

Health & Human Services Committee

Senator Nancy Barto, Chairman



Emily Mercado, Research Analyst

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HEALTH & HUMAN SERVICES COMMITTEE

LEGISLATION ENACTED

medical radiologic technology (S.B. 1096) – Chapter 141

Makes various changes to the Medical Radiologic Technology Board of Examiners (Board) statutes relating to certification and education. Also, permits the Board to investigate evidence that appears to show the existence of any of the causes or grounds for disciplinary action.

Retroactive to July 1, 2016, the Board and the Radiation Regulatory Agency and Radiation Regulatory Hearing Board are continued until July 1, 2018. Requires the Board and the Arizona Radiation Regulatory Agency to issue a joint report to the outlined committees of reference on the progress of the implementation of the Office of the Auditor General's recommendations by December 1, 2016.

medical examiner; jurisdiction; death reporting (S.B. 1104) – Chapter 19

Specifies that a county or alternate medical examiner is required to take charge of a dead body and determine if an autopsy is required following a death investigation in which it is determined that the circumstances of the death provide jurisdiction. S.B. 1104: 1) modifies the list of reportable deaths; 2) changes, from anatomic pathology to forensic pathology, the type of certification a licensed physician must have in order to supervise an authorized medical student or resident and fellow in pathology training who is performing autopsies; and 3) designates that alternate medical examiners can fulfill the responsibilities of the county medical examiner, where applicable.

acupuncture board; licensure; qualifications (S.B. 1105) – Chapter 266

Modifies the Acupuncture Board of Examiners' fingerprinting requirement to apply to initial applicants only, retroactive to July 1, 2016.

food stamp benefits; unlawful use (S.B. 1106) – Chapter 20

Defines *eligible food* and designates as an unlawful use of food stamps the buying, selling, acquisition or redemption of food stamps, or eligible food purchased with food stamps, in exchange for cash or consideration other than eligible food.

application for public assistance; requirements (S.B. 1108) – Chapter 21

Permits public assistance applicants to sign the application electronically and requires the application to include a statement subscribed by the applicant, instead of verified by oath, certifying that the contents of the application are true under penalty of perjury.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Arizona health facilities authority; continuation (S.B. 1109) – Chapter 350

Retroactive to July 1, 2016, the Arizona Health Facilities Authority is continued until July 1, 2024.

pharmacists; scope of practice (S.B. 1112) – Chapter 267

Permits a licensed pharmacist to administer certain immunizations without a prescription order and requires pharmacists administering immunizations in this manner to identify and report to the patient's primary care physician the administration and any adverse reaction that is witnessed by or reported to the pharmacist and that may be a contraindication to further doses.

S.B. 1324 (Laws 2016, Chapter 75) clarifies that any medication abortion must be administered in compliance with protocols approved by the U.S. Food and Drug Administration (FDA) that are in effect as of December 31, 2015. S.B. 1112 removes this requirement and the requirement that women be informed of and that the Department of Health Services (DHS) provide on its website information relating to the possibility of reversing a medication abortion. Instead, DHS must post information on its website: 1) explaining the efficacy of taking mifepristone alone without the follow-up drug to terminate a pregnancy; and 2) advising a woman who has taken mifepristone alone and is questioning her decision to terminate her pregnancy to contact her physician or seek information regarding the health of her fetus.

For complete information, please see the summary for S.B. 1324 or the *As Enacted* fact sheet for S.B. 1324 at

http://www.azleg.gov/DocumentsForBill.asp?Bill_Number=1324&Session_Id=115.

mental health power of attorney (S.B. 1169) – Chapter 268

Removes the ability of a principal who is determined to be incapable to revoke a mental health care power of attorney. Increases the window for discharge upon request in an inpatient psychiatric facility, and outlines circumstances exempt from this requirement, including cases in which the principal has been determined to be incapable.

Modifies both the mental health power of attorney form and the required documents for an agent admitting a principal to an inpatient psychiatric facility. Adds a licensed physician specializing in neurology to the list of specialists who can determine incapability.

charitable donations; tax credit amounts (S.B. 1216) – Chapter 109

SEE THE FINANCE COMMITTEE.

advisory council; ~~Indian health care~~ (NOW: tribes; child safety; health care) (S.B. 1238) – Chapter 151

Modifies the membership of the Advisory Council on Indian Health Care (Council) and directs the Council to provide representation in Arizona to tribal governments, tribal

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

organizations and urban Indian health care organizations in shaping Medicaid, healthcare policies and laws impacting the populations they serve.

