

Senate Engrossed

~~health facilities; group homes; resident information~~
(now: residential healthcare; emergencies; study committee)

State of Arizona
Senate
Fifty-seventh Legislature
Second Regular Session
2026

SENATE BILL 1678

AN ACT

AMENDING SECTION 36-420.04, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 4, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-420.06; AMENDING TITLE 36, CHAPTER 5.1, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-576; RELATING TO HEALTH CARE INSTITUTIONS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 36-420.04, Arizona Revised Statutes, is amended
3 to read:

4 36-420.04. Assisted living centers and homes; emergency
5 responders; resident information; hospitals;
6 discharge planning; patient screenings;
7 discharge documents

8 A. An assisted living center or assisted living home that contacts
9 an emergency responder on behalf of a resident shall provide to the
10 emergency responder a written document that includes all of the following:

11 1. The reason or reasons the emergency responder was requested on
12 behalf of the resident.

13 2. Whether the resident receives medication services and, if the
14 resident has provided this information to the assisted living center or
15 assisted living home, a list of all the resident's prescription and
16 over-the-counter medications, their dosages and how frequently they are
17 administered.

18 3. The name, address and telephone number of the resident's current
19 pharmacy.

20 4. A list of any known allergies to any medications, additives,
21 preservatives or materials ~~like~~, SUCH AS latex or adhesive.

22 5. The name and contact information for the resident's primary care
23 physician and power of attorney or authorized representative.

24 6. Basic information about the resident's physical and mental
25 conditions and basic medical history, such as having diabetes or a
26 pacemaker or experiencing frequent falls or cardiovascular and
27 cerebrovascular events, as well as dates of recent episodes, if known.

28 7. The point-of-contact information for the assisted living center
29 or assisted living home, including the telephone number AND, if available,
30 A cell phone number and email address. A point of contact must be
31 available to respond to questions regarding the information provided
32 twenty-four hours a day, seven days a week.

33 8. A copy of the resident's health insurance portability and
34 accountability act release authorizing a receiving hospital to communicate
35 with the assisted living center or assisted living home to plan for the
36 resident's discharge. This paragraph does not preclude a resident from
37 revoking the resident's health insurance portability and accountability
38 act release authorization.

39 9. A copy of the resident's advance directives, if any, on file at
40 the assisted living center or assisted living home. This paragraph does
41 not preclude a resident from revoking or modifying the resident's advance
42 directives.

43 B. EACH ASSISTED LIVING CENTER OR ASSISTED LIVING HOME THAT
44 CONTACTS AN EMERGENCY RESPONDER ON BEHALF OF A RESIDENT SHALL NOTE IN THE
45 RESIDENT'S RECORD THAT THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME

1 PROVIDED THE DOCUMENT REQUIRED BY SUBSECTION A OF THIS SECTION TO THE
2 EMERGENCY RESPONDER AND SHALL OBTAIN WRITTEN OR ELECTRONIC ACKNOWLEDGMENT
3 FROM THE EMERGENCY RESPONDER THAT THE EMERGENCY RESPONDER RECEIVED THE
4 DOCUMENT.

5 ~~B.~~ C. The assisted living center or assisted living home must
6 notify the resident's authorized representative that the resident was
7 transported to a hospital and provide the name and location of the
8 hospital.

9 ~~C.~~ D. Each assisted living center and assisted living home must
10 maintain a standardized form for each resident that includes the
11 information prescribed in subsection A of this section, except for the
12 information prescribed in subsection A, paragraph 1 of this section, which
13 shall be provided at the time the emergency responder is contacted. Each
14 assisted living center and assisted living home shall periodically update
15 this form for each resident as necessary.

16 ~~D.~~ E. An assisted living center or assisted living home shall
17 maintain a copy of the document provided to the emergency responder and
18 documentation of the actions required by subsection ~~B.~~ C of this section
19 for a period of two years after the date of the emergency.

20 ~~E.~~ F. If the emergency responder transports the resident to a
21 hospital, the emergency responder shall provide a copy of the written
22 document required by subsection A of this section to the receiving
23 hospital.

24 ~~F.~~ G. To protect the health and safety of patients being
25 transferred by a hospital to an assisted living center or assisted living
26 home, a discharging hospital shall coordinate with the health care
27 institution from which the patient has been transferred or the health care
28 institution to which the patient will be discharged and shall provide a
29 written discharge plan for each inpatient. The discharge plan shall:

- 30 1. Be prepared by appropriate staff.
- 31 2. Include point-of-contact information for the discharging
32 hospital, including a telephone number and, if available, an email
33 address. The hospital's point of contact shall monitor the telephone and,
34 if available, the email address provided and shall promptly respond to any
35 inquiry. For forty-eight hours after discharge, the discharging
36 hospital's designated point of contact must be available to respond to the
37 receiving assisted living center or assisted living home to assist in
38 returning or admitting the patient to the facility and to clarify any
39 needed information in the discharge plan. Hospitals shall have a
40 qualified hospital representative respond to discharge plan questions
41 received from the assisted living center or assisted living home.
- 42 3. Document the patient's discharge evaluation and provide an
43 assessment of the patient's medical or health conditions, including:
 - 44 (a) Any documented pressure injuries or ulcers, the location on the
45 body and the assessed stage level.

