

State of Arizona
House of Representatives
Fifty-fourth Legislature
Second Regular Session
2020

HOUSE BILL 2764

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 SECTIONS 36-3436 AND 36-3436.01; 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 "AZDOI" 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 OR TO SUPPLY ADDITIONAL DATA TO
10 VERIFY COMPLIANCE. THREE YEARS AFTER THE HEALTH CARE INSURER SUBMITS AN
11 ORIGINAL REPORT REQUIRED BY SUBSECTION B OF THIS SECTION OR AN UPDATED OR
12 REFILED REPORT DESCRIBED IN THIS SUBSECTION, THE HEALTH CARE INSURER MAY
13 EITHER:

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

18 F. EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, IF A HEALTH CARE
19 INSURER PROVIDED THE INFORMATION REQUIRED BY THIS SECTION IN AN EXISTING
20 FILING OR REPORT, THE DEPARTMENT MAY NOT REQUIRE THE HEALTH CARE INSURER
21 TO SUBMIT ANY ADDITIONAL FILING OR REPORT. THE DEPARTMENT IS NOT
22 PROHIBITED FROM OTHERWISE REQUESTING INFORMATION OR DATA THAT IS NECESSARY
23 TO VERIFY COMPLIANCE WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY
24 ACT OR THIS CHAPTER. THE DEPARTMENT SHALL ANALYZE THE INFORMATION
25 REQUIRED BY THIS SECTION THAT THE HEALTH CARE INSURER PREVIOUSLY SUBMITTED
26 IN AN EXISTING FILING OR REPORT TO DETERMINE COMPLIANCE WITH THE REPORT
27 REQUIRED BY THIS SECTION. THE DEPARTMENT MAY ESTABLISH BY RULE THE TERMS
28 REGARDING ANY REQUIRED RESUBMITTAL OF INFORMATION.

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

32 20-3503. Enforcement and oversight

- 33 A. THE DEPARTMENT SHALL ENFORCE THIS CHAPTER.
- 34 B. ON OR BEFORE JANUARY 1, 2021, THE DEPARTMENT SHALL DEVELOP A WEB
35 PAGE THAT PROVIDES THE FOLLOWING INFORMATION IN NONTECHNICAL AND READILY
36 UNDERSTANDABLE LANGUAGE:

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

- 41 2. A STEP-BY-STEP GUIDE WITH SUPPORTING INFORMATION THAT EXPLAINS
42 HOW CONSUMERS CAN FILE AN APPEAL OR COMPLAINT WITH THE DEPARTMENT
43 CONCERNING AN ALLEGED VIOLATION OF THIS CHAPTER. THE GUIDE MUST ALSO
44 PROMINENTLY DISPLAY A LINK TO THE UNITED STATES DEPARTMENT OF LABOR'S
45 WEBSITE, OR A RELATED WEBSITE, THAT PROVIDES INFORMATION ON APPEALS OR

1 COMPLAINTS BY CONSUMERS WHO ARE COVERED BY SELF-INSURED PLANS THAT ARE
2 REGULATED BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974
3 (P.L. 93-406; 88 STAT. 829).

4 C. ON OR BEFORE JANUARY 1, 2023, THE DEPARTMENT SHALL POST TO THE
5 WEB PAGE PRESCRIBED IN SUBSECTION B OF THIS SECTION AN AGGREGATED SUMMARY
6 OF ITS ANALYSIS OF THE REPORTS FILED BY HEALTH CARE INSURERS PURSUANT TO
7 SECTION 20-3502, SUBSECTION B, INCLUDING ANY CONCLUSIONS REGARDING
8 INDUSTRY COMPLIANCE WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY
9 ACT. THE DEPARTMENT MAY NOT POST ANY INFORMATION THAT:

10 1. CONTAINS ANY PROPRIETARY OR CONFIDENTIAL INFORMATION OF A HEALTH
11 CARE INSURER.

12 2. ENABLES A PERSON TO DETERMINE THE IDENTITY OF A HEALTH CARE
13 INSURER.

14 D. BEGINNING IN 2022, THE DEPARTMENT SHALL INCLUDE IN ITS ANNUAL
15 REPORT A SUMMARY OF ALL STAKEHOLDER OUTREACH AND REGULATORY ACTIVITY
16 RELATED TO THE IMPLEMENTATION, OVERSIGHT AND ENFORCEMENT OF THE MENTAL
17 HEALTH PARITY AND ADDICTION EQUITY ACT AND THE REQUIREMENTS OF THIS
18 CHAPTER.

