

ARIZONA HOUSE OF REPRESENTATIVES  
Fifty-second Legislature – First Regular Session

**COMMITTEE ON HEALTH**

Report of Regular Meeting  
Tuesday, January 27, 2015  
House Hearing Room 4 -- 2:00 p.m.

**Convened** 2:40 p.m.

**Recessed**

**Reconvened**

**Adjourned** 4:34 p.m.

**Members Present**

Mr. Boyer  
Mr. Friese  
Mr. Lawrence  
Mr. Meyer  
Mrs. Cobb, Vice-Chairman  
Mrs. Carter, Chairman

**Members Absent**

**Request to Speak**

Report – Attachment 1

**Presentations**

<b><u>Name</u></b>	<b><u>Organization</u></b>	<b><u>Attachments (Handouts)</u></b>
Jeff Miller	NFL	
David Dodick, MD	Mayo Clinic	2
Tamara McLeod, PhD	A.T. Still University	3
Laurie White	Xavier College Preparatory	4
Javier Cardenas, MD	Barrow Concussion Network	5
Mark Mignella	Arizona Interscholastic Association	6

**Committee Action**

<b><u>Bill</u></b>	<b><u>Action</u></b>	<b><u>Vote</u></b>	<b><u>Attachments</u></b> (Summaries, Amendments, Roll Call)
HB2491	DP	6-0-0-0	7, 8
HB2495	NOT ASSIGNED		
HB2496	DP	6-0-0-0	9, 10
HB2499	DPA	6-0-0-0	11, 12
HB2521	DP	6-0-0-0	13, 14
HCR2017	DP	6-0-0-0	15, 16, 17

  
Sandy Kelley, Chairman Assistant

January 27, 2015

(Original attachments on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov>)

COMMITTEE ON HEALTH  
Tuesday, January 27, 2015

# Information Registered on the Request to Speak System

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*House Health (1/27/2015)*

## **HB2491, hospitals; community health centers; transactions**

### **Support:**

Tara Plese, AZ Alliance For Community Health Centers; Barbara Fanning, Arizona Hospital And Healthcare Association

## **HB2495, medically underserved areas; loan repayment**

### **Support:**

Jeremy Arp, NATIONAL ASSOCIATION OF SOCIAL WORKERS, ARIZONA CHAPTER; E.L. Sissons, representing self; Rory Hays, Arizona Nurses Association; Bahney Dedolph, representing self; Joseph Abate, AZ OSTEOPATHIC MEDICAL ASSN, AZ PSYCHIATRIC SOCIETY; Tara Plese, AZ Alliance For Community Health Centers; Kevin Earle, Executive Director, Arizona Dental Association; Pat VanMaanen, representing self; Shirley Gunther, DIGNITY HEALTH; Michelle Pabis, Government and Public Affairs Exec Director, SCOTTSDALE LINCOLN HEALTH NETWORK; Susie Stevens, A.T. Still University; Michael Haener, Partner, Cenpatco Behavioral Health; Rebecca Nevedale, Arizona Chapter Of The American Academy Of Pediatrics; Deb Gullett, Arizona Association Of Health Plans; Barbara Fanning, Arizona Hospital And Healthcare Association; Daniella Yaloz Smith, AZ PUBLIC HEALTH ASSOCIATION; Emily Jenkins, Arizona Council Of Human Service Providers; Pete Wertheim, Other; Kristen Boilini, Arizona Alliance Of Community Health Centers; Jessica Rainbow, AZ-AMERICAN CONGRESS OF OBSTETRICIANS & GYNECOLOGISTS; Jeff Gray, Arizona Pharmacy Association; And March Of Dimes Arizona Chapter; Nicole Olmstead, Other

### **Neutral:**

Colby Bower, Arizona Department Of Health Services

### **All Comments:**

E.L. Sissons, Self: On behalf of Mental Health America of AZ, we wish to support efforts that provide tools to help individuals repay their student loans especially when serving in underserved areas. Adding behavioral health providers is essential. Please support.; Bahney Dedolph, Self: There is a significant shortage of licensed behavioral health professionals in Arizona. This bill would be an incentive to attract more highly qualified professionals to Arizona.; Joseph Abate, AZ OSTEOPATHIC MEDICAL ASSN, AZ PSYCHIATRIC SOCIETY: support the Bill and the Carter amendment; Tara Plese, AZ Alliance For Community Health Centers: Ensuring the viability of this primary care provider loan repayment program is essential to the health centers' ability to attract medical providers to serve in underserved areas of the state.; Emily Jenkins, Arizona Council Of Human Service Providers: This is important to our rural behavioral health providers. We have a major shortage of professionals in rural communities.

