

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

**COMMITTEE ON CHILDREN AND FAMILY AFFAIRS**

Report of Regular Meeting  
Monday, March 16, 2015  
House Hearing Room 5 -- 2:00 p.m.

**Convened** 2:58 p.m.

**Recessed**

**Reconvened**

**Adjourned** 4:43 p.m.

**Members Present**

Mr. Ackerley  
Mrs. Cobb  
Mrs. Gonzales  
Mr. Lovas  
Mr. Mendez  
Ms. Rios  
Mrs. Brophy McGee, Vice-Chairman  
Mr. Allen J., Chairman

**Members Absent**

Ms. Townsend

**Request to Speak**

Report – Attachment 1

**Presentations**

**Name**

None

**Organization**

**Attachments (Handouts)**

**Committee Action**

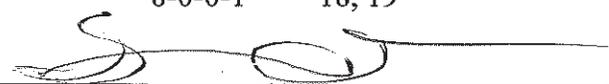
**Bill**

**Action**

**Vote**

**Attachments (Summaries,  
Amendments, Roll Call)**

SB1080	DP	8-0-0-1	2, 3
SB1103	NOT ASSIGNED		
SB1226	DPA	8-0-0-1	4, 5, 6, 7
SB1297	FAILED	3-5-0-1	8, 9, 10
SB1313	DP	6-0-0-3	11, 12
SB1400	DPA	8-0-0-1	13, 14, 15
SB1401	DP	5-2-0-2	16, 17
SB1440	DP	8-0-0-1	18, 19

  
Sierra Orozco, Chairman Assistant  
March 24, 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 Children and Family Affairs (3/16/2015)*

## **SB1080, tribal social services agencies; information.**

### **Support:**

Kim Baird, representing self; Norris Nordvold, INTER TRIBAL COUNCIL OF ARIZONA; Beth Rosenberg, CHILDREN'S ACTION ALLIANCE; Meghaen Dell'Artino, GILA RIVER INDIAN COMMUNITY; Dianne McCallister, GILA RIVER INDIAN COMMUNITY

### **All Comments:**

Norris Nordvold, INTER TRIBAL COUNCIL OF ARIZONA: Inter Tribal Council of Az. represents 21 tribes which voted to support this legislation.

## **SB1103, charitable tax credit; foster children**

### **Support:**

Bahney Dedolph, representing self; Emily Jenkins, Arizona Council Of Human Service Providers; Penny Allee Taylor, Valley Of The Sun United Way

## **SB1226, parent-child relationship; termination; petition**

### **Support:**

Beth Rosenberg, CHILDREN'S ACTION ALLIANCE; Bahney Dedolph, representing self; Rebecca Baker, Maricopa County Attorney's Office; William Kerekes, representing self; Emily Jenkins, Arizona Council Of Human Service Providers

### **All Comments:**

Rebecca Baker, Maricopa County Attorney's Office: MCAO supports SB1226 with the committee amendment which allows, rather than mandates, a County Attorney to provide free adoption services, as there are services available in the private sector for families to use.

## **SB1297, psychotropic drugs; foster children; report**

### **Testified in support:**

Richard Haworth, representing self

### **Support:**

Beth Rosenberg, CHILDREN'S ACTION ALLIANCE; Bahney Dedolph, representing self; Emily Jenkins, Arizona Council Of Human Service Providers

**All Comments:**

Richard Haworth, Self: We need to monitor psychotropic drugs being given to our foster children.

**SB1313, uniform interstate family support act****Support:**

Kathy Ber, DES Director of Legislative Services, Arizona Department Of Economic Security

**SB1400, human rights committees; members****Support:**

Bahney Dedolph, representing self; Karen Van Epps, representing self; craig carter, representing self; jack potts, Arizona Psychiatric Society

**Neutral:**

Kathy Ber, DES Director of Legislative Services, Arizona Department Of Economic Security

**All Comments:**

jack potts, Arizona Psychiatric Society: We appreciate the work Senator Barto has done with the stakeholders and APS unequivocally supports this proposed legislation.

**SB1401, home care services; disclosure****Support:**

Kathleen Pagels, Arizona Health Care Association; Don Isaacson, LEADINGAGE ARIZONA; Don Isaacson, LEADINGAGE ARIZONA; Courtney McKinstry, AZ ATTORNEY GENERAL'S OFFICE

**SB1440, ALTCS; developmental disabilities; rates; appropriation****Neutral:**

Jennifer Carusetta, AHCCCS; Kathy Ber, DES Director of Legislative Services, Arizona Department Of Economic Security



# HOUSE OF REPRESENTATIVES

SB 1080

tribal social services agencies; information.

Sponsor: Senator Begay

---

X Committee on Children and Family Affairs

Caucus and COW

House Engrossed

---

## OVERVIEW

SB 1080 expands the duty to report abuse or neglect to include reporting to a tribal law enforcement or social service agency for any Indian minor who lives on a reservation. Further, SB 1080 gives tribal social service agencies access to the Central State Repository (Repository) or the Arizona Criminal Justice Information System (ACJIS), for specified purposes.

## HISTORY

Arizona Revised Statutes (A.R.S.) § 13-3620 requires that any person who reasonably believes that a minor is or has been a victim of physical injury, abuse, child abuse, a reportable offense or neglect must immediately report this information to a peace officer or to the Arizona Department of Child Safety (DCS). If the report concerns a person who does not have care, custody or control of the minor, the report must be made only to a peace officer. Persons required to report include medical practitioners, any peace officer, child welfare investigator, child safety worker, member of the clergy, priest or Christian science practitioner, the parent, stepparent or guardian of the minor, school personnel or domestic violence advocates and any other person who has responsibility for the care or treatment of the minor.

A.R.S. § 41-1750 mandates that the Arizona Department of Public Safety (DPS) is responsible for the operation of the Repository in order to collect, store and disseminate complete and accurate Arizona criminal history records and related criminal justice information. Statute authorizes the director of DPS to exchange criminal justice information between the Repository or through the ACJIS to various state and federal agencies and authorized individuals.

## PROVISIONS

1. Expands the duty to report abuse or neglect to include reporting to a tribal law enforcement or social service agency for any Indian minor who lives on a reservation.
2. Gives tribal social service agencies access to the Repository or ACJIS on the submission of a fingerprint card to provide criminal history record information on prospective adoptive parents.
3. Authorizes tribal social service agencies to access the Repository or ACJIS for the purpose of evaluating the fitness of custodians or prospective custodians of juveniles.
4. Allows tribal social service agencies to access the Repository or ACJIS for the purposes of investigating or responding to reports of child abuse, neglect or exploitation.
5. Makes technical changes.

