

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

MINUTES RECEIVED
CHIEF CLERK'S OFFICE

3-16-16

COMMITTEE ON HEALTH

Report of Regular Meeting
Tuesday, March 15, 2016
House Hearing Room 4 -- 2:00 p.m.

Convened 4:52 p.m.

Recessed

Reconvened

Adjourned 7:51 p.m.

Members Present

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

Members Absent

Agenda

Original Agenda -- Attachment 1

Request to Speak

Report -- Attachment 2

Presentations

Name

Organization

Attachments (Handouts)

None

Committee Action

Bill

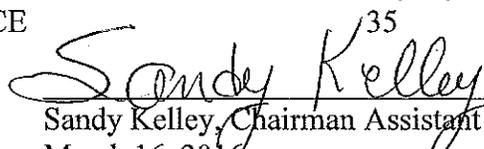
Action

Vote

**Attachments (Summaries,
Amendments, Attendance)**

SB1445	DPA	4-2-0-0	3, 4, 5
SB1327	DPA	5-0-0-1	6, 7, 8
SB1444	DPA	4-0-0-2	9, 10, 11
SB1443	DPA	5-0-0-1	12, 13, 14, 15
SB1109	DP	5-0-0-1	16, 17
SB1442	DP	5-0-0-1	18, 19
SB1238	DP	5-0-0-1	20, 21, 22
SB1507	DP	5-0-0-1	23, 24
SB1096	DPA	5-0-0-1	25, 26, 27, 28
SB1112	DPA	5-0-0-1	29, 30, 31
SB1283	DP	5-0-0-1	32, 33, 34

COMMITTEE ATTENDANCE

35

Sandy Kelley, Chairman Assistant
March 16, 2016

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

COMMITTEE ON HEALTH
Tuesday, March 15, 2016

Convened: 4:52 p.m.
adjourned: 7:51 p.m.

REVISED - 03/11/16

REVISED - 03/11/16

REVISED - 03/11/16

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

REGULAR MEETING AGENDA

COMMITTEE ON HEALTH

DATE Tuesday, March 15, 2016

ROOM HHR 4

TIME 2:00 P.M.

Members:

Mr. Boyer
Mr. Friese

Mr. Lawrence
Mr. Meyer

Mrs. Cobb, Vice-Chairman
Mrs. Carter, Chairman

Bills	Short Title	Strike Everything Title
SB1096	<u>dpa</u> medical radiologic technology (Barto)	
	<u>5-0-0-1</u> HEALTH, RULES	
SB1109	<u>dp</u> Arizona health facilities authority; continuation (Barto)	
	<u>5-0-0-1</u> HEALTH, RULES	
*SB1238	<u>dp</u> advisory council; Indian health care (Begay, Lesko: Allen S, et al)	
	<u>5-0-0-1</u> HEALTH held 0-0-0-0-0, RULES	
SB1283	<u>dp</u> controlled substances prescription monitoring program (Kavanagh)	
	<u>5-0-0-1</u> HEALTH, RULES	
*SB1327	<u>dpa</u> hospitals; dieticians; prescriptions; diet orders (Barto)	
	<u>5-0-0-1</u> HEALTH disc/held 0-0-0-0-0, RULES	
SB1507	<u>dp</u> ALTCS; dental services (Begay, Bradley, Hobbs, et al)	
	<u>5-0-0-1</u> HEALTH, APPROP, RULES	
ADDENDUM #1 - 03/11/16		
SB1112	<u>dpa</u> pharmacists; scope of practice (Barto)	
	<u>5-0-0-1</u> HEALTH, RULES	

Bills	Short Title	Strike Everything Title
SB1442	<u>dp</u> mental health services; information disclosure (Barto)	
	<u>5-0-0-1</u> HEALTH, RULES	
SB1443	<u>dpa</u> health profession regulatory boards (Barto)	
	<u>5-0-0-1</u> HEALTH, RULES	
SB1444	<u>dpa</u> board of nursing; licensure; complaints (Barto)	
	<u>4-0-0-2</u> HEALTH, RULES	
SB1445	<u>dpa</u> health care services; patient education (Barto)	
	<u>4-2-0-0</u> HEALTH, RULES	

* On previous agenda

ORDER OF BILLS TO BE SET BY THE CHAIRMAN

slk
3/11/16

People with disabilities may request reasonable accommodations such as interpreters, alternative formats, or assistance with physical accessibility. If you require accommodations, please contact the Chief Clerk's Office at (602) 926-3032, TDD (602) 926-3241.

Information Registered on the Request to Speak System

House Health (3/15/2016)

SB1096, medical radiologic technology

Neutral:

Stuart Goodman, Arizon Regulatory Board Of Physician Assistants

SB1109, Arizona health facilities authority; continuation

Support:

Tara Plese, AZ Alliance For Community Health Centers; Jason Bezozo, Senior Program Director, Government Relations, BANNER HEALTH ARIZONA; Barbara Fanning, Arizona Hospital And Healthcare Association; Gregory Harris, Arizona Health Facilities Authority

All Comments:

Gregory Harris, Arizona Health Facilities Authority: Steve Moortel and Greg Harris are present to address questions that the committee about this bill to continue the Authority.

SB1238, advisory council; Indian health care

Testified in support:

Kim Russell, representing self

Support:

Kevin Earle, Executive Director, Arizona Dental Association; Tara Plese, AZ Alliance For Community Health Centers

Neutral:

Christopher Vinyard, AZ HEALTH CARE COST CONTAINMENT SYSTEM

All Comments:

Kevin Earle, Arizona Dental Association: The Arizona Dental Association has worked very closely with the Advisory Council on oral health issues over the years. We strongly support the amendments contained in this Bill; Kim Russell, Self: I am representing the Advisory Council on Indian Health Care in the capacity of it's Executive Director.

SB1283, controlled substances prescription monitoring program

Support:

Kevin Earle, Executive Director, Arizona Dental Association; Rory Hays, Arizona Nurses Association; Jessie Armendt, MARCH OF DIMES BIRTH DEFECTS FOUNDATION; Joshua Huggins, representing self; Erica Sussman, representing

self; Zaida Dedolph, representing self; Joanna Marroquin, representing self; Kirin Goff, representing self; Christopher Vinyard, AZ HEALTH CARE COST CONTAINMENT SYSTEM; Pam Gerstner, representing self; Tara Plese, AZ Alliance For Community Health Centers; Christina Corieri, AZ GOVERNOR'S OFFICE; Jennifer Carusetta, HEALTH SYSTEM ALLIANCE OF ARIZONA; Emily Jenkins, Arizona Council Of Human Service Providers; Bahney Dedolph, representing self; John MacDonald, Arizona Dental Association; Barbara Fanning, Arizona Hospital And Healthcare Association; Deb Gullett, Arizona Association Of Health Plans

Neutral:

Pele Fischer, AZ MEDICAL ASSN; Pete Wertheim, Arizona Osteopathic Medical Association; J. Michael Low, Attorney, MUTUAL INSURANCE COMPANY OF AZ (MICA)

Oppose:

Corey Spofford, representing self

SB1327, hospitals; dieticians; prescriptions; diet orders

Support:

Wendy Briggs, Arizona Hospital & Healthcare Assn.; Tara Plese, AZ Alliance For Community Health Centers; Judy Stone, representing self; Pete Wertheim, Arizona Osteopathic Medical Association; Barbara Fanning, Arizona Hospital And Healthcare Association

All Comments:

Judy Stone, Self: On behalf of the Board for Certification of Nutrition Specialists the credentialing body for advanced degreed, Certified Nutrition Specialists.

SB1507, ALTCS; dental services

Testified in support:

Kevin Earle, Executive Director, Arizona Dental Association

Support:

Jessie Armendt, AZ STATE DENTAL HYGIENISTS ASSN; Donna Kruck, Ability360; Linda Doescher, representing self; Kathleen Pagels, Arizona Health Care Association; Joshua Huggins, representing self; Zaida Dedolph, PROTECTING ARIZONA'S FAMILY COALITION; Erica Sussman, representing self; Joanna Marroquin, representing self; Kirin Goff, representing self; Don Isaacson, LEADINGAGE ARIZONA; Susan Cannata, The Arc Of Arizona, The Arizona Academy Of Family Physicians; Pele Fischer, AZ MEDICAL ASSN; Paula Mitchell, representing self; Pam Gerstner, representing self; William Brian Powley, DDS, representing self; Tara Plese, AZ Alliance For Community Health Centers; Phyllis Gaylord, representing self; Brandy Petrone, AZ Association Of Providers For People With Disabilities; Jon Meyers, The Arc Of Arizona; Deborah Kappes, representing self; Emily Jenkins, Arizona Council Of Human Service Providers; Bahney Dedolph, representing self; John MacDonald, Arizona Dental Association; David Coles, representing self; Barbara Fanning, Arizona Hospital And Healthcare Association; Michael Haener, Partner, Arizona Health Care Association; shirley gunther, DIGNITY HEALTH; Deb Gullett, Arizona Association Of Health Plans

Neutral:

Christopher Vinyard, AZ HEALTH CARE COST CONTAINMENT SYSTEM

All Comments:

Kevin Earle, Arizona Dental Association: Restoration of dental services for the extremely vulnerable ALTCS population is long overdue. AZ Dental Assn strongly supports SB1507; Donna Kruck, Ability360: Ability360 supports adding dental services for ALTCS and DD members. Oral health affects general health.; Linda Doescher, Self: Arizona Health Care Association; Kathleen Pagels, Arizona Health Care Association: This is very important to the frail and vulnerable elderly residents of nursing homes and assisted living; Paula Mitchell, Self: Please help us give our elders the dental care that they desperately need. Thank You; Jon Meyers, The Arc Of Arizona: ALTCS clients are among Arizona's most vulnerable residents. Their oral health needs are many, yet for years they have been deprived of care. Please support the smart, proper, fiscally wise move to restore ALTCS dental care with a YES on SB 1507.; David Coles, Self: Representing a nursing home in Yuma- Life Care Center of Yuma- very important to our residents

SB1112, pharmacists; scope of practice**Testified in support:**

Jeff Gray, AZ PHARMACY ALLIANCE

Support:

Trish Hart, WALGREEN CO; Gaspar Laca, Government Affairs Manager, Glaxosmithkline; Rory Hays, Arizona Nurses Association; Rory Hays, MERCK SHARP & DOHME CORP. AND ITS AFFILIATES; Mike Huckins, GREATER PHOENIX CHAMBER OF COMMERCE; Joan Koerber-Walker, representing self; Michael Hunter, BARRY GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH; Amanda Rusing, Arizona Bio Industry Association; Tom Farley, PFIZER INC; Janet Underwood, Arizona Community Pharmacy Committee; Barbara Fanning, Arizona Hospital And Healthcare Association

Neutral:

Pete Wertheim, Arizona Osteopathic Medical Association

SB1442, mental health services; information disclosure**Testified in support:**

Deborah Geesling, representing self; James McDougall, representing self; Emily Jenkins, Arizona Council Of Human Service Providers

Support:

Dianne Post, representing self; Eddie Sissons, Mental Health America Of AZ; Joan Serviss, Executive Director, AZ COALITION TO END HOMELESSNESS; Cheri VanSant, representing self; Bahney Dedolph, representing self; Barbara Fanning, Arizona Hospital And Healthcare Association

Neutral:

Christopher Vinyard, AZ HEALTH CARE COST CONTAINMENT SYSTEM; Jennifer Carusetta, HEALTH SYSTEM ALLIANCE OF ARIZONA

All Comments:

Eddie Sissons, Mental Health America Of AZ: Let's support families and caregivers in finding the balance of information sharing with providers to assure the well-being of patients without invasions of privacy.