1 (b) Cognitive or physical conditions or impairments.
2 (c) The patient's weight-bearing status.
3 (d) Specified dietary requirements, if applicable.
4 (e) Whether the patient requires continuous medical services or
5 continuous or intermittent nursing services or restraints.
6 (f) Whether the patient requires specialized medical equipment or
7 home health services and a copy of the hospital's orders for that
8 equipment or those services.
9 (g) Follow-up health care services and other services recommended
10 for the patient.
11 4. Include, if applicable, a copy of any prescription that was
12 transmitted to the patient's current pharmacy as designated in subsection
13 A of this section or the medication summary or medication instructions.
14 The copy of the prescription or medication summary or medication
15 instructions shall include the patient's name, medication administration
16 instructions and the signature of the prescriber or a record that the
17 prescription was electronically signed by the prescriber.
18 5. Document that the hospital notified the receiving assisted
19 living center or assisted living home of any new device orders for the
20 patient.
21 6. Document that the discharging hospital notified the patient's
22 authorized representative that the patient was discharged and provided the
23 name, location and contact information of the receiving facility.
24 ~~G.~~ H. The discharging hospital shall contact the assisted living
25 center or assisted living home from which the patient entered the
26 hospital, after initial inpatient assessment, to discuss an evaluation of
27 the patient's likely postdischarge health care needs. The hospital shall
28 reevaluate and discuss with the assisted living center or assisted living
29 home from which the patient entered the hospital the patient's condition,
30 as appropriate, to identify changes to the patient's condition that may
31 impact the patient's postdischarge health care needs, including
32 recommendations, if any, by the hospital to transfer the patient to a
33 different facility other than the facility from which the patient entered
34 the hospital to address the patient's higher care needs. The discharging
35 hospital shall provide an opportunity for a patient screening before
36 discharge by the assisted living center or assisted living home from which
37 the patient entered the hospital or to which the patient is being
38 referred. The assisted living center or assisted living home shall
39 determine through a screening and a review of or discussion about medical
40 records whether the patient's postdischarge care needs, including
41 additional ordered services, are within the facility's scope of services.
42 After receiving notification from the discharging hospital, the assisted
43 living center or assisted living home shall perform the screening
44 promptly. For on-site screenings, the staff of the assisted living center
45 or assisted living home may be required to follow standard hospital

1 security and identification requirements. If the assisted living center
2 or assisted living home from which the patient entered the hospital can no
3 longer meet the patient's needs, the facility shall provide documentation
4 to the hospital demonstrating the reasons why the facility cannot accept
5 the patient back to the facility.

6 ~~H.~~ I. For patients being transferred from a hospital to an
7 assisted living center or assisted living home who have not previously
8 been admitted to the assisted living center or assisted living home, the
9 hospital shall coordinate with the assisted living center or assisted
10 living home to allow time to expeditiously obtain documentation from a
11 physician, registered nurse practitioner, registered nurse or physician
12 assistant coordinating the level of care needed in the assisted living
13 center or assisted living home.

14 ~~I.~~ J. For emergency department or observation patients, the
15 hospital shall provide the assisted living center or assisted living home
16 from which the patient entered the hospital with a point of contact,
17 including a telephone number and, if available, an email address. The
18 hospital's point of contact shall monitor the telephone and, if available,
19 the email address provided and promptly respond to any inquiry. For
20 forty-eight hours after discharge, the discharging hospital's designated
21 point of contact must be available to respond to the receiving assisted
22 living center or assisted living home to assist in returning or admitting
23 the patient to the assisted living center or assisted living home and to
24 clarify any needed information in the discharge plan. Hospitals shall
25 have a qualified hospital representative respond to discharge plan
26 questions received from the assisted living center or assisted living
27 home. The hospital shall also provide the patient's assisted living
28 center or assisted living home with any new prescription orders as
29 prescribed in subsection ~~F~~ G, paragraph 4 of this section, a record of
30 medications administered and any identified follow-up care services
31 recommended for the patient. The hospital shall provide the additional
32 information outlined in subsection ~~F~~ G, paragraph 3 of this section if
33 the hospital determines it is applicable. An assisted living center or
34 assisted living home from which the patient entered the hospital shall
35 readmit the patient if the assisted living center or assisted living home
36 can meet the care needs for the patient.