Permits an authorized tribe to request federal name-based and fingerprint background checks on all adults residing in a home for emergency placement. If a child is removed from the custody of a parent, guardian or custodian, the authorized tribe may place the child in emergency placement pending results from the full fingerprint background check.

controlled substances prescription monitoring program (S.B. 1283) – Chapter 211

Requires a medical practitioner to obtain a patient utilization report from the Controlled Substances Prescription Monitoring Program's (Program) central database tracking system for the 12 months preceding prescription of certain controlled substances and outlines exemptions from this requirement, effective the later of October 1, 2017, or 60 days after the Statewide Health Records Information Exchange has integrated the program data into the exchange. Permits a medical practitioner to obtain a one-year waiver from the requirement in the case of technological limitations.

Requires the Department of Health Services to conduct an annual voluntary survey to assess user satisfaction with the system. Requires the Arizona State Board of Pharmacy (Board) to contract with a third party to conduct an analysis of the Program and report on outlined information by January 1, 2017, and to share that information with outlined individuals by January 15, 2017. Requires the Board to complete and post on its website a quarterly report regarding the electronic health records integration and system by October 1, 2016, for a period of four years. Exempts the Board from rulemaking requirements for one year.

guardianship; proceedings; ward's relationships (S.B. 1296) – Chapter 270

SEE THE JUDICIARY COMMITTEE.

paternity; preliminary injunction (S.B. 1297) – Chapter 271

SEE THE JUDICIARY COMMITTEE.

child support action; affirmative defense (S.B. 1299) – Chapter 272

SEE THE JUDICIARY COMMITTEE.

respiratory care examiners (S.B. 1300) – Chapter 49

Allows the Arizona State Board of Respiratory Care Examiners (Board) to establish a confidential monitoring program for chemically-dependent licensees enrolled in a rehabilitation program that meets Board-established criteria, and requires the Executive Director of the Board to enter into stipulated agreements with licensees for the confidential treatment, rehabilitation and monitoring of chemical dependency. Outlines conditions in which the agreements are

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

confidential and punitive measures for licensees who refuse to enter into the agreements or fail to comply with a program requirement.

Establishes a timeframe for licensees to: 1) report to the Board certain incidents; 2) answer to the Board regarding allegations in an initial complaint notification; and 3) respond in writing to the Board after notice of hearing is served regarding the revocation or suspension of a license. Failure to respond can be treated as admission by default, and the Board is permitted to issue a civil penalty in cases not sufficient to warrant suspension or revocation of a license.

Allows the Board to require a licensee or applicant to undergo examinations, assessments or skills evaluations necessary to determine competence, and establishes procedures for the issuance of orders for these exams, assessments or evaluations and their acceptance or rejection by licensees. Makes miscellaneous changes removing certain Board privileges, mandating practices concerning the recognition of continuing education and permitting the Board to renew an expired license if certain requirements are met.

community property; life sentence; spouse (S.B. 1307) – Chapter 159

SEE THE JUDICIARY COMMITTEE.

abortion clinics; medication abortions (S.B. 1324) – Chapter 75

Requires any medication, drug or other substance used to induce or cause a medication abortion to be administered in compliance with the Mifeprex final printing label protocol approved by the U.S. Food and Drug Administration and in effect as of December 31, 2015. Exempts the Department of Health Services from the rulemaking requirement for one year after the effective date.

The provisions of S.B. 1324 were removed by S.B. 1112 (Laws 2016, Chapter 267). For complete information, please see the summary for S.B. 1112 or the *As Enacted* fact sheet for S.B. 1112 at http://www.azleg.gov/DocumentsForBill.asp?Bill_Number=1112&Session_Id=115.

behavioral health; dependent children; reporting (S.B. 1326) – Chapter 273

Continues to require the Arizona Health Care Cost Containment System and the Department of Child Safety to continue issuing quarterly reports regarding children enrolled in the Comprehensive Medical and Dental Program as well as Title XIX-eligible children in foster care until December 31, 2018.

hospitals; dieticians; prescriptions; diet orders (S.B. 1327) – Chapter 274

Permits a licensed hospital to allow a registered dietician or other qualified nutrition professional to order diets, enteral feeding, nutritional supplementation or parenteral nutrition if authorized by medical staff and the hospital's written policies and procedures reflect such a privilege and address the hospital's response to adverse effects that arise as a result of orders issued.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

parent-child relationship; termination; petition (S.B. 1330) – Chapter 275

Permits the county attorney to prepare a petition to terminate the parent-child relationship and act as attorney without expense to the prospective adoptive parent.

insurance coverage; telemedicine (S.B. 1363) – Chapter 278

SEE THE FINANCIAL INSTITUTIONS COMMITTEE.

industries for blind; repeal; successor (S.B. 1411) – Chapter 341

SEE THE COMMERCE AND WORKFORCE DEVELOPMENT COMMITTEE.

mental health services; information disclosure (S.B. 1442) – Chapter 281

Modifies conditions for the disclosure of mental health records to certain individuals when the patient is able or unable to consent or object. In cases where the patient is unable to consent or object, the healthcare entity is required to take into consideration outlined information in order to determine if disclosure is in the patient's best interest. Additional reasons for disclosure include the prevention of any potential threat the patient may pose, or notification of the patient's location, general condition or death to individuals involved in the patient's care.