SB1443, health profession regulatory boards**Testified in support:**

AMANDA TRUJILLO, representing self

Testified as neutral:

Dr. Scott Calev, representing self

Support:

Trudy J. Rumann Heil, representing self; Karen King, representing self; alice minch, representing self

Neutral:

Gregory Harris, Arizona State Board Of Nursing; Stuart Goodman, Arizona Medical Board

All Comments:

alice minch, Self: as a nurse of 25 years I support this bill; AMANDA TRUJILLO, Self: PLEASE VOTE YES

SB1444, board of nursing; licensure; complaints**Testified as neutral:**

Dr. Scott Calev, representing self; Gregory Harris, Arizona State Board Of Nursing

Support:

Trudy J. Rumann Heil, representing self; Karen King, representing self; alice minch, representing self; AMANDA TRUJILLO, representing self; Rory Hays, Arizona Nurses Association

All Comments:

alice minch, Self: being a nurse of 25 years I support this bill for many reasons; AMANDA TRUJILLO, Self: PLEASE VOTE YES

SB1445, health care services; patient education**Testified in support:**

Trudy J. Rumann Heil, representing self; AMANDA TRUJILLO, representing self; Eric Novack, representing self

Support:

Pete Wertheim, Arizona Osteopathic Medical Association; Karen King, representing self; alice minch, representing self; Dr. Scott Calev, representing self; Meghaen Dell'Artino, US Health Freedom Coalition

Neutral:

Jennifer Carusetta, HEALTH SYSTEM ALLIANCE OF ARIZONA

All Comments:

Trudy J. Rumann Heil, Self: Thank you for the opportunity to support this bill.; alice minch, Self: as a nurse of many years I support this bill; AMANDA TRUJILLO, Self: IM A REGISTERED VOTER PLEASE VOTE YES



HOUSE OF REPRESENTATIVES

SB 1445

health care services; patient education
Prime Sponsor: Senator Barto, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1445 prohibits punishment for making a patient aware of or providing lawful health care services including the off-label use of health care services or health care-related research or data allowed under state law.

PROVISIONS

1. Prohibits Arizona, any political subdivision of Arizona or any department or agency of Arizona, including a health profession regulatory board, or a private entity contracted with a health profession regulatory board to carry out functions of the board from punishing a health professional directly or indirectly through a subcontractor for:
 - a. Making a patient aware of or educating or advising a patient about lawful health care services, including off-label use of health care services or health care-related research or data; or
 - b. Offering, providing or making available lawful health care services, including the off-label use of health care services that is allowed under state law.
2. Stipulates that unless an entity has a sincerely held religious or moral belief the entity may not restrict a health professional who is an employee of or affiliated or contracted with the entity for making a patient aware of or educating or advising a patient about lawful health care services, including the off-label use of health care services, or health care-related research or data.
3. States that making a patient aware or educating or advising a patient about lawful health care services, including the off-label use of health care services, does not require:
 - a. The health care service to be covered under the health care plan or the health care system through which the patient receives care; or
 - b. A health professional, an entity that employs the health professional or a health care system to offer, provide or make the lawful health care service, including the off-label use of health care services, available to the patient.
4. Specifies that this does not:
 - a. Impair the rights established in Article II, Constitution of Arizona, or impair any right or limitation on medical liability;
 - b. Prevent any reporting to a health profession regulatory board regarding medical liability cases, settlements or decisions;
 - c. Impair or contradict any other state law regarding lawful health care services; and
 - d. Prohibit a health profession regulatory board from taking action if a health professional commits unprofessional conduct arising out of the conduct specified.

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SB 1445

5. Establishes what is not included in a sincerely held religious or moral belief and unprofessional conduct.
6. Defines *lawful health care service*, *off-label use*, and *punish*.

CURRENT LAW

Not currently addressed in statute.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1445
(Reference to Senate engrossed bill)

- 1 Page 1, line 12, after the first "SERVICES" insert "FOR WHICH THERE IS A REASONABLE
- 2 BASIS"
- 3 Line 15, after "SERVICES" insert "FOR WHICH THERE IS A REASONABLE BASIS"
- 4 Amend title to conform

HEATHER CARTER

1445CARTER2
03/14/2016
11:25 AM
H: BG/rca

Attachment 4

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

ARIZONA HOUSE OF REPRESENTATIVES
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ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. SB 1445

DATE March 15, 2016 MOTION: dpa

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

Sandy Kelley
 COMMITTEE SECRETARY

APPROVED:


 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1327

hospitals; dieticians; prescriptions; diet orders
Prime Sponsor: Senator Barto, LD 15

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

SB 1327 permits a licensed hospital to allow a registered dietitian or other qualified nutrition professional to issue diet or prescription orders.

PROVISIONS

1. Permits a licensed hospital to allow a registered dietitian or other qualified nutrition professional to issue diet orders or prescription orders if both:
 - a. The hospital's written policies and procedures allow registered dietitians or other qualified nutrition professionals to issue such orders; and
 - b. The hospital has written policies and procedures that address the hospital's response to adverse events, if any, that arise as a result of diet or prescription orders issued by a registered dietitian or other qualified nutrition professional.
2. States that, for the purposes of this section:
 - a. A *qualified nutrition professional* means a nutrition professional who is deemed qualified by a hospital for which the person works; and
 - b. A *registered dietitian* means a person who meets the qualifications of the credentialing agency for the American Academy of Nutrition and Dietetics.
3. Adds that a prescription order may be for enteral feeding or parenteral nutrition that is initiated by a registered dietitian or other qualified nutrition professional in a hospital.
4. Defines *enteral feeding* and *parenteral nutrition*.
5. Makes technical and conforming changes.

CURRENT LAW

Not currently addressed in statute.

ADDITIONAL INFORMATION

42 Code of Federal Regulations Section 482.28(b) states that hospitals must have organized dietary services that are directed and staffed by adequate qualified personnel. The hospital menus must meet the needs of the patients. Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patients. Nutritional needs must be met in accordance with recognized dietary practices and in accordance with orders of the practitioner or practitioners responsible for the care of the patients. A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing and food service personnel.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1327

(Reference to Senate engrossed bill)

1 Page 6, between lines 38 and 39, insert:

2 "56. "NUTRITIONAL SUPPLEMENTATION" MEANS VITAMINS, MINERALS AND
3 CALORIC SUPPLEMENTATION. NUTRITIONAL SUPPLEMENTATION DOES NOT INCLUDE
4 MEDICATION OR DRUGS."

5 Renumber to conform

6 Page 7, line 8, strike "ALL OF THE"

7 Line 9, after "RECEIVE" insert "ADEQUATE"

8 Page 10, line 24, after "(d)" insert "A DIET ORDER OR"; after "FEEDING" insert ",
9 NUTRITIONAL SUPPLEMENTATION"

10 Page 11, line 13, strike "prescribing" insert "orders"

11 Lines 15 and 16, strike "ISSUE DIET ORDERS OR PRESCRIPTION ORDERS" insert "ORDER
12 DIETS, ENTERAL FEEDING, NUTRITIONAL SUPPLEMENTATION OR PARENTERAL NUTRITION
13 IF AUTHORIZED BY MEDICAL STAFF"

14 Line 17, after "482.28(b)" insert "AND"

15 Lines 21 and 22, strike "DIET ORDERS OR PRESCRIPTION"

16 Amend title to conform

RANDALL FRIESE

1327FRIESE
03/11/2016
04:44 PM
C: MJH

Attachment 7

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

**ARIZONA HOUSE OF REPRESENTATIVES
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ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. SB 1327

DATE March 15, 2016 MOTION: clpa

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

Sandy Kelley
COMMITTEE SECRETARY

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

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1444

board of nursing; licensure; complaints

Prime Sponsor: Senator Barto, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1444 revises the Arizona Board of Nursing (Board) statutes relating to licensees and applicants who have one or more felony convictions.

PROVISIONS

1. States that, except for a licensee who has been convicted of a Class 6 felony, the Board must revoke a license of a person, revoke the multistate licensure privilege of a person or not issue a license or renewal to an applicant, who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions.
2. Reduces the time a licensee or applicant who has been convicted of one or more felonies must wait in order to file an application for licensure from *5 or more years* to *3 or more years*.
3. Mandates an applicant, who files a verified written application with the Board to practice as a registered nurse and provides the accompanied fee, to submit satisfactory proof that if the applicant has been convicted of a Class 6 felony, the Court has entered a judgment of conviction for a Class 1 misdemeanor.
4. Requires that at least 10 business days before a meeting of a health profession regulatory board to review the status of an investigation, the Board must provide notice of the meeting to the health professional including notice of the opportunity for the health professional to request a copy of the report concerning the investigation.
5. Specifies that the Board must provide an investigative report.
6. Contains an effective date from and after June 30, 2016.
7. Makes technical and conforming changes.

CURRENT LAW

A.R.S. § 32-1606 states the Board must revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to section 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing an application pursuant to this chapter.

A.R.S. § 13-604 contains the Class 6 felony statute. If a person is convicted of any Class 6 felony not involving a dangerous offense and if the court, having regard to the nature and circumstances of the crime and to the history and character of the defendant, is of the opinion that it would be unduly harsh to sentence the defendant for a felony, the court may enter judgment of conviction

SB 1444

for a Class 1 misdemeanor and make disposition accordingly or may place the defendant on probation and refrain from designating the offense as a felony or misdemeanor until the probation is terminated.

