

House Engrossed Senate Bill  
hospitals; discharge planning; patient assessments

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

# **SENATE BILL 1157**

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 screenings; discharge document

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

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

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

17 3. THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE RESIDENT'S CURRENT  
18 PHARMACY.

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

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

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

27 7. THE POINT-OF-CONTACT INFORMATION FOR THE ASSISTED LIVING CENTER  
28 OR ASSISTED LIVING HOME, INCLUDING THE TELEPHONE NUMBER, IF AVAILABLE,  
29 CELL PHONE NUMBER AND EMAIL ADDRESS. A POINT OF CONTACT MUST BE AVAILABLE  
30 TO RESPOND TO QUESTIONS REGARDING THE INFORMATION PROVIDED TWENTY-FOUR  
31 HOURS A DAY, SEVEN DAYS A WEEK.

32 8. A COPY OF THE RESIDENT'S HEALTH INSURANCE PORTABILITY AND  
33 ACCOUNTABILITY ACT RELEASE AUTHORIZING A RECEIVING HOSPITAL TO COMMUNICATE  
34 WITH THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME TO PLAN FOR THE  
35 RESIDENT'S DISCHARGE. THIS PARAGRAPH DOES NOT PRECLUDE A RESIDENT FROM  
36 REVOKING THE RESIDENT'S HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY  
37 ACT RELEASE AUTHORIZATION.

38 9. A COPY OF THE RESIDENT'S ADVANCE DIRECTIVES, IF ANY, ON FILE AT  
39 THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME. THIS PARAGRAPH DOES  
40 NOT PRECLUDE A RESIDENT FROM REVOKING OR MODIFYING THE RESIDENT'S ADVANCE  
41 DIRECTIVES.

42 B. THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME MUST NOTIFY  
43 THE RESIDENT'S AUTHORIZED REPRESENTATIVE THAT THE RESIDENT WAS TRANSPORTED  
44 TO A HOSPITAL AND PROVIDE THE NAME AND LOCATION OF THE HOSPITAL.

1 C. EACH ASSISTED LIVING CENTER AND ASSISTED LIVING HOME MUST  
2 MAINTAIN A STANDARDIZED FORM FOR EACH RESIDENT THAT INCLUDES THE  
3 INFORMATION PRESCRIBED IN SUBSECTION A OF THIS SECTION, EXCEPT FOR THE  
4 INFORMATION PRESCRIBED IN SUBSECTION A, PARAGRAPH 1 OF THIS SECTION, WHICH  
5 SHALL BE PROVIDED AT THE TIME THE EMERGENCY RESPONDER IS CONTACTED. EACH  
6 ASSISTED LIVING CENTER AND ASSISTED LIVING HOME SHALL PERIODICALLY UPDATE  
7 THIS FORM FOR EACH RESIDENT AS NECESSARY.

8 D. AN ASSISTED LIVING CENTER OR ASSISTED LIVING HOME SHALL MAINTAIN  
9 A COPY OF THE DOCUMENT PROVIDED TO THE EMERGENCY RESPONDER AND  
10 DOCUMENTATION OF THE ACTIONS REQUIRED BY SUBSECTION B OF THIS SECTION FOR  
11 A PERIOD OF TWO YEARS AFTER THE DATE OF THE EMERGENCY.

12 E. IF THE EMERGENCY RESPONDER TRANSPORTS THE RESIDENT TO A  
13 HOSPITAL, THE EMERGENCY RESPONDER SHALL PROVIDE A COPY OF THE WRITTEN  
14 DOCUMENT REQUIRED BY SUBSECTION A OF THIS SECTION TO THE RECEIVING  
15 HOSPITAL.

16 F. TO PROTECT THE HEALTH AND SAFETY OF PATIENTS BEING TRANSFERRED  
17 BY A HOSPITAL TO AN ASSISTED LIVING CENTER OR ASSISTED LIVING HOME, A  
18 DISCHARGING HOSPITAL SHALL COORDINATE WITH THE HEALTH CARE INSTITUTION  
19 FROM WHICH THE PATIENT HAS BEEN TRANSFERRED OR THE HEALTH CARE INSTITUTION  
20 TO WHICH THE PATIENT WILL BE DISCHARGED AND SHALL PROVIDE A WRITTEN  
21 DISCHARGE PLAN FOR EACH INPATIENT. THE DISCHARGE PLAN SHALL:

22 1. BE PREPARED BY APPROPRIATE STAFF.