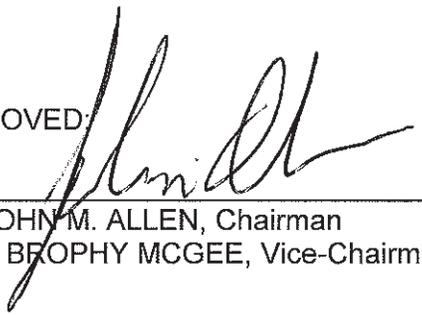
**ARIZONA HOUSE OF REPRESENTATIVES  
Fifty-second Legislature - First Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON CHILDREN AND FAMILY AFFAIRS BILL NO. SB 1080

DATE March 16, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Ackerley		✓			
Mrs. Cobb		✓			
Mrs. Gonzales		✓			
Mr. Lovas		✓			
Mr. Mendez		✓			
Ms. Rios		✓			
Ms. Townsend					✓
Mrs. Brophy McGee, Vice-Chairman		✓			
Mr. Allen J, Chairman		✓			
		<b>8</b>	<b>0</b>	<b>0</b>	<b>1</b>

APPROVED:   
 \_\_\_\_\_  
 JOHN M. ALLEN, Chairman  
 KATE BROPHY MCGEE, Vice-Chairman

  
 \_\_\_\_\_  
 COMMITTEE SECRETARY

ATTACHMENT 3



# HOUSE OF REPRESENTATIVES

SB 1226

parent-child relationship; termination; petition

Sponsor: Senator Pancrazi

---

X Committee on Children and Family Affairs

Caucus and COW

House Engrossed

---

## OVERVIEW

SB 1226 permits the county attorney, if necessary, to prepare a petition to terminate the parent-child relationship without expense to the prospective adoptive parent.

## HISTORY

Arizona Revised Statutes (A.R.S.) § 8-533 provides that any person or agency that has a legitimate interest in the welfare of a child may file a petition for the termination of the parent-child relationship. The petition must contain sufficient evidence to justify the termination of the parent-child relationship. The grounds for terminating the parent-child relationship include, but are not limited to: abandonment, neglect or abuse. If the court finds grounds for the termination of the parent-child relationship, the court must terminate the relationship and appoint an individual as a guardian of the child or appoint an individual as the child's guardian and vest legal custody in another individual or in an authorized agency.

A.R.S. § 8-127 states that the county attorney of the county in which the prospective adoptive parent resides, or, if applicable, the county where the child is a ward of the court, on application of the person or persons seeking adoption, must prepare the adoption petition and act as attorney without expense to the prospective adoptive parent.

## PROVISIONS

1. Permits the county attorney, if necessary, to prepare a petition to terminate the parent-child relationship without expense to the prospective adoptive parent.
2. Makes technical changes.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1226

(Reference to Senate engrossed bill)

- 1 Page 1, lines 7 and 14, strike "shall" insert "MAY"
- 2 Amend title to conform

JOHN M. ALLEN

1226-p1-allen  
3/12/15  
3:42 PM  
H:ajs

Attachment 5

Adopted  # of Verbals \_\_\_\_\_  
Failed \_\_\_\_\_ Withdrawn \_\_\_\_\_  
Not Offered \_\_\_\_\_ Analysts Initials \_\_\_\_\_

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1226

(Reference to Senate engrossed bill)

- 1 Page 1, line 9, strike ", IF NECESSARY"
- 2 Line 11, after "TITLE" insert "AND ACT AS ATTORNEY"
- 3 Amend title to conform

JOHN M. ALLEN

1226-p2-allen  
3/13/15  
1:58 PM  
H:ajs

Attachment 6

Adopted  # of Verbals \_\_\_\_\_  
Failed \_\_\_\_\_ Withdrawn \_\_\_\_\_  
Not Offered \_\_\_\_\_ Analysts Initials \_\_\_\_\_

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

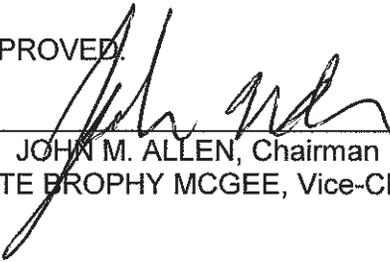
**ROLL CALL VOTE**

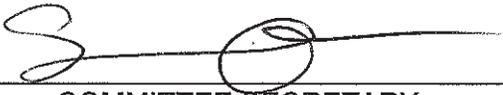
COMMITTEE ON CHILDREN AND FAMILY AFFAIRS BILL NO. SB 1226

DATE March 16, 2015 MOTION: dpa

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Ackerley		✓			
Mrs. Cobb		✓			
Mrs. Gonzales		✓			
Mr. Lovas		✓			
Mr. Mendez		✓			
Ms. Rios		✓			
Ms. Townsend					✓
Mrs. Brophy McGee, Vice-Chairman		✓			
Mr. Allen J, Chairman		✓			
		8	0	0	1

APPROVED:

  
 \_\_\_\_\_  
 JOHN M. ALLEN, Chairman  
 KATE BROPHY MCGEE, Vice-Chairman

  
 \_\_\_\_\_  
 COMMITTEE SECRETARY

ATTACHMENT 7



# HOUSE OF REPRESENTATIVES

SB 1297

psychotropic drugs; foster children; report  
Sponsor: Senator Lesko

---

X Committee on Children and Family Affairs

Caucus and COW

House Engrossed

---

## OVERVIEW

SB 1297 requires the Arizona Department of Health Services (ADHS), the Arizona Department of Child Safety (DCS) and the Arizona Health Care Cost Containment System (AHCCCS) to prepare a report that compares the prescription rate of psychotropic medications prescribed to foster children enrolled in AHCCCS with the prescription rate of psychotropic medications prescribed to nonfoster children enrolled in AHCCCS.

## HISTORY

The Comprehensive Medical and Dental Program (CMDP) is the health plan responsible for ensuring, in partnership with foster care providers, the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care (Arizona Revised Statutes [A.R.S. § 8-512]). According to DCS, the purpose of CMDP is to ensure that members assigned to CDMP have appropriate access to medically necessary health care and to exhibit that CMDP is within the standards and mandates required by AHCCCS.

A.R.S. § 8-271 in part, defines *inpatient assessment* as the administration of psychotropic medication and medication monitoring, if necessary to complete the assessment or to prevent the child from being a danger to self or others. A.R.S. § 8-272 states that if a child exhibits behavior that indicates the child may suffer from a mental disorder or is a danger to self or others, an entity may request that the child receive an outpatient or inpatient assessment. Statute requires a psychologist, psychiatrist or physician to conduct an inpatient assessment within 72 hours after a child is admitted to an inpatient assessment facility and outlines the recommendations that must be made at the conclusion of the assessment.

## PROVISIONS

1. Requires ADHS, DCS and AHCCCS to prepare a report on or before August 31 of every odd numbered year that compares the prescription rate of psychotropic medications prescribed to foster children enrolled in AHCCCS with the prescription rate of psychotropic medications prescribed to nonfoster children enrolled in AHCCCS.
2. Requires the report to include the following:
  - a. The number of children receiving psychotropic medications delineated by:
    - i. Age group;
    - ii. Type of psychotropic medication;
    - iii. Number of prescriptions; and
    - iv. Number of children prescribed one, two, three, four and five or more psychotropic drugs.