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Health
S.B. 1444

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1444

(Reference to Senate engrossed bill)

- 1 Page 2, line 40, after "FELONY" insert "THAT HAS BEEN DESIGNATED A MISDEMEANOR"
- 2 Amend title to conform

HEATHER CARTER

1444CARTER
03/10/2016
04:18 PM
C: MJH

Attachment 10

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

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

ROLL CALL VOTE

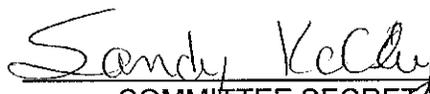
COMMITTEE ON HEALTH BILL NO. SB 1444

DATE March 15, 2016 MOTION: dpa

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

APPROVED: 

 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1443

health profession regulatory boards
Prime Sponsor: Senator Barto, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1443 requires certain information to be made available on a health profession regulatory board's (Boards) website, outlines information regarding Boards and states that each Board may establish a non-disciplinary confidential monitoring program.

PROVISIONS

1. States that if a Board issues a non-disciplinary order or action against a licensee or certificate holder, the record must be available on the Board's website for five years.
2. Removes non-disciplinary actions and orders from the statement on the Board's website relating to contacting the Board directly for obtaining public records.
3. Changes the date that a Board must comply with the two requirements noted above from January 1, 2012 to January 1, 2017.
4. States that a member of a Board is not eligible for reappointment to that Board once the person had been appointed for two full terms, in addition to any time served on the Board to fill a vacancy. A person may be reappointed to a Board once the person has not been on the Board for a time period of at least two full terms.
5. Requires each Board to audio or video record all open meetings of the Board and states they must maintain these recordings for three years after the date of the recording. Within five business days after the meeting the Board must either:
 - a. Post the audio or video recording on the Board's website; or
 - b. Post notice on the Board's website of the availability of the audio or video recording.
6. Mandates each Board to provide on the Board's website a list of all Board-specific contract employment opportunities and a link to the State Procurement Office to apply for those positions.
7. States that each Board may establish a non-disciplinary confidential program, including enrollment criteria for participation in the program, for the monitoring of a licensee who has been reported to or who voluntarily reports to the licensee's regulatory board and who may be chemically dependent or who may have a medical, psychiatric, psychological or behavioral health disorder that may impact the licensee's ability to safely practice or perform health care tasks.
8. States that a program may include education, intervention, therapeutic treatment and posttreatment monitoring and support. The Board and the licensee may agree to enter into a non-disciplinary confidential stipulated agreement for participation in a program.

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9. States that the Board may take further action if the licensee refuses to enter into a non-disciplinary confidential stipulated agreement with the Board or fails to comply with the agreement's terms. The confidentiality requirements of this section do not apply if the licensee does not comply with the stipulated agreement.
10. Contains an effective date of December 31, 2016.

CURRENT LAW

A.R.S § 32-3214 states if a Board issues a non-disciplinary order or action against a licensee or certificate holder, the record of the non-disciplinary order or action is available to that Board and the public but may not appear on the Board's website, except that a practice limitation or restriction, and documentation relating to that action, may appear on the Board's website. Additionally, if a Board maintains a website, the Board must display on its website a statement that a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and non-disciplinary actions and order, by contacting the Board directly. It also states that a Board must comply with the requirements on or before January 1, 2012.

PROPOSED
HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1443
(Reference to Senate engrossed bill)

- 1 Page 2, line 11, after "LICENSEE" insert "OR CERTIFICATE HOLDER"
- 2 Lines 12 and 14, after "LICENSEE'S" insert "OR CERTIFICATE HOLDER'S"
- 3 Line 18, after the period insert "THE LICENSEE OR CERTIFICATE HOLDER IS
- 4 RESPONSIBLE FOR THE COSTS ASSOCIATED WITH ANY TREATMENT, REHABILITATION OR
- 5 MONITORING UNDER A PROGRAM ESTABLISHED PURSUANT TO SUBSECTION A OF THIS
- 6 SECTION."
- 7 Lines 19, 22 and 25, after "LICENSEE" insert "OR CERTIFICATE HOLDER"
- 8 Amend title to conform

HEATHER CARTER

1443CARTER3
03/14/2016
09:55 AM
C: MJH

Attachment 13

Adopted <input checked="" type="checkbox"/>	# of Verbals _____
Failed _____	Withdrawn _____
Not Offered _____	Analysts Initials _____

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1443

(Reference to Senate engrossed bill)

- 1 Page 1, line 39, strike "TWO" insert "ONE"; strike "TERMS" insert "TERM"
- 2 Amend title to conform

HEATHER CARTER

1443CARTER
03/15/2016
08:18 AM
H: IG/jjb

1443CARTER2*
03/11/2016
02:50 PM
C: MJH

Attachment 14

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

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

ROLL CALL VOTE

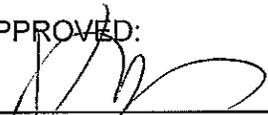
COMMITTEE ON _____ HEALTH _____ BILL NO. SB 1443

DATE March 15, 2016 MOTION: dpa

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

Sandy Kelley
COMMITTEE SECRETARY

APPROVED:


HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1109

Arizona health facilities authority; continuation

Prime Sponsor: Senator Barto, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1109 continues the Arizona Health Facilities Authority and its Governing Board for eight years.

PROVISIONS

1. Continues the Arizona Health Facilities Authority and its Governing Board until July 1, 2024.
2. Contains a purpose statement.
3. Contains a retroactivity date of July 1, 2016.

CURRENT LAW

A.R.S § 41-3016.16 terminates the Arizona Health Facilities Authority and its Governing Board on July 1, 2016. It also repeals the general provisions for the Arizona Health Facilities Authority on January 1, 2017.

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

ROLL CALL VOTE

COMMITTEE ON _____ HEALTH _____ BILL NO. SB 1109

DATE March 15, 2016 MOTION: dp

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

Sandy Kelley
 COMMITTEE SECRETARY

APPROVED:

[Signature]

 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1442

mental health services; information disclosure

Prime Sponsor: Senator Barto, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1442 rewrites the provisions related to the release of information or records relating to a patient examination, evaluation or behavioral or mental health treatment that may be released to specified persons.

PROVISIONS

1. Provides that records or information contained in records may only be released to persons, including family members, other relatives, close personal friends or any other person identified by the patient, as otherwise authorized or required by state or federal law, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996 or pursuant to one of the following:
 - a. If the patient is present or otherwise available and has the capacity to make health care decisions, the health care entity may disclose the information if one of the following applies:
 - i. The patient agrees verbally or agrees in writing by signing a consent form that permits disclosure;
 - ii. The patient is given an opportunity to object and does not express an objection; or
 - iii. The health care entity reasonably infers from the circumstances, based on the exercise of professional judgment that the patient does not object to the disclosure.
 - b. If the patient is not present or the opportunity to agree or object to the disclosure of information cannot practicably be provided because of the patient's incapacity or an emergency circumstance, the health care entity may disclose the information if the entity determines that the disclosure of the information is in the best interests of the patient, in addition to all other relevant factors, the health care entity must consider all of the following:
 - i. The patient's medical and treatment history, including the patient's history of compliance or noncompliance with an established treatment plan based on information in the patient's medical record and on reliable and relevant information received from the patient's family members, friends or other involved in the patient's care, treatment or supervision;
 - ii. Whether the information is necessary or, based on professional judgment, would be useful in assisting the patient in complying with the care, treatment or supervision prescribed in the patient's treatment plan; and
 - iii. Whether the health care entity has reasonable grounds to believe that the release of the information may subject the patient to domestic violence, abuse or endangerment

SB 1442

- by family members, friends or other persons involved in the patient's care, treatment or supervision.
- c. The health care entity believes the patient presents a serious and imminent threat to the health or safety of the patient or others, and the health care entity believes that family members, friends or others involved in the patient's care, treatment or supervision can help to prevent the threat; and
 - d. In order for the health care entity to notify a family member, friend or other person involved in the patient's care, treatment or supervision of the patient's location, general condition or death.
2. States that information disclosed may include only information that is directly relevant to the person's involvement with the patient's health care or payment related to the patient's health care.
 3. Provides that a health care entity is not prevented from obtaining or receiving information about the patient from a family member, friend or other person involved in the patient's care, treatment or supervision.
 4. Stipulates that a health care entity must keep record of the name and contact information of any person to whom any patient information is released. A decision to release or withhold is subject to review pursuant to § 36-517.01 (review of decisions regarding release of treatment information; notice; appeal; immunity).

CURRENT LAW

A.R.S. 36-509 states that a health care entity must keep records and information contained in records confidential, except as provided in this section. Records and information contained in records may only be disclosed to specified individuals or entities.

Information and records obtained in the course of evaluation, examination or treatment and submitted in any court proceeding are confidential and are not public records unless the hearing requirements require a different procedure. Information and records that are obtained and submitted in a court proceeding and that are not clearly identified by the parties as confidential and segregated from non-confidential information and records are considered public records. The legal representative of a patient who is the subject of a proceeding has access to the patient's information and records in the possession of a health care entity or filed with the court.

A health care entity that acts in good faith under this article is not liable for damages in any civil action for the disclosure of records or payment records that is made pursuant to this article or as otherwise provided by law. The health care entity is presumed to have acted in good faith. This presumption may be rebutted by clear and convincing evidence.

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

ROLL CALL VOTE

COMMITTEE ON _____ HEALTH _____ BILL NO. SB 1442

DATE March 15, 2016 MOTION: dp

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

APPROVED:



 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1238

advisory council; Indian health care

Prime Sponsor: Senator Begay, LD 7

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1238 updates the Arizona Advisory Council on Indian Health Care's (Council) membership and duties.

PROVISIONS

1. Includes a purpose statement for the Council.
2. Outlines Council membership as follows:
 - a. Twenty-two representatives of the federally recognized American Indian tribes in Arizona who are appointed by the Governor. Each federally recognized American Indian tribe in Arizona may recommend to the Governor the names of persons to represent the tribe on and for appointment to the Council. Representatives must be appointed from those names submitted by the tribes. Recommended representatives may have experience serving the elderly, youth, children or families or persons with disabilities.
 - b. One representative from the Inter-tribal Council of Arizona who is recommended by the President of the Inter-tribal Council of Arizona and who is appointed by the Governor.
 - c. One representative from an urban Indian health organization in Arizona that receives Indian health services funding who is recommended jointly by the urban Indian health organizations and who is appointed by the Governor.
 - d. One representative from the Arizona Health Care Cost Containment System (AHCCCS) who is appointed by the Director of AHCCCS (existing member).
 - e. One representative from the Arizona Department of Health Services (ADHS) who is appointed by the Director of ADHS (existing member).
 - f. One representative from the Arizona Department of Economic Security (ADES) who is appointed by the Director of ADES (existing member).
 - g. One representative from the Arizona Early Childhood Development and Health Board (Board) who is appointed by the Executive Director of the Board.
3. Requires a majority of the Council members to be members of federally recognized American Indian tribes in Arizona. The council must contact each tribe to solicit names of persons to recommend for expired terms.
4. Requires the Council to invite federal representatives of the Centers for Medicare and Medicaid Services, the Indian Health Service, the United States Social Security Administration and the United States Department of Veterans Affairs to serve as technical advisors to the Council. These representatives must be ex-officio members and may serve a three year term on the Council.

