

REFERENCE TITLE: hospitals; discharge planning; patient assessments

State of Arizona  
Senate  
Fifty-sixth Legislature  
First Regular Session  
2023

## **SB 1157**

Introduced by  
Senators Shope: Shamp

AN ACT

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

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Title 36, chapter 4, article 1, Arizona Revised  
3 Statutes, is amended by adding section 36-420.04, to read:

4 36-420.04. Emergency responders; patient information;  
5 hospitals; discharge planning; patient  
6 assessments; checklist

7 A. AN ASSISTED LIVING CENTER, ASSISTED LIVING HOME OR BEHAVIORAL  
8 HEALTH RESIDENTIAL FACILITY THAT CONTACTS AN EMERGENCY RESPONDER ON BEHALF  
9 OF A RESIDENT SHALL PROVIDE TO THE EMERGENCY RESPONDER A WRITTEN DOCUMENT  
10 THAT INCLUDES ALL OF THE FOLLOWING:

11 1. THE REASON OR REASONS THE EMERGENCY RESPONDER WAS REQUESTED ON  
12 BEHALF OF THE RESIDENT.

13 2. WHETHER THE RESIDENT RECEIVES MEDICATION SERVICES AND, IF THE  
14 RESIDENT HAS PROVIDED THIS INFORMATION TO THE ASSISTED LIVING CENTER,  
15 ASSISTED LIVING HOME OR BEHAVIORAL HEALTH RESIDENTIAL FACILITY, A LIST OF  
16 ALL THE RESIDENT'S PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS, THEIR  
17 DOSAGES AND HOW FREQUENTLY THEY ARE ADMINISTERED.

18 3. A LIST OF ANY KNOWN ALLERGIES TO ANY MEDICATIONS, ADDITIVES,  
19 PRESERVATIVES OR MATERIALS LIKE LATEX OR ADHESIVE.

20 4. THE NAME AND CONTACT INFORMATION FOR THE RESIDENT'S PRIMARY CARE  
21 PHYSICIAN AND POWER OF ATTORNEY OR AUTHORIZED REPRESENTATIVE.

22 5. BASIC INFORMATION ABOUT THE RESIDENT'S PHYSICAL AND MENTAL  
23 CONDITIONS AND MEDICAL HISTORY, SUCH AS HAVING DIABETES OR A PACEMAKER OR  
24 EXPERIENCING FREQUENT FALLS OR CARDIOVASCULAR AND CEREBROVASCULAR EVENTS,  
25 AS WELL AS DATES, IF KNOWN.

26 6. INSURANCE INFORMATION, INCLUDING COPIES OF MEDICARE INSURANCE,  
27 MEDICARE SUPPLEMENT INSURANCE AND MEDICARE PRESCRIPTION DRUG PLAN CARDS,  
28 IF APPLICABLE.

29 7. THE POINT-OF-CONTACT INFORMATION FOR THE ASSISTED LIVING CENTER,  
30 ASSISTED LIVING HOME OR BEHAVIORAL HEALTH RESIDENTIAL FACILITY, INCLUDING  
31 THE PERSON'S TELEPHONE NUMBER, CELL PHONE NUMBER AND EMAIL ADDRESS. THIS  
32 PERSON MUST BE AVAILABLE TO RESPOND TO QUESTIONS REGARDING THE INFORMATION  
33 PROVIDED.

34 B. IF THE EMERGENCY RESPONDER TRANSPORTS THE RESIDENT TO A  
35 HOSPITAL, THE EMERGENCY RESPONDER SHALL PROVIDE A COPY OF THE WRITTEN  
36 DOCUMENT REQUIRED BY SUBSECTION A OF THIS SECTION TO THE RECEIVING  
37 HOSPITAL.

38 C. TO PROTECT THE HEALTH AND SAFETY OF PATIENTS BEING TRANSFERRED  
39 BY A HOSPITAL TO AN ASSISTED LIVING CENTER, ASSISTED LIVING HOME OR  
40 BEHAVIORAL HEALTH RESIDENTIAL FACILITY, A DISCHARGING HOSPITAL SHALL  
41 PROVIDE WRITTEN DISCHARGE PLANS FOR PATIENTS RECEIVING HOSPITAL SERVICES,  
42 INCLUDING SERVICES PROVIDED DURING OBSERVATION, INPATIENT SERVICES,  
43 OUTPATIENT SERVICES OR SERVICES PROVIDED BY THE HOSPITAL'S URGENT CARE  
44 FACILITY. THE DISCHARGE PLANS MUST:

- 1           1. BE PREPARED BY APPROPRIATE STAFF AND SIGNED AND APPROVED BY A  
2 NURSE PRACTITIONER, PHYSICIAN ASSISTANT, HOSPITALIST OR OTHER PHYSICIAN.
- 3           2. INCLUDE THE NAME, TELEPHONE NUMBER, EMAIL ADDRESS AND CELL PHONE  
4 NUMBER OF A PHYSICIAN, NURSE PRACTITIONER, NURSE OR OTHER QUALIFIED  
5 LICENSED MEDICAL OR NURSING PROFESSIONAL AT THE DISCHARGING HOSPITAL WHO  
6 IS AVAILABLE FOR CONSULTATION WITH THE RECEIVING ASSISTED LIVING CENTER,  
7 ASSISTED LIVING HOME OR BEHAVIORAL HEALTH RESIDENTIAL FACILITY TO ASSIST  
8 IN THE RETURN OR ADMISSION OF THE PATIENT TO THE FACILITY AND TO CLARIFY  
9 ANY NEEDED INFORMATION IN THE DISCHARGE PLAN BEFORE OR IMMEDIATELY AFTER  
10 THE PATIENT IS DISCHARGED IN ORDER FOR THE RECEIVING FACILITY TO PROVIDE  
11 APPROPRIATE CARE TO THE PATIENT.
- 12           3. DOCUMENT THE PATIENT'S DISCHARGE EVALUATION AND PROVIDE AN  
13 ASSESSMENT OF THE PATIENT'S MEDICAL OR HEALTH CONDITIONS, INCLUDING:
  - 14           (a) ANY DOCUMENTED PRESSURE INJURIES OR ULCERS, THE LOCATION ON THE  
15 BODY AND THE ASSESSED STAGE LEVEL.
  - 16           (b) COGNITIVE OR PHYSICAL CONDITIONS OR IMPAIRMENTS.
  - 17           (c) THE PATIENT'S ABILITY TO PROVIDE SELF-CARE AND PERFORM  
18 ACTIVITIES OF DAILY LIVING, INCLUDING PERSONAL HYGIENE AND GROOMING,  
19 DRESSING, UNDESSING, FEEDING, VOLUNTARY CONTROL OVER BOWEL AND BLADDER  
20 FUNCTIONS AND AMBULATION.
  - 21           (d) SPECIFIED DIETARY REQUIREMENTS, IF APPLICABLE.
  - 22           (e) WHETHER THE PATIENT REQUIRES CONTINUOUS MEDICAL SERVICES OR  
23 CONTINUOUS OR INTERMITTENT NURSING SERVICES OR RESTRAINTS.
  - 24           (f) WHETHER THE PATIENT REQUIRES SPECIALIZED MEDICAL EQUIPMENT OR  
25 HOME HEALTH SERVICES AND A COPY OF THE HOSPITAL'S ORDERS FOR THAT  
26 EQUIPMENT OR THOSE SERVICES.
  - 27           (g) THE LEVEL OF CARE AND SERVICES RECOMMENDED FOR THE PATIENT,  
28 INCLUDING WHETHER THE PATIENT REQUIRES A CHANGE IN THE LEVEL OF CARE.
- 29           4. DOCUMENT WHETHER THE ASSISTED LIVING CENTER, ASSISTED LIVING  
30 HOME OR BEHAVIORAL HEALTH RESIDENTIAL FACILITY FROM WHICH THE PATIENT  
31 ENTERED THE HOSPITAL HAS DETERMINED THAT THE FACILITY CANNOT MEET THE  
32 PATIENT'S NEEDS. IF THE FACILITY FROM WHICH THE PATIENT ENTERED THE  
33 HOSPITAL CANNOT MEET THE PATIENT'S NEEDS, THE HOSPITAL SHALL DOCUMENT THE  
34 HOSPITAL'S ASSISTANCE TO THE PATIENT AND THE PATIENT'S REPRESENTATIVE IN  
35 SELECTING AN APPROPRIATE PROVIDER.
- 36           5. DOCUMENT THE HOSPITAL'S ASSISTANCE TO THE PATIENT AND THE  
37 PATIENT'S REPRESENTATIVE IN SELECTING AN APPROPRIATE PROVIDER IF THE  
38 PATIENT WAS NOT A RESIDENT OF A FACILITY BEFORE ENTERING THE HOSPITAL,  
39 INCLUDING PROVIDING A LIST OF HEALTH CARE INSTITUTIONS IN THE DESIRED  
40 GEOGRAPHIC VICINITY FOR ALL PATIENTS WHO ARE DISCHARGED AND NEED  
41 PLACEMENT.
- 42           6. INCLUDE THE ADMISSION ORDER, WHICH IS SIGNED AND DATED BY A  
43 PHYSICIAN, TO THE ASSISTED LIVING CENTER, ASSISTED LIVING HOME OR  
44 BEHAVIORAL HEALTH RESIDENTIAL FACILITY.