- b. The number of psychiatrists and physicians prescribing psychotropic medications to foster children, including those submitting to Medicaid for treatment reimbursement.
  - c. The psychiatrists and physicians who have the highest number of prescriptions to children under state care of the following medications:
    - i. Antipsychotics;
    - ii. Antidepressants;
    - iii. Psychostimulants;
    - iv. Mood stabilizers; and
    - v. Anti-anxiety drugs.
  - d. A summary of compliance with informed consent requirements for enrolled children in foster care.
  - e. The annual costs of psychotropic medicines to children under state care.
3. Requires the report to be submitted to the chairpersons of the House of Representatives Children and Family Affairs Committee and the Senate Health and Human Services Committee, or the chairpersons of any successor committees, and requires a copy of the report to be provided to the Secretary of State.
  4. Defines *psychotropic medication* as a medication that is prescribed for the treatment of symptoms of psychosis or another mental, emotional or behavioral disorder and that is used to exercise an effect on the central nervous system to influence and modify behavior, cognition or affective state and states that psychotropic medication includes all of the following:
    - i. Psychomotor stimulants;
    - ii. Antidepressants;
    - iii. Antipsychotic or neuroleptics;
    - iv. Agents for control of mania or depression;
    - v. Antianxiety agents; and
    - vi. Sedatives, hypnotics or other sleep-promoting medications.

SB 1297

# SB 1297

## Information Pack

- #1 – AHCCCS reported cost and age prescription figures for 2007
- #2 – Arizona DHS Report on Foster Children Drugging – 2012 (Data from 2008)
- #3 – FDA Black Label Warnings/Medication Guide for Antidepressants
- #4 – LA Times Article on Rampant Over-drugging of Foster Children - 16 February 2015

Janet Napolitano, Governor  
Anthony D. Rodgers, Director



801 E. Jefferson, Phoenix, AZ 85034  
P.O. Box 25520, Phoenix, AZ 85002  
Phone: 602-417-4000  
www.azahcccs.gov

June 7, 2007

①

The Honorable Karen Johnson  
Arizona State Senate  
1700 W. Washington  
Phoenix, AZ 85007

Dear Senator Johnson:

Enclosed please find the data that you requested regarding the number of prescriptions for psychiatric medications that are prescribed to children enrolled in AHCCCS. I look forward to the opportunity to meet with you and discuss this data in more detail.

If you have any questions, please do not hesitate to contact me at 602-417-4111.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. D. Rodgers', written over a printed name and title.

Anthony D. Rodgers  
Director



# Arizona Health Care Cost Containment System BHS PHARMACY ENCOUNTERS - included drugs

By County, Age, Therapeutic Class For Recipients under 21 from  
7/1/2005 thru 6/30/2006

Last Refresh Date: 04/12/2007

County	Age	Therapeutic Class	# OF RCPs	# OF SCRIPTS	Health Plan Paid Amount	Avg Paid Per Script
11 - GREENLEE	16	289200 - CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1	6	\$614.12	\$102.35
		Totals and Unduplicated Recipient Count	2	11	\$683.93	\$62.18
	17	281604 - ANTIDEPRESSANTS	2	4	\$116.87	\$29.22
		281608 - ANTIPSYCHOTIC AGENTS	1	2	\$273.38	\$136.69
		289200 - CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1	4	\$457.52	\$114.38
	17	Totals and Unduplicated Recipient Count	3	10	\$847.77	\$84.78
	20	281604 - ANTIDEPRESSANTS	1	2	\$27.30	\$13.65
		281608 - ANTIPSYCHOTIC AGENTS	2	3	\$88.22	\$29.41
		289200 - CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1	1	\$98.29	\$98.29
	20	Totals and Unduplicated Recipient Count	2	6	\$213.81	\$35.64
	Totals and Unduplicated Recipient Count	22	169	\$14,591.54	\$86.34	
13 - MARICOPA	0	281608 - ANTIPSYCHOTIC AGENTS	1	2	\$145.46	\$72.73
		282004 - AMPHETAMINES	1	2	\$143.52	\$71.76
	0	Totals and Unduplicated Recipient Count	1	4	\$288.98	\$72.25
	1	281608 - ANTIPSYCHOTIC AGENTS	1	3	\$297.21	\$99.07
		282004 - AMPHETAMINES	1	1	\$94.68	\$94.68
		282492 - ANXIOLYTICS, SEDATIVES & HYPNOTICS, MISC.	1	2	\$8.98	\$4.49
	1	Totals and Unduplicated Recipient Count	2	6	\$400.87	\$66.81
	2	281604 - ANTIDEPRESSANTS	1	1	\$6.16	\$6.16
		281608 - ANTIPSYCHOTIC AGENTS	4	6	\$628.06	\$104.68
		282492 - ANXIOLYTICS, SEDATIVES & HYPNOTICS, MISC.	1	3	\$18.72	\$6.24



# Arizona Health Care Cost Containment System

## BHS PHARMACY ENCOUNTERS - included drugs

By County, Age, Therapeutic Class For Recipients under 21 from  
7/1/2005 thru 6/30/2006

Last Refresh Date: 04/12/2007

County	Age	Therapeutic Class	# OF RCPS	# OF SCRIPTS	Health Plan Paid Amount	Avg Paid Per Script
		281608 - ANTIPSYCHOTIC AGENTS	432	1,937	\$422,296.36	\$218.02
		282000 - ANOREXIGENICS;RESPIR.,CEREBRAL STIMULAN	57	197	\$6,795.94	\$34.50
		282004 - AMPHETAMINES	60	211	\$19,271.14	\$91.33
		282408 - BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	71	245	\$1,349.50	\$5.51
		282492 - ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.	80	228	\$2,571.18	\$11.28
		282800 - ANTIMANIC AGENTS	66	232	\$5,748.59	\$24.78
		289200 - CENTRAL NERVOUS SYSTEM AGENTS, MISC.	33	72	\$6,584.13	\$91.45
	20	Totals and Unduplicated Recipient Count	720	6,027	\$621,750.19	\$103.16
13 - MARICOPA		Totals and Unduplicated Recipient Count	12,685	131,543	\$14,137,035.29	\$107.47
15 - MOHAVE	3	281608 - ANTIPSYCHOTIC AGENTS	2	2	\$186.98	\$93.49
		282000 - ANOREXIGENICS;RESPIR.,CEREBRAL STIMULAN	5	7	\$135.96	\$19.42
		282004 - AMPHETAMINES	3	4	\$370.76	\$92.69
		289200 - CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2	4	\$496.59	\$124.15
	3	Totals and Unduplicated Recipient Count	11	17	\$1,190.29	\$70.02
	4	281292 - ANTICONVULSANTS, MISCELLANEOUS	1	2	\$103.40	\$51.70
		281604 - ANTIDEPRESSANTS	2	3	\$42.70	\$14.23
		281608 - ANTIPSYCHOTIC AGENTS	2	6	\$730.43	\$121.74
		282000 - ANOREXIGENICS;RESPIR.,CEREBRAL STIMULAN	5	13	\$331.10	\$25.47
		282004 - AMPHETAMINES	9	38	\$3,662.66	\$96.39
		282492 - ANXIOLYTICS, SEDATIVES & HYPNOTICS, MISC.	2	4	\$43.48	\$10.87
		289200 - CENTRAL NERVOUS SYSTEM AGENTS, MISC.	2	2	\$190.22	\$95.11

2

**Psychotropic Medication Use in the Foster Care Population in Arizona, The Arizona Department of Health Services / Division of Behavioral Health Service, 15 Aug. 2012**

The GAO released a report in December 2011 comparing rates of psychotropic prescribing for foster children to non-foster children in Medicaid for calendar year 2008 by analyzing fee for service prescription claims for Florida, Maryland, Massachusetts, Michigan, Oregon, and Texas. Results indicate that hundreds of foster and non-foster children studied were on five or more psychotropic medications, thousands of foster and non-foster children were prescribed doses higher than maximum cited in guidelines based on The Food and Drug Administration (FDA) approved labels, foster and non-foster children under 1 year of age were prescribed psychotropic medications, and psychotropic medications were prescribed at over two to four times higher for the foster care children compared to non-foster children. <sup>1</sup>

As the results of the GAO analysis cannot be generalized to Arizona, this paper evaluates Arizona's data during this same period.

