

COMMITTEE ON RURAL AFFAIRS AND ENVIRONMENT

SENATE AMENDMENTS TO S.B. 1194

(Reference to printed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Section 36-2171, Arizona Revised Statutes, is amended to
3 read:

4 36-2171. Definitions

5 In this chapter, unless the context otherwise requires:

6 1. "ADVANCE PRACTICE PROVIDER" MEANS A PHYSICIAN ASSISTANT AS DEFINED
7 IN SECTION 32-2501 OR A REGISTERED NURSE PRACTITIONER AS DEFINED IN SECTION
8 32-1601.

9 2. "BEHAVIORAL HEALTH PROVIDER" MEANS A PHYSICIAN WHO IS A
10 BOARD-CERTIFIED OR BOARD-ELIGIBLE PSYCHIATRIST, A PSYCHOLOGIST, A PHYSICIAN
11 ASSISTANT OR A REGISTERED NURSE PRACTITIONER WHO IS CERTIFIED TO PRACTICE AS
12 A BEHAVIORAL HEALTH SPECIALIST OR A PERSON WHO IS LICENSED PURSUANT TO TITLE
13 32 AS A CLINICAL SOCIAL WORKER, PROFESSIONAL COUNSELOR OR MARRIAGE AND FAMILY
14 THERAPIST.

15 ~~1.~~ 3. "Department" means the department of health services.

16 ~~2. "Mid-level provider" means a physician assistant as defined in~~
17 ~~section 32-2501, a registered nurse practitioner as defined in section~~
18 ~~32-1601 or a registered nurse practitioner who is certified by the state~~
19 ~~board of nursing as a qualified nurse midwife.~~

20 4. "PHARMACIST" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-1901.

21 ~~3.~~ 5. "Rural" means either OF THE FOLLOWING:

22 (a) A county with a population of less than four hundred thousand
23 persons according to the most recent United States decennial census.

24 (b) A census county division with less than fifty thousand persons in
25 a county with a population of four hundred thousand or more persons according
26 to the most recent United States decennial census.

1 Sec. 2. Section 36-2172, Arizona Revised Statutes, is amended to read:

2 36-2172. Primary care provider loan repayment program; purpose;
3 eligibility; default; use of monies

4 A. The primary care provider loan repayment program is established in
5 the department to pay off portions of education loans taken out by
6 physicians, dentists, ~~and mid-level~~ PHARMACISTS, ADVANCE PRACTICE PROVIDERS
7 AND BEHAVIORAL HEALTH providers.

8 B. The department shall prescribe application and eligibility
9 requirements that are consistent with the requirements of the national health
10 service corps loan repayment program (42 Code of Federal Regulations
11 part 62). To be eligible to participate in the primary care provider loan
12 repayment program, an applicant shall meet all of the following requirements:

13 1. Have completed the final year of a course of study or program
14 approved by recognized accrediting agencies for higher education in a health
15 profession licensed pursuant to title 32 or hold an active license in a
16 health profession licensed pursuant to title 32.

17 2. Demonstrate current or prospective employment with a public or
18 nonprofit entity located and providing services in a federally designated
19 health professional shortage area in this state as designated under 42 Code
20 of Federal Regulations section 62.52.

21 3. Contract with the department to serve and be qualified to serve in
22 GENERAL dentistry, family ~~practice~~ MEDICINE, pediatrics, obstetrics, ~~or~~
23 internal medicine, GERIATRICS, PSYCHIATRY, PHARMACY OR BEHAVIORAL HEALTH.

24 C. In addition to the requirements of subsection B of this section, an
25 applicant who is a physician shall meet both of the following requirements:

26 1. Have completed a professional residency program in family ~~practice~~
27 MEDICINE, pediatrics, obstetrics, ~~or~~ internal medicine OR PSYCHIATRY OR A
28 FELLOWSHIP, RESIDENCY OR CERTIFICATION PROGRAM IN GERIATRICS.