19 20-3504. Access to behavioral health services for minors

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

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

33 C. A HEALTH CARE INSURER MAY REQUIRE THAT ANY MENTAL HEALTH OR
34 SUBSTANCE USE DISORDER SERVICE OFFERED BY A MENTAL HEALTH PROVIDER IN AN
35 EDUCATIONAL SETTING BE PROVIDED IN A FACILITY OR LOCATION THAT IS
36 APPROPRIATE FOR THE TYPE OF SERVICE PROVIDED AND IN A MANNER THAT COMPLIES
37 WITH APPLICABLE LAWS GOVERNING THE PROVISION OF HEALTH CARE SERVICES,
38 INCLUDING PRIVACY AND PARENTAL CONSENT LAWS.

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

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

A. THE MENTAL HEALTH PARITY ADVISORY COMMITTEE IS ESTABLISHED TO ADVISE THE DIRECTORS OF THE DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS AND DEPARTMENT OF HEALTH SERVICES RELATING TO MATTERS PERTINENT TO MENTAL HEALTH PARITY, INCLUDING RECOMMENDATIONS RELATED TO CASE MANAGEMENT, DISCHARGE PLANNING AND EXPEDITED REVIEW AND APPEALS PROCESSES FOR CASES INVOLVING SUICIDAL IDEATION. THE DIRECTOR OF THE DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS SHALL APPOINT THE FOLLOWING MEMBERS TO THE COMMITTEE:

1. FOUR MEMBERS WHO REPRESENT HEALTH CARE INSURERS.
2. ONE MEMBER WHO IS A LICENSED BEHAVIORAL HEALTH SERVICES PROVIDER.
3. ONE MEMBER WHO REPRESENTS A BEHAVIORAL HEALTH ADVOCACY ORGANIZATION.
4. AT LEAST THREE MEMBERS OR FAMILY MEMBERS WHO ARE NOT EMPLOYED BY OR CONTRACTED WITH THE STATE AND WHO HAVE BEEN AFFECTED BY SUICIDE, SUBSTANCE USE OR A MENTAL HEALTH DISORDER.
5. AT LEAST ONE MEMBER WHO REPRESENTS A HOSPITAL THAT PROVIDES INPATIENT BEHAVIORAL HEALTH SERVICES.

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

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

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

ARTICLE 7. SUICIDE MORTALITY

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

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

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

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

1. A MEDICAL EXAMINER WHO IS A RURAL FORENSIC PATHOLOGIST.
2. A MEDICAL EXAMINER WHO IS A METROPOLITAN FORENSIC PATHOLOGIST.