## **HB2496, dental board; regulation; fingerprinting**

### **Support:**

Kevin Earle, Executive Director, Arizona Dental Association; Stuart Goodman, Arizona Board Of Dental Examiners; Elaine Hugunin, AZ DENTAL BOARD

## **HB2499, DHS; prevention education grants; appropriations**

### **Support:**

E.L. Sissons, representing self; Tara Plese, AZ Alliance For Community Health Centers; Brenda Thomas, ARIZONA FAMILY HEALTH PARTNERSHIP; Geoff Esposito, Arizona School Boards Association; Janice Palmer, AZ School Boards Assn; Ashley Hagaman, representing self; Christina Tetreault, representing self; Daniella Yaloz Smith, AZ PUBLIC HEALTH ASSOCIATION

### **Neutral:**

Colby Bower, Arizona Department Of Health Services

### **All Comments:**

E.L. Sissons, Self: Funding that supports education and prevention are consistent with the values of Mental Health America of AZ. This is a valid approach that is consistent with our national agenda of Before Stage 4 (#B4Stage4). Please support.; Ashley Hagaman, Self: I am with American Foundation for Suicide Prevention and support this bill.; Christina Tetreault, Self: I am with American Foundation for Suicide Prevention and I support this bill.; Daniella Yaloz Smith, AZ PUBLIC HEALTH ASSOCIATION: We feel the scope needs to be expanded to include obesity, lack of physical activity & tobacco use. We would like the programs selected to be based on community need identified through existing surveillance tools & proven scientific evidence.

## **HCR2017, concussion awareness day**

### **Support:**

shirley gunther, DIGNITY HEALTH; Deb Gullett, Arizona Cardinals; Amanda Rusing, Arizona Physical Therapy Association; Hirsch Handmaker, representing self; Steve Barclay, MAYO CLINIC ARIZONA; Susan Cannata, Arizona Athletic Trainers Association

### **All Comments:**

Hirsch Handmaker, Self: Rep. Meyer suggested I request to speak and provide statement for the record. Thank you.  
Hirsch Handmaker, MD

## **HB2521, Arizona medical board; fingerprinting; disclosure.**

### **Support:**

Ryan Harper, Abrazo Health Care; shirley gunther, DIGNITY HEALTH; Michelle Pabis, Government and Public Affairs Exec Director, SCOTTSDALE LINCOLN HEALTH NETWORK; Stuart Goodman, Arizona Medical Board; Deb Gullett, Arizona Association Of Health Plans; Steve Barclay, Arizona Medical Association, MAYO CLINIC ARIZONA

**All Comments:**

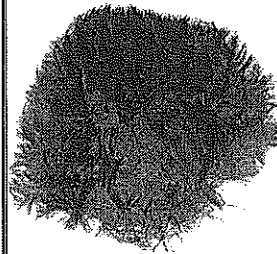
Steve Barclay, Arizona Medical Association, MAYO CLINIC ARIZONA: ArMA and Mayo fully support this bill, which is critical to quickly restoring the functionality of the physician licensing processes of the AMB.



## CONCUSSION

David W. Dodick, M.D.  
Professor  
Director, Sport Neurology and Concussion  
Department of Neurology  
Mayo Clinic  
Phoenix, Arizona

100 billion neurons



10,000x as many connections

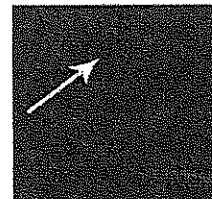
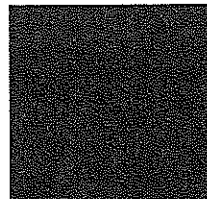


## CONCUSSION BY THE NUMBERS

- 45M youth in sport in US
- Youth 3X more likely to suffer repeat concussion in the same season



## CONCUSSION IS A FUNCTIONAL AND STRUCTURAL BRAIN INJURY

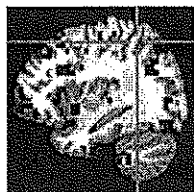


## CONCUSSION BY THE NUMBERS

- 3.8M sport-related concussions recognized each year (but millions more not reported, recognized, or silent)



Pre-season



Mid-season

## CONCUSSION AWARENESS AT ALL TIME HIGH UNDERSTANDING THE IMPLICATIONS IS NOT

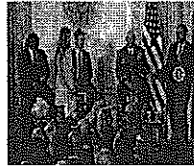
- Memory, reaction time - 14 days
- Cognitive, emotional, physical symptoms: 5 weeks
- Persistent symptoms, memory, processing speed, attention – Years (15-30%)





- Too many gaps in our knowledge – much more research is needed

“... one thing we can agree on is that sports are vital to this country and it's a responsibility for us to make sure that young, talented kids ... able to participate as safely as possible and that we are doing our job, as parents, school administrators, and coaches, to look after them the way they need to be looked after - That's job number one”



May 2014

## RESEARCH



- Validate and determine most accurate concussion tests for diagnosis of and recovery from concussion in youth athletes
- Validate remote concussion evaluation (teleconcussion)

## THE ISSUES: FOR YOUTH ATHLETES

- No pre-participation (baseline) evaluation of brain function is required (despite being mandatory at the collegiate, Olympic, and professional levels)
- **DIAGNOSIS:** Validated, rapid, and accurate RFP protocols for sideline concussion diagnosis are not required or broadly implemented
- **RECOVERY:** Recommended RTL and RTP protocols are not required or broadly implemented.

## EDUCATION

Concussions always go unrecognized

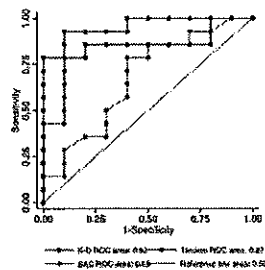


Concussions always go unrecognized



## BASELINE AND AFTER-INJURY TESTS ARE VALIDATED, RAPID, AND ACCURATE

- Vision test and balance test are 97% accurate in detecting concussion
- Both tests take less than 2 minutes



Identifying Concussion

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**45,000 Arizona Student Athletes Receive Concussion Tests from Mayo Clinic**

SCOTTSDALE, Ariz. — Jan. 27, 2015 — The Mayo Clinic's Arizona Concussion Program, a partnership between the Mayo Clinic and the Arizona Department of Education, has completed its first year of implementation. The program, which began in 2013, has provided over 45,000 student athletes with baseline concussion testing. The program is a partnership between the Mayo Clinic and the Arizona Department of Education, and is the first of its kind in the United States.

