

Senate Engrossed House Bill

nursing facilities; records; surveys; timelines

State of Arizona  
House of Representatives  
Fifty-seventh Legislature  
Second Regular Session  
2026

# **CHAPTER 85**

## **HOUSE BILL 2195**

AN ACT

AMENDING SECTION 36-406, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 4, ARTICLE 7, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 36-447.03 AND 36-447.04; AMENDING SECTION 36-2402, ARIZONA REVISED STATUTES; RELATING TO HEALTH CARE INSTITUTIONS.

(TEXT OF BILL BEGINS ON NEXT PAG

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

2 Section 1. Section 36-406, Arizona Revised Statutes, is amended to  
3 read:

4 36-406. Powers and duties of the department; access to  
5 personnel records

6 A. In addition to its other powers and duties:

7 1. The department shall:

8 (a) Administer and enforce this chapter and the rules, regulations  
9 and standards adopted pursuant ~~thereto~~ TO THIS CHAPTER.

10 (b) Review, and may approve, plans and specifications for  
11 construction or modification OF or additions to health care institutions  
12 regulated by this chapter.

13 (c) EXCEPT AS PROVIDED IN SUBSECTION B OF THIS SECTION, have access  
14 to books, records, accounts and any other information of any health care  
15 institution THAT ARE reasonably necessary for the purposes of this  
16 chapter.

17 (d) Require as a condition of licensure that nursing care  
18 institutions and assisted living facilities make vaccinations for  
19 influenza and pneumonia available to residents ~~on-site~~ ON-SITE on a yearly  
20 basis. The department shall prescribe the manner by which the NURSING  
21 CARE institutions and ASSISTED LIVING facilities ~~shall~~ MUST document  
22 compliance with this subdivision, including documenting residents who  
23 refuse to be immunized. The department shall not impose a violation on a  
24 licensee for not making a vaccination available if there is a shortage of  
25 that vaccination in this state as determined by the director.

26 2. The department may:

27 (a) Make or cause to be made inspections consistent with standard  
28 medical practice of every part of the premises of health care institutions  
29 ~~which THAT~~ are subject to ~~the provisions of~~ this chapter as well as those  
30 ~~which THAT~~ apply for or hold a license required by this chapter.

31 (b) Make studies and investigations of conditions and problems in  
32 health care institutions, or any class or subclass thereof, as they relate  
33 to compliance with this chapter and rules, regulations and standards  
34 adopted pursuant ~~thereto~~ TO THIS CHAPTER.

35 (c) Develop manuals and guides relating to any of the several  
36 aspects of physical facilities and operations of health care institutions  
37 or any class or subclass thereof for distribution to the governing  
38 authorities of health care institutions and to the general public.

39 B. THE DEPARTMENT'S ACCESS TO THE PERSONNEL RECORDS OF A NURSING  
40 CARE INSTITUTION IS LIMITED TO THE FOLLOWING INFORMATION FOR EACH  
41 PERSONNEL MEMBER, EMPLOYEE OR VOLUNTEER:

42 1. THE INDIVIDUAL'S NAME, DATE OF BIRTH AND CONTACT TELEPHONE  
43 NUMBER.

44 2. THE INDIVIDUAL'S STARTING DATE OF EMPLOYMENT OR VOLUNTEER  
45 SERVICE AND, IF APPLICABLE, THE ENDING DATE.

1           3. DOCUMENTATION OF ALL OF THE FOLLOWING AS PERTAINING TO THE  
2 INDIVIDUAL:

3           (a) QUALIFICATIONS, INCLUDING SKILLS AND KNOWLEDGE APPLICABLE TO  
4 THE INDIVIDUAL'S JOB DUTIES.

5           (b) EDUCATION AND EXPERIENCE APPLICABLE TO THE INDIVIDUAL'S JOB  
6 DUTIES.

7           (c) COMPLIANCE WITH THE REQUIREMENTS OF SECTION 36-411.

