



ARIZONA STATE SENATE
Fifty-Fifth Legislature, First Regular Session

FACT SHEET FOR S.B. 1374

crisis standards of care; requirements

Purpose

An emergency measure that establishes requirements for a Crisis Standards of Care Plan (CSC Plan) adopted by the Department of Health Services (DHS).

Background

According to the U.S. Centers for Disease Control and Prevention (CDC) CSC are those that reflect a substantial change in usual health care operations and the level of care that health care providers are capable of delivering during a crisis ([CDC](#)). When a state government formally declares the need for CSC, this formal declaration enables specific legal and regulatory powers and protections for health care providers as they perform the necessary tasks of allocating and using scarce medical resources and adopting alternate health care operations during a crisis.

DHS, in collaboration with public health, emergency management, first responders, health care, legal and other partners created the Arizona CSC Plan ([Arizona CSC Plan](#)). The CSC Plan includes provisions regarding stewardship of resources, duty to care, reciprocity, proportionality and transparency for health care facilities and providers.

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

1. Applies the following tenets and requirements to a CSC Plan adopted or established by DHS to address resource allocation when the demand for certain health care services exceeds the supply of resources:
 - a) the allocation of health care resource decisions must be made on the basis of valuing all life;
 - b) a patient or their health care decision maker has the right to make their own choices;
 - c) health care providers can only consider the risk of imminent mortality;
 - d) a patient cannot be denied care based on stereotypes, quality of life assessments or judgment about a patient's worth based on age or the presence or absence of a disability;
 - e) health care providers are prohibited from using quality of life judgments, considering long-term life expectancy and mortality or using resource intensity and duration of need due to disability or age;
 - f) individual assessments must be made on the best available objective medical evidence;
 - g) modification requirements must be included to ensure equal access to medical care for patients with a disability and the aged;

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- h) modification requirements must be included relating to clinical scoring instruments and assessment tools to ensure that disability-related characteristics that are unrelated to short-term mortality risk do not worsen a patient's score; and
 - i) notification requirements to patients or their health care decision makers regarding the right to appeal any triage decision and the details of the appeals process.
2. Prohibits a health care provider or health care institution staff member from pressuring or coercing a patient or their health care decision maker from signing a do-not-resuscitate order or making a particular health care decision.
 3. Requires DHS to modify any adopted CSC Plan within 60 days after the effective date.
 4. Becomes effective on signature of the Governor, if the emergency clause is enacted.

Prepared by Senate Research

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