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**Pop Warner, Mayo Clinic team up on concussion protocol**

PHOENIX, Ariz. — Jan. 27, 2015 — The Mayo Clinic's Arizona Concussion Program, a partnership between the Mayo Clinic and the Arizona Department of Education, has completed its first year of implementation. The program, which began in 2013, has provided over 45,000 student athletes with baseline concussion testing. The program is a partnership between the Mayo Clinic and the Arizona Department of Education, and is the first of its kind in the United States.

## Recommendation

- A pupil may return to play on the same day if a health care provider rules out a suspected concussion at the time the pupil is removed from play. On a subsequent day, the pupil may return to play if the pupil has been evaluated by and received written clearance to resume participation in athletic activity from a health care provider who has been trained in the evaluation and management of concussions and head injuries, undergone a return-to-play concussion protocol, and received written clearance to resume participation in athletic activity from the health care provider.

## Recommendation

- The policies and procedures should include annual pre-participation neurological evaluation including tests that will guide both remove-from-play and return-to-play decisions.

## Recommendation





- The policies and procedures shall require that a pupil who, after a sideline evaluation, is suspected of sustaining a concussion in a practice session, game or other interscholastic athletic activity be immediately removed from the athletic activity.

## Current Research on Education and Baseline Testing

Tamara Valovich McLeod, PhD, ATC, FNATA  
Professor and Program Director  
Athletic Training Programs

A.T. STILL UNIVERSITY | ARIZONA SCHOOL OF HEALTH SCIENCES | ATSU

## Concussion Recognition Problems

	<b>Medical Professionals</b> • Hospital discharge (Gordon & Arns, 1995) • MHA, NYS (Gordon, 2000), Kentucky, MD (Gordon, 2001), Illinois (Gordon, 2004), NY (Gordon, 2014) • Primary Care (Buckner & Buckner, 2005)
	<b>Coaches</b> • High School (Holtzworth, 2009) • Youth (Gordon, 2009)
	<b>Athletes</b> • College (Rush, 2013; Lissner, 2011) • High School (McClay, 2004; Valovich McLeod, 2006; Lee, 2010; Register-Khalil, 2013) • Youth (Lissner, 2006; Gordon, 2009)
	<b>Parents</b> • Youth (Lissner, 2006; Gordon, 2009)

## Education

- Every state concussion law requires education
  - For whom varies: athlete, coach, parent, school personnel, medical providers
- Every state interscholastic association requires education
  - Parent/Athlete
    - Majority use information handouts
    - 2 require online training (AZ, OR)
    - 2 refer to CDC web training (GA, IL)
    - 3 encourage NFHS training (RI, VA, WI)

## Effects of Concussion Education

- Knowledge is improving (Chrisman, 2012; Bloodgood, 2013)
  - Concussion symptom video game improved identification in youth hockey players (Goodman, 2006)
- Intent to report remains problematic (Chrisman, 2013; Register-Khalil, 2013; Mrazik, 2014; Ravara, 2014)
  - Concussion education increased reporting of concussion symptoms to coaches (Brandy, 2012)
  - Increased perceptions of *unsafe* reporting behaviors in group who watched hockey video (Koshus, 2014)
  - No changes in attitudes, norms or behavioral intentions following education (Koshus, 2013)

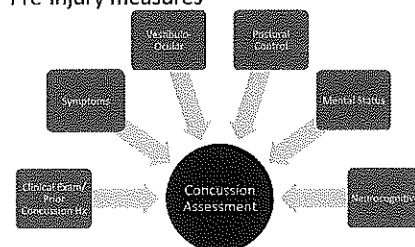
## Concussion Reporting Barriers

- Athletes know concussions are dangerous
- Most would still play with symptoms
- Athletes want to keep playing
- It's hard to tell if you are injured
- You're supposed to play injured
- Don't want to let team down
- Hesitant to report to coach

Chrisman, 2012

## What Are Baseline Tests?

- Assessments made to complement a clinical examination
- Pre-injury measures





### What Baseline Tests Are Not?

- Diagnostic
  - Don't tell us if someone has a concussion
- Predictive of recovery
  - Don't tell us when it is safe to return to activity
- Perfect
  - Measurement properties, interpretation
- Sole basis for clinical decision-making

### Good Baseline Testing Practices

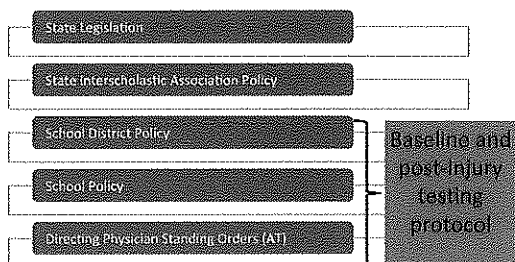
- Multifaceted approach
- Trained medical professionals to administer
- On-site medical coverage to remove
- Concussion plan with follow-up test process
- QMP to interpret assessments
- Used in conjunction with clinical examination
- **Appropriate resources, personnel and training**