29 2. Contract with the department to serve for at least two years.

30 D. ~~A mid-level~~ AN ADVANCE PRACTICE provider, BEHAVIORAL HEALTH
31 PROVIDER or dentist who participates in the primary care provider loan

1 repayment program shall INITIALLY contract with the department to provide
2 services pursuant to this section for at least two years.

3 E. In making recommendations for the primary care provider loan
4 repayment program, the department shall give priority to applicants who:

5 1. Intend to practice in rural areas most in need of primary care
6 services. ~~In determining the areas most in need of primary care services,~~
7 ~~the department shall consider areas that are either designated as medically~~
8 ~~underserved by the department or~~

9 2. Have been assigned to a ~~high-degree-of-shortage group~~ HIGH-NEED
10 HEALTH PROFESSIONAL-SHORTAGE AREA pursuant to 42 Code of Federal Regulations
11 section 62.52.

12 3. MEET CRITERIA ESTABLISHED IN RULE TO DETERMINE PRIORITY CONSISTENT
13 WITH THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM (42 CODE OF
14 FEDERAL REGULATIONS PART 62, SUBPART B).

15 F. All loan repayment contract obligations are subject to the
16 availability of monies and legislative appropriation. The department may
17 cancel or suspend a loan repayment contract based on unavailability of monies
18 for the program. The department is not liable for any claims, actual damages
19 or consequential damages arising out of a cancellation or suspension of a
20 contract.

21 G. This section does not prevent the department from encumbering an
22 amount that is sufficient to ~~assure~~ ENSURE payment of each primary care
23 provider loan for ~~a period of up to two years~~ THE SERVICES RENDERED DURING A
24 CONTRACT PERIOD.

25 H. The department shall issue program monies to pay primary care
26 provider loans that are limited to the amount of principal, interest and
27 related expenses of educational loans, NOT TO EXCEED THE PROVIDER'S TOTAL
28 STUDENT LOAN INDEBTEDNESS, according to the following schedule:

29 1. For physicians and dentists:

30 (a) For the first ~~year~~ TWO YEARS of service, a maximum of ~~twenty~~
31 SIXTY-FIVE thousand dollars.

1 ~~(b) For the second year of service, a maximum of twenty thousand~~
2 ~~dollars.~~

3 ~~(c) For the third year of service, a maximum of twenty two thousand~~
4 ~~dollars.~~

5 ~~(d) For the fourth year of service, a maximum of twenty five thousand~~
6 ~~dollars.~~

7 (b) FOR SUBSEQUENT YEARS, A MAXIMUM OF THIRTY-FIVE THOUSAND DOLLARS.

8 2. For ~~mid-level~~ ADVANCE PRACTICE providers, PHARMACISTS AND
9 BEHAVIORAL HEALTH PROVIDERS:

10 (a) For the first ~~year~~ TWO YEARS of service, a maximum of ~~seven~~ FIFTY
11 thousand ~~five hundred~~ dollars.

12 ~~(b) For the second year of service, a maximum of seven thousand five~~
13 ~~hundred dollars.~~

14 ~~(c) For the third year of service, a maximum of nine thousand dollars.~~

15 ~~(d) For the fourth year of service, a maximum of ten thousand five~~
16 ~~hundred dollars.~~

17 ~~I. A physician, dentist or mid-level provider who enters into an~~
18 ~~original contract may apply for additional contracts for one or two years,~~
19 ~~subject to approval by the department.~~

20 (b) FOR SUBSEQUENT YEARS, A MAXIMUM OF TWENTY-FIVE THOUSAND DOLLARS.

