

State of Arizona  
Senate  
Fifty-fourth Legislature  
Second Regular Session  
2020

## **SB 1523**

Introduced by

Senators Brophy McGee: Allen S, Alston, Borrelli, Bowie, Boyer, Bradley,  
Carter, Contreras, Dalessandro, Fann, Gonzales, Gray, Kerr, Leach,  
Livingston, Mesnard, Navarrete, Otondo, Pace, Peshlakai, Pratt, Quezada,  
Rios, Steele, Ugenti-Rita

### **AN ACT**

AMENDING SECTION 20-157.01, ARIZONA REVISED STATUTES; AMENDING TITLE 20, CHAPTER 5, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1138; AMENDING TITLE 20, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 28; AMENDING TITLE 36, CHAPTER 1, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 7; AMENDING TITLE 36, CHAPTER 34, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-3436; AMENDING SECTION 36-3504, ARIZONA REVISED STATUTES; APPROPRIATING MONIES; RELATING TO MENTAL HEALTH.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 20-157.01, Arizona Revised Statutes, is amended  
3 to read:

4 20-157.01. Confidentiality of insurer files and records:  
5 access by director; definition

6 A. Pursuant to the director's authority under sections 20-156,  
7 20-157, 20-160, ~~and~~ 20-466 AND 20-3502, an insurer shall comply with a  
8 request to produce any documents, reports or other materials, whether  
9 maintained in written or electronic format, from an insurer's claim file  
10 OR AN INSURER'S RECORD THAT IS REQUIRED TO COMPLY WITH CHAPTER 28,  
11 ARTICLE 1 OF THIS TITLE.

12 B. Any documents, reports or other materials that are provided to  
13 the director pursuant to this section are confidential and are not subject  
14 to disclosure, including discovery or subpoena, unless the subpoena is  
15 issued by the attorney general or a county attorney or by a court at the  
16 request of the attorney general, a county attorney or any other law  
17 enforcement agency. The director may ~~only~~ disclose the information ONLY  
18 to a state or federal agency or officer pursuant to a lawful request,  
19 subpoena or formal discovery procedure. If the requesting party cannot  
20 warrant confidentiality pursuant to section 20-158, subsection I, the  
21 information that is provided pursuant to discovery, subpoena or lawful  
22 request as provided for in this subsection remains confidential. The  
23 director shall make reasonable efforts to notify an insurer of any request  
24 for a subpoena for documents, reports or other materials in an ~~insurer~~  
25 INSURER'S claim file or OTHER record that are produced by the insurer  
26 pursuant to this section so that the insurer may assert, in a court of  
27 competent jurisdiction, any applicable privileges.

28 C. The director may use the documents, reports or other materials  
29 in the furtherance of any regulatory action brought by the director or in  
30 actions brought against the director.

31 D. For the purposes of this section, "insurer claim file" includes  
32 medical records, repair estimates, adjuster notes, insurance policy  
33 provisions, recordings or transcripts of witness interviews and any other  
34 records regarding coverage, settlement, payment or denial OR ADJUSTMENT of  
35 a claim asserted under an insurance policy.

36 Sec. 2. Title 20, chapter 5, article 1, Arizona Revised Statutes,  
37 is amended by adding section 20-1138, to read:

38 20-1138. Health insurance policies; member identification  
39 cards; applicability

40 A. AN IDENTIFICATION CARD THAT INCLUDES INFORMATION FACILITATING A  
41 SUBSCRIBER'S, ENROLLEE'S OR INSURED'S ACCESS TO SERVICES OR COVERAGE UNDER  
42 AN INDIVIDUAL OR GROUP HEALTH INSURANCE CONTRACT, EVIDENCE OF COVERAGE OR  
43 POLICY ISSUED OR RENEWED IN THIS STATE BY A HOSPITAL AND MEDICAL SERVICE  
44 CORPORATION, HEALTH CARE SERVICES ORGANIZATION OR DISABILITY INSURER MUST  
45 PROMINENTLY DISPLAY THE LETTERS "AZDIFI" IN CAPITAL LETTERS ON THE BOTTOM

1 FRONT OF THE IDENTIFICATION CARD AND A TELEPHONE NUMBER THAT A SUBSCRIBER,  
2 ENROLLEE OR INSURED MAY CALL FOR CUSTOMER ASSISTANCE.

3 B. THIS SECTION APPLIES TO IDENTIFICATION CARDS FOR ANY INDIVIDUAL  
4 OR GROUP CONTRACT, EVIDENCE OF COVERAGE OR POLICY ISSUED OR RENEWED FROM  
5 AND AFTER DECEMBER 31, 2021.

6 Sec. 3. Title 20, Arizona Revised Statutes, is amended by adding  
7 chapter 28, to read:

8 CHAPTER 28

9 MENTAL HEALTH PARITY

10 ARTICLE 1. GENERAL PROVISIONS

11 20-3501. Definitions

12 IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES:

13 1. "CLASSIFICATION OF BENEFITS" MEANS THE FOLLOWING CLASSIFICATIONS  
14 OF BENEFITS PROVIDED BY A HEALTH PLAN:

- 15 (a) INPATIENT, IN-NETWORK.
- 16 (b) INPATIENT, OUT-OF-NETWORK.
- 17 (c) OUTPATIENT, IN-NETWORK.
- 18 (d) OUTPATIENT, OUT-OF-NETWORK.
- 19 (e) EMERGENCY CARE.
- 20 (f) PRESCRIPTION BENEFITS.

21 2. "HEALTH CARE INSURER" MEANS A DISABILITY INSURER, GROUP  
22 DISABILITY INSURER, BLANKET DISABILITY INSURER, HEALTH CARE SERVICES  
23 ORGANIZATION, HOSPITAL SERVICE CORPORATION, MEDICAL SERVICE CORPORATION OR  
24 HOSPITAL, MEDICAL, DENTAL AND OPTOMETRIC SERVICE CORPORATION THAT ISSUES A  
25 HEALTH PLAN IN THIS STATE.

26 3. "HEALTH PLAN" MEANS AN INDIVIDUAL HEALTH PLAN OR ACCOUNTABLE  
27 HEALTH PLAN THAT PROVIDES MENTAL HEALTH SERVICES OR MENTAL HEALTH  
28 BENEFITS, THAT FINANCES OR PROVIDES COVERED HEALTH CARE SERVICES, THAT IS  
29 ISSUED BY A HEALTH CARE INSURER IN THIS STATE AND THAT IS SUBJECT TO THE  
30 MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT.