ADHS/DBHS and CMDP are responsible for the delivery of behavioral and Physical health care through AHCCCS respectively for children in foster care. As of March 2012, 11,292 children were eligible for CMDP and 6,624 of these children (58.6%) were in an active episode of care for behavioral health services<sup>2</sup>

AHCCCS analyzed psychotropic claims according to the methodology published in the December 2011 GAO report. 14,840 foster care and 719,663 non-foster care Medicaid-eligible children age birth to 18 were included in the analysis for Calendar year 2008. This data is representative of ~90% of the foster care population of Arizona. <sup>3</sup>

Arizona results indicate that foster care children age birth to 18 were prescribed psychotropic medications at 4.4 times the rate of non-foster children during calendar year 2008 (Table I). Children age 6 to 12 were the most likely to be prescribed psychotropic medication in both the foster care and non-foster care populations (27.6% and 5.4% respectively). Fifty-five foster children age birth to 1 received a psychotropic prescription during 2008 (Table II). Children in foster care in Arizona were more likely than non-foster children to receive psychotropic medications outside the FDA-approved doses or standards published in the medical literature. Foster children were also more likely to be prescribed medications concomitantly at higher rates than non-foster children (Table IV). For example, foster children were 9 times more likely than non-foster children to be concomitantly prescribed five psychotropic medications. Arizona has minimal standards for identifying the parties empowered to consent for psychotropic drug treatment for youth in state custody in a timely fashion. <sup>4</sup>

Only partially established for obtaining "assent" for psychotropic drug management minors "when possible."

## Revisions to Medication Guide

3

### Medication Guide Antidepressant Medicines, Depression and other Serious Mental Illnesses, and Suicidal Thoughts or Actions

Read the Medication Guide that comes with you or your family member's antidepressant medicine. This Medication Guide is only about the risk of suicidal thoughts and actions with antidepressant medicines. **Talk to your, or your family member's, healthcare provider about:**

- all risks and benefits of treatment with antidepressant medicines
- all treatment choices for depression or other serious mental illness

**What is the most important information I should know about antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions?**

- 1. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults when the medicine is first started.**
- 2. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions.** These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness) or suicidal thoughts or actions.
- 3. How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?**
  - Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is first started or when the dose is changed.
  - Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.
  - Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

**Call a healthcare provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:**

- thoughts about suicide or dying
- attempts to commit suicide
- new or worse depression
- new or worse anxiety
- feeling very agitated or restless
- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

**What else do I need to know about antidepressant medicines?**

- **Never stop an antidepressant medicine without first talking to a healthcare provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the healthcare provider, not just the use of antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the side effects of the medicine prescribed for you or your family member.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member takes. Keep a list of all medicines to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Talk to your child's healthcare provider for more information.

**This Medication Guide has been approved by the U.S. Food and Drug Administration for all antidepressants.**

# Rampant medication use found among L.A. County foster, delinquent kids

By GARRETT THEROLF

FEBRUARY 16, 2015, 6:33 PM

(4)

**L**os Angeles County officials are allowing the use of powerful psychiatric drugs on far more children in the juvenile delinquency and foster care systems than they had previously acknowledged, according to data obtained by The Times through a Public Records Act request.

The newly unearthed figures show that Los Angeles County's 2013 accounting failed to report almost one in three cases of children on the drugs while in foster care or the custody of the delinquency system.

The data show that along with the 2,300 previously acknowledged cases, an additional 540 foster children and 516 children in the delinquency system were given the drugs. There are 18,000 foster children and 1,000 youth in the juvenile delinquency system altogether.

State data analysts discovered the additional cases of medicated children by comparing case notes of social workers and probation officers with billing records for the state's Medi-Cal system. The billing records for those additional children did not appear to have corresponding case notes, leaving child advocates concerned that the drugs may have been prescribed without appropriate approval.

The previously published figures, posted on a UC Berkeley website by the state Department of Social Services, helped to guide efforts to improve oversight and curb the use of the medications but obscured their widespread use in the delinquency system.

State law requires a judge's approval before the medication can be administered to children under the custody of the courts, but a preliminary review showed no such approval in the newly discovered cases.

Child advocates and state lawmakers have long argued that such medications are routinely overprescribed, often because caretakers are eager to make children more docile and easy to manage — even when there's no medical need.

The information about the additional cases of prescribed drugs was received by the county's

Department of Children and Family Services last year, but county staffers resisted reviewing and releasing the data until The Times' public records request.

The information about delinquent youth was shared with the county's Probation Department by DCFS this week, after authorities learned that The Times had obtained it.

"We were just made aware that there may be a problem," said Reaver Bingham, deputy chief of the Los Angeles County Probation Department. "We are researching whether the approval process for the medications was fully executed."

DCFS Medical Director Charles Sophy, who is in charge of oversight for foster youth on the medications, said he was not aware of the information until this month.

DCFS Director Philip Browning said that he had also been unaware, but that he learned recently that staffers delayed work on the issue because they hoped for an agreement with state officials that might allow them access to current Medi-Cal billing records on an ongoing basis. He noted that Sacramento lawmakers are in the early stages of drafting legislation that may order counties to review the Medi-Cal billing records to ensure that all children receiving the drugs are properly approved.

Leslie Starr Heimov, who leads the court-appointed law firm representing foster youth, said she was frustrated that the county was not treating the information in hand with greater urgency.

"If there are group homes prescribing these medications without proper approval, we need to know that right now," she said. "We shouldn't wait for the Legislature to tell us that we need to take care of these kids."

No one questions that many children involved in the foster care and delinquency systems benefit from the medications. Both populations have experienced a high level of trauma, and mental health issues are diagnosed at a more frequent rate. The drugs help many to emerge from depression and other disorders. Sophy said that medications often allow children to return to family settings after stays in group homes and multiple failed efforts to stabilize the children's lives.

But many experts say there is ample evidence that the drugs are overprescribed, and Congress has ordered states to improve oversight to prevent overuse.