- 1 3. A REPRESENTATIVE OF A TRIBAL GOVERNMENT.
- 2 4. A REPRESENTATIVE OF A HEALTH CARE INSURER.
- 3 5. A PUBLIC MEMBER.
- 4 6. A REPRESENTATIVE OF AN EMERGENCY MANAGEMENT SYSTEM PROVIDER.
- 5 7. A HEALTH CARE PROFESSIONAL FROM A STATEWIDE ASSOCIATION
- 6 REPRESENTING PEDIATRICIANS.
- 7 8. A HEALTH CARE PROFESSIONAL FROM A STATEWIDE ASSOCIATION
- 8 REPRESENTING PHYSICIANS.
- 9 9. A HEALTH CARE PROFESSIONAL FROM A STATEWIDE ASSOCIATION
- 10 REPRESENTING NURSES.
- 11 10. A REPRESENTATIVE OF AN ASSOCIATION OF COUNTY HEALTH OFFICERS.
- 12 11. A REPRESENTATIVE OF AN ASSOCIATION REPRESENTING HOSPITALS.
- 13 12. A PROFESSIONAL WHO SPECIALIZES IN THE PREVENTION, DIAGNOSIS AND
- 14 TREATMENT OF BEHAVIORAL HEALTH PROBLEMS.
- 15 13. A COUNTY SHERIFF, OR THE SHERIFF'S DESIGNEE, WHO REPRESENTS A
- 16 COUNTY WITH A POPULATION OF LESS THAN FIVE HUNDRED THOUSAND PERSONS AND A
- 17 COUNTY SHERIFF, OR THE SHERIFF'S DESIGNEE, WHO REPRESENTS A COUNTY WITH A
- 18 POPULATION OF AT LEAST FIVE HUNDRED THOUSAND PERSONS.
- 19 14. A REPRESENTATIVE OF A VETERANS ORGANIZATION OR MILITARY FAMILY
- 20 ADVOCACY PROGRAM.
- 21 15. A REPRESENTATIVE OF A STATEWIDE ASSOCIATION REPRESENTING AREA
- 22 AGENCIES ON AGING.
- 23 16. A REPRESENTATIVE OF A NONPROFIT COMMUNITY-BASED ORGANIZATION
- 24 PROVIDING SUICIDE PREVENTION SERVICES.
- 25 17. A REPRESENTATIVE OF A RURAL HEALTH ORGANIZATION.
- 26 C. THE REVIEW TEAM SHALL:
- 27 1. DEVELOP A SUICIDE MORTALITIES DATA COLLECTION SYSTEM.
- 28 2. CONDUCT AN ANNUAL ANALYSIS ON THE INCIDENCES AND CAUSES OF
- 29 SUICIDES IN THIS STATE DURING THE PRECEDING FISCAL YEAR.
- 30 3. ENCOURAGE AND ASSIST IN THE DEVELOPMENT OF LOCAL SUICIDE
- 31 MORTALITY REVIEW TEAMS.
- 32 4. DEVELOP STANDARDS AND PROTOCOLS FOR LOCAL SUICIDE MORTALITY
- 33 REVIEW TEAMS AND PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO THESE TEAMS.
- 34 5. DEVELOP PROTOCOLS FOR SUICIDE INVESTIGATIONS, INCLUDING
- 35 PROTOCOLS FOR LAW ENFORCEMENT AGENCIES, PROSECUTORS, MEDICAL EXAMINERS,
- 36 HEALTH CARE FACILITIES AND SOCIAL SERVICE AGENCIES.
- 37 6. STUDY THE ADEQUACY OF STATUTES, ORDINANCES, RULES, TRAINING AND
- 38 SERVICES TO DETERMINE WHAT CHANGES ARE NEEDED TO DECREASE THE INCIDENCE OF
- 39 PREVENTABLE SUICIDES AND, AS APPROPRIATE, TAKE STEPS TO IMPLEMENT THESE
- 40 CHANGES.
- 41 7. EDUCATE THE PUBLIC REGARDING THE INCIDENCES AND CAUSES OF
- 42 SUICIDE AS WELL AS THE PUBLIC'S ROLE IN PREVENTING THESE DEATHS.
- 43 8. DESIGNATE A MEMBER OF THE REVIEW TEAM TO SERVE AS CHAIRPERSON.
- 44 D. REVIEW TEAM MEMBERS ARE NOT ELIGIBLE TO RECEIVE COMPENSATION,
- 45 BUT MEMBERS APPOINTED PURSUANT TO SUBSECTION B OF THIS SECTION ARE

1 ELIGIBLE FOR REIMBURSEMENT OF EXPENSES PURSUANT TO TITLE 38, CHAPTER 4,
2 ARTICLE 2.

3 E. THE DEPARTMENT OF HEALTH SERVICES SHALL PROVIDE PROFESSIONAL AND
4 ADMINISTRATIVE SUPPORT TO THE TEAM.

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

7 ~~36-199.01.~~ Access to information; confidentiality; violation;
8 classification

9 A. ON REQUEST OF THE CHAIRPERSON OF THE SUICIDE MORTALITY REVIEW
10 TEAM OR A LOCAL TEAM AND AS NECESSARY TO CARRY OUT THE TEAM'S DUTIES, THE
11 CHAIRPERSON SHALL BE PROVIDED, WITHIN FIVE DAYS EXCLUDING WEEKENDS AND
12 HOLIDAYS, WITH ACCESS TO INFORMATION AND RECORDS REGARDING A SUICIDE THAT
13 IS BEING REVIEWED BY THE TEAM. THE TEAM MAY REQUEST THE INFORMATION AND
14 RECORDS FROM ANY OF THE FOLLOWING:

15 1. A PROVIDER OF MEDICAL, DENTAL, NURSING OR MENTAL HEALTH CARE.