Requires that information disclosed be directly relevant to the person's involvement with the patient's healthcare or payment related to the patient's healthcare, and that a healthcare entity keep a record of the contact information of individuals to whom information was disclosed. Specifies that the bill does not prevent a healthcare entity from obtaining information about a patient from individuals involved in the patient's care.

board of nursing; licensure; complaints (S.B. 1444) – Chapter 282

Reduces the waiting period for a nurse to obtain a license after a felony conviction from five to three years. Permits an applicant convicted of a class 6 undesignated felony to apply for licensure if the applicant has submitted proof that the court has entered the judgement of conviction for a class 1 misdemeanor.

Requires a health profession regulatory board to provide notice to the health professional of a meeting to review the status of the investigation at least 10 days before the meeting, including notice of the opportunity for the health professional to request a copy of the report concerning the investigation.

health care services; patient education (S.B. 1445) – Chapter 283

Prohibits punishment or restriction of a health professional for making a patient aware of or educating a patient about lawful healthcare services, including off-label use of healthcare services, for which there is a reasonable basis that is allowed under state law. Restriction by an entity is permitted only in cases where the entity has a sincerely held religious or moral belief.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Stipulates that patient advisement or education with regards to these services does not require the services be covered under the patient's healthcare plan, nor does it require the entity under which the health professional is employed to provide the services. Further specifies that the bill does not, among other things, prevent the reporting of information to or action taken by a health profession regulatory board on issues concerning medical liability, settlements, decisions or instances of unprofessional conduct arising out of patient advisement or education on lawful healthcare services.

empowerment scholarships; persons with disabilities (NOW: eligibility; empowerment scholarships; health insurance) (S.B. 1457) – Chapter 112

SEE THE EDUCATION COMMITTEE.

pharmacy board; manufacturers; dietary supplements (S.B. 1460) – Chapter 284

Permits the Arizona State Board of Pharmacy (Board) to issue Certificates of Free Sale to any person licensed by the Board as a manufacturer for the purposes of manufacturing and distributing food or dietary supplements and who wants to sell those supplements domestically or internationally. Requires the Certificate of Free Sale application to include certain information, and requires the Board to adopt rules regarding fees. Permits the Board to establish an inspection process for the issuance of Certificates of Free Sale.

human fetus; embryo; prohibited actions (S.B. 1474) – Chapter 77

Prohibits a person from using a human fetus, embryo or any part resulting from an abortion in animal or human research, experimentation or study or for transplantation, except for: 1) procedures determining or preserving the life or health of the fetus, embryo or mother; or 2) a pathological study. SB 1474 also prohibits other actions concerning abortions, including the sale, transfer, distribution, giving away, acceptance, use or attempted use of a human fetus, embryo or any part resulting from an abortion.

The Department of Health Services is authorized to suspend or revoke the license of any healthcare institution if its owners, operators, agents or employees violate outlined prohibited actions. Finally, the physician-patient privilege is prohibited from preventing the production of documents or records arising from an investigation concerning outlined prohibited actions.

payroll deductions; charitable contributions; prohibition (S.B. 1485) – Chapter 78

SEE THE GOVERNMENT COMMITTEE.

DCS information; governor access (H.B. 2059) – Chapter 61

Adds the Governor to the list of persons to whom the Department of Child Safety (DCS) is required to provide DCS information if the information is reasonably necessary to perform the person's duties. Prohibits the Governor from disclosing received information unless: 1) a court ordered the disclosure of the information; 2) the information has been disclosed in a public or

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

court record; or 3) the information has been disclosed in the course of a public meeting or court proceeding.

medical marijuana; pregnancy exclusion (NOW: medical marijuana; pregnancy; signage) (H.B. 2061) – Chapter 92 RFEIR

Subject to the requirements for enactment for initiatives and referendums (Proposition 105), which requires the affirmative vote of at least three-fourths of the members of each house of the Legislature, HB 2061 requires nonprofit medical marijuana dispensaries, the Department of Health Services' (DHS) public website and registry identification cards to contain a warning about the potential dangers to fetuses caused by using marijuana while pregnant or breastfeeding, and the risk of being reported to the Department of Child Safety for use in this manner. Physicians are required to attest that they have provided the same warning to qualifying patients.