31 4. "MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT" MEANS THE MENTAL  
32 HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (42 UNITED STATES CODE  
33 SECTION 300gg-26) AND IMPLEMENTING REGULATIONS.

34 5. "PRODUCT NETWORK TYPE" MEANS THE NETWORK MODEL ASSOCIATED WITH  
35 THE TYPE OF HEALTH PLAN UNDER WHICH COVERED HEALTH CARE IS DELIVERED, SUCH  
36 AS A HEALTH CARE SERVICES ORGANIZATION, PREFERRED PROVIDER NETWORK  
37 ORGANIZATION, POINT OF SERVICE PLAN OR INDEMNITY PLAN.

38 6. "TREATMENT LIMITS":

39 (a) MEANS LIMITS ON BENEFITS BASED ON THE FREQUENCY OF TREATMENT,  
40 NUMBER OF VISITS, DAYS OF COVERAGE, DAYS IN A WAITING PERIOD OR OTHER  
41 SIMILAR LIMITS ON THE SCOPE OR DURATION OF TREATMENT.

42 (b) INCLUDES BOTH QUANTITATIVE TREATMENT LIMITS THAT ARE EXPRESSED  
43 NUMERICALLY AND NONQUANTITATIVE TREATMENT LIMITS THAT OTHERWISE LIMIT THE  
44 SCOPE OR DURATION OF BENEFITS FOR TREATMENT UNDER A HEALTH PLAN.

1 (c) DOES NOT INCLUDE A PERMANENT EXCLUSION OF ALL BENEFITS FOR A  
2 PARTICULAR CONDITION OR DISORDER.

3 20-3502. Compliance with federal law; report

4 A. EACH HEALTH CARE INSURER THAT ISSUES A HEALTH PLAN IN THIS STATE  
5 SHALL COMPLY WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT.

6 B. AFTER JANUARY 1, 2022, ON A DATE SPECIFIED BY THE DIRECTOR, EACH  
7 HEALTH CARE INSURER THAT ISSUES A HEALTH PLAN IN THIS STATE SHALL SUBMIT A  
8 REPORT TO THE DEPARTMENT FOR EACH FULLY INSURED PRODUCT NETWORK TYPE THE  
9 HEALTH CARE INSURER ISSUES. IF THE HEALTH CARE INSURER DETERMINES THAT  
10 THE INFORMATION TO BE REPORTED VARIES BY NETWORK OR PLAN, OR VARIES IN THE  
11 INDIVIDUAL, SMALL GROUP OR LARGE GROUP MARKET, THE HEALTH CARE INSURER  
12 MUST SUBMIT A REPORT FOR EACH VARIATION. EACH REPORT MUST DO THE  
13 FOLLOWING:

14 1. DESCRIBE THE PROCESS THAT IS USED TO DEVELOP OR SELECT THE  
15 MEDICAL NECESSITY CRITERIA FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER  
16 BENEFITS AND THE PROCESS USED TO DEVELOP OR SELECT THE MEDICAL NECESSITY  
17 CRITERIA FOR MEDICAL AND SURGICAL BENEFITS.

18 2. IDENTIFY ALL NONQUANTITATIVE TREATMENT LIMITS THAT ARE APPLIED  
19 TO MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS AND ALL  
20 NONQUANTITATIVE TREATMENT LIMITS THAT ARE APPLIED TO MEDICAL AND SURGICAL  
21 BENEFITS WITHIN EACH CLASSIFICATION OF BENEFITS.

22 3. DEMONSTRATE THROUGH ANALYSIS THAT FOR ANY NONQUANTITATIVE  
23 TREATMENT LIMIT APPLIED TO MENTAL HEALTH AND SUBSTANCE USE DISORDER  
24 BENEFITS IN A CLASSIFICATION OF BENEFITS, AS WRITTEN AND IN OPERATION, ANY  
25 PROCESS, STRATEGY, EVIDENTIARY STANDARD OR OTHER FACTOR USED IN APPLYING  
26 THE NONQUANTITATIVE TREATMENT LIMIT TO MENTAL HEALTH AND SUBSTANCE USE  
27 DISORDER BENEFITS IN THE CLASSIFICATION ARE COMPARABLE TO, AND APPLIED NOT  
28 MORE STRINGENTLY THAN, ANY PROCESS, STRATEGY, EVIDENTIARY STANDARD OR  
29 OTHER FACTOR USED IN APPLYING THE TREATMENT LIMIT FOR MEDICAL AND SURGICAL  
30 BENEFITS IN THE CLASSIFICATION.

31 C. IN ADDITION TO ANALYZING THE REPORTS PRESCRIBED IN SUBSECTION B  
32 OF THIS SECTION, THE DEPARTMENT SHALL ALSO EVALUATE HEALTH PLAN COMPLIANCE  
33 WITH THE STANDARDS RELATED TO FINANCIAL REQUIREMENTS AND QUANTITATIVE  
34 TREATMENT LIMITS DESCRIBED IN THIS SECTION. THE DEPARTMENT SHALL PERFORM  
35 THIS ANALYSIS DURING ITS REVIEW OF REQUIRED HEALTH CARE INSURER FORM  
36 FILINGS, BUT MAY ALSO REQUIRE A HEALTH CARE INSURER TO SUBMIT ADDITIONAL  
37 DATA RELATING TO ITS METHODS FOR COMPLYING WITH FINANCIAL REQUIREMENTS AND  
38 QUANTITATIVE TREATMENT LIMIT STANDARDS. THE DEPARTMENT MAY COLLECT AND  
39 ANALYZE DATA FOR EACH HEALTH CARE INSURER'S LARGE GROUP PLANS THROUGH A  
40 SEPARATE, CONSOLIDATED REPORT.