21 ~~J. I.~~ I. A participant in the primary care provider loan repayment
22 program who breaches the loan repayment contract by failing to begin or to
23 complete the obligated services is liable for liquidated damages in an amount
24 equivalent to ~~twice the total uncredited amount of the loan repayment~~
25 ~~contracted for on a prorated monthly basis~~ THE AMOUNT THAT WOULD BE OWED FOR
26 DEFAULT AS PRESCRIBED BY THE FEDERAL GRANTS TO STATES FOR LOAN REPAYMENT
27 PROGRAM OR AS DETERMINED AND AUTHORIZED BY THE DEPARTMENT. The department
28 may waive the liquidated damages provisions of this subsection if it
29 determines that death or permanent physical disability accounted for the
30 failure of the participant to fulfill the contract. The department may
31 prescribe additional conditions for default, cancellation, waiver or

1 suspension that are consistent with the national health service corps loan
2 repayment program (42 Code of Federal Regulations sections 62.27 and 62.28).

3 ~~K.~~ J. Notwithstanding section 41-192, the department may retain legal
4 counsel and commence whatever actions are necessary to collect loan payments
5 and charges if there is a default or a breach of a contract entered into
6 pursuant to this section.

7 K. THE DIRECTOR OF THE DEPARTMENT MAY AUTHORIZE THE PROGRAM TO BE
8 IMPLEMENTED INDEPENDENT OF THE FEDERAL GRANTS FOR STATE LOAN REPAYMENT
9 PROGRAM BASED ON THE NEEDS OF THIS STATE, SUBJECT TO AVAILABLE STATE
10 APPROPRIATIONS.

11 L. THE DEPARTMENT MAY USE MONIES TO DEVELOP PROGRAMS SUCH AS
12 RESIDENT-TO-SERVICE LOAN REPAYMENT AND EMPLOYER RECRUITMENT ASSISTANCE TO
13 INCREASE PARTICIPATION IN THE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM.
14 THE DEPARTMENT MAY USE PRIVATE DONATIONS, GRANTS AND FEDERAL MONIES TO
15 IMPLEMENT, SUPPORT, PROMOTE OR MAINTAIN THE PROGRAM.

16 Sec. 3. Section 36-2173, Arizona Revised Statutes, is amended to read:

17 36-2173. Obstetrical practitioners; underserved areas; payment
18 of insurance premiums; prioritization

19 A. A physician or ~~a mid-level practitioner~~ AN ADVANCE PRACTICE
20 PROVIDER who provides obstetrical services in rural areas of this state may
21 apply for and receive financial assistance to offset medical malpractice
22 premium expenses.

23 B. To be qualified for assistance, a person shall apply to the
24 department on a form and in a manner prescribed by the department and shall
25 meet the following requirements:

26 1. Have current obstetrical delivery privileges at one or more
27 hospitals that are located in rural areas of this state and that are not
28 operated by the federal government.

29 2. Have a contract with the Arizona health care cost containment
30 system ADMINISTRATION for obstetrical services with one or more of the
31 system's prepaid contractors.

32 3. Be licensed under title 32, chapter 13, 15, 17 or 25.

1 4. Personally incur malpractice insurance costs.

2 C. The department shall establish an index that uses indicators to
3 determine a score for each applicant service area. These indicators shall
4 include:

5 1. The availability of obstetrical services based on a population to
6 provider ratio.

7 2. The area's geographic accessibility to obstetrical services.

8 3. The percentage of the area's population that is at or below a
9 designated federal poverty level.

10 D. The department shall identify physicians and ~~mid-level~~ ADVANCE
11 PRACTICE providers who are practicing in medically underserved areas and
12 shall notify them of the eligibility for assistance under this section. A
13 physician or ~~mid-level~~ ADVANCE PRACTICE provider shall submit an application
14 for assistance within thirty days of receiving the notification. The
15 department shall offer assistance to qualified applicants based on the
16 ranking of the area in which the applicant serves as established under
17 subsection C OF THIS SECTION. The applicant shall enter into a contract with
18 the department under which the applicant agrees to remain in practice in the
19 specific area for one year. These contracts are exempt from the requirements
20 of title 41, chapter 23.