Specific language of the sign is to be addressed in the required rules adopted by DHS, while each dispensary is responsible for the sign's cost and display.

public safety employees; omnibus (H.B. 2074) – Chapter 178

SEE THE PUBLIC SAFETY, MILITARY AND TECHNOLOGY COMMITTEE.

developmental disabilities; terminology; settings (H.B. 2099) – Chapter 286

Renames *child developmental foster homes* to *child developmental homes*. Outlines circumstances in which a regular foster home is required to apply for certification as a child developmental certified home, and exempts certain foster homes from this requirement. Removes the definition of *secure facility* and references to a *secure facility* or *secure setting* throughout statute, while clarifying other terminology related to the Department of Economic Security, including *community residential settings* and *intermediate care facilities*.

state agency reports; electronic submission (H.B. 2100) – Chapter 115

Allows state government to submit required reports and budget estimates electronically, and requires the reports and budget estimates to be posted to each state government's website. Each state government is required to consult with the Secretary of State to ensure the Arizona State Library, Archives and Public Records receives an adequate number of copies in a format that is agreed upon for the purposes of the state archives.

technical correction; contact with relatives (NOW: service providers; domestic violence) (H.B. 2103) – Chapter 94

Renames the *Domestic Violence Shelter Fund* the *Domestic Violence Services Fund* (Fund), and requires the Department of Economic Security (DES) to expend monies from the

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Fund to provide financial assistance to domestic violence service providers, instead of domestic violence shelters only. To be eligible for fund monies, providers must adhere to statewide service standards for domestic violence programs as approved by DES in collaboration with a state coalition against domestic violence.

substance abuse recovery homes (NOW: structured sober living homes) (H.B. 2107) – Chapter 287

Allows a city, town or county to adopt by ordinance standards for structured sober living homes that comply with state and federal fair housing laws and the Americans with Disabilities Act and outlines what the standards may include. A city, town or county that adopts such standards may exclude from regulation any structured sober living home that is subject to adequate oversight by another governmental entity or contractor.

pharmacists; licensure (H.B. 2109) – Chapter 288

Removes the requirement that a pharmacist licensed in another jurisdiction hold the license for at least one year in good standing before being eligible to be licensed in Arizona without a pharmacist licensure examination. Requires applicants applying for initial licensure to apply for a fingerprint clearance card, rather than submitting fingerprints for a state and federal criminal records check, and describes a procedure for the approval of the application for licensure if a valid fingerprint clearance card is issued or denied.

genetic testing; informed consent (H.B. 2144) – Chapter 37

SEE THE FINANCIAL INSTITUTIONS COMMITTEE.

radiologic technology; out-of-state licensed practitioners (H.B. 2225) – Chapter 98

Extends the ability of a certificate holder to use ionizing radiation on a person for diagnostic purposes by allowing an out-of-state licensed practitioner to direct the certificate holder.

foster care review board; continuation (H.B. 2260) – Chapter 134

Retroactive to July 1, 2016, the Arizona Foster Care Review Board (FCRB) is continued until July 1, 2024. Modifies local FCRB membership by allowing additional people to serve and reduces the size of the statewide FCRB.

Clarifies the children who may be committed to the Arizona Department of Juvenile Corrections. Requires the FCRB to review certain related cases, consistent with current law.

Allows non-residents to adopt dependent Arizona children under specified circumstances, including that the child currently resides in the applicant's home pursuant to the relevant interstate compact. Exempts great-aunts, great-uncles and certain foster parents from the adoption certification process. Makes some modifications regarding entities that may conduct

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

foster and adoptive investigations and home studies and the timeframe for foster parent training. Finally, requires the Department of Child Safety to conduct a review regarding the implementation of the recently adopted foster parent licensing rules, guidelines and checklists, and outlines related requirements.

electronic benefit transfers; prohibitions; violations (H.B. 2261) – Chapter 290

Prohibits the use of an electronic benefits transfer (EBT) card at a medical marijuana dispensary and classifies the use of an EBT card at certain establishments as a class one misdemeanor. Establishes as a class one misdemeanor the operation of an automatic teller machine or a point-of-sale terminal that accepts EBT cards or processes EBT transactions by a licensed liquor store, adult-oriented establishment or a permittee, licensee or facility for commercial horse racing or dog racing.

child care assistance (H.B. 2262) – Chapter 187

Modifies, beginning September 1, 2016, the eligibility period for child care assistance. In categories in which the Federal Poverty Level (FPL) is a factor, allows the Department of Economic Security (DES) to specify by rule when assistance terminates as long as the family income is below 85 percent of the state median income, rather than it terminating when the income exceeds 165 percent FPL. Specifies a maximum, rather than a minimum, annual review of each case. Allows DES to pay different levels of assistance according to another state-approved quality indicator, in addition to the other factors already listed in statute.