41 D. THE HEALTH PLAN MAY NOT APPLY ANY FINANCIAL REQUIREMENT OR  
42 QUANTITATIVE TREATMENT LIMIT TO MENTAL HEALTH AND SUBSTANCE USE DISORDER  
43 BENEFITS IN ANY CLASSIFICATION THAT IS MORE RESTRICTIVE THAN THE  
44 PREDOMINANT FINANCIAL REQUIREMENT OR QUANTITATIVE TREATMENT LIMIT OF THAT  
45 TYPE APPLIED TO SUBSTANTIALLY ALL MEDICAL AND SURGICAL BENEFITS IN THE

1 SAME CLASSIFICATION, UNLESS THE REQUIREMENT OR TREATMENT LIMIT IS MODIFIED  
2 BY ONE OF THE FOLLOWING EXCEPTIONS:

3 1. MULTITIERED PRESCRIPTION DRUG BENEFITS. IF A HEALTH PLAN  
4 APPLIES DIFFERENT LEVELS OF FINANCIAL REQUIREMENTS TO DIFFERENT TIERS OF  
5 PRESCRIPTION DRUG BENEFITS THAT ARE BASED ON REASONABLE FACTORS DETERMINED  
6 IN ACCORDANCE WITH THE REQUIREMENTS FOR NONQUANTITATIVE TREATMENT LIMITS  
7 AND WITHOUT REGARD TO WHETHER A DRUG IS GENERALLY PRESCRIBED WITH RESPECT  
8 TO MEDICAL AND SURGICAL BENEFITS OR WITH RESPECT TO MENTAL HEALTH OR  
9 SUBSTANCE USE DISORDER BENEFITS, THE HEALTH PLAN SATISFIES THE PARITY  
10 REQUIREMENTS OF THIS SECTION WITH RESPECT TO PRESCRIPTION DRUG BENEFITS.  
11 FOR THE PURPOSES OF THIS PARAGRAPH, "REASONABLE FACTORS" INCLUDE COST,  
12 EFFICACY, GENERIC VERSUS BRAND NAME AND MAIL ORDER VERSUS PHARMACY PICK  
13 UP.

14 2. MULTIPLE NETWORK TIERS. IF A HEALTH PLAN PROVIDES BENEFITS  
15 THROUGH MULTIPLE TIERS OF IN-NETWORK PROVIDERS, INCLUDING AN IN-NETWORK  
16 TIER OF PREFERRED PROVIDERS WITH MORE GENEROUS COST SHARING TO  
17 PARTICIPANTS THAN A SEPARATE IN-NETWORK TIER OF PARTICIPATING PROVIDERS,  
18 THE HEALTH PLAN MAY DIVIDE ITS BENEFITS PROVIDED ON AN IN-NETWORK BASIS  
19 INTO SUBCLASSIFICATIONS THAT REFLECT NETWORK TIERS, IF THE TIERING IS  
20 BASED ON REASONABLE FACTORS DETERMINED IN ACCORDANCE WITH THE REQUIREMENTS  
21 FOR NONQUANTITATIVE TREATMENT LIMITS AND WITHOUT REGARD TO WHETHER A  
22 PROVIDER PROVIDES SERVICES WITH RESPECT TO MEDICAL AND SURGICAL BENEFITS  
23 OR MENTAL HEALTH OR SUBSTANCE USE DISORDER BENEFITS IN ANY  
24 SUBCLASSIFICATION THAT IS MORE RESTRICTIVE THAN THE PREDOMINANT FINANCIAL  
25 REQUIREMENT OR TREATMENT LIMIT THAT APPLIES TO SUBSTANTIALLY ALL MEDICAL  
26 AND SURGICAL BENEFITS IN THE SUBCLASSIFICATION.

27 3. SUBCLASSIFICATIONS ALLOWED FOR OFFICE VISITS THAT ARE SEPARATE  
28 FROM OTHER OUTPATIENT SERVICES. FOR THE PURPOSES OF APPLYING THE  
29 FINANCIAL REQUIREMENTS AND TREATMENT LIMITS PRESCRIBED BY THIS SECTION, A  
30 HEALTH PLAN MAY DIVIDE ITS BENEFITS PROVIDED ON AN OUTPATIENT BASIS INTO  
31 THE TWO SUBCLASSIFICATIONS DESCRIBED IN THIS PARAGRAPH. AFTER THE  
32 SUBCLASSIFICATIONS ARE ESTABLISHED, THE HEALTH PLAN OR HEALTH CARE INSURER  
33 MAY NOT IMPOSE ANY FINANCIAL REQUIREMENT OR QUANTITATIVE TREATMENT LIMIT  
34 ON MENTAL HEALTH OR SUBSTANCE USE DISORDER BENEFITS IN ANY  
35 SUBCLASSIFICATION THAT IS MORE RESTRICTIVE THAN THE PREDOMINANT FINANCIAL  
36 REQUIREMENT OR QUANTITATIVE TREATMENT LIMIT THAT APPLIES TO SUBSTANTIALLY  
37 ALL MEDICAL AND SURGICAL BENEFITS IN THE SUBCLASSIFICATION.  
38 SUBCLASSIFICATIONS FOR GENERALISTS AND SPECIALISTS ARE PROHIBITED. ONLY  
39 THE FOLLOWING TWO SUBCLASSIFICATIONS ARE ALLOWED UNDER THIS PARAGRAPH:

40 (a) OFFICE AND PHYSICIAN VISITS.

41 (b) ALL OTHER OUTPATIENT ITEMS AND SERVICES, INCLUDING OUTPATIENT  
42 SURGERY, FACILITY CHARGES FOR DAY TREATMENT CENTERS, LABORATORY CHARGES OR  
43 OTHER SIMILAR MEDICAL ITEMS.

1 E. A HEALTH INSURER SHALL FILE THE REPORT REQUIRED BY SUBSECTION B  
2 OF THIS SECTION ONCE EVERY THREE YEARS. IN YEARS IN WHICH THE REPORT  
3 REQUIRED BY SUBSECTION B OF THIS SECTION IS NOT REQUIRED TO BE FILED, THE  
4 HEALTH CARE INSURER SHALL FILE A SUMMARY OF CHANGES MADE TO THE MEDICAL  
5 NECESSITY CRITERIA AND NONQUANTITATIVE TREATMENT LIMITS AND A WRITTEN  
6 ATTESTATION THAT SPECIFIES THAT THE HEALTH CARE INSURER IS IN COMPLIANCE  
7 WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT. THE DEPARTMENT  
8 MAY REQUIRE THE HEALTH CARE INSURER TO RESPOND TO ADDITIONAL QUESTIONS  
9 THAT ARE RELATED TO THE SUMMARY OF CHANGES. THREE YEARS AFTER THE HEALTH  
10 CARE INSURER SUBMITS AN ORIGINAL REPORT REQUIRED BY SUBSECTION B OF THIS  
11 SECTION OR AN UPDATED OR REFILED REPORT DESCRIBED IN THIS SUBSECTION, THE  
12 HEALTH CARE INSURER MAY EITHER:

13 1. FILE AN UPDATED REPORT.

