

Health & Human Services Committee

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HEALTH & HUMAN SERVICES COMMITTEE

LEGISLATION ENACTED

advisory council on aging (S.B. 1049) – Chapter 27

Retroactive to July 1, 2020, transfers administration of the Advisory Council on Aging (Council) to the Governor's Office of Youth, Faith and Family and eliminates the Council's sunset date.

board of athletic training; continuation (S.B. 1050) – Chapter 28

Continues the Arizona Board of Athletic Training for eight years, until July 1, 2028, retroactive to July 1, 2020.

DHS; continuation (S.B. 1051) – Chapter 6 E

An emergency measure effective March 12, 2020, that continues the Department of Health Services (DHS) for eight years, until July 1, 2028.

Appropriates \$5,000,000 from the Budget Stabilization Fund to the Public Health Emergencies Fund (PHE Fund) in FY 2020. Appropriates an additional amount, up to \$50,000,000, from the Budget Stabilization Fund to the PHE Fund in FY 2020 to be used to pay the expenses of public health emergency responses in Arizona following a state of emergency declaration by the Governor related to coronavirus disease 2019 (COVID-19). The Director of DHS must notify the Joint Legislative Budget Committee of the intended use of the \$50,000,000 appropriation before spending any monies. Reverts any unexpended and unencumbered monies from the \$50,000,000 appropriation to the Budget Stabilization Fund on June 30, 2021.

Expresses the Legislature's intent that the appropriations from the Budget Stabilization Fund to the PHE Fund will provide immediate additional resources and further access to an increased capacity of public health emergency funding.

homeopathic board; continuation (S.B. 1052) – Chapter 29

Continues the Arizona Board of Homeopathic and Integrated Medicine Examiners for eight years, until July 1, 2028, retroactive to July 1, 2020.

psychiatric security review board; continuation (S.B. 1053) – Chapter 30

Continues the Psychiatric Security Review Board for eight years, until July 1, 2028, retroactive to July 1, 2020.

psychology board; continuation (S.B. 1054) – Chapter 31

Continues the Arizona Board of Psychologist Examiners for eight years, until July 1, 2028, retroactive to July 1, 2020.

hard of hearing; commission; continuation (S.B. 1055) – Chapter 32

Continues the Arizona Commission for the Deaf and the Hard of Hearing for eight years, until July 1, 2028, retroactive to July 1, 2020.

assisted living; caregivers; training (S.B. 1210) – Chapter 73

Requires, for assisted living facility caregiver certification, the completion of either: 1) 62 hours of on-the-job training under the direct supervision of a specified health professional or certified assistant living facility manager and completion of the Nursing Care Institution Administrators and Assisted Living Facility Managers (NCIA) Board-required exam with a passing score of at least 75 percent; or 2) the required curriculum and NCIA Board exam. Half of the 62 hours of on-the-job training may be under the direct supervision of a certified assisted living facility manager. The NCIA Board must prescribe standards by rule for on-the-job training.

insurance; preexisting condition exclusions; prohibition (S.B. 1397) – Chapter 80

[SEE THE FINANCE COMMITTEE.](#)

fingerprinting; vital records; child care (S.B. 1504) – Chapter 86

Requires Department of Health Services (DHS) employees and contractors who: 1) have access to vital records; 2) are employed in information technology positions; or 3) inspect facilities with children or vulnerable adults to have a fingerprint clearance card (FPCC) or to provide documentation of application for an FPCC. Requires each county employee or contractor who has access to vital records to have a valid FPCC. A person may not be employed in outlined positions if the person has been denied an FPCC or interim approval.

Requires all child care personnel and volunteers to have a valid FPCC before beginning employment or volunteer service, rather than within seven working days of employment or volunteer service. DHS and the Department of Economic Security may conduct background checks in accordance with the Child Care and Development Block Grant Act of 2014 for child care providers, personnel, employees and volunteers and for any adult who works with or resides in the home of a child care home provider.