21 E. Family physicians and ~~mid-level~~ ADVANCE PRACTICE providers who
22 perform less than fifty-one deliveries per year and who are required to pay
23 an additional premium to perform obstetrical services are eligible to receive
24 an amount of not more than five thousand dollars. Family physicians and
25 obstetricians who perform more than fifty deliveries per year are eligible to
26 receive an amount of not more than ten thousand dollars.

27 F. The health care provider shall submit a report to the department
28 that contains statistical information required by the department and that
29 identifies the number of women to whom the provider has provided medical
30 services during childbirth, the women's ages, the number of prenatal visits
31 each woman received, the number of these women who are enrolled in the
32 Arizona health care cost containment system and the women's insurance status.

1 D. THE DEPARTMENT SHALL ADOPT RULES TO CANCEL OR SUSPEND A LOAN
2 REPAYMENT CONTRACT, IMPOSE A PENALTY FOR DEFAULT OR FIND A PERSON IN DEFAULT
3 OF A CONTRACT.

4 Sec. 5. Repeal

5 Section 36-2175, Arizona Revised Statutes, is repealed.

6 Sec. 6. Section 36-2907.05, Arizona Revised Statutes, is amended to
7 read:

8 36-2907.05. Primary care programs: definition

9 A. Subject to the availability of monies ~~as prescribed in section~~
10 ~~36-2921~~, the administration shall enter into an intergovernmental agreement
11 pursuant to title 11, chapter 7, article 3 with the department of health
12 services to establish community based primary care programs to contract with
13 providers to provide comprehensive primary care services to low-income
14 at-risk residents of this state and to provide primary care services to
15 indigent or uninsured Arizonans. The department may contract with public and
16 nonprofit private entities to provide primary health care services through
17 mobile medical clinics to indigent or uninsured Arizonans in rural areas as
18 defined in section 36-2171 or in medically underserved areas as prescribed by
19 section 36-2352.

20 B. The community based primary care programs as established pursuant
21 to this section shall include at least the following:

22 1. Outreach services that are designed to identify individuals in
23 need.

24 2. Comprehensive primary care services that are provided in community
25 sites including well child care, immunizations, treatment of minor ~~illness~~
26 ILLNESSES and health education and referral.

27 3. Tracking and follow-up services to assist individuals in obtaining
28 care that is not available through the primary care programs.

29 C. As a condition of receiving a contract, each community based
30 primary care program shall agree to submit information that is required to
31 conduct program evaluations pursuant to section 36-2907.07.

1 D. The community based primary care programs as established pursuant
2 to this section may provide, subject to available funding, the following
3 services:

4 1. Medical care provided through licensed primary care physicians and
5 licensed mid-level providers ~~as defined in section 36-2171~~.

6 2. Diagnostic laboratory or imaging services that are necessary to
7 complete preliminary diagnosis and treatment, including referral services.

8 3. Pharmacy services that are necessary to initiate treatment,
9 including referral services.

10 4. Preventive health services.

11 5. Preventive dental services.

12 E. The community based primary care programs shall be administered
13 directly by the department of health services. Contracts established
14 pursuant to subsection A of this section shall be signed by the department
15 and the contractor ~~prior to~~ BEFORE the transmission of any tobacco tax and
16 health care fund monies to the contractor.

17 F. If the department of health services enters into a contract with a
18 mobile medical clinic to provide services pursuant to subsection A of this
19 section, ~~then~~ the mobile medical clinic shall provide at least the following:

20 1. Medical care provided through licensed primary care physicians and
21 licensed mid-level providers ~~as defined in section 36-2171~~.

22 2. Comprehensive primary care services including well woman care, well
23 child care, immunizations, treatment of minor ~~illness~~ ILLNESSES and health
24 education and referral.

25 3. Prenatal care services.

26 4. Diagnostic laboratory and imaging services that are necessary to
27 complete a diagnosis and treatment, including referral services.

28 5. Pharmacy services that are necessary to complete treatment,
29 including referral services.