14 2. RESUBMIT THE HEALTH CARE INSURER'S CURRENTLY FILED REPORT IF THE  
15 HEALTH CARE INSURER FILES A WRITTEN ATTESTATION TO THE DEPARTMENT THAT  
16 SPECIFIES THAT THERE HAVE BEEN NO CHANGES.

17 F. EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, IF A HEALTH CARE  
18 INSURER PROVIDED THE INFORMATION REQUIRED BY THIS SECTION IN AN EXISTING  
19 FILING OR REPORT, THE DEPARTMENT MAY NOT REQUIRE THE HEALTH CARE INSURER  
20 TO SUBMIT ANY ADDITIONAL FILING OR REPORT. THE DEPARTMENT SHALL ANALYZE  
21 THE INFORMATION REQUIRED BY THIS SECTION THAT THE HEALTH CARE INSURER  
22 PREVIOUSLY SUBMITTED IN AN EXISTING FILING OR REPORT TO DETERMINE  
23 COMPLIANCE WITH THE REPORT REQUIRED BY THIS SECTION. THE DEPARTMENT MAY  
24 ESTABLISH BY RULE THE TERMS REGARDING ANY REQUIRED RESUBMITTAL OF  
25 INFORMATION.

26 G. ALL DOCUMENTS, REPORTS OR OTHER MATERIALS PROVIDED TO THE  
27 DIRECTOR PURSUANT TO THIS SECTION ARE CONFIDENTIAL AND ARE NOT SUBJECT TO  
28 DISCLOSURE. SECTION 20-157.01, SUBSECTION B APPLIES TO THIS SECTION.

29 20-3503. Enforcement and oversight

30 A. THE DEPARTMENT SHALL ENFORCE THIS CHAPTER.

31 B. ON OR BEFORE JANUARY 1, 2021, THE DEPARTMENT SHALL DEVELOP A WEB  
32 PAGE THAT PROVIDES THE FOLLOWING INFORMATION IN NONTECHNICAL AND READILY  
33 UNDERSTANDABLE LANGUAGE:

34 1. CONSUMER-FRIENDLY INFORMATION CONCERNING THE SCOPE AND  
35 APPLICABILITY OF THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT AND THE  
36 MENTAL HEALTH PARITY REQUIREMENTS THAT APPLY TO HEALTH CARE INSURERS THAT  
37 ISSUE HEALTH PLANS IN THIS STATE.

38 2. A STEP-BY-STEP GUIDE WITH SUPPORTING INFORMATION THAT EXPLAINS  
39 HOW CONSUMERS CAN FILE AN APPEAL OR COMPLAINT WITH THE DEPARTMENT  
40 CONCERNING AN ALLEGED VIOLATION OF THIS CHAPTER.

41 C. ON OR BEFORE JANUARY 1, 2022, THE DEPARTMENT SHALL POST TO THE  
42 WEB PAGE PRESCRIBED IN SUBSECTION B OF THIS SECTION AN AGGREGATED SUMMARY  
43 OF ITS ANALYSIS OF THE REPORTS FILED BY HEALTH CARE INSURERS PURSUANT TO  
44 SECTION 20-3502, SUBSECTION B, INCLUDING ANY CONCLUSIONS REGARDING

1 INDUSTRY COMPLIANCE WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY  
2 ACT. THE DEPARTMENT MAY NOT POST ANY INFORMATION THAT:

3 1. CONTAINS ANY PROPRIETARY OR CONFIDENTIAL INFORMATION OF A HEALTH  
4 CARE INSURER.

5 2. ENABLES A PERSON TO DETERMINE THE IDENTITY OF A HEALTH CARE  
6 INSURER.

7 D. BEGINNING IN 2022, THE DEPARTMENT SHALL INCLUDE IN ITS ANNUAL  
8 REPORT A SUMMARY OF ALL STAKEHOLDER OUTREACH AND REGULATORY ACTIVITY  
9 RELATED TO THE IMPLEMENTATION, OVERSIGHT AND ENFORCEMENT OF THE MENTAL  
10 HEALTH PARITY AND ADDICTION EQUITY ACT AND THE REQUIREMENTS OF THIS  
11 CHAPTER.

12 20-3504. Access to behavioral health services for minors

13 A. NOTWITHSTANDING ANY OTHER PROVISION OF THIS TITLE, ANY HEALTH  
14 CARE INSURER THAT ISSUES A HEALTH PLAN IN THIS STATE THAT INCLUDES MENTAL  
15 HEALTH OR SUBSTANCE USE DISORDER BENEFITS MAY NOT DENY ANY CLAIM FOR  
16 MENTAL HEALTH OR SUBSTANCE USE DISORDER BENEFITS FOR A MINOR SOLELY ON  
17 GROUNDS THAT THE MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICE WAS  
18 PROVIDED IN A SCHOOL OR OTHER EDUCATIONAL SETTING OR ORDERED BY A COURT IF  
19 THE SERVICE WAS PROVIDED BY AN IN-NETWORK PROVIDER OR BY AN OUT-OF-NETWORK  
20 PROVIDER ONLY AS ALLOWED BY THE HEALTH PLAN THAT COVERS THE SUBSCRIBER,  
21 ENROLLEE OR INSURED.

22 B. THIS SECTION DOES NOT REQUIRE A HEALTH CARE INSURER TO APPROVE A  
23 CLAIM OR PROVIDE REIMBURSEMENT FOR A MENTAL HEALTH OR SUBSTANCE USE  
24 DISORDER SERVICE PROVIDED BY AN OUT-OF-NETWORK PROVIDER EXCEPT AS ALLOWED  
25 BY THE HEALTH PLAN THAT COVERS THE SUBSCRIBER, ENROLLEE OR INSURED.

26 C. A HEALTH CARE INSURER MAY REQUIRE THAT ANY MENTAL HEALTH OR  
27 SUBSTANCE USE DISORDER SERVICE OFFERED BY A MENTAL HEALTH PROVIDER IN AN  
28 EDUCATIONAL SETTING BE PROVIDED IN A FACILITY OR LOCATION THAT IS  
29 APPROPRIATE FOR THE TYPE OF SERVICE PROVIDED AND IN A MANNER THAT COMPLIES  
30 WITH APPLICABLE LAWS GOVERNING THE PROVISION OF HEALTH CARE SERVICES,  
31 INCLUDING PRIVACY LAWS.