epinephrine auto-injectors (H.B. 2265) – Chapter 85

Permits an authorized entity to stock epinephrine auto-injectors for emergency administration or provision, as prescribed by a medical practitioner. Outlines training requirements for employees responsible for the supervision and use of epinephrine auto-injectors, and states employees or agents of an authorized entity are immune from civil liability if certain conditions are met. An authorized entity is required to submit to the Department of Health Services a report of each incident that involves the administration of an epinephrine auto-injector and that occurs on the authorized entity's premises.

~~foster parent training~~ (NOW: backlog cases; private contractors; DCS) (H.B. 2270) – Chapter 291 E

An emergency measure, effective May 17, 2016, that requires the Department of Child Safety (DCS) to enter into contracts with one or more private contractors to administer backlog cases. Outlines requirements of DCS and private contractors in completing tasks associated with the backlog, including requirements of a private contractor when he or she has a reasonable belief that grounds for removal exist. Requires DCS to report to the Joint Legislative Budget Committee within 30 days after each calendar quarter the status of all backlog cases as of the end of that calendar quarter.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

anatomical gifts; procurement organizations; licensure (H.B. 2307) – Chapter 292

Requires a procurement organization to obtain licensure through the Department of Health Services (DHS) and outlines requirements for the obtainment of licensure either through accreditation by a DHS-approved national accrediting agency or by meeting DHS-adopted rules mirroring accreditation requirements. States accredited procurement agencies that obtain licensure already satisfy health and safety requirements by virtue of their accreditation but must still comply with other outlined DHS-adopted rules. Exempts certain organizations and facilities from the licensure requirement.

Outlines procedures and requirements for license renewal. States a licensed procurement organization is subject to inspection by DHS at any time, and permits the Director of DHS to penalize an organization for violation of DHS-adopted rules and requirements. Exempts DHS from rulemaking requirements for one year.

biological products; prescription orders (H.B. 2310) – Chapter 293

Permits a pharmacist, effective January 1, 2017, to substitute a biological product for a prescribed biological product if certain conditions are met, and outlines procedural requirements concerning the notification of the price difference in substitution and the name displayed on the drug's container. Requires communication from a dispensing pharmacist to the prescriber via an electronically-accessible entry or direct communication to the prescriber, unless there is no interchangeable biological product for the product prescribed or a refill prescription is not changed from the product dispensed on the prior filling. Requires the Board of Pharmacy to maintain on its website a list of interchangeable biological products approved by the U.S. Food and Drug Administration.

Prohibits listed parties from requiring the pharmacist to dispense or substitute any specific interchangeable biological product against the judgement of the pharmacist or prescriber, and prohibits a pharmacist from making a substitution unless the manufacturer or distributor has shown that the products dispensed have an expiration date and the manufacturer or distributor maintains recall and return capabilities for unsafe or defective biological products.

advisory council; Indian health care. (H.B. 2312) – Chapter 190

Modifies the membership of the Advisory Council on Indian Health Care (Council) and directs the Council to provide representation in Arizona to tribal governments, tribal organizations and urban Indian healthcare organizations in shaping Medicaid, healthcare policies and laws impacting the populations they serve.

potlucks; regulation exemption (H.B. 2341) – Chapter 54

Removes the requirement that a noncommercial event, such as a potluck, take place at a workplace in order to be exempt from Department of Health Services-prescribed rules regarding food or drink safety.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

opioid antagonists; prescription; dispensing; administration (H.B. 2355) – Chapter 212

Permits a pharmacist or a health professional with prescribing authority to dispense an opioid antagonist to certain individuals, including a person at risk of experiencing an opioid-related overdose or a family or community member who is in a position to aid that person. Documentation of the dispensing, as well as informing the individual to whom the drug was administered to contact emergency services as soon as possible, is required. Immunizes pharmacists acting in this manner from liability, except in cases of wonton or willful neglect.

In addition, permits a person to administer an opioid antagonist to a person experiencing an overdose and exempts the person from liability, except in cases of gross negligence, willful misconduct or intentional wrongdoing. Includes in the definition of *person* an employee of a school district or charter school and requires a school district board to establish procedures for the emergency administration of opioid antagonists by employees.

physician assistants; continuing medical education (H.B. 2359) – Chapter 68

Requires the Arizona Regulatory Board of Physician Assistants (Board) continuing medical education requirement for license renewal to be satisfied in cases where the licensee holds a certification in good standing from a Board-approved certifying body.

