

Senate Engrossed House Bill

~~town councils; financial statements; websites~~
(now: crisis standards of care; plans)

State of Arizona
House of Representatives
Fifty-fifth Legislature
First Regular Session
2021

CHAPTER 422
HOUSE BILL 2386

AN ACT

AMENDING TITLE 36, CHAPTER 6, ARTICLE 9, ARIZONA REVISED STATUTES, BY
ADDING SECTION 36-791; RELATING TO PUBLIC HEALTH.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Title 36, chapter 6, article 9, Arizona Revised
3 Statutes, is amended by adding section 36-791, to read:

4 36-791. Crisis standards of care plan; crisis guidelines or
5 standards; requirements; modification of existing
6 plan, guidelines or standards; definition

7 A. IF THE DEPARTMENT OF HEALTH SERVICES ADOPTS OR ESTABLISHES A
8 CRISIS STANDARDS OF CARE PLAN OR CRISIS GUIDELINES OR STANDARDS TO ADDRESS
9 RESOURCE ALLOCATION WHEN THE DEMAND FOR CERTAIN HEALTH CARE SERVICES
10 EXCEEDS THE SUPPLY OF NECESSARY RESOURCES, THE PLAN, GUIDELINES OR
11 STANDARDS MUST INCLUDE THE FOLLOWING PROVISIONS:

12 1. THE ALLOCATION OF HEALTH CARE RESOURCE DECISIONS SHALL BE MADE
13 ON THE BASIS OF VALUING ALL LIFE.

14 2. A PATIENT OR THE PATIENT'S HEALTH CARE DECISION MAKER HAS THE
15 RIGHT TO MAKE THE PATIENT'S HEALTH CARE CHOICES.

16 3. DECISIONS ON THE ALLOCATION OF HEALTH CARE RESOURCES MAY NOT
17 DISCRIMINATE ON THE BASIS OF DISABILITY, AGE, RACE, RELIGION, SEX, VETERAN
18 STATUS OR INCOME STATUS.

19 4. HEALTH CARE PROVIDERS MAY CONSIDER ONLY SHORT-TERM SURVIVAL WHEN
20 MAKING DECISIONS REGARDING THE ALLOCATION OF HEALTH CARE RESOURCES.

21 5. TREATMENT RESOURCES MAY NOT BE ALLOCATED BASED ON ANY OF THE
22 FOLLOWING:

23 (a) QUALITY OF LIFE JUDGMENTS.

24 (b) CONSIDERATION OF LONG-TERM MORTALITY AND LONG-TERM LIFE
25 EXPECTANCY.

26 (c) RESOURCE INTENSITY AND DURATION OF NEED DUE TO DISABILITY OR
27 AGE.

28 6. EACH PATIENT HAS THE RIGHT TO AN INDIVIDUALIZED ASSESSMENT ON
29 THE BASIS OF THE BEST AVAILABLE OBJECTIVE MEDICAL EVIDENCE AND NOT ON
30 ASSUMPTIONS ABOUT THE PATIENT'S PERCEIVED HEALTH, PREEXISTING CONDITIONS
31 OR MEDICAL DIAGNOSIS.

32 7. PERSONS WITH DISABILITIES AND THE AGED HAVE THE RIGHT TO
33 REASONABLE MODIFICATIONS TO ENSURE THAT ALL PATIENTS HAVE EQUAL ACCESS TO
34 MEDICAL CARE, INCLUDING REASONABLE MODIFICATION IN PATIENT ASSESSMENT,
35 COMMUNICATION AND SUPPORT NEEDS DUE TO DISABILITY OR AGE.

36 8. A PATIENT OR THE PATIENT'S FAMILY OR HEALTH CARE DECISION MAKER
37 HAS THE RIGHT TO APPEAL ANY TRIAGE DECISION.

38 B. A HEALTH CARE PROVIDER OR HEALTH CARE INSTITUTION STAFF MEMBER
39 MAY NOT REQUIRE A PATIENT OR THE PATIENT'S HEALTH CARE DECISION MAKER TO
40 DO EITHER OF THE FOLLOWING:

41 1. SIGN A DO-NOT-RESUSCITATE ORDER.

42 2. MAKE A PARTICULAR HEALTH CARE TREATMENT DECISION.

1 C. THE DEPARTMENT OF HEALTH SERVICES SHALL MODIFY ANY EXISTING
2 CRISIS STANDARDS OF CARE PLAN OR CRISIS GUIDELINES OR STANDARDS WITHIN
3 SIXTY DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION TO COMPLY WITH THE
4 REQUIREMENTS OF THIS SECTION.

5 D. REPRESENTATIVES OF THE STATE PROTECTION AND ADVOCACY AGENCY AND
6 ADVOCATES FOR THE AGED SHALL BE MEMBERS OF THE STATE DISASTER MEDICAL
7 ADVISORY COMMITTEE, WHICH IS RESPONSIBLE FOR DEVELOPING THE CRISIS
8 STANDARDS OF CARE AND OTHER INCIDENT-SPECIFIC PRIORITIES AND GUIDANCE FOR
9 DELIVERING HEALTH CARE AND USING SCARCE MEDICAL RESOURCES DURING A PUBLIC
10 HEALTH EMERGENCY.

11 E. FOR THE PURPOSES OF THIS SECTION, "SHORT-TERM SURVIVAL" MEANS A
12 NEAR-TERM SURVIVAL FROM THE EPISODE OF CARE THAT DIRECTLY RESULTED FROM
13 THE ILLNESS OR INJURY THAT REQUIRED HOSPITALIZATION.

APPROVED BY THE GOVERNOR JULY 9, 2021.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JULY 9, 2021.