1           7. INCLUDE THE CURRENT MEDICATION ADMINISTRATION RECORD AND  
2 MEDICATION RECONCILIATION FORM.

3           8. INCLUDE A MEDICATION ORDER FROM A MEDICAL PRACTITIONER FOR EACH  
4 MEDICATION THAT WAS ADMINISTERED TO THE PATIENT WHILE IN THE HOSPITAL AND  
5 THE TIME OF THE LAST ADMINISTRATION OF THE MEDICATION.

6           9. DOCUMENT THAT THE HOSPITAL NOTIFIED THE RECEIVING ASSISTED  
7 LIVING CENTER, ASSISTED LIVING HOME OR BEHAVIORAL HEALTH RESIDENTIAL  
8 FACILITY OF THE NAME AND LOCATION OF THE PHARMACY FOR ANY NEW PRESCRIPTION  
9 DRUG OR DEVICE ORDERS FOR THE PATIENT.

10          D. THE DISCHARGING HOSPITAL SHALL PROVIDE AN OPPORTUNITY FOR A  
11 PATIENT ASSESSMENT BEFORE DISCHARGE BY THE ASSISTED LIVING CENTER,  
12 ASSISTED LIVING HOME OR BEHAVIORAL HEALTH RESIDENTIAL FACILITY FROM WHICH  
13 THE PATIENT ENTERED THE HOSPITAL OR TO WHICH THE PATIENT IS BEING  
14 REFERRED. THE ASSISTED LIVING CENTER, ASSISTED LIVING HOME OR BEHAVIORAL  
15 HEALTH RESIDENTIAL FACILITY SHALL DETERMINE THROUGH A VISUAL SCREENING AND  
16 A REVIEW OF MEDICAL RECORDS WHETHER THE PATIENT'S POSTDISCHARGE CARE  
17 NEEDS, INCLUDING ADDITIONAL ORDERED SERVICES, ARE WITHIN THE FACILITY'S  
18 SCOPE OF SERVICES. THE DISCHARGING HOSPITAL SHALL COORDINATE THE  
19 ASSESSMENT BY CONTACTING THE ASSISTED LIVING CENTER, ASSISTED LIVING HOME  
20 OR BEHAVIORAL HEALTH RESIDENTIAL FACILITY AT LEAST TWELVE HOURS BEFORE THE  
21 PATIENT'S DISCHARGE. IF THE PATIENT'S DISCHARGE IS PLANNED TO BE LESS  
22 THAN TWELVE HOURS AFTER ENTERING THE HOSPITAL, THE HOSPITAL SHALL  
23 COORDINATE THE ASSESSMENT WITH THE ASSISTED LIVING CENTER, ASSISTED LIVING  
24 HOME OR BEHAVIORAL HEALTH RESIDENTIAL FACILITY AND MAY NOT DISCHARGE THE  
25 PATIENT UNTIL THE ASSESSMENT IS COMPLETED BY THE RECEIVING FACILITY.

26          E. ON REQUEST OF THE PATIENT OR THE PATIENT'S REPRESENTATIVE, THE  
27 DISCHARGING HOSPITAL SHALL PROVIDE A LIST OF REFERRAL AGENCIES. A REFERRAL  
28 AGENCY MAY NOT BE USED BY THE HOSPITAL SOLELY TO FULFILL THE DISCHARGE  
29 PLANNING REQUIREMENTS PURSUANT TO THIS SECTION. IF A REFERRAL AGENCY OR  
30 HOSPICE AGENCY SERVICES ARE USED TO FACILITATE THE TRANSFER OF THE PATIENT  
31 TO A HEALTH CARE INSTITUTION OTHER THAN THE FACILITY FROM WHICH THE  
32 PATIENT ENTERED THE HOSPITAL, THE HOSPITAL SHALL PROVIDE THE PATIENT'S  
33 FORMER FACILITY WITH THE NAME AND CONTACT NUMBER OF THE REFERRAL AGENCY OR  
34 HOSPICE AGENCY BEFORE DISCHARGE.

35          F. EACH HOSPITAL SHALL DEVELOP A CHECKLIST TO BE USED DURING THE  
36 DISCHARGE PLANNING PROCESS THAT ENCOMPASSES THE INFORMATION OUTLINED IN  
37 SUBSECTION C OF THIS SECTION. THE CHECKLIST SHALL BE PROVIDED TO THE  
38 ASSISTED LIVING CENTER, ASSISTED LIVING HOME OR BEHAVIORAL HEALTH  
39 RESIDENTIAL FACILITY TO WHICH THE PATIENT IS BEING DISCHARGED.