~~technical correction; AHCCCS; application process (NOW: nurse licensure compact) (H.B. 2362)~~ – Chapter 294

Modifies the Nurse Licensure Compact. Identifies eligibility and minimum standard licensure requirements for a multistate license, including: 1) outlining education requirements; 2) requiring criminal history records checks of applicants; and 3) requiring that an applicant not be enrolled in an alternative program.

Establishes the Interstate Commission of Nurse Licensure Compact Administrators (Commission) as an instrumentality of the Compact states and grants the Commission rulemaking authority as outlined. Enumerates requirements of closed meetings of the Commission. The Commission is prohibited from altering a registered nurse's scope of practice in this state; the Governor may withdraw this state from the Compact if notified by the Arizona Board of Nursing (Board) that the Commission has adopted a rule to change the scope of practice for registered nurses in this state and a law is enacted that repeals the Compact. The Board is required to post certain information on its website notifying licensees of any Commission action that may affect a nurse's license.

Compact states are required to enforce the Compact. The bill specifies requirements for when a Compact state is in default and outlines requirements for curing the default and for termination from the Compact. The Compact becomes effective on December 31, 2018, or when 26 other states enact the Compact legislation in their states, whichever comes first.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

personal information; breach; records; exception (H.B. 2363) – Chapter 102

Extends to the business associates of covered entities exemption from: 1) the requirement that an individual notify affected individuals of a breach of a security system that contains personal information; and 2) the prohibition on an entity knowingly discarding or disposing records or documents that contain certain personal information without redacting the information or destroying the records or documents. Previously, only covered entities were exempt from these provisions, which conflict with existing guidelines under the Health Insurance Portability Accountability Act (HIPAA) governing both covered entities and their business associates.

qualified disability expenses; eligible individuals (H.B. 2388) – Chapter 214

Establishes the Achieving a Better Life Experience (ABLE) Act to create tax-free savings accounts for individuals with disabilities, called ABLE accounts. Outlines the Department of Economic Security's (DES) duties with respect to the implementation, development and maintenance of the ABLE program. Outlines a selection process for financial institutions to act as depositories of the fund and managers of the program. Describes program requirements for beneficiaries and financial institutions. Establishes an oversight committee comprised of outlined individuals to meet at least once each calendar quarter and, among other things, to make recommendations for the establishment, implementation and improvement of the program. Allows certain individuals to manage the account of minors or incapacitated adults eligible for the program.

Requires DES to submit an annual report to outlined individuals for seven years after the effective date, the first being due on December 31, 2017, and subsequent reports by December 31 of each year thereafter. Appropriates \$240,000 from the state General Fund in FY 2017 to DES for the implementation and administration of the program. The program is effective by July 1, 2017, and is terminated on July 1, 2026. The oversight committee is terminated on July 1, 2024.

child removal; uniform criteria (H.B. 2427) – Chapter 103

Requires the Department of Child Safety to apply uniformly across the state rules, policies and safety and risk assessment tools concerning the removal of a child from a home.

behavioral health; urgent need; children (H.B. 2442) – Chapter 71 E

An emergency measure, effective March 24, 2016, that establishes requirements for Regional Behavioral Health Authorities (RBHAs). Specifically, requires a RBHA to dispatch an assessment team within 72 hours of being notified that a child has entered care in an out-of-home placement or within 2 hours after a placement or an adoptive parent of a child eligible for the Arizona Health Care Cost Containment System (AHCCCS) or KidsCare notifies the RBHA that the child has an urgent need. The RBHA also must provide an initial evaluation of the child within seven calendar days after a referral or request for services. If, after screening and evaluation, the child is determined to be in need of behavioral health services, the RBHA must provide an initial appointment within 21 calendar days after the initial evaluation.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

The parent must call the RBHA-designated point of contact and the AHCCCS customer service line to document a failure to receive services within that deadline, and may access services directly from any AHCCCS-registered provider, whether or not that provider is contracted with the RBHA. A provider that is not contracted with the RBHA would then submit the claim to the RBHA and accept 130 percent of the AHCCCS-negotiated rate or the provider's rate, whichever is less.

The parent may also contact the RBHA-designated point of contact to coordinate crisis services if the crisis services provider is not being responsive, and the RBHA must respond within 72 hours after the parent requests the RBHA to place the child in residential treatment because the child is displaying threatening behavior. If the child is hospitalized before the RBHA responds, the RBHA must reimburse the hospital for all medically necessary care.

If the foster child moves to a different county because of the placement's location, the placement may have the child continue any current treatment in the previous county.

The bill outlines a reporting requirement for the AHCCCS Administration. The Administration must also complete a network adequacy study and may adopt measures to address noncompliance by a RBHA.