32 D. CLAIMS FOR COVERED MENTAL HEALTH OR SUBSTANCE USE DISORDER  
33 SERVICES THAT ARE PROVIDED BY AN OUT-OF-NETWORK PROVIDER AND THAT ARE NOT  
34 COVERED BY THE SUBSCRIBER'S, ENROLLEE'S OR INSURED'S HEALTH PLAN SOLELY  
35 BECAUSE THE PROVIDER IS AN OUT-OF-NETWORK PROVIDER SHALL BE PAID FROM THE  
36 CHILDREN'S BEHAVIORAL HEALTH SERVICES FUND ESTABLISHED BY SECTION 36-3436.

37 20-3505. Mental health parity advisory committee; members;  
38 committee termination

39 A. THE MENTAL HEALTH PARITY ADVISORY COMMITTEE IS ESTABLISHED TO  
40 ADVISE THE DIRECTORS OF THE DEPARTMENT OF INSURANCE AND FINANCIAL  
41 INSTITUTIONS AND DEPARTMENT OF HEALTH SERVICES RELATING TO MATTERS  
42 PERTINENT TO MENTAL HEALTH PARITY, INCLUDING RECOMMENDATIONS RELATED TO  
43 CASE MANAGEMENT, DISCHARGE PLANNING AND EXPEDITED REVIEW AND APPEALS  
44 PROCESSES FOR CASES INVOLVING SUICIDAL IDEATION. THE DIRECTOR OF THE

1 DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS SHALL APPOINT THE  
2 FOLLOWING MEMBERS TO THE COMMITTEE:

- 3 1. FOUR MEMBERS WHO REPRESENT HEALTH CARE INSURERS.
- 4 2. ONE MEMBER WHO IS A LICENSED BEHAVIORAL HEALTH SERVICES  
5 PROVIDER.
- 6 3. ONE MEMBER WHO REPRESENTS A BEHAVIORAL HEALTH ADVOCACY  
7 ORGANIZATION.
- 8 4. AT LEAST TWO MEMBERS WHO HAVE BEEN AFFECTED BY SUICIDE,  
9 SUBSTANCE USE OR A MENTAL HEALTH DISORDER.

10 B. THE DIRECTOR OF THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
11 MAY SERVE IN AN ADVISORY CAPACITY AT THE REQUEST OF THE DIRECTOR OF THE  
12 DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS OR THE DIRECTOR OF THE  
13 DEPARTMENT OF HEALTH SERVICES.

14 C. THE COMMITTEE ESTABLISHED BY THIS SECTION ENDS ON JULY 1, 2028  
15 PURSUANT TO SECTION 41-3103.

16 Sec. 4. Title 36, chapter 1, Arizona Revised Statutes, is amended  
17 by adding article 7, to read:

18 ARTICLE 7. SUICIDE MORTALITY

19 36-199. Suicide mortality review team; members; duties;  
20 review team termination

21 A. THE SUICIDE MORTALITY REVIEW TEAM IS ESTABLISHED IN THE  
22 DEPARTMENT OF HEALTH SERVICES. THE HEAD OF EACH OF THE FOLLOWING ENTITIES  
23 OR THAT PERSON'S DESIGNEE SHALL SERVE ON THE REVIEW TEAM:

- 24 1. THE DEPARTMENT OF HEALTH SERVICES.
- 25 2. THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM.
- 26 3. THE DEPARTMENT OF ECONOMIC SECURITY.
- 27 4. THE GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY.
- 28 5. THE DEPARTMENT OF EDUCATION.
- 29 6. THE ARIZONA COUNCIL OF HUMAN SERVICES PROVIDERS.
- 30 7. THE DEPARTMENT OF PUBLIC SAFETY.

31 B. THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES SHALL APPOINT  
32 THE FOLLOWING MEMBERS TO SERVE ON THE REVIEW TEAM:

- 33 1. A MEDICAL EXAMINER WHO IS A RURAL FORENSIC PATHOLOGIST.
- 34 2. A MEDICAL EXAMINER WHO IS A METROPOLITAN FORENSIC PATHOLOGIST.
- 35 3. A REPRESENTATIVE OF A TRIBAL GOVERNMENT.
- 36 4. A REPRESENTATIVE OF A HEALTH CARE INSURER.
- 37 5. A PUBLIC MEMBER.
- 38 6. A REPRESENTATIVE OF AN EMERGENCY MANAGEMENT SYSTEM PROVIDER.
- 39 7. A HEALTH CARE PROFESSIONAL FROM A STATEWIDE ASSOCIATION  
40 REPRESENTING PEDIATRICIANS.
- 41 8. A HEALTH CARE PROFESSIONAL FROM A STATEWIDE ASSOCIATION  
42 REPRESENTING PHYSICIANS.
- 43 9. A REPRESENTATIVE OF AN ASSOCIATION OF COUNTY HEALTH OFFICERS.
- 44 10. A REPRESENTATIVE OF AN ASSOCIATION REPRESENTING HOSPITALS.



1 11. A PROFESSIONAL WHO SPECIALIZES IN THE PREVENTION, DIAGNOSIS AND  
2 TREATMENT OF BEHAVIORAL HEALTH PROBLEMS.

3 12. A COUNTY SHERIFF, OR THE SHERIFF'S DESIGNEE, WHO REPRESENTS A  
4 COUNTY WITH A POPULATION OF LESS THAN FIVE HUNDRED THOUSAND PERSONS AND A  
5 COUNTY SHERIFF, OR THE SHERIFF'S DESIGNEE, WHO REPRESENTS A COUNTY WITH A  
6 POPULATION OF AT LEAST FIVE HUNDRED THOUSAND PERSONS.

7 13. A REPRESENTATIVE OF A VETERANS ORGANIZATION OR MILITARY FAMILY  
8 ADVOCACY PROGRAM.

9 14. A REPRESENTATIVE OF A STATEWIDE ASSOCIATION REPRESENTING AREA  
10 AGENCIES ON AGING.

11 15. A REPRESENTATIVE OF A NONPROFIT COMMUNITY-BASED ORGANIZATION  
12 PROVIDING SUICIDE PREVENTION SERVICES.