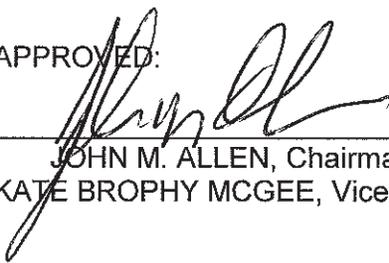
In California, 51% of children on psychiatric medications are taking the most powerful class of the drugs — antipsychotics — which have experienced explosive growth in foster care over the last 15 years, according to data obtained by the National Youth Law Center through a Public Records Act request.

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

**ROLL CALL VOTE**

COMMITTEE ON CHILDREN AND FAMILY AFFAIRS BILL NO. SB 1297  
 DATE March 16, 2015 MOTION: ~~AP~~ failed

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Ackerley	✓	✓			
Mrs. Cobb		✓			
Mrs. Gonzales			✓		
Mr. Lovas		✓			
Mr. Mendez			✓		
Ms. Rios			✓		
Ms. Townsend					✓
Mrs. Brophy McGee, Vice-Chairman			✓		
Mr. Allen J, Chairman			✓		
		3	5	0	1

APPROVED:   
 \_\_\_\_\_  
 JOHN M. ALLEN, Chairman  
 KATE BROPHY MCGEE, Vice-Chairman

  
 \_\_\_\_\_  
 COMMITTEE SECRETARY

ATTACHMENT 10



# HOUSE OF REPRESENTATIVES

SB 1313

uniform interstate family support act  
Sponsors: Senators Driggs: Worsley

---

X Committee on Children and Family Affairs  
Caucus and COW  
House Engrossed

---

## OVERVIEW

SB 1313 adds a new article to the Uniform Interstate Family Support Act (UIFSA) to incorporate amendments adopted to the UIFSA in 2008.

## HISTORY

According to the National Conference for State Legislatures, Public Law (P.L.) 113-183, the Preventing Sex Trafficking and Strengthening Families Act was signed on September 24, 2014. This law includes amendments to section 466(f) of the Social Security Act, requiring all states to enact any amendments to the UIFSA officially adopted on September 30, 2008 by the National Conference of Commissioners on UIFSA referred to as UIFSA 2008.

The UIFSA 2008 amendments integrate the appropriate provisions of the Hague Convention on the international recovery of child support and other forms of family maintenance which was adopted at the Hague Conference on Private International Law in 2007. This contains procedures for processing international child support cases that are intended to be uniform, simple, efficient, accessible and cost-free to U.S. citizens seeking child support in other countries. The requirement to adopt the UIFSA must be met in 2015 or a state's child support program could face financial penalties. Twelve states have adopted the UIFSA 2008 and 22 states have introduced legislation to do the same.

## PROVISIONS

### *Support Proceeding under Convention (Article 7)*

#### *Definitions*

1. Defines *application, central authority, convention support order, direct request, foreign central authority, foreign support agreement* and *United States Central Authority*.

#### *Applicability*

2. Asserts this Article applies only to a support proceeding under the Convention. In such a proceeding, if a provision of Article 7 is inconsistent with the other Articles (1-6) of the UIFSA Act, Article 7 controls.

#### *Relationship of ADES to United State Central Authority*

3. Recognizes the Arizona Department of Economic Security as the agency designated by the United States Central Authority to perform specific functions under the Convention.

#### *Initiation by ADES of Support Proceeding under Convention*

4. Requires ADES to do both of the following:
  - a. Transmit and receive applications; and

**SB 1313**

- b. Initiate or facilitate the institution of a proceeding regarding an application in a tribunal of this state.
5. States the following support proceedings are available to an obligee under the Convention:
  - a. Recognition or recognition and enforcement of a foreign support order;
  - b. Enforcement of a support order issued or recognized in this state;
  - c. Establishment of a support order if there is no existing order, including, if necessary, a determination of parentage of a child;
  - d. Establishment of a support order if recognition of a foreign support order is refused;
  - e. Modification of a support order of a tribunal of this state; and
  - f. Modification of a support order of a tribunal of another state or a foreign country.
6. Specifies the following support proceedings are available under the Convention to an obligor against which there is an existing support order:
  - a. Recognition of an order suspending or limiting enforcement of an existing support order of a tribunal of this state;
  - b. Modification of a support order of a tribunal of this state; and
  - c. Modification of a support order of a tribunal of another state or a foreign country.
7. Provides that a tribunal of this state may not require security, bond or deposit, however described, to guarantee the payment of costs and expenses in proceedings under the Convention.

***Direct Request***

8. States a petitioner may file a direct request seeking establishment or modification of a support order or determination of parentage of a child. In the proceeding, the law of this state applies.
9. Allows a petitioner to file a direct request seeking recognition and enforcement of a support order or support agreement and specifies that the provisions of the convention apply to such a proceeding.
10. Specifies that in a direct request for recognition and enforcement of a Convention support order or foreign support agreement:
  - a. A security, bond or deposit is not required to guarantee the payment of costs and expenses; and
  - b. An obligee or obligor that in the issuing country has benefited from free legal assistance is entitled to benefit, at least to the same extent, from any free legal assistance provided for by the law of this state under the same circumstances.
11. Stipulates that a petitioner filing a direct request if not entitled to assistance from ADES.
12. Establishes that this Article does not prevent the application of laws of this state that provide simplified, more expeditious rules regarding a direct request for recognition and enforcement of a foreign support order or foreign support agreement.

***Registration of Convention Support Order***

13. States, except as otherwise provided, a party who is an individual or that is a support enforcement agency seeking recognition of a convention support order must register the order in this state.
14. Requires a request for registration of a convention support order to be accompanied by all of the following:

- a. A complete text of the support order or an abstract or extract of the support order drawn up by the issuing foreign tribunal, that may be in the form recommended by the Hague Conference on Private International Law;
  - b. A record stating that the support order is enforceable in the issuing country;
  - c. If the respondent did not appear and was not represented in the proceedings in the issuing country, a record attesting, as appropriate, either that the respondent had proper notice of the proceedings and an opportunity to be heard or that the respondent had proper notice of the support order and an opportunity to be heard in a challenge or appeal on fact or law before a tribunal;
  - d. A record showing the amount of arrears, if any, and the date the amount was calculated;
  - e. A record showing a requirement for automatic adjustment of the amount of support, if any, and the information necessary to make the appropriate calculations; and
  - f. If necessary, a record showing the extent to which the applicant received free legal assistance in the issuing country.
15. Provides that a request for registration of a convention support order may seek recognition and partial enforcement of the order.
  16. Allows a tribunal of this state to vacate the registration of a convention support order without the filing of a contest only if, acting on its own motion, the tribunal finds that recognition and enforcement of the order would be manifestly incompatible with public policy.
  17. Mandates that the tribunal promptly notify the parties of the registration or the order vacating the registration of a convention support order.

***Contest of Registered Convention Support Order***

18. Prescribes which statutes govern a contest of a registered convention support order.
19. States a party contesting a registered convention support order must file a contest not later than 30 days after the date of mailing or personal service of the notice of registration, but if the contesting party does not reside in the United States, the contesting party must file the contest not later than 60 days after the date of mailing or personal service of the notice of registration.
20. Specifies that if the non-registering party fails to contest the registered convention support order by the time specified, the order is enforceable.
21. Provides that a contest of a registered convention support order may be based only on grounds outlined in the following statute (A.R.S. § 25-1338). The contesting party bears the burden of proof.
22. States a tribunal of this state, in a contest of a registered convention support order,
  - a. Is bound by the findings of fact on which the foreign tribunal based its jurisdiction; and
  - b. May not review the merits of the order.
23. Prescribes a tribunal of this state deciding a contest of a registered convention support order must promptly notify the parties of its decision.
24. Specifies a challenge or appeal, if any, does not stay the enforcement of a convention support order unless there are exceptional circumstances.