37 ~~J.~~ K. Each hospital shall develop a discharge document that
38 encompasses the information outlined in subsection ~~F~~ G of this section
39 for inpatient discharges. The discharge document shall be provided to the
40 assisted living center or assisted living home to which the patient is
41 being discharged.

1 Sec. 2. Title 36, chapter 4, article 1, Arizona Revised Statutes,
2 is amended by adding section 36-420.06, to read:

3 36-420.06. Patients and residents; advance directives;
4 do-not-resuscitate orders; policies and
5 procedures; definitions

6 A. IF THE DEPARTMENT RECEIVES A COMPLAINT FROM AN EMERGENCY MEDICAL
7 CARE TECHNICIAN OR PEACE OFFICER ALLEGING THAT A HEALTH CARE INSTITUTION
8 FAILED TO PROVIDE A PATIENT'S OR RESIDENT'S DO-NOT-RESUSCITATE ORDER OR
9 OTHER ADVANCE DIRECTIVE, IF ON FILE WITH THE HEALTH CARE INSTITUTION,
10 AFTER REQUESTING EMERGENCY MEDICAL SERVICES, THE DEPARTMENT SHALL
11 DETERMINE WHETHER THE HEALTH CARE INSTITUTION:

12 1. IS IN COMPLIANCE WITH SECTION 36-420.04, IF APPLICABLE.

13 2. HAS POLICIES AND PROCEDURES ESTABLISHED, DOCUMENTED AND
14 IMPLEMENTED THAT COVER ADVANCE DIRECTIVES, INCLUDING DO-NOT-RESUSCITATE
15 ORDERS.

16 3. COMPLIED WITH THE POLICIES AND PROCEDURES IN THE SITUATION THAT
17 WAS THE BASIS FOR THE COMPLAINT.

18 B. THIS SECTION DOES NOT REQUIRE A PATIENT OR RESIDENT TO HAVE ANY
19 ADVANCE DIRECTIVE, INCLUDING A DO-NOT-RESUSCITATE ORDER, ON FILE WITH A
20 HEALTH CARE INSTITUTION UNLESS OTHERWISE REQUIRED BY LAW.

21 C. FOR THE PURPOSES OF THIS SECTION:

22 1. "EMERGENCY MEDICAL CARE TECHNICIAN" HAS THE SAME MEANING
23 PRESCRIBED IN SECTION 36-2201.

24 2. "HEALTH CARE INSTITUTION" MEANS AN ASSISTED LIVING CENTER, AN
25 ASSISTED LIVING HOME, AN ASSISTED LIVING FACILITY, HOSPICE, A
26 NURSING-SUPPORTED GROUP HOME, A NURSING CARE INSTITUTION OR A RESIDENTIAL
27 CARE INSTITUTION THAT IS LICENSED PURSUANT TO THIS CHAPTER.

28 Sec. 3. Title 36, chapter 5.1, article 1, Arizona Revised Statutes,
29 is amended by adding section 36-576, to read:

30 36-576. Residents; advance directives; do-not-resuscitate
31 orders; policies and procedures; rules; definition

32 A. IF THE DEPARTMENT RECEIVES A COMPLAINT FROM AN EMERGENCY MEDICAL
33 CARE TECHNICIAN OR PEACE OFFICER ALLEGING THAT A GROUP HOME OR
34 BEHAVIORAL-SUPPORTED GROUP HOME FAILED TO PROVIDE A RESIDENT'S
35 DO-NOT-RESUSCITATE ORDER OR OTHER ADVANCE DIRECTIVE, IF ON FILE WITH THE
36 GROUP HOME OR BEHAVIORAL-SUPPORTED GROUP HOME, AFTER REQUESTING EMERGENCY
37 MEDICAL SERVICES, THE DEPARTMENT SHALL CONDUCT AN INVESTIGATION TO
38 DETERMINE WHETHER THE GROUP HOME OR BEHAVIORAL-SUPPORTED GROUP HOME:

39 1. HAS POLICIES AND PROCEDURES ESTABLISHED, DOCUMENTED AND
40 IMPLEMENTED THAT COVER ADVANCE DIRECTIVES, INCLUDING DO-NOT-RESUSCITATE
41 ORDERS.

42 2. COMPLIED WITH THE POLICIES AND PROCEDURES IN THE SITUATION THAT
43 WAS THE BASIS FOR THE COMPLAINT.