Authorizes the Department of Public Safety (DPS) to conduct periodic criminal history records checks to update the status of outlined agency positions and authorizes DPS to submit fingerprints to the Federal Bureau of Investigation to be retained for future submissions.

mental health omnibus ([S.B. 1523/H.B. 2764](#)) – Chapter 4

Health Care Insurers (Insurers) – Requires an insurer to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA). A health plan may not apply any financial requirement or qualitative treatment limitation to a mental health or substance use disorder (MH/SUD) benefit in a classification that is more restrictive than those applied to all medical and surgical benefits in the same classification, with certain exceptions. Provides exemptions for multitiered prescription drug benefits, multiple network tiers and subclassifications for specified office visits if certain criteria are met. An insurer is not required to approve a claim or provide reimbursement for MH/SUD services provided by an out-of-network provider except as allowed by a health plan. An insurer may require that any MH/SUD services offered in an educational setting be delivered in an appropriate location and in a manner that complies with applicable laws for privacy, parental consent and the provision of health care services.

After January 1, 2022, on a date determined by the Director of the Department of Insurance and Financial Institutions (DIFI), each insurer must submit a prescribed report to DIFI for each fully insured product network type issued by the insurer. Prescribes filing requirements for report variations and subsequent, updated and refiled reports. Directs DIFI to analyze the reports and evaluate each health plan's compliance with specified requirements during the review of other form filings prescribed for insurers. DIFI is not precluded from requesting information or data necessary to verify compliance with MHPAEA and may establish rules for the terms regarding any required resubmittal of insurer information.

Beginning January 1, 2022, requires certain insurance identification cards to display "AZDOI" and include a telephone number for customer assistance.

DIFI – Grants DIFI enforcement authority of MHPAEA. Appropriates \$250,000 and one full-time equivalent position from the state General Fund (state GF) to DIFI in FY 2021 and exempts the appropriation from lapsing.

By January 1, 2021, DIFI must develop a webpage that displays outlined MHPAEA information. Beginning in 2022, DIFI must include a summary of all stakeholder outreach and regulatory activity related to the implementation, oversight and enforcement of MHPAEA in its annual report. By April 1, 2021, DIFI must adopt rules for standards to determine MHPAEA compliance and conduct outreach activities for the development of associated documents.

Children's Behavioral Health Services (CBH) Fund – Establishes the CBH Fund and appropriates \$8,000,000 from the state GF in FY 2021 to the CBH Fund to pay contractors for eligible behavioral health services. CBH Fund monies are continuously appropriated and exempt from lapsing until June 30, 2022. Outlines eligibility criteria for behavioral health services paid for by the CBH Fund and eligible contractor agreement requirements. Claims for MH/SUD services provided by an out-of-network provider that are not covered by an insured's health plan because of the out-of-network status must be paid with CBH Fund monies.

The Arizona Health Care Cost Containment System (AHCCCS) may impose cost sharing requirements on a sliding fee scale for contractor-provided behavioral health services and must act as the payor of last resort for behavioral health services paid for by the CBH Fund. Deems a person

who receives behavioral health services paid for by the CBH Fund to have assigned AHCCCS all rights to any type of medical benefit to which the person is entitled.

AHCCCS – Directs AHCCCS to contract for behavioral health services using CBH Fund monies to pay for behavioral health services for children and outlines eligibility and contractor requirements. Caps permissible reimbursements for contract administration at eight percent of the associated expenditures.

By December 31, AHCCCS must annually report on surveys received from each participating school district governing board and charter school governing body and utilization data for CBH Fund behavioral health services. Prescribes requirements for the annual report and for data collection from public schools.

Department of Health Services (DHS) – Directs DHS to adopt rules for admitting and discharging certain patients who have attempted suicide or who exhibit suicidal ideation. DHS is exempt from rulemaking requirements for 18 months and must provide public notice and an opportunity for public comment.