SB 1238

5. Prohibits a member of the Council from being an employee of the state, except the representatives from AHCCCS, ADHS, ADES and the Board.
6. Clarifies that members are not eligible to receive compensation, but are eligible for reimbursement of expenses.
7. Changes the term of appointed members from two years to three years.
8. Requires the Council to elect a Chairperson and Vice Chairperson from the persons appointed from:
 - a. The federally recognized American Indian tribe in Arizona;
 - b. The Inter-tribal Council of Arizona; and
 - c. An urban Indian health organization.
9. Changes the election from the first Monday in October every year to the second Monday in July every other year.
10. Modifies the term of office from one year to two years.
11. Requires the Council to:
 - a. Assist tribes and urban Indian health organizations to develop comprehensive medical and public health care delivery and financing systems to meet the needs of American Indian tribes in Arizona. In doing so the Council must:
 - i. Recommend new Title XIX and XXI programs, services, funding options, policies and demonstration projects to meet the needs of American Indian tribes and urban Indian health organizations;
 - ii. Facilitate communications, planning, advocacy and discussion among tribes and urban Indian health organizations in Arizona and with state and federal agencies regarding operations, financing, policy and legislation relating to Indian medical and public health care;
 - iii. Recommend and advocate tribal, state and federal policy and legislation that support the design and implementation of medical and public health care delivery and financing systems for tribes and urban Indian health organizations in Arizona;
 - iv. Conduct and commission studies and research to further the purpose of the Council and to address identified Indian health care disparities in Arizona;
 - v. Conduct periodic public hearings to gather input and recommendations from tribal populations on their health care issues and concerns;
 - vi. Apply for and seek grants, contracts and funding to further the purpose of the Council. Funding must supplement and not diminish annual appropriations for the council; and
 - vii. States that in conjunction with AHCCCS and a tribe that operates a Temporary Assistance for Needy Families (TANF) program, request a federal waiver from the United States Department of Health and Human Services that allows tribal governments that perform eligibility determinations for TANF programs to perform the Medicaid eligibility determinations.
12. States that all members currently serving on the Council may continue to do so until the expiration of their normal terms.
13. Makes technical and conforming changes.

CURRENT LAW

A.R.S. §§ 36-2902.01 and 36-2902.02 outline the current membership and duties of the Council.

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

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. SB 1238

DATE March 15, 2016 MOTION: dp

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

APPROVED: 
 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman


 COMMITTEE SECRETARY

ATTACHMENT _____

TESTIMONY ON SB 12385: ADVISORY COUNCIL; INDIAN HEALTH CARE

Arizona State Legislature
House of Representatives
Health Committee
March 8, 2016

Good afternoon, Madam Chair of the Health Committee, Representative Carter, Madam Vice-Chair, Representative Cobb and members of the Committee. My name is Kim Russell. I am the Executive Director of the Advisory Council on Indian Health Care since May of 2014 and a member of the Navajo Tribe, a federally recognized Tribe in Arizona, Utah, and New Mexico. Ms. Alida Montiel of the Pascua Yaqui Tribe representing the Inter Tribal Council of Arizona is the Chairperson of the ACOIHC and Ms. Lorencita Joshweseoma of the Hopi Tribe is the Vice-chair. They are not able to join us today.

We are seeking your support to pass SB 1238. The original Arizona Revised Statutes that contain the membership and duties of the Council were signed into law in 1989. While the Council has been in operation for the last 27 years, the Tribal government, urban Indian program representatives and other members of the Council have now carefully examined what improvements are needed statutorily so that the Council may improve its operations and meet its responsibilities as we continue to convene representatives of the Indian Nations and Tribes, urban Indian health programs and state and federal agencies that seek to assure improved health outcomes of the approximate 300,000 American Indian people that reside in this state and on Tribal lands.

This is proud moment for the Council and its staff. We've worked very hard on developing these amendments. As a state agency, it was also our duty to consult with the Tribes in Arizona and the stakeholders we serve. The consultation meeting was held last summer in June 2015. In addition to our six meetings per year and committee meetings, all held under the purview of the required open meeting law, I have been requested by Tribes to meet with their Tribal Councils on this issue. To date, six Tribes have adopted resolutions of support. They are the 1) Havasupai Tribe, 2) Gila River Indian Community, 3) Hopi Tribe, 4) Navajo Nation, 5) Tohono O'odham Nation and the 6) Pascua Yaqui Tribe as well as the Inter Tribal Association of Arizona. The appointments to the Council are made by the Arizona Governor once a nomination is received from a Tribe, Tribal organization or urban Indian health program. It was important to meet with the Governor's staff in this process, in particular, the Health Policy Advisor, the Tribal Liaison and the Director of Boards and Commissions to provide them the background information about the Council and to discuss their recommendations on the language that would be developed into a bill. We have done our homework and believe we have a solid bill.

With your help we'll continue to expand our accomplishments. These include providing on going advisement to the state agencies in terms of health and human service policy and program implementation that uniquely effects Tribes, working with our state and federal representatives on such issues as increasing the number of American Indians in health careers, addressing behavioral health services that are extended to reservation areas through the RBHA/TRBHA systems and health care coordination that involves the Indian Health Service, Tribes and Urban Indian health programs, we term I/T/U and the policies relating to insurance coverage and reimbursement.



Inter Tribal Association of Arizona

21 TRIBAL NATIONS

Resolution No. 0116

Support for the Arizona Advisory Council on Indian Health Care Statute Amendments

Ak-Chin Indian
Community
Cocopah Tribe
Colorado River
Indian Tribes
Fort McDowell
Yavapai Nation
Fort Mojave
Indian Tribe
Gila River Indian
Community
Havasupai Tribe
Hopi Tribe
Hualapai Tribe
Kaibab Band of Palute
Indians
Pascua Yaqui Tribe
Pueblo of Zuni
Quechan Tribe
Salt River Pima-
Maricopa Indian
Community
San Carlos
Apache Tribe
San Juan
Southern Palute Tribe
Tohono O'odham
Nation
Tonto Apache Tribe
White Mountain
Apache Tribe
Yavapai-Apache
Nation
Yavapai-Scott
Indian Tribe

WHEREAS, the Inter Tribal Association of Arizona, an association of 21 tribal governments in Arizona, provides a forum for tribal governments to advocate for national, regional and specific tribal concerns and to join in united action to address these issues; and

WHEREAS, the Member Tribes of the Inter Tribal Association of Arizona have the authority to act to further their collective interests as sovereign tribal governments; and

WHEREAS, the Inter Tribal Association of Arizona has the charge to support and represent particular member Tribes on matters directly affecting them upon their request; and

WHEREAS, the Arizona Advisory Council on Indian Health Care (AACOIHC) was established in 1989 by the Arizona State Legislature; and

WHEREAS, the members of the AACOIHC are appointed by the Governor of the State of Arizona and are comprised of representatives of Tribal governments, and Tribal and urban Indian health organizations; and

WHEREAS, the mission of the AACOIHC is to, "Advocate for wellness and access to high quality healthcare for all American Indians in Arizona" with regard to the development of Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) demonstration programs, services, and polices; and

WHEREAS, the AACOIHC statutes provide authorities to the AACOIHC to recommend and advocate for health care related policy and legislation in Arizona that will beneficially impact Tribes in Arizona; and

WHEREAS, the AACOIHC is one of two state agencies/commissions of the Arizona State government that work directly with Tribal governments in Arizona to address American Indian issues and concerns; and

WHEREAS, the relationship between the State of Arizona and Tribes is important for collaborative governance to elevate the health status of all American Indians in Arizona, who comprise 5.3% of the population, but who have the most significant and disproportionate rates of health disparities of any racial or ethnic group in the state; and

WHEREAS, the hopes of the Tribes in Arizona envisioned with the establishment of the AACOIHC in 1989 have begun with Tribes leading efforts to develop and implement comprehensive health care delivery and financing systems on behalf of their communities; and

WHEREAS, the role of the AACOIHC has evolved over the last 26 years and changes in federal and state health care policies and program development efforts of Tribes and urban Indian health programs now require the AACOIHC statutes reflect these changes; and

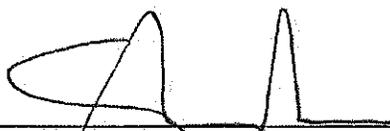
WHEREAS, the AACOIHC has solicited feedback and recommendations to amend ARS 36-2902.01 and ARS 36-2902.02 from Tribes in Arizona during a half day Tribal Consultation Meeting on Monday, June 15, 2015, and through a 45-day open comment process; and

WHEREAS, the AACOIHC seek that legislation be entered into the Arizona State Legislature in the 2016 legislative session to amend A.R.S. 36-2902.01 and A.R.S. 36-2902.02 to be current and supportive of Tribes and urban Indian organizations in Arizona and their progressive and evolving medical and public health care systems; and

NOW THEREFORE BE IT RESOLVED, the member Tribes of the Inter Tribal Association of Arizona supports the amendments to update A.R.S. 36-2902.01 and A.R.S. 36-2902.02.