***Recognition and Enforcement of Registered Convention Support Order***

25. Requires a tribunal of this state to recognize and enforce a registered convention support order.

26. States the following grounds are the grounds on which a tribunal of this state may refuse recognition and enforcement of a registered support order:
- a. Recognition and enforcement of the order is manifestly incompatible with public policy, including the failure of the issuing tribunal to observe minimum standards of due process, which include notice and an opportunity to be heard;
  - b. The issuing tribunal lacked personal jurisdiction;
  - c. The order is not enforceable in the issuing country;
  - d. The order was obtained by fraud in connection with a matter of procedure;
  - e. A transmitted record lacks authenticity or integrity;
  - f. A proceeding between the same parties and having the same purpose is pending before a tribunal of this state and that proceeding was the first to be filed;
  - g. The order is incompatible with a more recent support order involving the same parties and having the same purpose if the more recent support order is entitled to recognition and enforcement;
  - h. Payment, to the extent the alleged arrears have been paid in whole or in part;
  - i. In a case in which the respondent did not appear or was not represented in the proceeding in the issuing foreign country;
    1. If the law of that country provides for prior notice of proceedings, the respondent did not have proper notice of the proceedings and an opportunity to be heard; and
    2. If the law of that country does not provide for prior notice of the proceedings, the respondent did not have proper notice of the order and an opportunity to be heard in a challenge or appeal on fact or law before a tribunal.
  - j. The order was made in violation of a modification of convention support order.
27. States if a tribunal of this state does not recognize a specified convention support order:
- a. The tribunal may not dismiss the proceeding without allowing a reasonable time for a party to request the establishment of a new convention support order.
  - b. ADES must take all appropriate measures to request a child support order for the obligee if the application for recognition and enforcement was received.

***Partial Enforcement***

28. Requires a tribunal of this state to enforce any severable part of the order, if the tribunal does not recognize and enforce a convention support order in its entirety. An application or direct request may seek recognition and partial enforcement of a convention support order.

***Foreign Support Agreement***

29. Mandates a tribunal of this state recognize and enforce a foreign support agreement registered in this state with exceptions.
30. Provides an applicant or direct request for recognition and enforcement of a foreign support agreement must be accompanied by both of the following:
- a. A complete text of the foreign support agreement; and
  - b. A record stating that the foreign support agreement is enforceable as an order of support in the issuing country.
31. Stipulates that a tribunal of this state may vacate the registration of a foreign support agreement only if, acting on its own motion, the tribunal finds that recognition and enforcement would be manifestly incompatible with public policy.
32. States, in a contest or a foreign support agreement, a tribunal of this state may refuse recognition and enforcement of the agreement if it finds any of the following:

- a. Recognition and enforcement of the agreement is manifestly incompatible with public policy;
  - b. The agreement was obtained by fraud or falsification;
  - c. The agreement is incompatible with a support order involving the same parties and having the same purpose in this state, another state or a foreign country if the support order is entitled to recognition and enforcement in this state; and
  - d. The record submitted lacks authenticity and integrity.
33. Requires a proceeding for recognition and enforcement of a foreign support agreement must be suspended during the pendency of a challenge to or appeal of the agreement before a tribunal of another state or foreign country.

***Modification of Convention Child Support Order***

34. Prohibits a tribunal of this state from modifying a convention child support order if the obligee remains a resident of the foreign country where the support order was issued unless either of the following applies:
- a. The obligee submits to the jurisdiction of a tribunal of this state, either expressly or by defending on the merits of the case without objecting to the jurisdiction at the first available opportunity; and
  - b. The foreign tribunal lacks or refuses to exercise jurisdiction to modify its support order or issue a new support order.
35. States that if a tribunal of this state does not modify a convention child support order because the order is not recognized in this state, A.R.S. § 25-1338, subsection C (recognition and enforcement of registered convention support order) applies.

***Personal Information; Limit on Use***

36. Limits the use of personal information to only the original purpose for which it was gathered or transmitted.

***Record in Original Language; English Translation***

37. Provides that a record filed with a tribunal of this state must be in the original language and, if not in English, must be accompanied by an English translation.

***Miscellaneous***

38. Asserts that the superior court is the tribunal of this state.
39. Asserts ADES is the support enforcement agency of this state.
40. Allows a tribunal of this state jurisdiction to render judgment or issue an order relating to legal decision making in addition to parenting time.
41. State a tribunal of this state must apply support proceedings that involves any of the following:
- a. A foreign support order;
  - b. A foreign tribunal; and
  - c. An obligee, an obligor or a child residing in a foreign county.
42. Prescribes that a tribunal of this state that is requested to recognize and enforce a support order on the basis of comity may apply the procedural and substantive provisions as provided.

SB 1313

43. Specifies that Article 7 of this Chapter applies only to a support proceeding under the Convention, however if a provision of Article 7 is inconsistent with Articles 1-6, Article 7 governs.
44. States for a case involving a foreign support order, if a foreign county lacks or refuses to exercise jurisdiction to modify its child support order, a tribunal in this state may assume jurisdiction.
45. Provides that if two or more child support orders have been issued for the same obligor and the same child on request to determine which controls, the request may be filed with a registration for enforcement or registration for modification or may be filed as a separate action.
46. States a tribunal of this state that has continuing, exclusive jurisdiction over a spousal support order may service as either the initiating tribunal to quest a tribunal of another state to enforce the spousal support order issued in this state.
47. Permits a tribunal of this state, if not prohibited by another law, to order an obligor to keep the tribunal informed of the obligor's current e-mail address.
48. Requires that a support enforcement agency of this state, on request, provide services to a petitioner that request services through a central authority of a foreign country.
49. Allows a support enforcement agency of this state to provide services to a petitioner who is an individual not residing in the state.
50. Mandates that ADES maintain a registry of names and addresses of tribunals and support enforcement agencies received from other states.
51. Requires that a petition or accompanying documents must provide the name, residential address and social security number of the parent and alleged parent.
52. States a petitioner may not be required to pay a filing fee or other costs.
53. Provides that in a proceeding, a tribunal of this state must permit a party or witness residing outside of this state to be deposed or testify under penalty of perjury by telephone, audiovisual means or other electronic means at a designated tribunal or other location.
54. Allows e-mail communications between tribunals.
55. Includes the language *foreign countries* as applicable.
56. Changes an Article Heading from *Establishment of Support Order* to *Establishment of Support Order or Determination of Parentage*.
57. Specifies that if a support order entitled to recognition has not be issued, a responding tribunal of this state with personal jurisdiction over the parties may issue a support order if either:
  - a. The individual seeking the support order resides outside this state; and
  - b. The support enforcement agency seeking the order is located outside this state.
58. Permits a tribunal of this state authorized to determine parentage of a child to serve as a responding tribunal in a proceeding to determine the parentage of a child.
59. Changes the Article Heading *Enforcement of Order of Another State without Registration to Enforcement of Support order without Registration*.