16 2. A HEALTH CARE INSURER.

17 3. THIS STATE OR A POLITICAL SUBDIVISION OF THIS STATE THAT MIGHT
18 ASSIST THE TEAM IN REVIEWING THE FATALITY.

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

22 C. THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES OR THE
23 DIRECTOR'S DESIGNEE MAY APPLY TO THE SUPERIOR COURT FOR A SUBPOENA AS
24 NECESSARY TO COMPEL THE PRODUCTION OF BOOKS, RECORDS, DOCUMENTS AND OTHER
25 EVIDENCE RELATED TO THE PERSON WHO DIED BY SUICIDE. SUBPOENAS ISSUED
26 UNDER THIS SUBSECTION SHALL BE SERVED AND, ON APPLICATION TO THE COURT BY
27 THE DIRECTOR OR THE DIRECTOR'S DESIGNEE, ENFORCED IN THE MANNER PROVIDED
28 BY LAW FOR THE SERVICE AND ENFORCEMENT OF SUBPOENAS. A LAW ENFORCEMENT
29 AGENCY IS NOT REQUIRED TO PRODUCE THE INFORMATION REQUESTED UNDER THE
30 SUBPOENA IF THE SUBPOENAED EVIDENCE RELATES TO A PENDING CRIMINAL
31 INVESTIGATION OR PROSECUTION. ALL RECORDS SHALL BE RETURNED TO THE AGENCY
32 OR ORGANIZATION ON COMPLETING THE REVIEW. THE REVIEW TEAM MAY NOT KEEP
33 WRITTEN REPORTS OR RECORDS CONTAINING IDENTIFYING INFORMATION.

34 D. ALL INFORMATION AND RECORDS ACQUIRED BY THE SUICIDE MORTALITY
35 REVIEW TEAM OR ANY LOCAL TEAM ARE CONFIDENTIAL AND ARE NOT SUBJECT TO
36 SUBPOENA, DISCOVERY OR INTRODUCTION INTO EVIDENCE IN ANY CIVIL OR CRIMINAL
37 PROCEEDING, EXCEPT THAT INFORMATION, DOCUMENTS AND RECORDS THAT ARE
38 OTHERWISE AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA,
39 DISCOVERY OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES SOLELY
40 BECAUSE THEY WERE PRESENTED TO OR REVIEWED BY A TEAM PURSUANT TO THIS
41 ARTICLE.

42 E. MEMBERS OF A TEAM, PERSONS ATTENDING A TEAM MEETING AND PERSONS
43 WHO PRESENT INFORMATION TO A TEAM MAY NOT BE QUESTIONED IN ANY CIVIL OR
44 CRIMINAL PROCEEDING REGARDING INFORMATION PRESENTED IN OR OPINIONS FORMED
45 AS A RESULT OF A MEETING. THIS SUBSECTION DOES NOT PREVENT A PERSON FROM

1 TESTIFYING TO INFORMATION THAT IS OBTAINED INDEPENDENTLY OF THE TEAM OR
2 THAT IS PUBLIC INFORMATION.

3 F. PURSUANT TO POLICIES ADOPTED BY THE SUICIDE MORTALITY REVIEW
4 TEAM, A MEMBER OF THE SUICIDE MORTALITY REVIEW TEAM OR A LOCAL TEAM MAY
5 CONTACT, INTERVIEW OR OBTAIN INFORMATION BY REQUEST OR SUBPOENA FROM A
6 FAMILY MEMBER OF A DECEASED PERSON WHO DIED BY SUICIDE. THE SUICIDE
7 MORTALITY REVIEW TEAM OR A LOCAL TEAM MUST APPROVE ANY CONTACT, INTERVIEW,
8 REQUEST OR SUBPOENA BEFORE THE TEAM MEMBER CONTACTS, INTERVIEWS OR OBTAINS
9 INFORMATION FROM THE FAMILY MEMBER OF A DECEASED PERSON WHO DIED BY
10 SUICIDE.