13 16. A REPRESENTATIVE OF A RURAL HEALTH ORGANIZATION.

14 C. THE REVIEW TEAM SHALL:

15 1. DEVELOP A SUICIDE MORTALITIES DATA COLLECTION SYSTEM.

16 2. CONDUCT AN ANNUAL ANALYSIS ON THE INCIDENCES AND CAUSES OF  
17 SUICIDES IN THIS STATE DURING THE PRECEDING FISCAL YEAR.

18 3. ENCOURAGE AND ASSIST IN THE DEVELOPMENT OF LOCAL SUICIDE  
19 MORTALITY REVIEW TEAMS.

20 4. DEVELOP STANDARDS AND PROTOCOLS FOR LOCAL SUICIDE MORTALITY  
21 REVIEW TEAMS AND PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO THESE TEAMS.

22 5. DEVELOP PROTOCOLS FOR SUICIDE INVESTIGATIONS, INCLUDING  
23 PROTOCOLS FOR LAW ENFORCEMENT AGENCIES, PROSECUTORS, MEDICAL EXAMINERS,  
24 HEALTH CARE FACILITIES AND SOCIAL SERVICE AGENCIES.

25 6. STUDY THE ADEQUACY OF STATUTES, ORDINANCES, RULES, TRAINING AND  
26 SERVICES TO DETERMINE WHAT CHANGES ARE NEEDED TO DECREASE THE INCIDENCE OF  
27 PREVENTABLE SUICIDES AND, AS APPROPRIATE, TAKE STEPS TO IMPLEMENT THESE  
28 CHANGES.

29 7. EDUCATE THE PUBLIC REGARDING THE INCIDENCES AND CAUSES OF  
30 SUICIDE AS WELL AS THE PUBLIC'S ROLE IN PREVENTING THESE DEATHS.

31 8. DESIGNATE A MEMBER OF THE REVIEW TEAM TO SERVE AS CHAIRPERSON.

32 D. REVIEW TEAM MEMBERS ARE NOT ELIGIBLE TO RECEIVE COMPENSATION,  
33 BUT MEMBERS APPOINTED PURSUANT TO SUBSECTION B OF THIS SECTION ARE  
34 ELIGIBLE FOR REIMBURSEMENT OF EXPENSES PURSUANT TO TITLE 38, CHAPTER 4,  
35 ARTICLE 2.

36 E. THE DEPARTMENT OF HEALTH SERVICES SHALL PROVIDE PROFESSIONAL AND  
37 ADMINISTRATIVE SUPPORT TO THE TEAM.

38 F. THE REVIEW TEAM ESTABLISHED BY THIS SECTION ENDS ON JULY 1, 2028  
39 PURSUANT TO SECTION 41-3103.

40 36-199.01. Access to information; confidentiality; violation;  
41 classification

42 A. ON REQUEST OF THE CHAIRPERSON OF THE SUICIDE MORTALITY REVIEW  
43 TEAM OR A LOCAL TEAM AND AS NECESSARY TO CARRY OUT THE TEAM'S DUTIES, THE  
44 CHAIRPERSON SHALL BE PROVIDED, WITHIN FIVE DAYS EXCLUDING WEEKENDS AND  
45 HOLIDAYS, WITH ACCESS TO INFORMATION AND RECORDS REGARDING A SUICIDE THAT

1 IS BEING REVIEWED BY THE TEAM. THE TEAM MAY REQUEST THE INFORMATION AND  
2 RECORDS FROM ANY OF THE FOLLOWING:

- 3 1. A PROVIDER OF MEDICAL, DENTAL OR MENTAL HEALTH CARE.
- 4 2. A HEALTH CARE INSURER.
- 5 3. THIS STATE OR A POLITICAL SUBDIVISION OF THIS STATE THAT MIGHT  
6 ASSIST THE TEAM IN REVIEWING THE FATALITY.

7 B. A LAW ENFORCEMENT AGENCY, WITH THE APPROVAL OF THE PROSECUTING  
8 ATTORNEY, MAY WITHHOLD FROM A REVIEW TEAM INVESTIGATIVE RECORDS THAT MIGHT  
9 INTERFERE WITH A PENDING CRIMINAL INVESTIGATION OR PROSECUTION.

10 C. THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES OR THE  
11 DIRECTOR'S DESIGNEE MAY APPLY TO THE SUPERIOR COURT FOR A SUBPOENA AS  
12 NECESSARY TO COMPEL THE PRODUCTION OF BOOKS, RECORDS, DOCUMENTS AND OTHER  
13 EVIDENCE RELATED TO THE PERSON WHO DIED BY SUICIDE. SUBPOENAS ISSUED  
14 UNDER THIS SUBSECTION SHALL BE SERVED AND, ON APPLICATION TO THE COURT BY  
15 THE DIRECTOR OR THE DIRECTOR'S DESIGNEE, ENFORCED IN THE MANNER PROVIDED  
16 BY LAW FOR THE SERVICE AND ENFORCEMENT OF SUBPOENAS. A LAW ENFORCEMENT  
17 AGENCY IS NOT REQUIRED TO PRODUCE THE INFORMATION REQUESTED UNDER THE  
18 SUBPOENA IF THE SUBPOENAED EVIDENCE RELATES TO A PENDING CRIMINAL  
19 INVESTIGATION OR PROSECUTION. ALL RECORDS SHALL BE RETURNED TO THE AGENCY  
20 OR ORGANIZATION ON COMPLETING THE REVIEW. THE REVIEW TEAM MAY NOT KEEP  
21 WRITTEN REPORTS OR RECORDS CONTAINING IDENTIFYING INFORMATION.

22 D. ALL INFORMATION AND RECORDS ACQUIRED BY THE SUICIDE MORTALITY  
23 REVIEW TEAM OR ANY LOCAL TEAM ARE CONFIDENTIAL AND ARE NOT SUBJECT TO  
24 SUBPOENA, DISCOVERY OR INTRODUCTION INTO EVIDENCE IN ANY CIVIL OR CRIMINAL  
25 PROCEEDING, EXCEPT THAT INFORMATION, DOCUMENTS AND RECORDS THAT ARE  
26 OTHERWISE AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA,  
27 DISCOVERY OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES SOLELY  
28 BECAUSE THEY WERE PRESENTED TO OR REVIEWED BY A TEAM PURSUANT TO THIS  
29 ARTICLE.