1 B. THIS SECTION DOES NOT REQUIRE A RESIDENT TO HAVE ANY ADVANCE
2 DIRECTIVE, INCLUDING A DO-NOT-RESUSCITATE ORDER, ON FILE WITH A GROUP HOME
3 OR BEHAVIORAL-SUPPORTED GROUP HOME UNLESS OTHERWISE REQUIRED BY LAW.

4 C. THE DEPARTMENT SHALL ADOPT RULES TO ENSURE COMPLIANCE WITH THE
5 REQUIREMENTS OF THIS SECTION.

6 D. FOR THE PURPOSES OF THIS SECTION, "EMERGENCY MEDICAL CARE
7 TECHNICIAN" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2201.

8 Sec. 4. Vulnerable adult system study committee; membership;
9 duties; report; delayed repeal

10 A. The vulnerable adult system study committee is established
11 consisting of the following members:

12 1. Two members of the house of representatives who are appointed by
13 the speaker of the house of representatives and who are members of
14 different political parties. The speaker of the house of representatives
15 shall designate one of these members to serve as cochairperson of the
16 committee.

17 2. Two members of the senate who are appointed by the president of
18 the senate and who are members of different political parties. The
19 president of the senate shall designate one of these members to serve as
20 cochairperson of the committee.

21 3. The director of the department of health services or the
22 director's designee.

23 4. The director of the department of economic security or the
24 director's designee.

25 5. The director of the Arizona health care cost containment system
26 or the director's designee.

27 6. One member who represents the governor's office and who is
28 appointed by the governor.

29 7. One member who represents the attorney general's office and who
30 is appointed by the attorney general.

31 8. The department of economic security's long-term care ombudsman
32 or the ombudsman's designee.

33 9. One member who currently serves as a public fiduciary and who is
34 appointed by the governor.

35 10. Two members who are employed by a local law enforcement agency
36 or by a statewide organization that represents law enforcement and who are
37 appointed by the governor.

38 11. The executive director of the Navajo area agency on aging or
39 the executive director's designee.

40 12. The executive director of the inter tribal council of Arizona
41 or the executive director's designee.

42 13. Two members who represent assisted living facilities and who
43 are appointed by the speaker of the house of representatives.

44 14. Two members who represent nursing care institutions and who are
45 appointed by the governor.

1 15. One member who represents a statewide organization that
2 advocates for elderly vulnerable adults and who is appointed by the
3 president of the senate.

4 16. One member who represents a statewide organization that
5 advocates on behalf of persons affected by Alzheimer's disease and who is
6 appointed by the president of the senate.

7 17. One member who represents a statewide association that
8 advocates on behalf of persons who provide services to persons with
9 developmental disabilities and who is appointed by the speaker of the
10 house of representatives.

11 18. One health care professional who is appointed by the speaker of
12 the house of representatives and who both:

13 (a) Is licensed pursuant to title 32, Arizona Revised Statutes.

14 (b) Provides health care services to elderly vulnerable adults.

15 19. One member who is on the governor's advisory council on aging
16 and who is appointed by the governor.

17 20. One member who represents a statewide association representing
18 firefighters in this state and who is appointed by the president of the
19 senate.

20 B. The vulnerable adult system study committee shall:

21 1. Develop and implement a coordinated vulnerable adult services
22 delivery system that ensures the health and safety of vulnerable adults.

23 2. Recommend best practices relating to responding to and
24 investigating complaints.

25 3. Research best practices related to adult protective services at
26 the state, municipality and community levels.

27 4. Research and make recommendations on how the vulnerable adult
28 system can ensure that vulnerable adults receive services they require
29 after the vulnerable adult system completes its investigatory duties,
30 including assigning a specific agency with the responsibility to provide
31 or coordinate case management.

32 5. Research and identify common statewide outcomes.

33 6. Identify best practices for data collection and data sharing by
34 various entities involved in providing vulnerable adult services.

35 7. Review and recommend changes to the statutes and rules that
36 govern vulnerable adult services.

37 C. The cochairpersons may designate work groups to research, study
38 and make recommendations to the study committee. At least two work groups
39 shall be established to separately address the needs of persons with
40 developmental disabilities and persons who are elderly or who have a
41 physical disability, including the training requirements for persons who
42 are caring for these populations.

43 D. Once the study committee establishes a strategic direction, the
44 department of economic security, in conjunction with the work groups,
45 shall develop an action plan for implementation.

1 E. Public members of the study committee are eligible to receive
2 reimbursement of expenses pursuant to title 38, chapter 4, article 2,
3 Arizona Revised Statutes.

4 F. On or before October 1, 2026 and each October 1 thereafter, the
5 study committee shall submit a report of its findings and recommendations
6 to the governor, the president of the senate and the speaker of the house
7 of representatives and shall provide a copy of this report to the
8 secretary of state.

9 G. This section is repealed from and after December 31, 2028.