8           (d) ORIENTATION AND IN-SERVICE EDUCATION AS REQUIRED BY POLICIES  
9 AND PROCEDURES.

10          (e) LICENSURE OR CERTIFICATION, IF THE INDIVIDUAL IS REQUIRED TO BE  
11 LICENSED OR CERTIFIED PURSUANT TO THIS ARTICLE OR POLICIES AND PROCEDURES.

12          (f) IF THE INDIVIDUAL IS A BEHAVIORAL HEALTH TECHNICIAN, CLINICAL  
13 OVERSIGHT AS REQUIRED BY RULE.

14          (g) CARDIOPULMONARY RESUSCITATION TRAINING, IF REQUIRED FOR THE  
15 INDIVIDUAL BY RULE.

16          (h) FIRST AID TRAINING, IF REQUIRED FOR THE INDIVIDUAL PURSUANT TO  
17 THIS ARTICLE OR POLICIES AND PROCEDURES.

18          (i) EVIDENCE OF FREEDOM FROM INFECTIOUS TUBERCULOSIS, IF REQUIRED  
19 FOR THE INDIVIDUAL BY RULE.

20          (j) IF THE INDIVIDUAL IS A NUTRITION AND FEEDING ASSISTANT, BOTH:

21           (i) COMPLETION OF THE NUTRITION AND FEEDING ASSISTANT TRAINING  
22 COURSE AS REQUIRED BY RULE.

23           (ii) A NURSE'S OBSERVATIONS AS REQUIRED BY RULE.

24          Sec. 2. Title 36, chapter 4, article 7, Arizona Revised Statutes,  
25 is amended by adding sections 36-447.03 and 36-447.04, to read:

26          36-447.03. Surveys; statement of deficiencies; initiation of  
27 complaint investigations; time frames; record  
28 retention

29          A. BEGINNING JULY 1, 2027, THE DEPARTMENT SHALL ISSUE ANY STATEMENT  
30 OF DEFICIENCIES TO A NURSING CARE INSTITUTION WITHIN TEN BUSINESS DAYS  
31 AFTER COMPLETING THE STATE SURVEY. NOTWITHSTANDING THE DATE THAT THE  
32 STATEMENT OF DEFICIENCIES IS ISSUED, THE NURSING CARE INSTITUTION SHALL  
33 COMPLY WITH THE STATEMENT OF DEFICIENCIES AND SUBMIT A PLAN OF CORRECTION  
34 TO THE DEPARTMENT.

35          B. IN CONDUCTING A COMPLIANCE INSPECTION OR INITIAL COMPLAINT  
36 INVESTIGATION, THE DEPARTMENT MAY NOT CONSIDER OR INVESTIGATE ANY ALLEGED  
37 VIOLATION THAT OCCURRED MORE THAN TWELVE MONTHS BEFORE THE DATE THAT THE  
38 COMPLAINT WAS SUBMITTED TO THE DEPARTMENT.

39          C. THE DEPARTMENT MAY INITIATE A COMPLAINT INVESTIGATION FOR  
40 INCIDENTS THAT OCCURRED MORE THAN TWELVE MONTHS BEFORE THE DATE THE  
41 COMPLAINT WAS SUBMITTED IF THE COMPLAINT INVOLVES AN ALLEGATION OF ABUSE  
42 AS DEFINED IN SECTION 13-3623.

43          D. IF RECORDS THAT ARE MAINTAINED PURSUANT TO ARTICLE 4 OF THIS  
44 CHAPTER HAVE BEEN LAWFULLY DESTROYED PURSUANT TO RETENTION REQUIREMENTS,  
45 THE DEPARTMENT MAY NOT CITE THE LICENSEE FOR FAILURE TO PRODUCE THE

1 RECORDS FOR AN INVESTIGATION INITIATED MORE THAN TWELVE MONTHS AFTER THE  
2 ALLEGED BASIS OF THE INCIDENT OCCURRED.

3 E. THE DEPARTMENT SHALL INITIATE COMPLAINT INVESTIGATIONS RELATING  
4 TO NURSING CARE INSTITUTIONS CONSISTENT WITH THE CENTERS FOR MEDICARE AND  
5 MEDICAID SERVICES TIME FRAMES BASED ON THE TRIAGED SEVERITY LEVEL OF EACH  
6 COMPLAINT.