### Baseline Testing

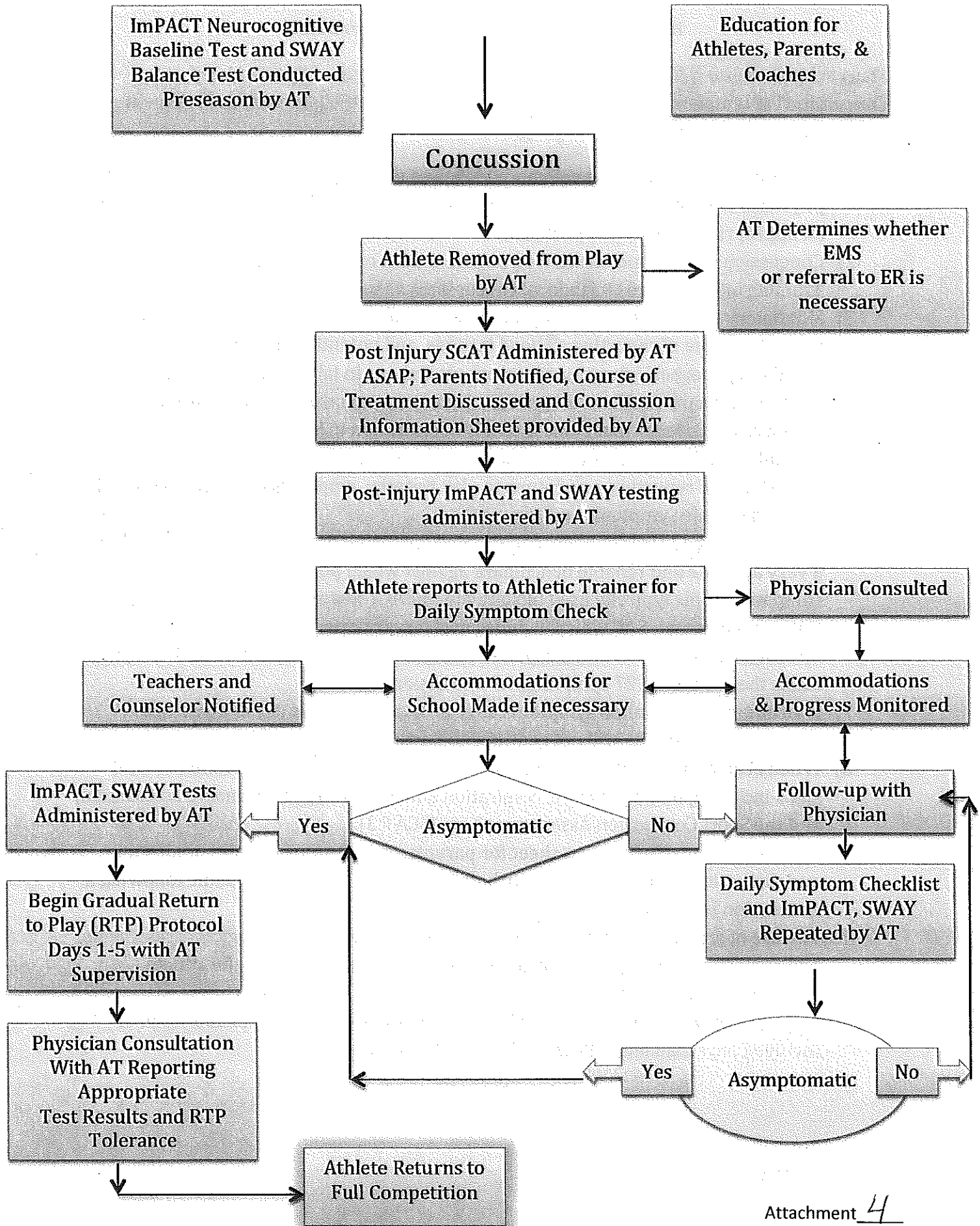
- "At present, there is insufficient evidence to recommend the widespread routine use of baseline neuropsychological testing." (McCrory, BJSM, 2013)
- "There is insufficient evidence to support conclusions about the use of neuropsychological testing in identifying concussion in preadolescent age groups." (Giza, 2013)
- "Athletes at high risk of concussion (eg, those in contact or collision sports) should undergo baseline examinations before the competitive season." (Broglio, 2014)

HS w/ ATs	HS w/o ATs	Youth Sports
<ul style="list-style-type: none"> <li>• On-site medical care</li> <li>• Directing physician</li> <li>• Concussion plan</li> <li>• Most likely to baseline test</li> <li>• 94 schools participate in BCN</li> <li>• Others us BL tests outside of BCN</li> </ul>	<ul style="list-style-type: none"> <li>• No regular on-site medical care</li> <li>• May have game coverage by QMP</li> <li>• Difficult to properly baseline test</li> <li>• Interpretation concerns</li> </ul>	<ul style="list-style-type: none"> <li>• No regular on-site medical care</li> <li>• Limited game coverage</li> <li>• Not all covered under law</li> <li>• Age appropriate tests</li> <li>• Difficult to properly baseline test</li> <li>• Interpretation concerns</li> </ul>

### Concussion Legislation and Policies



# Sample School Concussion Protocol



## **Highlights of a School Concussion Protocol**

Many schools utilize NATA's position statement, "Management of Sport-related Concussion" as template for the school protocol. Also the Zurich Consensus Statement on Concussion in Sport is often cited. Highlights include:

- 1) The Athletic Trainer works collaboratively and with direction from his/her team physician and/or a physician with the concussion network to establish and follow an appropriate concussion protocol.
- 2) Concussion history documented on parent section of physical form. Athletic Training injury records include all concussions as well.
- 3) Mandatory parent informed consent presentation includes discussion of prevention and importance of reporting all head injuries, and potential risk involved
- 4) Mandatory coaches' injury management workshops in fall reviews concussion protocol, with prevention, recognition, reporting, and return to play criteria emphasized. Coaches must take the NFHS Concussion in Sports Course.
- 5) Formal annual presentation to all football players on concussion prevention, importance of reporting, and return to play criteria: emphasis is placed on the risk of playing while symptomatic.
- 6) Baseline testing provides a normative value for each individual athlete establishing a very accurate and reliable benchmark against which post-injury results can be compared. Tools typically used include the ImPACT neurocognitive online test; SWAY balance test; SAC which includes measures of orientation, immediate memory, concentration and delayed recall; and a graded symptom checklist which ranks the severity of 27 symptoms of concussion.
- 7) If an athlete shows initial symptoms after an incident on the day of a practice or competition, he or she will not continue to participate that day.
- 8) When evaluating a concussion the AT will typically employ an evaluation of vital signs including blood pressure, respiration and heart rate; cranial nerve assessment; and the Sport Concussion Assessment Tool (SCAT 3).
- 9) Concussion home instruction sheet for parents, as well as verbal communication and discussion for home care are included before the athlete goes home following a concussion incident.
- 10) The use of graded symptom checklists, cognitive, balance, neurological assessments, and evaluation of symptom-free guidelines are typical to monitor the athlete following a concussion.
- 11) Return to play decisions are made by the AT with direction and collaboration of involved physician and following the concussion protocol.



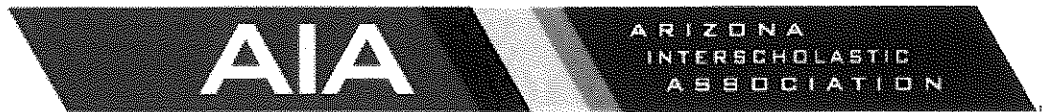
**Dignity Health**  
St. Joseph's Hospital and  
Medical Center

Barrow Concussion & Brain Injury Center  
222 W. Thomas Road, Suite 304  
Phoenix, Az 85013  
*phone* 602.406.HEAD (4323)  
*fax* 602.406.3810

## Arizona's Concussion Accomplishments

- SB 1521, Arizona's Concussion Legislation signed into law April, 2011
- Barrow Brainbook - The nation's first concussion education designed for high school athletes - over 260,000 high school athletes educated since 2011
- Arizona Interscholastic Association: Helmet dislodgement rule - implemented in 2011, adopted by the National Federation of High Schools in 2012
- AIA Contact practice rule - implemented in 2014, adopted by the National Federation of High Schools in 2015
- AIA Soccer heading rule implemented 2014
- AIA USA Football, Heads Up 2015
- Barrow Concussion Network:
  - Over 58,000 baseline tests completed
  - Over 8,500 post-injury tests completed
  - 165 Concussion Consultation completed from around the state in 2014
- Barrow Brainball - over 5000 downloads
- Barrow Neurological Institute at the ProBowl and Super Bowl XLIX!

[thebarrow.org](http://thebarrow.org)



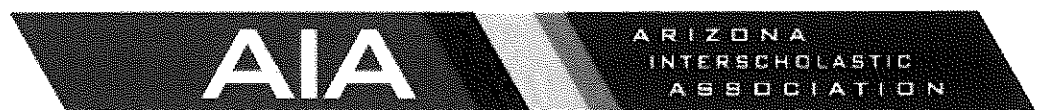
## Outline for Health Committee Hearing

The Arizona Interscholastic Association, Inc. (AIA), is a voluntary association of 270 member schools comprised of public, charter, BIA, parochial and private schools that was established in 1913 to oversee athletics and activities competition. Since its inception, the AIA has taken very seriously the health and safety of students. Prior to legislative involvement and/or public scrutiny, the AIA has been very proactive in responding to the changing dynamic of sport in our state and country.

Several years ago the AIA recognizing the need to enhance the balance of the AIA Sports Medicine Advisory Committee, recruited Dr Javier Cardenas to Chair the committee and assist in seeking out a diverse membership in varied disciplines to ensure that we were on the cutting edge of current research. The current membership includes the following medical professionals:

### **AIA SPORTS MEDICINE ADVISORY COMMITTEE**

Javier Cardenas, MD (Chair)  
Steven Erickson, MD  
Jeffrey Vaughn, DO  
David Hayward, AT, ATFC, M.Ed  
Mark Strom, ND  
Christina Kwasnica, MD  
Richard Boeckmann, PT  
Michael Skowronek, PT  
Holly McNutty, MD  
Roger McCoy, MD  
Kristina Wilson, MD  
Bert Vargas, MD  
Tamara McLeod, PhD  
Tom Reed, ATC  
Kevin Turley, DC  
Chuck Schmidt, AIA Associate Director/COO  
Mark Mignella, AIA Legal Counsel