Suicide Mortality Review Team (Team) – Establishes the Team and prescribes Team membership and duties. Authorizes the Team to request certain information and records from specified entities regarding a Team-reviewed suicide and requires requested information and records be provided to the Chairperson of the Team within five days, with outlined exceptions. The Director of DHS may apply to the superior court for a subpoena to compel the production of evidence related to a person who died by suicide, with certain exceptions. The Team must return all records to the entity of origin on completion of a review. Outlines Team confidentiality requirements and classifies violations as a class 2 misdemeanor. Directs DHS to use Child Fatality Review (CFR) Fund monies to staff, train and support the Team. The Team terminates on July 1, 2028.

Public Schools – Directs school district governing boards and charter school governing bodies to adopt policies relating to school-based referrals for behavioral health services prior to providing the referrals. Prior to adoption, the proposed policies must be vetted at a public meeting with an opportunity for public comment and adopted policies must be displayed on each school's website. Outlines minimum policy requirements. Each participating school district governing board and charter school governing body must report the survey results to AHCCCS.

Mental Health Parity Advisory Committee (Committee) – Establishes the Committee and prescribes Committee membership and duties. Grants the Directors of DIFI and DHS authority to appoint Committee members. Eliminates the Committee on July 1, 2028.

Miscellaneous – Appropriates fee revenues in excess of \$200,000, rather than \$100,000, in any fiscal year from the CFR Fund to the Child Abuse Prevention Fund to be used for healthy start programs. Designates this legislation as *Jake's Law*.

human services; budget reconciliation; 2020-2021. ([S.B. 1687/H.B. 2904](#)) – Chapter 53

[SEE THE APPROPRIATIONS COMMITTEE.](#)

health; budget reconciliation; 2020-2021. (S.B. 1688/H.B. 2905) – Chapter 54

[SEE THE APPROPRIATIONS COMMITTEE.](#)

AHCCCS; dental services; Native Americans (H.B. 2244) – Chapter 17

Requires, subject to approval by the Centers for Medicare and Medicaid Services, Arizona Health Care Cost Containment System (AHCCCS) contractors and Arizona Long Term Care System contractors to provide members with adult dental services, if the services are: 1) received at an Indian Health Service (IHS) facility or tribal facility; 2) eligible for a Federal Medical Assistance Percentage reimbursement of 100 percent; and 3) in excess of the annual \$1,000 limit per member. Directs AHCCCS to seek federal authorization to reimburse IHS facilities and tribal facilities to cover the costs of qualifying adult dental services.

hospitals; unreimbursed costs; assessment; fund (H.B. 2668/S.B. 1247) – Chapter 46

Beginning October 1, 2020, requires the Director of the Arizona Health Care Cost Containment System (AHCCCS) to administer and collect an assessment on hospital revenues, discharges or bed days from inpatient or outpatient services, or both, to fund the nonfederal share of outlined costs. The assessment is subject to approval by the Centers for Medicare and Medicaid Services (CMS) to ensure that the assessment does not cause a reduction in federal financial participation.

Establishes the Health Care Investment Fund (Fund) for assessment monies and outlines permissible uses of Fund monies. The Director of AHCCCS must adopt rules for the assessment methodology and present any change to the assessment to the Joint Legislative Budget Committee for review. AHCCCS is exempt from rulemaking for one year to implement the assessment. Hospitals may not pass assessment costs on to patients or third-party payors. Outlines protocols for hospitals that fail to comply with assessment stipulations.

Conditionally repeals the assessment and Fund upon CMS notice of final determination that the assessment is no longer eligible for federal financial participation, and requires AHCCCS to notify the Director of the Legislative Council of the date of the repeal. Directs AHCCCS to proportionately refund outstanding monies to the hospitals upon repeal of the assessment and Fund.

TANF; financial literacy education (H.B. 2695) – Chapter 23

Authorizes the Department of Economic Security to allow certain financial literacy and personal finance courses to satisfy the statutory work activity requirement for Temporary Assistance for Needy Families Cash Assistance recipients. Prescribes instruction requirements for a qualified financial literacy and personal finance course.