The bill requires the Department of Child Safety (DCS) to provide certain information to a placement and protects parents from charges or child removal related to the foster, adoptive or biological child's behavioral health needs. Finally, it requires DCS to inform all former foster homes if a reunified child is later removed from the home and establishes a placement priority list.

cash assistance; eligibility; children (H.B. 2452) – Chapter 133

Arizona statute deems any child born during certain periods of time ineligible for cash assistance benefits. When a child is born during one of these periods, the caregiver is prohibited from receiving the increase in cash assistance for that child, and the child is prohibited from receiving cash assistance benefits permanently. This is known as the *kid cap*. H.B. 2452 removes the kid cap related to cash assistance for an otherwise eligible child when: 1) the court has placed the child with a nonparent relative; 2) the child's parents are deceased and the child is living with a nonparent relative; 3) a nonparent relative has custody of the child because the child is abandoned; or 4) the child is in the legal custody of the Department of Child Safety, a tribal court or a tribal welfare agency located in the state and is placed in unlicensed kinship foster care with a nonparent relative.

lifespan respite care; program termination (H.B. 2461) – Chapter 72

Continues the Lifespan Respite Care Program from July 1, 2017, to July 1, 2025.

sexual assault; parental rights; prohibition (H.B. 2488) – Chapter 104

SEE THE JUDICIARY COMMITTEE.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

medical licensure compact (H.B. 2502) – Chapter 137

Establishes the Interstate Medical Licensure Compact (Compact) and outlines requirements for the application for and issuance of an expedited license, including standard eligibility requirements.

Establishes the Interstate Medical Licensure Compact Commission (Commission) to administer and enforce the Compact, and outlines Commission membership, duties and responsibilities, including rulemaking authority. Outlines liability immunity for Commission representatives and employees. Describes requirements of closed meetings and website postings of the Commission.

Delineates grounds for default of a Compact member state, and allows a defaulting member state to be terminated from the Compact if the default is not cured. Outlines a process for a state's withdrawal from the Compact.

The Compact is repealed if the Commission issues a rule or decision that would change the scope of practice of or the definition of unprofessional conduct for a physician inconsistent with state law related to abortion or if a court issues a ruling relating to the enforcement of the Compact that would do the same.

Requires the Arizona Medical Board (AMB) and the Arizona Board of Osteopathic Examiners (AZDO) to create a proposal for the expedited licensure of a physician who is licensed in at least one other state and who meets certain requirements and who is not seeking expedited licensure under the Compact. Allows the AMB and the AZDO, beginning July 1, 2017, to issue a temporary license to a physician who meets outlined requirements, and appropriates \$50,000 and three FTEs from the Medical Board Fund in FY 2017 to the AMB for the purpose of licensure.

psychologists; licensure compact (H.B. 2503) – Chapter 298

Establishes the Psychologists Interjurisdictional Compact (Compact). A *home state* is a Compact state where a psychologist is licensed to practice psychology, and a home state's license authorizes a psychologist to practice interjurisdictional telepsychology in a receiving state and grants temporary authorization to practice psychology in a distant state if certain requirements are met. H.B. 2503 outlines additional authorities invested in a Compact state's regulatory authority in addition to any other powers granted under state law, including the issuance of cease and desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice psychology.

Establishes the Psychology Interjurisdictional Compact Commission (Commission) and outlines Commission membership, responsibilities and duties, including rulemaking. Outlines requirements of closed meetings of the Commission. The Arizona Board of Psychologist Examiners is required to post on its website notifying licensees of any Commission action that may affect a psychologist's license.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

Establishes the Coordinated Licensure Information System to contain licensure and disciplinary action information on all psychologists under the Compact. States are required to submit a uniform data set to the coordinated database on all licensees as required by Commission rules, and the coordinated database administrator is required to promptly notify all Compact states of any adverse action taken against a licensee in a Compact state.

Outlines oversight, dispute resolution and enforcement requirements. An employer is prohibited from requiring a psychologist to seek licensure through the Compact as a condition of initial or continued employment. The Compact becomes effective when it is enacted into law in the seventh Compact state.

~~revenue department; technical correction~~ (NOW: physical therapy licensure compact) (H.B. 2504) – Chapter 299

Establishes the Physical Therapy Licensure Compact (Compact) which allows a physical therapist or a physical therapist assistant to obtain one license in the home state in order to be permitted to practice in any other Compact state. Outlines requirements of a state wishing to participate in the Compact, and outlines requirements of a licensee wishing to exercise the Compact privilege.