CERTIFICATION

The foregoing resolution was presented and duly adopted at a meeting of the Inter Tribal Association of Arizona, where a quorum was present on **Friday, February 19, 2016.**



Shan Lewis
President, Inter Tribal Association of Arizona
Vice-Chairman, Fort Mojave Indian Tribe



HAVASUPAI TRIBAL COUNCIL
P.O. Box 10 • Supai, Arizona 86435
(928) 448-2731 • Fax (928) 448-2551

Resolution No. 59-15

Support for the Arizona Advisory Council on Indian Health Care

Statute Amendments

WHEREAS, the Arizona Advisory Council on Indian Health Care (AACOIHC) was established in 1989 by the Arizona State Legislature; and,

WHEREAS, the members of the AACOIHC are appointed by the Governor of the State of Arizona and are comprised of representatives of Tribal governments, and Tribal and Urban Indian health organizations; and,

WHEREAS, the mission of the AACOIHC is to, "Advocate for wellness and access to high quality healthcare for all American Indians in Arizona" with regard to the development of Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) demonstration programs, services, and polices; and,

WHEREAS, the AACOIHC statutes provide authorities to the AACOIHC to recommend and advocate for health care related policy and legislation in Arizona that will beneficially impact Tribes in Arizona; and,

WHEREAS, the AACOIHC is one of two state agencies/commissions of the Arizona State government that work directly with Tribal governments in Arizona to address American Indian issues and concerns; and,

WHEREAS, the relationship between the State of Arizona and Tribes is important for collaborative governance to elevate the health status of all American Indians in Arizona, who comprise 5.3% of the population, but who have the most significant and disproportionate rates of health disparities of any racial or ethnic group in the state; and,

WHEREAS, the hopes of the Tribes in Arizona envisioned with the establishment of the AACOIHC in 1989 have begun with Tribes leading efforts to develop and implement comprehensive health care delivery and financing systems on behalf of their communities; and,

WHEREAS, the role of the AACOIHC has evolved over the last 26 years and changes in federal and state health care polices and program development efforts of Tribes and urban Indian health programs now require the AACOIHC statutes reflect these changes; and,

WHEREAS, the AACOIHC has solicited feedback and recommendations to amend ARS 36-2902.01 and ARS 36-2902.02 from Tribes in Arizona during a half day Tribal Consultation Meeting on Monday, June 15, 2015 and through a 45-day open comment process; and,

WHEREAS, the AACOIHC seek that legislation be entered into the Arizona State Legislature in the 2016 legislative session to amend A.R.S. 36-2902.01 and A.R.S. 36-2902.02 to be current and supportive of Tribes and urban Indian organizations in Arizona and their progressive and evolving medical and public health care systems.

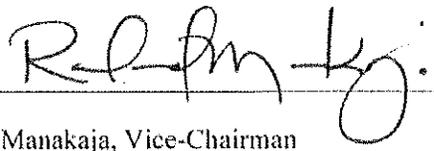
THEREFORE BE IT RESOLVED THAT the **Havasupai Tribe** supports the amendments to update A.R.S. 36-2902.01 and A.R.S. 36-2902.02.

THEREFORE BE IT FURTHER RESOLVED THAT the Tribal Council appoints Council Member **Thomas Siyuja Sr.** to represent the Havasupai Tribe at all meetings on this matter.

CERTIFICATION

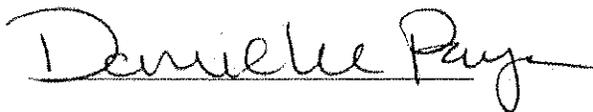
The foregoing Resolution is adopted pursuant to the authority of Article V, Section 1 of the Amended Constitution of the Havasupai Tribe, a federally recognized sovereign Indian Tribe and Article II of the Bylaws of the Havasupai Tribe at the Special Council meeting of the Tribal Council on the 11th day of November, 2015 by a vote of **4** for; **0** opposed and **0** abstained.

HAVASUPAI TRIBAL COUNCIL:

By: 

Roland Manakaja, Vice-Chairman

ATTEST:



Tribal Secretary



GILA RIVER INDIAN COMMUNITY

SACATON, AZ 85147

RESOLUTION GR-338-15

A RESOLUTION SUPPORTING THE ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE AND PROPOSED AMENDMENTS TO ARS 36-2902.01 AND ARS 36-2902.02

- WHEREAS,** the Gila River Indian Community Council (the "Community Council") is the governing body of the Gila River Indian Community (the "Community"), a federally recognized Indian tribe; and
- WHEREAS,** the Community Council is empowered by Article XV Section 1 (a) (9), of the Constitution and Bylaws of the Gila River Indian Community (approved March 17, 1960), to promote and protect the health, peace, moral, education and general welfare of the Community and its members; and
- WHEREAS,** the health and welfare of the Community is a high priority; and
- WHEREAS,** the Arizona Advisory Council on Indian Health Care (AACOIHC) was established in 1989 by the Arizona State Legislature; and
- WHEREAS,** the members of the AACOIHC are appointed by the Governor of the State of Arizona and are comprised of representatives of Tribal governments, and Tribal and Urban Indian health organizations; and
- WHEREAS,** the Community has had a representative member of the AACOIHC since January 2006; and
- WHEREAS,** the mission of the AACOIHC is to, "Advocate for wellness and access to high quality healthcare for all American Indians in Arizona" with regard to the development of Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) demonstration programs, services, and policies; and
- WHEREAS,** the AACOIHC statutes authorize the AACOIHC to recommend and advocate for health care related policy and legislation in Arizona that will beneficially impact Tribes in Arizona; and
- WHEREAS,** the AACOIHC is one of two state agencies/commissions of the Arizona State government that work directly with Tribal governments in Arizona to address American Indian issues and concerns; and
- WHEREAS,** the relationship between the State of Arizona and Tribes is important for collaborative governance to elevate the health status of all American Indians in Arizona, who comprise 5.3% of the population, but who have the most significant

and disproportionate rates of health disparities of any racial or ethnic group in the state; and

WHEREAS, the hopes of the Tribes in Arizona envisioned with the establishment of the AACOIHC in 1989 began with Tribes leading efforts to develop and implement comprehensive health care delivery and financing systems on behalf of their communities; and

WHEREAS, the role of the AACOIHC has evolved over the last 26 years and changes in federal and state health care policies and program development efforts of Tribes and urban Indian health programs now require the AACOIHC statutes to reflect these changes; and

WHEREAS, the AACOIHC has solicited feedback and recommendations to amend ARS 36-2902.01 (Arizona Advisory Council on Indian Health Care; membership; compensation; meetings and purpose) and ARS 36-2902.02 (Arizona Advisory Council on Indian Health Care; duties) from Tribes in Arizona during a half day Tribal Consultation Meeting on Monday, June 15, 2015 and through a 45-day open comment process; and

WHEREAS, the AACOIHC is requesting the Arizona State Legislature in the 2016 legislative session amend ARS 36-2902.01 and ARS 36-2902.02, to be current and supportive of Tribes and urban Indian organizations in Arizona and their progressive and evolving medical and public health care systems; and

WHEREAS, it has been reported that there are vacancies on the AACOIHC because Arizona Governor Ducey has not been appointing individuals to board and commissions, including AACOIHC.

NOW, THEREFORE BE IT RESOLVED, the Community Council supports the amendments to ARS 36-2902.01 and ARS 36-2902.02, as proposed by the AACOIHC.

BE IT FURTHER RESOLVED, that the Community Council request Governor Lewis contact Arizona Governor Ducey to request Governor Ducey appoint individuals to fill the vacancies on the AACOIHC.

BE IT FURTHER RESOLVED, that the Community Council authorizes Public Policy Partners to assist the Community with any necessary lobbying and related efforts to amend ARS 36-2902.01 and ARS 36-2902.02.

BE IT FINALLY RESOLVED, that the Governor, or in the Governor's absence, the Lieutenant Governor, is authorized and directed to execute and sign the necessary documents to fulfill the intent of the resolution.

CERTIFICATION

Pursuant to authority contained in Article XV, Section 1, (a) (7), (9), (18), and Section 4 of the amended Constitution and Bylaws of the Gila River Indian Community, ratified by the tribe January 22, 1960, and approved by the Secretary of the Interior on March 17, 1960, the foregoing resolution was adopted on the 02nd of **December 2015**, at a regular Community Council meeting held in **District 3, Sacaton, Arizona** at which a quorum of 14 Members were present by a vote of: 13 FOR; 0 OPPOSE; 1 ABSTAIN; 2 ABSENT; 1 VACANCY.

GILA RIVER INDIAN COMMUNITY



GOVERNOR

ATTEST:


COMMUNITY COUNCIL SECRETARY

RESOLUTION OF THE TOHONO O'ODHAM LEGISLATIVE COUNCIL
(Support for the Arizona Advisory Council on Indian Health Care Statute Amendments)

RESOLUTION NO. 15-488

- 1 **WHEREAS,** the Tohono O'odham Constitution vests the Legislative Council with the
2 authority to "promote, protect and provide for public health, peace, morals,
3 education and general welfare of the Tohono O'odham Nation and its members"
4 and to "consult, negotiate and conclude agreements and contracts on behalf of
5 the Tohono O'odham Nation with Federal, State and local governments. . ."
6 (Constitution, Article VI, Section 1(c)(2) and Section 1(f)); and
- 7 **WHEREAS,** the Arizona Advisory Council on Indian Health Care ("AACOIHC") was established
8 in 1989 by the Arizona State Legislature; and
- 9 **WHEREAS,** the members of the AACOIHC are appointed by the Governor of the State of
10 Arizona and are comprised of representatives of tribal governments, and tribal
11 and urban Indian health organizations; and
- 12 **WHEREAS,** the mission of the AACOIHC is to, "Advocate for wellness and access to high
13 quality healthcare for all American Indians in Arizona" with regard to the
14 development of Title XIX (Medicaid) and Title XXI (Children's Health Insurance
15 Program) demonstration programs, services, and polices; and
- 16 **WHEREAS,** the AACOIHC statutes provide authorities to the AACOIHC to recommend and
17 advocate for health care related policy and legislation in Arizona that will
18 beneficially impact tribes in Arizona; and
- 19 **WHEREAS,** the AACOIHC is one of two state agencies/commissions of the Arizona State
20 government that work directly with tribal governments in Arizona to address
21 American Indian issues and concerns; and
- 22 **WHEREAS,** the relationship between the State of Arizona and tribes is important for
23 collaborative governance to elevate the health status of all American Indians in
24 Arizona, who comprise 5.3% of the population, but who have the most significant
25 and disproportionate rates of health disparities of any racial or ethnic group in
26 the state; and
- 27 **WHEREAS,** the establishment of the AACOIHC in 1989 began with tribes leading efforts to
28 develop and implement comprehensive health care delivery and financing
29 systems on behalf of their communities; and
- 30 **WHEREAS,** the role of the AACOIHC has evolved over the last 26 years and changes in federal
31 and state health care polices and program development efforts of tribes and

RESOLUTION NO. 15-488

(Support for the Arizona Advisory Council on Indian Health Care Statute Amendments)

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urban Indian health programs now require the AACOIHC statutes reflect these changes; and

WHEREAS, the AACOIHC solicited feedback and recommendations to amend Arizona Revised Statutes ("A.R.S.") 36-2902.01 and A.R.S. 36-2902.02 from tribes in Arizona during a half day Tribal Consultation Meeting on Monday, June 15, 2015 and through a 45-day open comment process; and

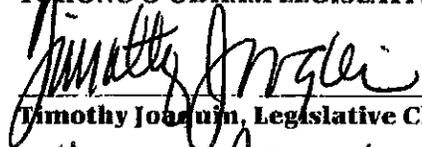
WHEREAS, the AACOIHC urges the Arizona State Legislature in the 2016 legislative session to amend A.R.S. 36-2902.01 and A.R.S. 36-2902.02 to be current and supportive of tribes and urban Indian organizations in Arizona and their progressive and evolving medical and public health care systems; and

WHEREAS, the Health and Human Services Committee recommends supporting the AACOIHC amendments to update A.R.S. 36-2902.01 and A.R.S. 36-2902.02.

