, compete to secure as much business as they can by business by catering to, and providing opinions favorable to the insurers.**

**I am prepared to answer specific questions with specific examples from my own experience where IME reports have delayed, or denied timely treatment that have harmed injured workers, or forced them to pay out of pocket for their care.**

**There may be a silver lining to SB1290. I am proposing a language change to ARS 23-1206 that reads, and I paraphrase the introductory sentence:**

**The physician is not subject to a complaint for unprofessional conduct ( the only recourse in Arizona holding a physician accountable for his opinion in quasi-judicial testimony which offers them absolute immunity)**

**IF THAT TESTIMONY DOES NOT DISTORT OR DISMISS FINDINGS OF FACT AND DOES NOT VIOLATE THE GUIDELINES OF PROFESSIONAL CONDUCT AS DEPICTED BY THE EXAMINING PHYSICIAN'S SPECIALTY SOCIETY, INCLUDING TESTIFYING ON MEDICAL OR SURGICAL AREAS OUTSIDE HIS EXPERTISE OF SPECIALTY.**

**THANK YOU!**

**Anthony T. Yeung, M.D.**