**SB 1313**

60. States a petition or comparable pleading seeking a remedy that must be affirmatively sought under other law of this state may be filed at the same time as the request for registration or later. The pleading must specify the grounds for the remedy sought.
61. Provides that a hearing to contest the validity or enforcement of the registered order must be requested within 20 days after the date of mailing or personal service unless the registered order is under contest.
62. Requires, on registration of an income withholding order, the support enforcement agency to serve the obligor's employer with a wage assignment.
63. Specifies that a tribunal of this state retains jurisdiction to modify an order issued by a tribunal of this state if both of the following are true:
  - a. One party resides in another state; and
  - b. The other party resides outside the United States.
64. States that if a foreign country lacks or refuses to exercise jurisdiction to modify its child support order pursuant to its laws, a tribunal of this state may assume jurisdiction and bind all individuals subject to the personal jurisdiction of the tribunal. An order issued by a tribunal of this state modifying a foreign child support order is the controlling order.
65. Stipulates that a party or support enforcement agency seeking to modify, or to modify and enforce a foreign child support order not under the convention, may register that order in this state. A petition to modification may be filed at the same time as a request for registration or another time. The petition must specify the grounds for modification.
66. Repeals A.R.S. Title 25, Chapter 9, Article 7 relating to determination of parentage and renubers A.R.S. § 25-1341 to § 25-1361 and A.R.S. § 25-1342 to § 25-1362.
67. Provides a uniformity of application and construction clause along with a severability clause.
68. Modifies and defines terms as required.

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

**ROLL CALL VOTE**

COMMITTEE ON CHILDREN AND FAMILY AFFAIRS BILL NO. SB 1313

DATE March 16, 2015 MOTION: *do*

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Ackerley		✓			
Mrs. Cobb		✓			
Mrs. Gonzales					✓
Mr. Lovas					✓
Mr. Mendez		✓			
Ms. Rios		✓			
Ms. Townsend					✓
Mrs. Brophy McGee, Vice-Chairman		✓			
Mr. Allen J, Chairman		✓			
		6	0	0	3

APPROVED *[Signature]*  
 JOHN M. ALLEN, Chairman  
 KATE BROPHY MCGEE, Vice-Chairman

*[Signature]*  
 COMMITTEE SECRETARY

ATTACHMENT 12



# HOUSE OF REPRESENTATIVES

## SB 1400

human rights committees; members

Sponsors: Senators Barto: Ward

---

X Committee on Children and Family Affairs

Caucus and COW

House Engrossed

---

### OVERVIEW

SB 1400 modifies the membership and duties of Human Rights Committees (HRCs).

### HISTORY

Arizona Revised Statutes (A.R.S.) §§ 41-3801, 41-3802 and 41-3803 establishes HRCs within the Arizona Department of Economic Security (ADES), the Department of Child Safety (DCS) and the Arizona Department of Health Services (ADHS), for various purposes. Each HRC must consist of at least seven and not more than fifteen members with expertise in the following areas: psychology; law; medicine; education; special education; and social work. HRCs are also required to include at least two parents of children who receive behavioral health, DDD or DCS services. Additionally, HRCs on the mentally ill are required to include at least two members who are current or former clients of the behavioral health system. Each region of the state covered by a regional behavioral health authority must have at least one HRC on the mentally ill with the authority and responsibilities as prescribed by ADHS. The purpose of the HRC on the mentally ill is to promote the rights of persons who receive behavioral health services.

Subject to the approval of the appropriate department director, each HRC must adopt guidelines that govern its operation, including terms of members, quorum and attendance requirements and removal of a committee member if necessary. Statute requires HRCs to issue an annual report of its activities and recommendations for changes to the director of the appropriate department. HRC members have access to client information and records maintained by the appropriate department, provider or regional behavioral health authorities to the extent necessary to conduct committee duties. Each person who receives information or records is required to maintain the information or records as confidential and sign an agreement to comply with all confidentiality requirements. Any client information or records must be released to the HRC without the designation of personally identifiable information unless required for the official purposes of the HRC.

### PROVISIONS

1. Includes mental health and housing for the mentally ill as areas of expertise.
2. Requires each HRC to include at least one member rather than two who is a current or former client of the behavioral health system.
3. Authorizes current or former providers and employees of providers that have contracted with a regional behavioral health authority to serve on a HRC.

## SB 1400

4. Requires ADHS to ensure that each regional behavioral health authority and its providers develop and implement a human rights training plan to ensure that providers are trained regarding clients' human rights and the duties of the human rights committees.
5. Allows employees of AHCCCS to serve on a committee only as nonvoting members whose presence is not counted for the purpose of determining a quorum.
6. Requires each committee to provide independent oversight to make recommendations to the appropriate department director and the legislature regarding laws, rules, policies, procedures and practices to ensure the protection of the rights of clients receiving behavioral health and developmental disability services.
7. Requires the appropriate department director to respond, in writing, to written objections within 21 days after receiving the objections.
8. Requires each committee to issue an annual report of its activities and recommendations for changes to the President of the Senate, the Speaker of the House of Representatives and the chairpersons of the Senate Health and Human Services Committee and the House of Representatives Health Committee, or their successor committees.
9. Expands access to client information and records for committee members and consultants to include quality of care reports and, on request, case presentations, investigative conclusions, substantiations, recommendations and other quality of care findings from peer reviews or any successor report or process.
10. Modifies the definition of *personally identifiable information* to include a person's name, fax number, e-mail address and social media identifier.
11. Authorizes HRCs to exchange information and engage in planning and coordination activities between committee members in the performance of committee duties pursuant to statute.
12. Allows HRCs to encourage public awareness and involvement in their activities by supporting committee members with affiliation agreements with postsecondary education-sponsored internship placements pursuant to the appropriate department's approved operating procedures.
13. Requires the appropriate departments to:
  - a. Coordinate education and training programs for committee members to facilitate their role as HRCs members; and
  - b. Coordinate statewide meetings of committees at least every two years and provide staff for the HRCs.
14. Provides that statute relating to conflict of interest apply to all HRC members.
15. Makes technical and conforming changes.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 1400

(Reference to Senate engrossed bill)

- 1 Page 3, line 9, strike "INVESTIGATIVE CONCLUSIONS" insert "ADULT PROTECTIVE
- 2 SERVICES INVESTIGATION CASE STATUS AND OUTCOMES"
- 3 Line 23, strike "or" insert a comma
- 4 Amend title to conform

JOHN M. ALLEN

1400-p1-allen  
3/13/15  
2:33 PM  
H:ajs

Attachment 14

Adopted  # of Verbals \_\_\_\_\_  
Failed \_\_\_\_\_ Withdrawn \_\_\_\_\_  
Not Offered \_\_\_\_\_ Analysts Initials \_\_\_\_\_