NOW, THEREFORE, BE IT RESOLVED by the Tohono O'odham Legislative Council that it supports the AACOIHC amendments to update A.R.S. 36-2902.01 and A.R.S. 36-2902.02.

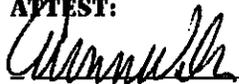
The foregoing Resolution was passed by the Tohono O'odham Legislative Council on the 10th day of DECEMBER, 2015 at a meeting at which a quorum was present with a vote of 3,021.4 FOR; -0- AGAINST; -0- NOT VOTING; and [01] ABSENT, pursuant to the powers vested in the Council by Article VI, Sections 1(c)(2) and Section 1(f) of the Constitution of the Tohono O'odham Nation, adopted by the Tohono O'odham Nation on January 18, 1986; and approved by the Acting Deputy Assistant Secretary - Indian Affairs (Operations) on March 6, 1986, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat.984).

TOHONO O'ODHAM LEGISLATIVE COUNCIL


Timothy Joaquin, Legislative Chairman

11 day of December, 2015

ATTEST:


Evonne Wilson, Legislative Secretary

11 day of December, 2015

RESOLUTION NO. 15-488
(Support for the Arizona Advisory Council on Indian Health Care Statute Amendments)
Page 3 of 3

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Said Resolution was submitted for approval to the office of the Chairman of the Tohono O'odham Nation on the 11 day of December, 2015 at 5:00 o'clock, P.m., pursuant to the provisions of Section 5 of Article VII of the Constitution and will become effective upon his approval or upon his failure to either approve or disapprove it within 48 hours of submittal.

TOHONO O'ODHAM LEGISLATIVE COUNCIL


Timothy Joaquin, Legislative Chairman

APPROVED

on the 11 day of December, 2015

DISAPPROVED

at 6:02 o'clock, P.m.


EDWARD D. MANUEL, CHAIRMAN
TOHONO O'ODHAM NATION

Returned to the Legislative Secretary on the 11 day of
December, 2015, at 8:10 o'clock, A.m.


Evonne Wilson, Legislative Secretary

PASCUA YAQUI TRIBE

RESOLUTION NO. C02-20-16

**RESOLUTION OF THE PASCUA YAQUI TRIBE SUPPORTING
AMENDMENTS TO UPDATE ARIZONA STATE STATUTES PERTAINING TO
THE ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE.**



WHEREAS, the Tribal Council of the Pascua Yaqui Tribe is vested with the power to adopt Resolutions to protect and promote the health and general welfare of the Pascua Yaqui people, (Constitution of the Pascua Yaqui Tribe, Article VI, Section 1(o)); and

WHEREAS, the Tribal Council is aware of pending amendments to Arizona state statutes pertaining to the Arizona Advisory Council on Indian Health Care (AACOIHC); and

WHEREAS, the Tribal Council has concluded that the recommended amendments will update the AACOIHC and make it more effective in addressing healthcare issues affecting Arizona Indian Tribes ; and

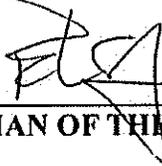
WHEREAS, the Tribal Council has concluded it is appropriate to formally state its support for the recommended amendments to the Arizona state statutes pertaining to the AACOIHC; and

WHEREAS through this Resolution the Tribal Council formally states its support for the recommended amendments to the Arizona state statutes pertaining to the AACOIHC.

NOW THEREFORE BE IT RESOLVED BY THE TRIBAL COUNCIL OF THE PASCUA YAQUI TRIBE that it hereby formally states its support for the recommended amendments to the Arizona state statutes pertaining to the AACOIHC.

CERTIFICATION

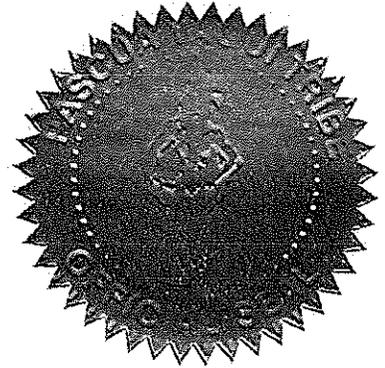
THE FOREGOING was on **February 3, 2016** duly adopted by a vote of **Eleven** in favor, **Zero** opposed, and **Zero** abstained, by the Tribal Council of the Pascua Yaqui pursuant to authority vested in it by Article VI, Sections 1(a) and (k) of the Constitution of the Pascua Yaqui Tribe, as adopted on January 26, 1988 and approved by the Secretary of the Interior of February 8, 1988 pursuant to Section 16 of the Indian Reorganization Act of June 18, 1934 (48 Stat. 984).



CHAIRMAN OF THE PASCUA YAQUI TRIBE



SECRETARY OF THE PASCUA YAQUI TRIBE



RESOLUTION OF THE
NAABIK'IYATI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23RD Navajo Nation Council---First Year, 2015

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'IYATI'; SUPPORTING AMENDMENTS TO ARIZONA STATE LAW,
A.R.S. § 36-2902.01 AND A.R.S. § 36-2902.01, AS PROPOSED BY THE
ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE

WHEREAS:

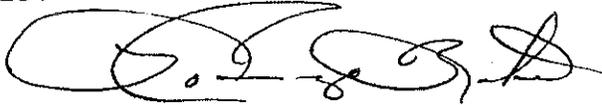
1. The Health, Education and Human Services Committee of the Navajo Nation Council, among other duties and responsibilities, "review[s] and recommend[s].. [r]esolutions relating to social services, health, environmental health, education, veterans and veterans services, employment and labor." 2 N.N.C. §401(B) (6) (a).
2. The Naabik'iyáti' Committee of the Navajo Nation Council, among other duties and responsibilities, "coordinate[s] all federal, county and state programs with other standing committees and branches of the Navajo Nation government to provide the most efficient delivery of services to the Navajo Nation. 2 N.N.C. §701(A) (4).
3. The Advisory Council on Indian Health Care was established under Arizona state law. Sections 36-2902.01 and 36-2902.02 of the Arizona Revised Statutes relates to the Advisory Council's membership and duties, respectively. The Advisory Council is proposing amendments to these sections. See Exhibit "A." Amendments to these sections will better serve the intent and purposes of the establishment of the Advisory Council as it relates to health care of all citizens in Arizona. Amendments will further define or otherwise clarify the duties and responsibilities of the Advisory Council in ensuring the health care is provided all Indian people in Arizona.

NOW THEREFORE BE IT RESOLVED:

The Navajo Nation supports amendments to A.R.S. §36-2902.01 and A.R.S. §36-2902.02, as proposed by the Arizona Advisory Council on Indian Health Care and as reflected in Exhibit "A" (attached hereto).

CERTIFICATION

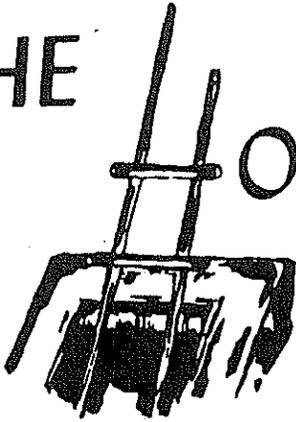
I hereby certify that the foregoing resolution was duly considered by the Naabik'iyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Twin Arrows Casino & Resort, Leupp (Arizona), at which a quorum was present and that the same was passed by a vote of in 16 favor and 0 oppose, this 3rd Day of December, 2015.



Honorable Lorenzo C. Bates, Chairperson
Naabik'iyáti' Committee

Motion : Leonard Tsosie
Second : Otto Tso

THE HOPI TRIBE



Herman G. Honanie
CHAIRMAN
Alfred Lomahquahu, Jr.
VICE-CHAIRMAN

MEMORANDUM

TO: Lorencita Joshweseoma, Director
Department of Health & Human Services

FROM: *Barbara Lomayestewa*
Barbara Lomayestewa, Staff Assistant
Office of Tribal Secretary

DATE: February 11, 2016

SUBJECT: **APPROVAL TO SUPPORT THE ARIZONA ADVISORY COUNCIL ON
INDIAN HEALTH CARE STATUTE AMENDMENTS- A.I. #023-
2016/Resolution H-019-2016**

The Hopi Tribal Council on January 28, 2016 by motion and majority vote approved the above mentioned Action Item and Resolution.

By passage of this Resolution the Hopi Tribe supports the amendments to update A.R.S. 36-2902.01 and A.R.S. 2902.02 and urges the Arizona State Legislature to pass the amendments in its 2016 session.