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

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

17 Sec. 5. Title 36, chapter 34, article 3, Arizona Revised Statutes,
18 is amended by adding sections 36-3436 and 36-3436.01, to read:

19 36-3436. Children's behavioral health services fund;
20 exemption; use of monies

21 A. THE CHILDREN'S BEHAVIORAL HEALTH SERVICES FUND IS ESTABLISHED
22 CONSISTING OF MONIES APPROPRIATED TO THE FUND, ANY GIFTS OR DONATIONS TO
23 THE FUND AND INTEREST EARNED ON THOSE MONIES. THE DIRECTOR SHALL
24 ADMINISTER THE FUND.

25 B. MONIES IN THE FUND:

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

28 2. ARE CONTINUOUSLY APPROPRIATED.

29 C. THE ADMINISTRATION SHALL ENTER INTO AN AGREEMENT WITH ONE OR
30 MORE CONTRACTORS FOR CHILDREN'S BEHAVIORAL HEALTH SERVICES USING MONIES
31 FROM THE CHILDREN'S BEHAVIORAL HEALTH SERVICES FUND TO PAY FOR BEHAVIORAL
32 HEALTH SERVICES FOR CHILDREN. TO BE ELIGIBLE TO RECEIVE BEHAVIORAL HEALTH
33 SERVICES PAID BY THE FUND, AN INDIVIDUAL MUST MEET ALL OF THE FOLLOWING
34 CONDITIONS:

35 1. MEET THE LEGAL AGE REQUIREMENTS FOR SCHOOL ADMISSION UNDER TITLE
36 15 AT THE TIME THE INDIVIDUAL WAS ADMITTED AND BE ENROLLED IN SCHOOL.

37 2. BE UNINSURED OR UNDERINSURED.

38 3. BE REFERRED FOR BEHAVIORAL HEALTH SERVICES BY AN EDUCATIONAL
39 INSTITUTION.

40 4. HAVE WRITTEN PARENTAL CONSENT TO OBTAIN THE BEHAVIORAL HEALTH
41 SERVICES.

42 5. RECEIVE THE BEHAVIORAL HEALTH SERVICES BY A CONTRACTED LICENSED
43 BEHAVIORAL HEALTH PROVIDER.

44 6. RECEIVE THE BEHAVIORAL HEALTH SERVICES ON OR OFF SCHOOL GROUNDS.

1 D. IN ADDITION TO TERMS AND CONDITIONS THE DIRECTOR DEEMS
2 APPROPRIATE, THE AGREEMENT BETWEEN THE ADMINISTRATION AND EACH CONTRACTOR
3 SHALL REQUIRE THAT:

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

7 2. THE CONTRACTOR COORDINATE BENEFITS PROVIDED UNDER THIS SECTION
8 WITH ANY THIRD PARTIES THAT ARE LEGALLY RESPONSIBLE FOR THE COST OF
9 SERVICES.

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

13 4. THE CONTRACTOR SUBMIT EXPENDITURE REPORTS MONTHLY IN A FORMAT
14 DETERMINED BY THE DIRECTOR FOR REIMBURSEMENT OF SERVICES PROVIDED UNDER
15 THE AGREEMENT. THE AGREEMENT MAY ALSO PROVIDE FOR ADDITIONAL
16 REIMBURSEMENT FOR ADMINISTERING THE AGREEMENT IN AN AMOUNT NOT TO EXCEED
17 EIGHT PERCENT OF THE EXPENDITURES FOR SERVICES.

18 5. THE ADMINISTRATION NOT BE HELD FINANCIALLY RESPONSIBLE TO THE
19 CONTRACTOR FOR ANY COSTS INCURRED BY THE CONTRACTOR IN EXCESS OF THE
20 MONIES ALLOCATED IN THE AGREEMENT.

21 E. THE ADMINISTRATION MAY IMPOSE COST SHARING REQUIREMENTS ON A
22 SLIDING FEE SCALE FOR BEHAVIORAL HEALTH SERVICES PROVIDED BY CONTRACTORS.

23 F. THE ADMINISTRATION SHALL ACT AS PAYOR OF LAST RESORT FOR PERSONS
24 WHO ARE ELIGIBLE PURSUANT TO THIS SECTION. ON RECEIPT OF SERVICES UNDER
25 THIS SECTION, A PERSON IS DEEMED TO HAVE ASSIGNED TO THE ADMINISTRATION
26 ALL RIGHTS TO ANY TYPE OF MEDICAL BENEFIT TO WHICH THE PERSON IS ENTITLED.