7 36-447.04. Off-site preliminary reviews; compliance  
8 inspections; complaint investigations

9 THE DEPARTMENT MAY CONDUCT AN OFF-SITE PRELIMINARY REVIEW OF A  
10 COMPLAINT OR SELF-REPORT USING WRITTEN OR VERBAL COMMUNICATIONS OR  
11 DOCUMENTATION FROM THE LICENSEE TO DETERMINE WHETHER AN ON-SITE COMPLIANCE  
12 INSPECTION OR COMPLAINT INVESTIGATION IS NECESSARY. IF THE REVIEW  
13 CONFIRMS THAT THE LICENSEE HAS IMPLEMENTED SYSTEMS AND PROCESSES THAT MAKE  
14 FURTHER VIOLATIONS UNLIKELY AND THE LICENSEE PROVIDES SUFFICIENT EVIDENCE  
15 OF COMPLIANCE, THE DEPARTMENT SHALL CLOSE THE COMPLAINT AND NO FURTHER  
16 INVESTIGATION IS REQUIRED.

17 Sec. 3. Section 36-2402, Arizona Revised Statutes, is amended to  
18 read:

19 36-2402. Quality assurance activities; sharing of quality  
20 assurance information; immunity; confidentiality

21 A. State health care providers, hospitals and outpatient surgical  
22 centers shall, and other health care entities may, conduct quality  
23 assurance activities.

24 B. A health care entity may share quality assurance information  
25 with appropriate state licensing or certifying agencies and with licensed  
26 health care providers who are the subject of quality assurance  
27 activities. A hospital may share quality assurance information with other  
28 health care entities only with the approval of the hospital's medical  
29 executive committee or an equivalent committee.

30 C. A health care entity may share quality assurance information  
31 with other health care entities only for the purpose of conducting quality  
32 assurance activities.

33 D. A health care entity or person that provides or receives  
34 information, that participates, takes any action or makes any decision or  
35 recommendation in the course of quality assurance activities or that  
36 furnishes any records, information or assistance to a health care entity  
37 for or in the course of quality assurance activities is not subject to  
38 liability for civil damages or any legal action in consequence of such  
39 action except as provided in section 36-445.02.

40 E. Quality assurance activities conducted by state, county or local  
41 medical, pharmacy and dental associations and societies on behalf of a  
42 health care entity are immune from civil liability to the same degree as  
43 the facility for which the review activities are conducted.

44 F. Health care entities may jointly conduct quality assurance  
45 activities.

1 G. This section does not relieve any health care entity from  
2 liability arising from the treatment of a patient or from negligent  
3 credentialing decisions.

4 H. LONG-TERM CARE INCIDENT REPORTS:

5 1. ARE A RISK MANAGEMENT TOOL TO BE USED SOLELY FOR INTERNAL  
6 INVESTIGATIONS AND QUALITY IMPROVEMENT EFFORTS.

7 2. ARE CONFIDENTIAL RECORDS OF AN UNPLANNED EVENT OR OCCURRENCE  
8 THAT IS INCONSISTENT WITH ROUTINE CARE AND THAT MAY IMPACT A RESIDENT'S  
9 SAFETY, HEALTH OR WELL-BEING.

10 3. ARE USED TO SUPPORT FOLLOW-UP ACTIONS AND IDENTIFY OPPORTUNITIES  
11 FOR IMPROVEMENT AND MANAGE RISK.

12 4. ARE MAINTAINED SEPARATELY FROM THE RESIDENT'S MEDICAL RECORD.

APPROVED BY THE GOVERNOR JUNE 4, 2026.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JUNE 5, 2026.