Should you have any questions, you may contact me at extension 3135.

c: Office of the Chairman
Office of the Vice Chairman
Office of the Treasurer
Office of Financial Management
Office of Executive Director
Office of General Counsel
File

RECEIVED

2016
FEB 11 10:11 AM
DEPARTMENT OF HEALTH
& HUMAN SERVICES

HOPI TRIBAL COUNCIL
RESOLUTION
H-019-2016

WHEREAS, pursuant to the Constitution and By-Laws of the Hopi Tribe, Article VI - Powers of the Tribal Council, Section 1(a), (e), and (f) the Hopi Tribal Council has the authority, "To represent and speak for the Hopi Tribe in all matters for the welfare of the Tribe and to negotiate with the Federal, State, and local governments...", "To "raise and take care of a Tribal Council fund by accepting grants or gifts from any person, State, or the United States Government...", and "To use such Tribal Council fund for the welfare of the Tribe..."; and

WHEREAS, the Arizona Advisory Council on Indian Health Care (AACOIHC) was established in 1989 by the Arizona State Legislature whose mission is to, "Advocate for wellness and access to high quality healthcare for all American Indians in Arizona" with regard to the development of Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) demonstration programs, services, and policies; and

WHEREAS, the members of the AACOIHC are appointed by the Governor of the State of Arizona and are comprised of representatives of Tribal governments, and Tribal and Urban Indian health organizations; and

WHEREAS, the Hopi Tribe appointed a representative by the Chairman's Office to serve on the AACOIHC and was sworn in on November 7, 2013 who has since then actively participated in the AACOIHC; and

HOPI TRIBAL COUNCIL
RESOLUTION
H-019-2016

WHEREAS, the AACOIHC statutes provide authorities to the AACOIHC to recommend and advocate for health care related policy and legislation in Arizona that will beneficially impact Tribes in Arizona; and

WHEREAS, the AACOIHC is one of two state agencies/commissions of the Arizona State government that work directly with Tribal governments in Arizona to address American Indian issues and concerns; and

WHEREAS, the relationship between the State of Arizona and Tribes is important for collaborative governance to elevate the health status of all American Indians in Arizona, who comprise 5.3% of the population, but who have the most significant and disproportionate rates of health disparities of any racial or ethnic group in the state; and

WHEREAS, the AACOIHC is seeking to amend ARS 36-2902.01 and ARS 36-2902.02 to be current and supportive of Tribes in Arizona during a half day Tribal Consultation Meeting on Monday, June 15, 2015 and through a 45-day open comment process and to be current and supportive of Tribes and urban Indian organizations in the State of Arizona and their progressive and evolving medical and public health care systems; and

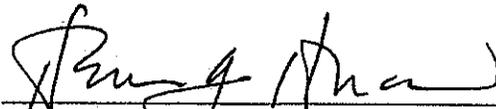
WHEREAS, the Hopi Tribe strongly supports the AACOIHC and values the work that member Tribes and urban Indian organization representatives make to contribute to the development and implementation of health care policy in the State of Arizona.

HOPI TRIBAL COUNCIL
RESOLUTION
H-019-2016

NOW THEREFORE BE IT FINALLY RESOLVED THAT the Hopi Tribe supports the amendments, as attached, to update A.R.S. 36-2902.01 and A.R.S. 36-2902.02 and urges the Arizona State Legislature to pass the amendments in its 2016 session.

CERTIFICATION

The Hopi Tribal Council duly adopted the foregoing Resolution on January 28, 2016 at a meeting at which a quorum was present with a vote of 16 in favor, 1 opposed, 0 abstaining (Chairman presiding and not voting) pursuant to the authority vested in the Hopi Tribal Council by ARTICLE VI-POWERS OF THE TRIBAL COUNCIL, SECTION 1 (a), (e), and (f) of the Hopi Tribal Constitution and By-Laws of the Hopi Tribe of Arizona, as ratified by the Tribe on October 24, 1936, and approved by the Secretary of Interior on December 19, 1936, pursuant to Section 16 of the Act of June 18, 1934. Said Resolution is effective as of the date of adoption and does not require Secretarial approval.



Herman G. Nonanie, Chairman
Hopi Tribal Council

ATTEST:



for Vernita Selestewa, Tribal Secretary
Hopi Tribal Council



HOUSE OF REPRESENTATIVES

SB 1507

ALTCS; dental services

Prime Sponsor: Senator Begay, LD 7

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

OVERVIEW

SB 1507 requires dental services to be provided by contractors for members of the Arizona Long Term Care System (ALTCS).

PROVISIONS

1. Requires dental services to be provided by contractors for members of ALTCS in an annual amount not to exceed \$1,000 per member.
2. Makes technical changes.

CURRENT LAW

A.R.S. § 36-2939 states that the following services must be provided by the program contractors to members who are determined to need institutional services pursuant to this article: nursing facility services other than services in an institution for tuberculosis or mental disease; behavioral health services, if the services are not duplicative of long-term care services provided as of January 30, 1993 and are authorized by the program contractor through the long-term care case management system; hospice services; case management services and health and medical services.

In addition, the Department of Economic Services' Division of Developmental Disabilities (DDD) must provide intermediate care facility services and home and community based services to ALTCS members who have developmental disabilities and are in need of institutional services.

ADDITIONAL INFORMATION

ALTCS is a federal Medicaid program administered by the Arizona Health Care Cost Containment System (AHCCCS). The ALTCS program provides long-term care services to financially and medically eligible persons who are elderly, physically disabled, or developmentally disabled, and who have a medical need for the services. The ALTCS program includes medical, behavioral, institutional, home and community based services.

The DDD provides services to people with developmental disabilities. DDD is the ALTCS program contractor for all developmentally disabled individuals statewide. Both DDD and ALTCS must screen individuals for developmental disabilities. To be determined developmentally disabled and eligible for DDD services, a person must: be diagnosed as having autism, cerebral palsy, epilepsy, or mental retardation before the age of 18 and have substantial functional limitations; be under age six and exhibit a delay in one or more areas of development;

SB 1507

or be under age three and at risk of having a developmental disability if services are not provided to them. Once a person is eligible for DDD and ALTCS services, DDD manages the ALTCS services. DDD also administers a state funded program to provide services to persons with developmental disabilities who do not qualify for ALTCS services.

To qualify for the ALTCS program, a person must be an Arizona resident and a U.S. citizen or qualified immigrant, have a Social Security Number or have applied for one, apply for all benefits they may be entitled to receive such as a pension, or disability benefits from the Social Security Administration and live in an institutional setting such as a nursing home. Countable income and resources are also considered in determining if a person qualifies for the ALTCS program. The maximum amount of income or resources depends on certain factors such as age, residence, marital status and a person's AHCCCS coverage group.

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

ROLL CALL VOTE

COMMITTEE ON _____ HEALTH _____ BILL NO. SB 1507

DATE March 15, 2016 MOTION: dp

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

APPROVED:



 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1096

medical radiologic technology

Prime Sponsor: Senator Barto, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

SB 1096 updates the statutes related to the Arizona Radiation Regulatory Authority (ARRA) and the Medical Radiologic Technology Board (Board) and continues the ARRA and the Board for two years.

PROVISIONS

1. Allows the director of the Board to adopt rules related to the provisions identifying the types of applications of ionizing radiation for a practical technologist in bone densitometry, radiation therapy technologist, mammographic technologist, nuclear medicine technologist, bone densitometry technologist, computed tomography technologist, radiologic assistant, physician assistant and any new radiologic modality technologist.
2. Removes the requirement that the Board consider standards of the American Medical Association and the American Osteopathic Association, when approving a school of radiologic technology.
3. Includes an out-of-state school of radiologic technology that is approved by the Joint Review Committee on Education in Radiologic Technology, the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board as acceptable courses of study for a radiologic technologist, radiation therapy technologist or nuclear medicine technologist.
4. Includes a practical technologist in bone density certification.
5. Increases the continuing education requirements for a practical technologist in bone density from *one hour* every two years to *two hours* every two years.
6. Requires the following continuing education requirements:
 - a. Radiologist assistant, 50 hours every two years;
 - b. Radiologic technologist, 24 hours every two years; and
 - c. Radiation therapy technologist, 24 hours every two years.
7. Outlines the titles that a certificate holder may utilize, as applicable.
8. Allows the Board on its own motion or the executive director if delegated by the Board, to investigate any evidence that appears to show the existence of any of the causes or grounds for disciplinary action. The Board may investigate any complaint that alleges the existence of any of the causes or grounds for disciplinary action.
9. Requires a person who wishes to perform computed tomography to obtain a computed technologist certificate from the Board.

Fifty-second Legislature
Second Regular Session

Health

SB 1096

10. Clarifies that the Board must issue a certificate when the applicant pays a *prorated* application fee.
11. Requires an applicant for mammographic certification to complete training and education requirements and pass an examination.
12. States that an applicant for computed tomography technologist certification provide documentation for the past two years of experience in computed tomography and completion of 12 hours of computed tomography specific education or pass an examination.
13. Rewrites the education requirements for a mammographic technologist and a computed tomography technologist by deleting the current requirements and including the following:
 - a. The applicant must meet the initial training and education requirements for the Mammographic Quality Standards Act Regulations for Quality Standards of Mammographic Technologists (21 CFR § 900.12);
 - b. The Board must issue a student mammography permit to a person who is in training and meets the requirements, if the applicant also provides the Board with verification of employment and the name of the radiologist who agrees to be responsible for the applicants supervision and training; and
 - c. A student mammography permit is valid for one year from the date it is issued and may be renewed one time for an additional six months. If the holder completes all of the requirements within the permitted period, the Board must issue a mammographic technologist certificate. The mammographic technologist certificate must be renewed as prescribed.
14. Requires a computed tomography applicant to have passed an examination in mammography administered by the Board or, in lieu of its own examination, the Board may accept a certification issued on the basis of an examination certificate-granting body recognized by the Board.
15. Mandates that an applicant for renewal of a mammographic technologist certificate must meet the continuing education requirements of the Mammography Quality Standards Act Regulations for Quality Standards of Mammographic Technologists (21 CFR § 900.12).
16. Continues the ARRA for two years, retroactive to July 1, 2016.
17. Continues the Board for two years, retroactive to July 1, 2016.
18. Contains purpose sections.
19. Defines *bone densitometry technologist*, *computed tomography technologist*, *mammographic technologist*, *nuclear medicine technologist*, *radiation therapy technologist* and modifies the definition of *radiologist assistant*.

CURRENT LAW

A.R.S. 32-2803 permits the director of the ARRA, after consultation with and approval of the Board and after notice and public hearing to adopt rules as needed, to carry out the purposes of the chapter. The rules must include but are not limited to; minimum standards of training and experience for persons to be certified and procedures for examining applicants for certification; and provisions identifying the types of applications of ionizing radiation for practical technologist in podiatry, practical technologist in radiology and radiologic technologist and those minimum standards of education and training to be met by each type of applicant.

SB 1096

Further statutes within the chapter outline processes for Board approval of schools, application requirements, additional duties of the Board, terms and renewals for certificates and inspection processes for verifying that certified individuals are practicing within their scope of practice.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1096
(Reference to Senate engrossed bill)

- 1 Page 1, line 32, after the comma insert "PHYSICIAN ASSISTANT,"
- 2 Amend title to conform

HEATHER CARTER

1096CARTER2
03/11/2016
02:51 PM
C: MJH

Attachment 26

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

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1096
(Reference to Senate engrossed bill)

1 Page 13, between lines 19 and 20, insert:

2 "Sec. 13. Report to committees of reference; delayed repeal

3 A. On or before December 1, 2016, the medical radiologic technology
4 board of examiners and the radiation regulatory agency shall issue a joint
5 report to the house of representatives health committee of reference and the
6 senate health and human services committee of reference regarding progress on
7 the implementation of the auditor general's recommendations.