27 G. THIS SECTION DOES NOT ESTABLISH:

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

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

31 36-3436.01. School-based behavioral health services;
32 referrals; requirements; annual report

33 A. BEFORE A SCHOOL PROVIDES SCHOOL-BASED REFERRALS FOR BEHAVIORAL
34 HEALTH SERVICES TO A CONTRACTED BEHAVIORAL HEALTH SERVICES PROVIDER EITHER
35 PURSUANT TO THE CHILDREN'S BEHAVIORAL HEALTH SERVICES FUND ESTABLISHED BY
36 SECTION 36-3436 OR FOR SERVICES PROVIDED THROUGH THE ARIZONA HEALTH CARE
37 COST CONTAINMENT SYSTEM, THE SCHOOL DISTRICT GOVERNING BOARD OR CHARTER
38 SCHOOL GOVERNING BODY SHALL ADOPT POLICIES RELATING TO SCHOOL-BASED
39 REFERRALS. THESE POLICIES SHALL BE VETTED AT A PUBLIC MEETING IN WHICH
40 THE SCHOOL DISTRICT GOVERNING BOARD OR CHARTER SCHOOL GOVERNING BODY
41 CONSIDERS ANY COMMENTS SUBMITTED BY THE PUBLIC BEFORE THE GOVERNING BOARD
42 OR GOVERNING BODY ADOPTS THE POLICIES. THE SCHOOL DISTRICT GOVERNING
43 BOARD OR CHARTER SCHOOL GOVERNING BODY SHALL POST THE POLICES ADOPTED
44 PURSUANT TO THIS SECTION ON EACH APPLICABLE SCHOOL WEBSITE. THE POLICIES
45 SHALL INCLUDE THE FOLLOWING:

1 1. A PROCESS TO ALLOW A PARENT TO ANNUALLY OPT INTO THE
2 SCHOOL-BASED REFERRALS.

3 2. A PROCESS TO CONDUCT A SURVEY OF PARENTS WHOSE CHILDREN WERE
4 REFERRED TO AND RECEIVED BEHAVIORAL HEALTH SERVICES PURSUANT TO THIS
5 SECTION. THE SURVEY MAY BE COMPLETED ONLINE. THE SURVEY SHALL INCLUDE AT
6 LEAST THE FOLLOWING:

7 (a) WHETHER THE PARENT OPTED INTO THE PROGRAM.

8 (b) WHETHER THE PARENT WAS NOTIFIED BEFORE THE REFERRAL TOOK PLACE.

9 (c) WHETHER THE BEHAVIORAL HEALTH SERVICES REFERRED WERE
10 APPROPRIATE TO MEET THE STUDENT'S NEED.

11 (d) WHETHER THE PARENT IS SATISFIED WITH THE CHOICE OF BEHAVIORAL
12 HEALTH SERVICES PROVIDERS.

13 (e) WHETHER THE PARENT INTENDS TO OPT INTO A PROGRAM AGAIN IN THE
14 FOLLOWING SCHOOL YEAR.

15 3. A REQUIREMENT THAT EACH SCHOOL'S WEBSITE CONTAIN A LIST OF
16 BEHAVIORAL HEALTH SERVICES PROVIDERS WITH WHOM THE SCHOOL CONTRACTS.

17 B. AT THE END OF EACH SCHOOL YEAR, EACH PARTICIPATING SCHOOL
18 DISTRICT AND CHARTER SCHOOL SHALL REPORT TO THE ADMINISTRATION THE SCHOOL
19 SURVEY RESULTS.

20 C. THE ADMINISTRATION SHALL COMPILE A REPORT BASED ON THE SURVEYS
21 RECEIVED FROM PARTICIPATING SCHOOL DISTRICTS AND CHARTER SCHOOLS AS WELL
22 AS UTILIZATION DATA FOR BEHAVIORAL HEALTH SERVICES RECEIVED PURSUANT TO
23 THE CHILDREN'S BEHAVIORAL HEALTH SERVICES FUND ESTABLISHED BY SECTION
24 36-3436. ON OR BEFORE DECEMBER 31 EACH YEAR, THE ADMINISTRATION SHALL
25 PROVIDE THE REPORT TO THE GOVERNOR, THE PRESIDENT OF THE SENATE AND THE
26 SPEAKER OF THE HOUSE OF REPRESENTATIVES AND PROVIDE A COPY OF THE REPORT
27 TO THE SECRETARY OF STATE. THE REPORT SHALL INCLUDE AT LEAST ALL OF THE
28 FOLLOWING INFORMATION:

29 1. THE NUMBER OF STUDENTS SERVED.