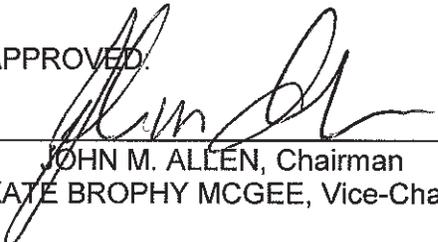
**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON CHILDREN AND FAMILY AFFAIRS BILL NO. SB 1400

DATE March 16, 2015 MOTION: dpa

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Ackerley		✓			
Mrs. Cobb		✓			
Mrs. Gonzales		✓			
Mr. Lovas		✓			
Mr. Mendez		✓			
Ms. Rios		✓			
Ms. Townsend					✓
Mrs. Brophy McGee, Vice-Chairman		✓			
Mr. Allen J, Chairman		✓			
		8	0	0	1

APPROVED:   
 \_\_\_\_\_  
 JOHN M. ALLEN, Chairman  
 KATE BROPHY MCGEE, Vice-Chairman

  
 \_\_\_\_\_  
 COMMITTEE SECRETARY

ATTACHMENT 15



# HOUSE OF REPRESENTATIVES

## SB 1401

home care services; disclosure

Sponsors: Senators Barto, Bradley; Lesko, et al.

---

X Committee on Children and Family Affairs

Caucus and COW

House Engrossed

---

### OVERVIEW

SB 1401 outlines reporting requirements relating to a business entity that provides home care services in this state.

### HISTORY

On December 17, 2014, the House of Representatives Health and the Senate Health and Human Services Committee of Reference (COR) held a public hearing to consider the sunrise application of the Arizona In-Home Care Industry. The sunrise application states that in Arizona, home care businesses that provide home care services directly to the consumer are not required to provide basic information to the consumer, which would enable a consumer to make an informed choice to the suitability of the services being provided. The COR made a recommendation that a bill be drafted for consideration by the full legislature containing disclosure of items such as those submitted in the sunrise application or as deemed appropriate during the legislative process.

### PROVISIONS

1. Requires a business entity that provides home care services in this state to annually disclose to its clients all of the following:
  - a. Whether employees and contractors have had criminal background checks performed and the entity's policy on sending personnel with criminal records to a client's home;
  - b. The name and position of the person with day-to-day management responsibilities relating to the provision of home care services;
  - c. A description of any mandatory training for employees and contractors and whether the training includes first aid and cardiopulmonary resuscitation;
  - d. A description of the types and costs of home care services provided; and
  - e. A description of the entity's home care services agreements and procedures on how an agreement may be terminated.
2. Specifies that the disclosure requirements do not apply to the following:
  - a. A volunteer organization, person or family member who provides home care services for one or more persons and does not receive compensation or monetary benefit for the volunteer organization;
  - b. An organization or individual that is licensed in this state to provide home care services or related services; or
  - c. An individual or organization that is contracted with this state to provide services on behalf of the state or federal government.
3. Defines *Home Care Services*.

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

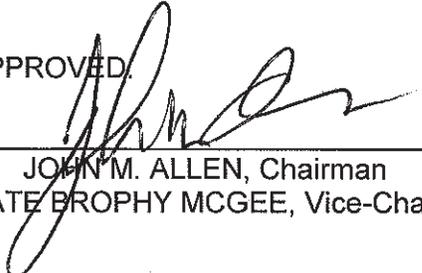
**ROLL CALL VOTE**

COMMITTEE ON CHILDREN AND FAMILY AFFAIRS BILL NO. SB 1401

DATE March 16, 2015 MOTION: dy

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Ackerley		✓			
Mrs. Cobb		✓			
Mrs. Gonzales			✓		
Mr. Lovas		✓			
Mr. Mendez	✓		✓		
Ms. Rios					✓
Ms. Townsend					✓
Mrs. Brophy McGee, Vice-Chairman		✓			
Mr. Allen J, Chairman		✓			
		5	2	0	2

APPROVED

  
 \_\_\_\_\_  
 JOHN M. ALLEN, Chairman  
 KATE BROPHY MCGEE, Vice-Chairman

  
 \_\_\_\_\_  
 COMMITTEE SECRETARY

ATTACHMENT 17



# HOUSE OF REPRESENTATIVES

SB 1440

ALTCS; developmental disabilities; rates; appropriation

Sponsor: Senator Smith

---

X Committee on Children and Family Affairs

Caucus and COW

House Engrossed

---

## OVERVIEW

SB 1440 requires the Department of Economic Security (ADES) to annually determine the cost effective study (CES) rate for persons receiving developmental disability (DD) services and to report these figures to the Joint Legislative Budget Committee (JLBC).

## HISTORY

Laws 1972, Chapter 142 created ADES to promote the safety, well-being, and self-sufficiency of children, adults and families within Arizona. Consisting of numerous divisions, ADES supports enhanced safety and security for Arizonans by focusing on four key goals; strengthening individuals and families, enhancing self-sufficiency, collaborating with communities to enlarge their capacity, increasing efficiency and being effective through innovation and accountability.

The AHCCCS Medical Policy Manual provides that a CES must be completed for all elderly and/or physically disabled (E/PD) members with potential for placement in a home and community based (HCB) setting and for those E/PD members currently placed in an institutional setting who have discharge potential. Services provided must be cost effective whether the placement is in an institutional facility or an HCB setting. Placement in an HCB setting is considered appropriate if the cost of HCB services for a specific member does not exceed 100% of the net cost of institutional care for that member and HCB services will not meet the member's needs.

## PROVISIONS

1. Requires ADES to annually determine the CES rate for persons receiving DD services and provide that rate to AHCCCS.
2. Requires ADES on or before June 15 of each year to report to JLBC the CES rate for persons receiving DD services that was determined for the subsequent fiscal year (FY).
3. Appropriates \$120,000 from the special administration fund in FY 2016 to ADES to provide services for persons with developmental disabilities whose services were reduced under the current CES rate as a result of the FY 2015 legislatively mandated provider rate increases.

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

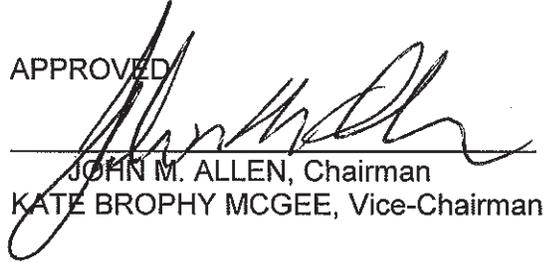
**ROLL CALL VOTE**

COMMITTEE ON CHILDREN AND FAMILY AFFAIRS BILL NO. SB 1440

DATE March 16, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Ackerley		✓			
Mrs. Cobb		✓			
Mrs. Gonzales		✓			
Mr. Lovas		✓			
Mr. Mendez		✓			
Ms. Rios		✓			
Ms. Townsend					✓
Mrs. Brophy McGee, Vice-Chairman		✓			
Mr. Allen J, Chairman		✓			
		8	0	0	1

APPROVED

  
 JOHN M. ALLEN, Chairman  
 KATE BROPHY MCGEE, Vice-Chairman

  
 COMMITTEE SECRETARY

ATTACHMENT 19