8 B. This section is repealed from and after September 30, 2017."

9 Renumber to conform

10 Amend title to conform

HEATHER CARTER

1096CARTER
03/10/2016
02:53 PM
C: MJH

Attachment 27

Adopted <input checked="" type="checkbox"/>	# of Verbals _____
Failed _____	Withdrawn _____
Not Offered _____	Analysts Initials _____

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

ROLL CALL VOTE

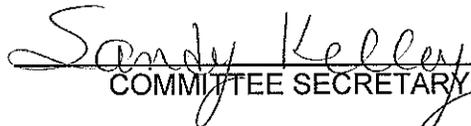
COMMITTEE ON HEALTH BILL NO. SB 1096

DATE March 15, 2016 MOTION: dpa

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

APPROVED:


 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman


 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1112

pharmacists; scope of practice
Prime Sponsor: Senator Barto, LD 15

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

SB 1112 expands the immunizations or vaccines that a licensed pharmacist may administer.

PROVISIONS

1. Allows a pharmacist to initiate or modify drug therapy pursuant to a protocol-based drug therapy agreement with a registered nurse practitioner.
2. Allows a licensed pharmacist to administer to minors, without a prescription order, influenza immunizations or vaccines to a person who is at least three years of age, booster doses for the primary adolescent series as recommended by the United States Centers for Disease Control and Prevention (CDC) and immunizations or vaccines recommended by the CDC to a person who is at least 13 years of age.
3. Permits a pharmacist to administer the first dose of the primary adolescent series to a person at least six years of age but under 13 years of age only with a prescription order.
4. States the failure of a pharmacist to report the administration of an immunization, vaccine or emergency medication is violation of law. The pharmacist must make a reasonable effort to identify the person's primary care provider or physician by one or more of the following methods:
 - a. Checking any adult immunization information system or vaccine registry established by the Arizona Department of Health Services;
 - b. Checking pharmacy records; and
 - c. Requesting the information from the person or, in the case of a minor, the person's parent or guardian.
5. Provides that a pharmacist report to the person's identified primary care provider or physician, within 24 hours of occurrence, any adverse reaction listed by the vaccine manufacturer as a contraindication to further doses or the vaccine.
6. Redefines *emergency medication* and defines *primary adolescent series*.
7. Makes technical and conforming changes.

CURRENT LAW

A.R.S. 32-1974 outlines immunizations and vaccines that a licensed pharmacist may administer. For adults this includes immunizations or vaccines listed in the CDC and Prevention's recommended adult immunization schedule or recommended by the CDC and Prevention's health information for international travel.

SB 1112

Currently a pharmacist may administer the following to a person who is at least six years of age but under 18 years of age without a prescription order; immunizations or vaccines for influenza and immunizations or vaccines in response to a public health emergency. Pursuant to a prescription order a pharmacist may administer immunizations and vaccines to a person who is at least six years of age but under 18 years of age. A pharmacist who is certified to administer immunizations and vaccines may administer emergency medication to manage an acute allergic reaction to an immunization or vaccine.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1112

(Reference to Senate engrossed bill)

- 1 Page 13, line 16, after "REACTION" insert "THAT IS REPORTED TO OR WITNESSED BY THE
- 2 PHARMACIST AND THAT IS"
- 3 Amend title to conform

HEATHER CARTER

1112CARTER2
03/11/2016
01:10 PM
H: IG/rca

1112CARTER*
03/10/2016
04:20 PM
C: MJH

Attachment 30

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

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

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. SB 1112

DATE March 15, 2016 MOTION: dpa

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

APPROVED:



 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

SB 1283

controlled substances prescription monitoring program
Prime Sponsor: Senator Kavanagh, LD 23

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

SB 1283 requires a medical practitioner to obtain a patient utilization report from the Controlled Substances Prescription Monitoring Program's (CSPMP) central database tracking system before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV.

PROVISIONS

1. Provides, beginning the later of October 1, 2017 or sixty days after the statewide Health Information Exchange (Exchange) has integrated the CSPMP data into the Exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, must obtain a patient utilization report regarding the patient for the preceding 12 months from the CSPMP central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment.
2. States each medical practitioner regulatory board must notify the medical practitioners licensed by that board of the applicable date.
3. Permits a medical practitioner a one-year waiver from the requirement due to technological limitations that are reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by the Arizona State Board of Pharmacy (Board) by rule.
4. Stipulates that a medical practitioner is not required to obtain a patient utilization report from the central database tracking system if any of the following apply:
 - a. The patient is receiving hospice care or palliative care for a serious or chronic illness.
 - b. The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
 - c. A medical practitioner will administer the controlled substance.
 - d. The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
 - e. The medical practitioner is prescribing the controlled substance to the patient for no more than a ten-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.
 - f. The medical practitioner is prescribing no more than a five-day prescription and has reviewed the program's central database tracking system for that patient within the last

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- 30 days, and the system shows that no other prescriber has prescribed a controlled substance in the preceding 30 day period.
5. Stipulates that if the medical practitioner uses electronic medical records that integrate data from the CSPMP, a review of the electronic medical records with the integrated data must be deemed compliant with the review of the program's central database tracking system.
 6. Requires the Board to promote and enter into data sharing agreements for the purpose of integrating the CSPMP into electronic medical records.
 7. States by complying with this, a medical practitioner acting in good faith, or the medical practitioner's employer, is not subject to liability or disciplinary action arising solely from either:
 - a. Requesting or receiving, or failing to request or receive, prescription monitoring data from the program's central database tracking system.
 - b. Acting or failing to act on the basis of the prescription monitoring data provided by the program's central database tracking system.
 8. Provides that medical practitioners and their delegates are not in violation during any time period in which the CSPMP tracking system is suspended or is not operational or available in a timely manner. If the CSPMP is not accessible, the medical practitioner or their delegate must document the date and time the practitioner or delegate attempted to use the CSPMP.
 9. Requires the Board to conduct an annual voluntary survey of program users to assess user satisfaction with the program's central database tracking system. The survey may be conducted electronically.
 10. Requires the Board, on or before December 1 of each year to provide a report of the survey results to the President of the Senate, the Speaker of the House of Representatives and the Governor along with a copy to the Secretary of the State.
 11. Permits a medical practitioner regulatory board to obtain and use information from the program's central database tracking system.
 12. Stipulates that the Board contract with a third party to conduct an analysis of the CSPMP and report on at least the following:
 - a. The usability and length of time to query data on the CSPMP's central database tracking system and recommendations to improve system properties for more efficient and effective clinical use by medical practitioners.
 - b. Strategies to increase and promote use by medical practitioners.
 - c. The quality of the data and recommendations to improve accuracy and validity.
 - d. Strategies to make it easier to integrate the CSPMP's central database into electronic health records.
 - e. An analysis of available and necessary resources for the Board to implement CSPMP provisions.
 - f. Best practices in this state and other states that have a CSPMP or database.
 13. Specifies the report must be completed on or before January 1, 2017. On or before January 15, 2017 the Board must deliver the report to the President of the Senate, the Speaker of the House of Representatives and the Governor and must provide a copy to the Secretary of State.
 14. Repeals the CSPMP analysis and report section from and after September 30, 2017.

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15. States on or before October 1, 2016 and every quarter for the following four years, the Board must complete a quarterly report on the number and names of electronic health records companies that have integrated the CSPMP's central database or are in the process of integrating the database for use by medical practitioners. The report must include the number of medical practitioners who will have access to the integrated data through an electronic health records system. The Board must post each report on its public website. Repeals this from and after September 20, 2021.
16. Exempts the Board for purposes related to this act, from the rule making requirements for one year after the effective date of this act.

CURRENT LAW

A.R.S. 36-2606 provides that each medical practitioner who is issued a license and who possesses an Arizona registration under the Controlled Substances Act (Act) must have a current CSPMP registration issued by the Board and be granted access to the program's central database tracking system. The Board, on receipt of licensure and license renewal confirmation from a medical practitioner regulatory board must register each medical practitioner who possesses an Arizona registration under the Act and provide the medical practitioner access to the program's central database tracking system. The Board must notify each practitioner of the person's registration and access to the database tracking system and how to use the system. The Board must notify each medical practitioner receiving an initial license who intends to apply for registration under the Act of the person's responsibility and the process to register with the Board and be granted access to the program's central database tracking system.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1283

(Reference to Senate engrossed bill)

1 Page 2, line 45, strike "AN INVASIVE MEDICAL OR"

2 Page 3, line 1, strike "DENTAL PROCEDURE OR"

3 Between lines 2 and 3, insert "6. THE MEDICAL PRACTITIONER IS PRESCRIBING THE
4 CONTROLLED SUBSTANCE TO THE PATIENT FOR NO MORE THAN A TEN-DAY PERIOD FOR AN
5 INJURY OR MEDICAL OR DENTAL DISEASE PROCESS THAT RESULTS IN ACUTE PAIN TO THE
6 PATIENT."

7 Renumber to conform

8 Amend title to conform

ERIC MEYER

1283MEYER
03/14/2016
10:57 AM
H: JH/rca

Attachment 33

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

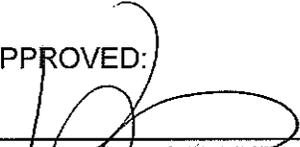
ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

ROLL CALL VOTE

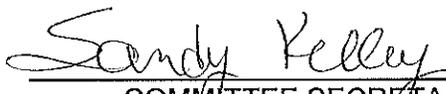
COMMITTEE ON HEALTH BILL NO. SB 1283

DATE March 15, 2016 MOTION: dp

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

APPROVED:


 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____

ARIZONA STATE LEGISLATURE
 Fifty-second Legislature - Second Regular Session

COMMITTEE ATTENDANCE RECORD

COMMITTEE ON HEALTH

CHAIRMAN: Heather Carter VICE-CHAIRMAN: Regina Cobb

DATE	2/16 116	2/23 116	3/8 116	3/15 116	116
CONVENED	4:33 m	4:02 pm	2:14 pm	4:52 pm	m
RECESSED					
RECONVENED					
ADJOURNED	8:50 pm	6:05 pm	3:27 pm	7:57 pm	
MEMBERS					
Mr. Boyer	✓	--	✓	✓	
Mr. Friese	✓	✓	✓	✓	
Mr. Lawrence	✓	✓	✓	✓	
Mr. Meyer	✓	✓	✗	✓	
Mrs. Cobb, Vice-Chairman	✓	✓	✓	✓	
Mrs. Carter, Chairman	✓	✓	✓	✓	

✓ Present --- Absent exc Excused