30 E. MEMBERS OF A TEAM, PERSONS ATTENDING A TEAM MEETING AND PERSONS  
31 WHO PRESENT INFORMATION TO A TEAM MAY NOT BE QUESTIONED IN ANY CIVIL OR  
32 CRIMINAL PROCEEDING REGARDING INFORMATION PRESENTED IN OR OPINIONS FORMED  
33 AS A RESULT OF A MEETING. THIS SUBSECTION DOES NOT PREVENT A PERSON FROM  
34 TESTIFYING TO INFORMATION THAT IS OBTAINED INDEPENDENTLY OF THE TEAM OR  
35 THAT IS PUBLIC INFORMATION.

36 F. A MEMBER OF THE SUICIDE MORTALITY REVIEW TEAM OR A LOCAL TEAM  
37 MAY CONTACT, INTERVIEW OR OBTAIN INFORMATION BY REQUEST OR SUBPOENA FROM A  
38 FAMILY MEMBER OF A DECEASED PERSON WHO DIED BY SUICIDE.

39 G. MEETINGS OF THE SUICIDE MORTALITY REVIEW TEAM OR A LOCAL TEAM  
40 ARE CLOSED TO THE PUBLIC AND ARE NOT SUBJECT TO TITLE 38, CHAPTER 3,  
41 ARTICLE 3.1 IF THE TEAM IS REVIEWING INFORMATION ON AN INDIVIDUAL WHO DIED  
42 BY SUICIDE. ALL OTHER TEAM MEETINGS ARE OPEN TO THE PUBLIC.

43 H. A PERSON WHO VIOLATES THE CONFIDENTIALITY REQUIREMENTS OF THIS  
44 SECTION IS GUILTY OF A CLASS 2 MISDEMEANOR.

1           Sec. 5. Title 36, chapter 34, article 3, Arizona Revised Statutes,  
2 is amended by adding section 36-3436, to read:

3           36-3436. Children's behavioral health services fund;  
4                           exemption; use of monies

5           A. THE CHILDREN'S BEHAVIORAL HEALTH SERVICES FUND IS ESTABLISHED  
6 CONSISTING OF MONIES APPROPRIATED TO THE FUND, ANY GIFTS OR DONATIONS TO  
7 THE FUND AND INTEREST EARNED ON THOSE MONIES. THE DIRECTOR SHALL  
8 ADMINISTER THE FUND.

9           B. MONIES IN THE FUND:

10           1. ARE EXEMPT FROM THE PROVISIONS OF SECTION 35-190 RELATING TO  
11 LAPSING OF APPROPRIATIONS.

12           2. ARE CONTINUOUSLY APPROPRIATED.

13           C. THE ADMINISTRATION SHALL ENTER INTO AN AGREEMENT WITH ONE OR  
14 MORE CONTRACTORS FOR CHILDREN'S BEHAVIORAL HEALTH SERVICES USING MONIES  
15 FROM THE CHILDREN'S BEHAVIORAL HEALTH SERVICES FUND. IN ADDITION TO TERMS  
16 AND CONDITIONS THE DIRECTOR DEEMS APPROPRIATE, THE AGREEMENT BETWEEN THE  
17 ADMINISTRATION AND EACH CONTRACTOR SHALL REQUIRE THAT:

18           1. THE MONIES ALLOCATED IN THE AGREEMENT NOT BE USED FOR PERSONS  
19 WHO ARE ELIGIBLE UNDER TITLE XIX OR TITLE XXI OF THE SOCIAL SECURITY ACT.  
20 PREFERENCE SHALL BE GIVEN TO PERSONS WITH LOWER HOUSEHOLD INCOMES.

21           2. THE CONTRACTOR COORDINATE BENEFITS PROVIDED UNDER THIS SECTION  
22 WITH ANY THIRD PARTIES THAT ARE LEGALLY RESPONSIBLE FOR THE COST OF  
23 SERVICES.

24           3. THE CONTRACTOR MAKE PAYMENTS TO PROVIDERS BASED ON CONTRACTS  
25 WITH PROVIDERS OR, IN THE ABSENCE OF A CONTRACT, AT THE CAPPED FEE  
26 SCHEDULE ESTABLISHED BY THE ADMINISTRATION.

27           4. THE CONTRACTOR SUBMIT EXPENDITURE REPORTS MONTHLY IN A FORMAT  
28 DETERMINED BY THE DIRECTOR FOR REIMBURSEMENT OF SERVICES PROVIDED UNDER  
29 THE AGREEMENT. THE AGREEMENT MAY ALSO PROVIDE FOR ADDITIONAL  
30 REIMBURSEMENT FOR ADMINISTERING THE AGREEMENT IN AN AMOUNT NOT TO EXCEED  
31 EIGHT PERCENT OF THE EXPENDITURES FOR SERVICES.

32           5. THE ADMINISTRATION NOT BE HELD FINANCIALLY RESPONSIBLE TO THE  
33 CONTRACTOR FOR ANY COSTS INCURRED BY THE CONTRACTOR IN EXCESS OF THE  
34 MONIES ALLOCATED IN THE AGREEMENT.

35           D. THE ADMINISTRATION SHALL ACT AS PAYOR OF LAST RESORT FOR PERSONS  
36 WHO ARE ELIGIBLE PURSUANT TO THIS SECTION. ON RECEIPT OF SERVICES UNDER  
37 THIS SECTION, A PERSON IS DEEMED TO HAVE ASSIGNED TO THE ADMINISTRATION  
38 ALL RIGHTS TO ANY TYPE OF MEDICAL BENEFIT TO WHICH THE PERSON IS ENTITLED.

39           E. THIS SECTION DOES NOT ESTABLISH:

40           1. AN ENTITLEMENT FOR ANY PERSON TO RECEIVE ANY PARTICULAR SERVICE.

41           2. A DUTY ON THE ADMINISTRATION TO PROVIDE SERVICES OR SPEND MONIES  
42 IN EXCESS OF THE MONIES IN THE FUND.

1           Sec. 6. Section 36-3504, Arizona Revised Statutes, is amended to  
2 read:

3           36-3504. Child fatality review fund

4           A. The child fatality review fund is established consisting of  
5 appropriations, monies received pursuant to section ~~36-342~~ 36-341,  
6 subsection E and gifts, grants and donations made to the department of  
7 health services to implement subsection B of this section. The department  
8 of health services shall administer the fund. The department shall  
9 deposit, pursuant to sections 35-146 and 35-147, all monies it receives in  
10 the fund.