30 2. THE TYPES OF BEHAVIORAL HEALTH SERVICES PROVIDED.

31 3. THE COSTS OF THE BEHAVIOR HEALTH SERVICES PROVIDED.

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

34 36-3504. Child fatality review fund

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

42 B. The department of health services shall use fund monies to staff
43 the state child fatality review team AND THE SUICIDE MORTALITY REVIEW TEAM
44 and to train and support local child fatality review teams AND SUICIDE
45 MORTALITY REVIEW TEAMS.

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

7 Sec. 7. Arizona health care cost containment system;
8 behavioral health survey of schools; report;
9 delayed repeal

10 A. The Arizona health care cost containment system shall conduct a
11 survey of public schools to obtain information regarding the referral of
12 behavioral health services to students by contracted licensed behavioral
13 health providers. The survey shall include all of the following:

- 14 1. The types of behavioral health providers providing the services.
- 15 2. The types of settings where behavioral health services were
- 16 delivered to students.
- 17 3. The number of students who received services.
- 18 4. The most common diagnoses that resulted in the need for
- 19 services.

20 B. On or before December 31, 2022, the Arizona health care cost
21 containment system shall provide a copy of the result of the survey to the
22 governor, the president of the senate and the speaker of the house of
23 representatives and provide a copy of the report to the secretary of
24 state.

25 C. This section is repealed from and after June 30, 2023.

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

28 A. On or before April 1, 2021, 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. The department of insurance and financial institutions may also
36 allow health care insurers to demonstrate compliance with subsection A of
37 this section and section 20-3502, Arizona Revised Statutes, as added by
38 this act, by other means that are at least as comprehensive as the forms
39 or worksheets required by subsection A, paragraph 1 of this section.

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

1 1. Conduct workshops and listening sessions to seek and obtain
2 input from stakeholders, including health care insurers, behavioral health
3 providers, advocacy organizations and individuals who have been impacted
4 by mental health or substance use disorders.

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

8 Sec. 9. Rulemaking; department of health services

9 A. The department of health services shall adopt rules relating to
10 admitting and discharging patients who have attempted suicide or exhibit
11 suicidal ideation from inpatient care at a health care institution. The
12 rules shall include protocols based on best practices for requiring health
13 care institutions to implement discharge protocols and provide information
14 to patients and caregivers on a continuum during the stay, including at
15 admission and before and at discharge.

16 B. The rules shall address the following topics:

17 1. The availability and contact information of age appropriate
18 crisis services.

19 2. Information and referrals to the next appropriate level of
20 treatment and care after discharge, including scheduling treatment when
21 practicable.

22 3. Information on the department of insurance and financial
23 institution's website relating to how to challenge an adverse decision by
24 a health care insurer or health plan.

25 4. Conducting a suicide assessment before discharging a patient and
26 informing the patient and caregivers of the results.

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

34 Sec. 10. Appropriation; department of insurance and financial
35 institutions; exemption

36 A. The sum of \$250,000 and one FTE position are appropriated from
37 the state general fund in fiscal year 2020-2021 to the department of
38 insurance and financial institutions to administer title 20, chapter 28,
39 Arizona Revised Statutes, as added by this act.

40 B. The appropriation made in subsection A of this section is exempt
41 from the provisions of section 35-190, Arizona Revised Statutes, relating
42 to lapsing of appropriations.

1 Sec. 11. Appropriation; children's behavioral health services
2 fund; exemption

3 A. The sum of \$8,000,000 is appropriated from the state general
4 fund in fiscal year 2020-2021 to the children's behavioral health services
5 fund established by section 36-3436, Arizona Revised Statutes, as added by
6 this act, to pay contractors for services as prescribed in section
7 36-3436, Arizona Revised Statutes, as added by this act.

8 B. The appropriation made in subsection A of this section is exempt
9 from the provisions of section 35-190, Arizona Revised Statutes, relating
10 to lapsing of appropriations until June 30, 2022.

11 Sec. 12. Short title

12 This act may be cited as "Jake's Law".