Authorizes the home state to have exclusive power to impose an adverse action against a license issued by the home state, and allows a home state to take adverse action based on investigative information of a remote state. Authorizes a remote state to take certain actions against a licensee's Compact privilege in the state.

Establishes the Physical Therapy Compact Commission (Commission) and outlines Commission membership, responsibilities and duties, including rulemaking authority. Enumerates requirements of closed meetings of the Commission. Outlines liability immunity for Commission employees and representatives. Requires the Commission to establish a coordinated database and reporting system containing certain information on licensees. Requires the Arizona State Board of Physical Therapy to post on its website notifying licensees of any Commission action that may affect a physical therapist's license.

Outlines a process for when a Compact state has defaulted in its performance of obligations under the Compact, and allows the Compact state to be terminated from the Compact if the default is not cured. The Compact becomes effective on the enactment of the Compact statute into law in the tenth Member state.

DCS; intake hotline; reports (H.B. 2522) – Chapter 300

Modifies the circumstances in which the Department of Child Safety (DCS) must prepare a DCS report. No longer requires the hotline worker to prepare a report if the identity or current location of the child victim, the child's family or the person suspected of abuse or neglect is not known or cannot be reasonably ascertained. Additionally, exempts DCS from preparing a DCS report if the suspected conduct occurred more than three years before the communication to the hotline if certain conditions are met. However, even if those conditions are met, if it is a

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

criminal conduct allegation, a report must still be prepared. Modifies the circumstances in which a hotline worker must forward information to law enforcement.

gold bonds; study committee (NOW: primitive campgrounds; exemption; definition) (H.B. 2541) – Chapter 200

SEE THE NATURAL RESOURCES COMMITTEE.

AHCCCS; provider participation; exclusions (H.B. 2599) – Chapter 302

SEE THE FEDERALISM, MANDATES AND FISCAL RESPONSIBILITY COMMITTEE.

appropriation; pediatric neurological autoimmune disorders (H.B. 2640) – Chapter 207

Appropriates \$250,000 from the Disease Control Research Fund to the Department of Health Services (DHS) in FY 2017 for the research of pediatric neurological autoimmune disorders, and requires the Biomedical Research Commission to evaluate grant applications and make award recommendations to the Director of DHS.

charter schools; preference; foster children (H.B. 2665) – Chapter 248

SEE THE EDUCATION COMMITTEE.

insurance; pharmacy benefits; audits; pricing (NOW: insurance; pharmacy benefits; audit procedures) (H.B. 2692) – Chapter 303

Establishes procedures and requirements for an audit conducted by an auditing entity on a pharmacy, and establishes a timeline for the provision and appeal of audit reports. Exempts audits conducted in which suspicion of fraudulent activity or other intentional and willful misrepresentation is evidenced by physical review, review of claims data, statements or other investigative methods. Grandfathers contracts entered into before January 1, 2017, except as specified.

budget reconciliation; health; 2016-2017. (H.B. 2704/ S.B. 1535) – Chapter 122

SEE THE APPROPRIATIONS COMMITTEE.

human services; budget reconciliation; 2016-2017 (S.B. 1536/H.B. 2705) – Chapter 123

SEE THE APPROPRIATIONS COMMITTEE.

health insurance tax; repeal (H.C.M. 2001/S.C.M. 1002)

SEE THE MEMORIALS AND RESOLUTIONS SECTION.

HEALTH & HUMAN SERVICES COMMITTEE (Cont'd)

LEGISLATION VETOED

health profession regulatory boards (S.B. 1443) – VETOED

Beginning January 1, 2017, each health profession regulatory board is required to post on its website: 1) a record of non-disciplinary action issued by the board; 2) recorded audio or video or a notice of the availability of recorded audio or video of open board meetings within five days of the meeting; and 3) a list of board-specific contract employment opportunities and a link to the State Procurement Office to apply. Also, modifies terms for board reappointment, and permits each health profession regulatory board to establish a confidential monitoring program for qualifying licensees, including those who may be chemically dependent or have a medical or behavioral health disorder that impacts their ability to safely practice.

Beginning September 1, 2016, transfers all matters relating to behavior analysts from the State Board of Psychologist Examiners to the Arizona Board of Behavioral Health Examiners, and requires the latter to report to outlined committees of reference on the implementation of the transfer by December 15, 2016.

The Governor indicates in his veto letter that S.B. 1443 does not provide the appropriate oversight of health regulatory boards. Furthermore, the Governor indicates that the bill does not include reforms necessary to address recent Supreme Court precedent, leaving the state vulnerable to antitrust liability and intrusion by the federal government.

judicial productivity credits; calculation; salary (NOW: incompetent persons; mental health evaluations) (S.B. 1510) – VETOED

SEE THE JUDICIARY COMMITTEE.