30 6. Outreach services that are designed to identify persons in need.

31 7. Tracking and follow-up services to assist persons to obtain care
32 that is not available through the primary care programs.

1 one-year contracts with qualifying community health centers for the centers
2 to provide the following primary health care services:

3 1. Medical care provided through licensed primary care physicians and
4 licensed mid-level providers as defined in section ~~36-2171~~ 36-2907.05.

5 2. Prenatal care services.

6 3. Diagnostic laboratory and imaging services that are necessary to
7 complete a diagnosis and treatment, including referral services.

8 4. Pharmacy services that are necessary to complete treatment,
9 including referral services.

10 5. Preventive health services.

11 6. Preventive dental services.

12 7. Emergency services performed at the qualifying community health
13 center.

14 8. Transportation for patients to and from the qualifying community
15 health center if these patients would not receive care without this
16 assistance.

17 B. A contract entered into pursuant to subsection A of this section
18 may include urgent care services for walk-in patients.

19 C. Each contract shall require that the qualifying community health
20 center provide the services prescribed in subsection A of this section to
21 persons who the center determines:

22 1. Are residents of this state.

23 2. Are without medical insurance policy coverage.

24 3. Do not have a family income of more than two hundred ~~per cent~~
25 PERCENT of the federal poverty guidelines ~~as established annually by the~~
26 ~~United States department of health and human services.~~

27 4. Have provided verification that the person is not eligible for
28 enrollment in the Arizona health care cost containment system pursuant to
29 this chapter.

30 5. Have provided verification that the person is not eligible for
31 medicare.

1 D. The department of health services shall directly administer the
2 program and issue requests for proposals for the contracts prescribed in this
3 section. Contracts established pursuant to subsection A of this section
4 shall be signed by the department and the contractor before the transmission
5 of any tobacco tax and health care fund monies to the contractor.

6 E. Persons who meet the eligibility criteria established in subsection
7 C or H of this section shall be charged for services based ~~upon~~ ON a sliding
8 fee schedule approved by the department of health services.

9 F. In awarding contracts, the department of health services may give
10 preference to qualifying community health centers that have a sliding fee
11 schedule. Monies shall be used for the number of patients that exceeds the
12 number of uninsured sliding fee schedule patients that the qualifying
13 community health center served during fiscal year 1994. Each qualifying
14 community health center shall make its sliding fee schedule available to the
15 public on request. The contract shall require the qualifying community
16 health center to apply a sliding fee schedule to all of its uninsured
17 patients.

18 G. The department of health services may examine the records of each
19 qualifying community health center and conduct audits necessary to determine
20 that the eligibility determinations were performed accurately and to verify
21 the number of uninsured patients served by the qualifying community health
22 center as a result of receiving tobacco tax and health care fund monies by
23 the contract established pursuant to subsection A of this section.

24 H. Contracts established pursuant to subsection A of this section
25 shall require qualifying community health center contractors to submit
26 information as required pursuant to section 36-2907.07 for program
27 evaluations.

28 I. For the purposes of this section, "qualifying community health
29 center" means a community-based primary care facility that provides medical
30 care in medically underserved areas as provided in section 36-2352, or in
31 medically underserved areas or medically underserved populations as
32 designated by the United States department of health and human services,

1 through the employment of physicians, professional nurses, physician
2 assistants or other health care technical and paraprofessional personnel.

3 Sec. 8. Rulemaking

4 For the purposes of implementing this act, the department of health
5 services is exempt from the rulemaking requirements of title 41, chapter 6,
6 Arizona Revised Statutes, until December 31, 2016, except that the department
7 shall provide public notice and an opportunity for public comment before
8 adopting the rules. The department shall include in the rulemaking
9 requirements for the prioritization of state residents, requirements of
10 part-time providers and the provision of services by telemedicine.”

11 Amend title to conform

1/27/15
10:27 AM
S: IA