### **AIA DEVELOPMENT OF CONCUSSION**

AIA Executive Staff, recognizing the need to enhance AIA's concussion awareness and education policies, sought out assistance from the Arizona Cardinals in developing a concussion education module starting in 2009. The Cardinals through the efforts of Mr Ron Minegar, Mr Steve Ryan and Mr Rich Thome introduced AIA COO, Mr Chuck Schmidt, to Dr Javier Cardenas on or around 2010 - 2011. The AIA then asked Dr Cardenas to chair the AIA SMAC. From there the following occurred:

1. AIA enhanced professional disciplines on AIA SMAC.
2. AIA mandated concussion education for all AIA officials and coaches.
3. The AIA included additional language for parent consent forms regarding concussion.
4. AIA partnered with Barrow's and Cardinals to develop AIA student concussion course. The course launched in August 2011 and has been seen by **250,000** students.
5. Based on AIA SMAC recommendations, the AIA Executive Board has moved forward several key bylaws to respond to the research being done on concussion safety and awareness.
  - a. As a state experiment, moved a rule through the process that if a helmet is dislodged during a game, the student who loses their helmet must be removed from play and/or a timeout called in order to properly refit helmet before return to play. This was eventually adopted at the national level.
  - b. A return to play protocol, based on a qualified medical professional addressing and evaluating a student who may have been discussed. may only return to play if cleared by the qualified medical professional. This was eventually adopted as the language for the current Arizona statute (ARS 15-341).
  - c. The AIA reduced the amount of contact during practice time for football (see Article 23.2.7).
  - d. The AIA directed all officials to identify, prior to all regular season contests (all sports), the qualified medical professional on the sidelines in order to facilitate a cohesive line of communication in returning students to play.
  - e. The AIA mandated that in order for any post season event to begin, a qualified medical professional must be present and identified.
  - f. In partnership with St. Joseph, the AIA is managing a grant that allows schools to seek grant funds to cover the expense of having an ATC on the sideline of an AIA post season game. Additional funds are being sought to assist in coverage of qualified medical professionals at all AIA regular and post season events.
  - g. The AIA produced a Neck Strengthening Video for coaches, administrators, parents and students to view online at no charge.
  - h. In addition, the AIA continues to look at the research and explore other developing areas in concussion safety. This past year the AIA limited the amount of time in practice "heading" can be done during soccer practice.

### **CONCLUSION**

The AIA continues to ensure the best information is at the forefront when it comes to the health and safety of our students. Not only the area of concussion, but the AIA was the first in the country to have a comprehensive heat acclimatization policy for all sports. As the methods and data improve regarding the health and safety of students who participate in high school sports, the AIA will remain dedicated and vigilant in promoting the safest and healthiest environment possible for the students we serve.



# HOUSE OF REPRESENTATIVES

HB 2491

hospitals; community health centers; transactions  
Sponsors: Representatives Carter, Cobb, Senator Barto, et al.

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X Committee on Health

Caucus and COW

House Engrossed

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## OVERVIEW

HB 2491 removes the notification requirement to the Arizona Corporation Commission (ACC) when a nonprofit health care entity intends to sell, transfer, lease, exchange, option, convey, convert, give, merge or otherwise dispose of all or substantially all of its assets to or with another nonprofit health care entity or a for profit entity.

## HISTORY

Arizona Revised Statutes (A.R.S.) § 10-11253 states that no later than ninety days before the closing of a transaction, a nonprofit health care entity shall give written notice to the chairman of the ACC, the director of the Department of Health Services and the Attorney General. Statute also outlines the notice and information requirements and the information submitted pursuant to statute is public record. Furthermore, A.R.S. § 10-11253 requires the parties to the intended transaction to select a hearing officer, time and place for a public hearing. During the hearing, parties are required to present a written summary of information outlining the impact of the intended transaction.

## PROVISIONS

1. Removes the notification requirement to the ACC when a nonprofit health care entity intends to sell, transfer, lease, exchange, option, convey, convert, give, merge or otherwise dispose of all or substantially all of its assets to or with another nonprofit health care entity or a for profit entity.

**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON \_\_\_\_\_ HEALTH \_\_\_\_\_ BILL NO. HB 2491

DATE January 27, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		6	0	0	0

APPROVED: \_\_\_\_\_

HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

Sandy Kelley  
COMMITTEE SECRETARY

ATTACHMENT \_\_\_\_\_





# HOUSE OF REPRESENTATIVES

HB 2496

dental board; regulation; fingerprinting

Sponsor: Representative Carter

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X Committee on Health

Caucus and COW

House Engrossed

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## OVERVIEW

HB 2496 makes changes to the dental statutes.

## HISTORY

Laws 1935, Chapter 24, § 6 established the Arizona State Board of Dental Examiners (Board) with the mission to provide professional, courteous service and information to the dental profession and the general public through the examination, licensure and complaint adjudication and enforcement processes and to protect the oral health, safety and welfare of Arizona citizens through a fair and impartial system.

The Board consists of six licensed dentists, two licensed dental hygienists, two public members and a business entity member all appointed by the governor to serve four-year terms. Members of the Board are entitled to receive compensation in the amount of \$250 per day actually spent in performing work authorized by the Board and all related expenses. As of January 2015, there are 4,658 licensed dentists, 4,167 licensed dental hygienists, 11 certified denturists and 338 registered dental business entities.