11           B. The department of health services shall use fund monies to staff  
12 the state child fatality review team AND THE SUICIDE MORTALITY REVIEW TEAM  
13 and to train and support local child fatality review teams AND SUICIDE  
14 MORTALITY REVIEW TEAMS.

15           C. Monies spent for the purposes specified in subsection B of this  
16 section are subject to legislative appropriation. Any fee revenue  
17 collected in excess of ~~one hundred thousand dollars~~ \$200,000 in any fiscal  
18 year is appropriated from the child fatality review fund to the child  
19 abuse prevention fund established pursuant to section 8-550.01, subsection  
20 A, to be used for healthy start programs.

21           Sec. 7. Behavioral health services in schools; research  
22 study; report; delayed repeal

23           A. On or before January 1, 2021, the department of education shall  
24 contract with a research entity that is selected through a request for  
25 proposals for the purposes of conducting a research study for determining  
26 the adequacy of behavioral health services offered in school districts and  
27 charter schools in this state. Before issuing the request for proposals,  
28 the department of education, state board of education and Arizona health  
29 care cost containment system administration shall jointly convene a  
30 stakeholder group that represents urban, suburban, rural and tribal  
31 communities and shall recommend the scope and sequence of the request for  
32 proposals, including identifying a representative sample of school  
33 districts and charter schools to be included in the research study.

34           B. The stakeholder group prescribed in subsection A of this section  
35 shall include a school site administrator, school counselor, school social  
36 worker, behavioral health provider, school psychologist, teacher or parent  
37 and any other representative the department of education, state board of  
38 education and Arizona health care cost containment system administration  
39 deem appropriate.

40           C. The Arizona health care cost containment system administration  
41 shall provide data information to the stakeholder group prescribed in  
42 subsection A of this section.

43           D. The research entity that the department of education selects  
44 pursuant to subsection A of this section shall do all of the following:

1           1. Survey the school districts and charter schools identified  
2 pursuant to subsection A of this section and identify how they deliver  
3 behavioral health services to students.

4           2. Identify the behavioral health community organizations and  
5 associations that serve school counselors, school social workers and  
6 school psychologists in this state.

7           3. Identify the best practices relating to the provision of  
8 behavioral health services for all pupils in public schools in this state.

9           4. Determine the total costs to schools and providers and the  
10 barriers that exist in behavioral health services in the school  
11 environment.

12           5. Make recommendations on how the quality and accessibility of  
13 behavioral health services may be increased in public schools.

14           E. Before submitting the report pursuant to subsection F of this  
15 section, the department of education, the state board of education and the  
16 Arizona health care cost containment system administration shall reconvene  
17 the stakeholder group to evaluate the findings and recommendations  
18 provided by the research entity.

19           F. On or before June 30, 2023, the department of education shall  
20 submit a report that includes the stakeholder group's evaluation and that  
21 summarizes the findings and conclusions of the research study conducted  
22 pursuant to this section to the governor, the president of the senate and  
23 the speaker of the house of representatives and transmit a copy of this  
24 report to the secretary of state.

25           G. This section is repealed from and after December 31, 2023.

26           Sec. 8. Rulemaking; department of insurance and financial  
27 institutions

28           A. On or before January 1, 2022, the department of insurance and  
29 financial institutions shall adopt by rule both of the following:

30           1. Forms or worksheets that health care insurers must use to  
31 prepare the reports required by section 20-3502, Arizona Revised Statutes,  
32 as added by this act.

33           2. Standards to determine compliance with the mental health parity  
34 and addiction equity act.

35           B. Notwithstanding subsection A of this section, the department of  
36 insurance and financial institutions may also allow health care insurers  
37 to demonstrate compliance with section 20-3502, Arizona Revised Statutes,  
38 as added by this act, by other means acceptable to the department.

39           C. In developing the forms, worksheets or other means that health  
40 care insurers must use to prepare the reports required by section 20-3502,  
41 Arizona Revised Statutes, as added by this act, the department of  
42 insurance and financial institutions shall:

43           1. Conduct workshops and listening sessions to seek and obtain  
44 input from stakeholders, including health care insurers, behavioral health

1 providers, advocacy organizations and individuals who have been impacted  
2 by mental health or substance use disorders.

3 2. Review the United States department of labor's self-compliance  
4 tool for the mental health parity and addiction equity act and other  
5 reasonable and applicable resources.

6 Sec. 9. Rulemaking; department of health services

7 A. The department of health services shall adopt rules relating to  
8 discharging patients who have attempted suicide or exhibit suicidal  
9 ideation from inpatient care at a health care institution. The rules  
10 shall include protocols based on best practices for requiring health care  
11 institutions to implement discharge protocols and provide information to  
12 patients and caregivers before and at discharge.

13 B. The rules shall address the following topics:

14 1. The availability and contact information of age appropriate  
15 crisis services.

16 2. Information and referrals to the next appropriate level of  
17 treatment and care after discharge, including scheduling treatment when  
18 practicable.

19 3. Information on review and appeals processes, including referring  
20 patients and caregivers to the information on the department of insurance  
21 and financial institution's website relating to how to challenge an  
22 adverse decision by a health care insurer or health plan.

23 4. Conducting a suicide assessment before discharging a patient and  
24 informing the patient and caregivers of the results.

25 C. Notwithstanding any other law, for the purposes of this section,  
26 the department of health services is exempt from the rulemaking  
27 requirements of title 41, chapter 6, Arizona Revised Statutes, for  
28 eighteen months after the effective date of this section, except that the  
29 department shall provide public notice and an opportunity for public  
30 comment on proposed rules at least sixty days before the rules are amended  
31 or adopted.

32 Sec. 10. Appropriation; department of education; behavioral  
33 health services research study; exemption

34 A. The sum of \$300,000 is appropriated from the state general fund  
35 in fiscal year 2020-2021 to the department of education to distribute to  
36 the research entity that is selected to study the adequacy of behavioral  
37 health services offered in school districts and charter schools in this  
38 state as prescribed in section 7 of this act.

39 B. The appropriation made in subsection A of this section is exempt  
40 from the provisions of section 35-190, Arizona Revised Statutes, relating  
41 to lapsing of appropriations, except that all monies remaining  
42 unencumbered or unexpended on July 1, 2023 revert to the state general  
43 fund.