## PROVISIONS

### Dental, Dental Hygienists and Denturists

1. Requires an applicant for licensure for a dental or dental hygienist license or a denturist certification to obtain a valid fingerprint clearance card.
2. States that if the Board orders physical, psychological, psychiatric and competency evaluations for licensees or certificate holders and applicants for licensure or certification, the individual bears the expense of the evaluation.
3. Removes the requirement that license renewal fees for dentists, dental hygienists and denturists established by the Board be for the subsequent three years if the Board is establishing a different license renewal fee.
4. Provides for dentists, dental hygienists and denturists in case of a licensee or certificate holder who is impaired by alcohol or drug abuse after completing a second monitoring program pursuant to a stipulation agreement, the Board must determine whether:
  - a. To refer the matter for a formal hearing for the purpose of suspending or revoking the license or certificate.
  - b. The licensee or certificate holder should be placed on probation for minimum of one year with restrictions necessary to ensure public safety.
  - c. To enter into another stipulation agreement with the licensee or certificate holder.

5. Clarifies that a dentist, dental hygienist or denturist who fails to comply with a board order rather than a *final* board order constitutes unprofessional conduct and may subject the licensee or certificate holder to disciplinary action.

**Miscellaneous**

6. Requires the Board by rule, for licensure by credential for dentists and dental hygienists, to establish minimum number of active practice hours within a specific time period before the applicant submits the application. The Board must define what constitutes active practice. Additionally the applicant must provide an affirmation that they have completed the continuing education requirements of the jurisdiction where the applicant is licensed.
7. Eliminates the requirement for the Board to establish rules prescribing the costs for reproduction of records.
8. Makes technical and conforming changes.

**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON \_\_\_\_\_ HEALTH \_\_\_\_\_ BILL NO. \_\_\_\_\_ HB 2496

DATE \_\_\_\_\_ January 27, 2015 \_\_\_\_\_ MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		6	0	0	0

APPROVED:

  
\_\_\_\_\_  
HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

  
\_\_\_\_\_  
COMMITTEE SECRETARY

ATTACHMENT \_\_\_\_\_



# HOUSE OF REPRESENTATIVES

HB 2499

DHS; prevention education grants; appropriations

Sponsors: Representatives Carter, Brophy McGee

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X Committee on Health

Caucus and COW

House Engrossed

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## OVERVIEW

HB 2499 appropriates \$300,000 to the Arizona Department of Health Services (ADHS), beginning in Fiscal Year (FY) 2016 and each year thereafter, for grants for middle and high school prevention education programs.

## HISTORY

Laws 1973, Chapter 158, established the ADHS by consolidating the State Department of Health, the Arizona Health Planning Authority, Crippled Children Services, the Arizona State Hospital and the Anatomy Board. ADHS sets the standard for personal and community health and is responsible for protecting and improving public health and providing publicly funded behavioral health programs.

Currently, ADHS consists of numerous divisions which include various bureaus, offices and programs within each division. The Division of Behavior Health Services is the permanent authority for publicly funded behavioral health services in Arizona. One of the Division's responsibilities is to administer a comprehensive, regionalized, behavioral health system of community based prevention, intervention, treatment and rehabilitative services for individuals and families. This includes the application, execution and oversight of numerous federal grants providing funding for mental health, substance abuse and prevention services and workforce development training initiatives.

## PROVISIONS

1. Adds a new section of law, that requires ADHS to issue grants, on a competitive basis, for middle and high school prevention education programs to schools that implement programs that do the following:
  - a. Promote positive life choices.
  - b. Incorporates an educational prevention component with emphasis on:
    - i. Substance abuse
    - ii. Mental health
    - iii. Violence
    - iv. Other risky behaviors
2. Appropriates \$300,000 to ADHS, beginning in FY 2016 and each year thereafter, for grants for middle and high school prevention education programs.
3. Exempts the appropriation from lapsing.

**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON HEALTH BILL NO. HB 2499

DATE January 27, 2015 MOTION: dpa

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		6	0	0	0

APPROVED:

  
HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

  
COMMITTEE SECRETARY

ATTACHMENT \_\_\_\_\_



# HOUSE OF REPRESENTATIVES

HB 2521

Arizona medical board; fingerprinting; disclosure.

Sponsors: Representatives Carter, Cobb

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X Committee on Health

Caucus and COW

House Engrossed

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## OVERVIEW

HB 2521 makes adjustments to the Arizona Medical Board (AMB) statutes.

## HISTORY

Laws 1913, Second Special Session, Chapter 17 established the AMB which regulates the practice of allopathic medicine through licensure and complaint investigation and resolution related to medical doctors. The primary duty of the AMB is to protect the public from the unlawful, incompetent, unqualified, impaired or unprofessional practitioners of allopathic medicine through licensure, regulation and rehabilitation of the profession in the state. The AMB consists of 12 members who serve five year terms. Members are eligible to receive compensation in the amount of \$250 per day for each day of service and related expenses.

Arizona Revised Statutes (A.R.S.) §§ 32-1422 and 32-1430; basic requirements for granting a license and license renewal respectively, were amended in 2014 to include a provision that applicants and licensees for renewal must submit a full set of fingerprints to the AMB for the purpose of obtaining a state and federal criminal records check. A.R.S. § 32-1403.01 requires the AMB to make available to the public a profile of each licensee and this information must be available through an internet website and if requested, in writing.

The provisions related to state criminal background checks are governed by A.R.S. § 41-1750. Subsection G(2) requires, in part, that the director of the Department of Public Safety authorize the exchange of criminal justice information between the central state repository, or the criminal justice information system with any noncriminal justice agency to receive criminal history information for the purpose of evaluating the fitness of current or prospective licensees, employees, contract employees or volunteers. The exchange of federal criminal background check information is governed by Public Law 92-544.

## PROVISIONS

1. Specifies that the AMB make available a profile to the public for each licensee, but stipulates the profile may not contain any information received from the Federal Bureau of Investigation relating to a federal criminal records check.
2. Removes the requirement for a renewal licensee who did not submit fingerprints for a criminal records check when initially licensed to do so.
3. Contains an applicability and retroactivity clause along with an emergency measure.

**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**

**ROLL CALL VOTE**

COMMITTEE ON HEALTH BILL NO. HB 2521

DATE January 27, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		6	0	0	0

APPROVED:

  
HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

  
COMMITTEE SECRETARY

ATTACHMENT \_\_\_\_\_



# HOUSE OF REPRESENTATIVES

HCR 2017

concussion awareness day

Sponsor: Representative Carter

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X Committee on Health

Caucus and COW

House Engrossed

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## OVERVIEW

HCR 2017 proclaims August 20, 2015 as Concussion Awareness Day.

## HISTORY

According to the Centers for Disease Control and Prevention, a concussion is a type of traumatic brain injury that alters the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth.

Concussions have the potential to result in death or long-term neurological impairment and affect at least ten percent of young athletes in Arizona each year. Arizona recognizes the importance of outreach programs to educate health care providers in the evaluation and management of young athletes who have sustained a concussion.

## PROVISIONS

1. Proclaims August 20, 2015 as Concussion Awareness Day.



**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**


**ROLL CALL VOTE**

COMMITTEE ON \_\_\_\_\_ HEALTH \_\_\_\_\_ BILL NO. HCR 2017

DATE January 27, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Frieze		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		6	0	0	0

APPROVED:

  
HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

  
COMMITTEE SECRETARY

ATTACHMENT \_\_\_\_\_

**ARIZONA HOUSE OF REPRESENTATIVES**  
**Fifty-second Legislature - First Regular Session**

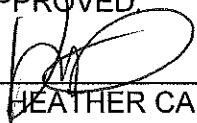
**ROLL CALL VOTE**

COMMITTEE ON \_\_\_\_\_ HEALTH \_\_\_\_\_ BILL NO. HCR 2017

DATE January 27, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer		✓			
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		6	0	0	0

APPROVED:

  
\_\_\_\_\_  
HEATHER CARTER, Chairman  
REGINA COBB, Vice-Chairman

  
\_\_\_\_\_  
COMMITTEE SECRETARY

ATTACHMENT \_\_\_\_\_

ARIZONA HOUSE OF REPRESENTATIVES  
Fifty-second Legislature - First Regular Session

REGULAR MEETING AGENDA  
COMMITTEE ON HEALTH

January 27th, 2015

Hirsch Handmaker, MD  
Chairman and CEO  
The CACTIS Foundation  
Scottsdale Arizona  
[hh@cactisfoundation.org](mailto:hh@cactisfoundation.org)

Mr. Chairman and Members of the Committee on Health:

The CACTIS Foundation was fortunate to attend the recent Fort Lowell Shootout in Tucson, Arizona on January 20, 2015 in conjunction with Tucson Medical Center's Community Benefit program. At that event, we provided a demonstration of baseline concussion testing for approximately 5000 youth soccer players, their parents and coaches in attendance. Virtually every visitor to our demonstration and discussion about concussions commented that there is an urgent need for more and broader grass roots educational programs regarding appropriate baseline testing and "best practices" for managing concussions, especially in the most vulnerable age group, those athletes between the ages of 6 and 16.

The citizens of the State of Arizona are justifiably proud of your early and decisive actions in this area and you are to be commended for remaining at the forefront of legislative action, largely due to the efforts of the speakers on the presentation panel today. I want to especially note that The American Academy of Neurology (AAN) recently named one of today's panelists, Dr. Javier Cárdenas, as their Palatucci Advocacy Leadership Forum Advocate of the Year in recognition of his efforts in the area of concussion education. The Forum honors the memory of former AAN Board of Directors Member Donald M. Palatucci, MD. I was privileged to practice alongside Dr. Palatucci for 15 years at Children's Hospital of San Francisco and know that Donald would be proud to have his memorial award

associated with Dr. Cardenas, recognizing his efforts in educating young athletes and their families about concussions.

The progressive policies of this body, and the The State of Arizona, are noteworthy. I urge you to continue to advocate for not only awareness and attention to the issue of concussions in the state's young athletes, but to support and broaden the requirements for Continuing Education programs and the formal certification of healthcare professionals, especially with regard to policies granting permission for the athletes' Return to Play and Return to Learn after a concussion.

The CACTIS Foundation and its affiliates want to congratulate this committee and the panelists for their leadership and dedicated efforts in this serious health care matter.

Thank you for allowing me the opportunity to make these comments today.

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The CACTIS Foundation is a Scottsdale, Arizona community-based 501(c)3 institution focused on advancing the diagnosis, treatment, and prevention of disease. We accomplish this by supporting research-oriented preclinical and early phase clinical trials and Continuing Medical Education (CME) programs for health care professionals. Our current programs are in sports medicine (especially concussions), oncology, informatics, and molecular imaging, with a significant attention to addressing health care delivery disparities of underserved communities. ([www.cactis.org](http://www.cactis.org))

LASTY, FEB. 28<sup>th</sup>