23 2. INCLUDE POINT-OF-CONTACT INFORMATION FOR THE DISCHARGING  
24 HOSPITAL, INCLUDING A TELEPHONE NUMBER AND, IF AVAILABLE, AN EMAIL  
25 ADDRESS. THE HOSPITAL'S POINT OF CONTACT SHALL MONITOR THE TELEPHONE AND,  
26 IF AVAILABLE, THE EMAIL ADDRESS PROVIDED AND SHALL PROMPTLY RESPOND TO ANY  
27 INQUIRY. FOR FORTY-EIGHT HOURS AFTER DISCHARGE, THE DISCHARGING  
28 HOSPITAL'S DESIGNATED POINT OF CONTACT MUST BE AVAILABLE TO RESPOND TO THE  
29 RECEIVING ASSISTED LIVING CENTER OR ASSISTED LIVING HOME TO ASSIST IN  
30 RETURNING OR ADMITTING THE PATIENT TO THE FACILITY AND TO CLARIFY ANY  
31 NEEDED INFORMATION IN THE DISCHARGE PLAN. HOSPITALS SHALL HAVE A  
32 QUALIFIED HOSPITAL REPRESENTATIVE RESPOND TO DISCHARGE PLAN QUESTIONS  
33 RECEIVED FROM THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME.

34 3. DOCUMENT THE PATIENT'S DISCHARGE EVALUATION AND PROVIDE AN  
35 ASSESSMENT OF THE PATIENT'S MEDICAL OR HEALTH CONDITIONS, INCLUDING:

36 (a) ANY DOCUMENTED PRESSURE INJURIES OR ULCERS, THE LOCATION ON THE  
37 BODY AND THE ASSESSED STAGE LEVEL.

38 (b) COGNITIVE OR PHYSICAL CONDITIONS OR IMPAIRMENTS.

39 (c) THE PATIENT'S WEIGHT-BEARING STATUS.

40 (d) SPECIFIED DIETARY REQUIREMENTS, IF APPLICABLE.

41 (e) WHETHER THE PATIENT REQUIRES CONTINUOUS MEDICAL SERVICES OR  
42 CONTINUOUS OR INTERMITTENT NURSING SERVICES OR RESTRAINTS.

43 (f) WHETHER THE PATIENT REQUIRES SPECIALIZED MEDICAL EQUIPMENT OR  
44 HOME HEALTH SERVICES AND A COPY OF THE HOSPITAL'S ORDERS FOR THAT  
45 EQUIPMENT OR THOSE SERVICES.

1 (g) FOLLOW-UP HEALTH CARE SERVICES AND OTHER SERVICES RECOMMENDED  
2 FOR THE PATIENT.

3 4. INCLUDE, IF APPLICABLE, A COPY OF ANY PRESCRIPTION THAT WAS  
4 TRANSMITTED TO THE PATIENT'S CURRENT PHARMACY AS DESIGNATED IN SUBSECTION  
5 A OF THIS SECTION OR THE MEDICATION SUMMARY OR MEDICATION INSTRUCTIONS.  
6 THE COPY OF THE PRESCRIPTION OR MEDICATION SUMMARY OR MEDICATION  
7 INSTRUCTIONS SHALL INCLUDE THE PATIENT'S NAME, MEDICATION ADMINISTRATION  
8 INSTRUCTIONS AND THE SIGNATURE OF THE PRESCRIBER OR A RECORD THAT THE  
9 PRESCRIPTION WAS ELECTRONICALLY SIGNED BY THE PRESCRIBER.

10 5. DOCUMENT THAT THE HOSPITAL NOTIFIED THE RECEIVING ASSISTED  
11 LIVING CENTER OR ASSISTED LIVING HOME OF ANY NEW DEVICE ORDERS FOR THE  
12 PATIENT.

13 6. DOCUMENT THAT THE DISCHARGING HOSPITAL NOTIFIED THE PATIENT'S  
14 AUTHORIZED REPRESENTATIVE THAT THE PATIENT WAS DISCHARGED AND PROVIDED THE  
15 NAME, LOCATION AND CONTACT INFORMATION OF THE RECEIVING FACILITY.

16 G. THE DISCHARGING HOSPITAL SHALL CONTACT THE ASSISTED LIVING  
17 CENTER OR ASSISTED LIVING HOME FROM WHICH THE PATIENT ENTERED THE  
18 HOSPITAL, AFTER INITIAL INPATIENT ASSESSMENT, TO DISCUSS AN EVALUATION OF  
19 THE PATIENT'S LIKELY POSTDISCHARGE HEALTH CARE NEEDS. THE HOSPITAL SHALL  
20 REEVALUATE AND DISCUSS WITH THE ASSISTED LIVING CENTER OR ASSISTED LIVING  
21 HOME FROM WHICH THE PATIENT ENTERED THE HOSPITAL THE PATIENT'S CONDITION,  
22 AS APPROPRIATE, TO IDENTIFY CHANGES TO THE PATIENT'S CONDITION THAT MAY  
23 IMPACT THE PATIENT'S POSTDISCHARGE HEALTH CARE NEEDS, INCLUDING  
24 RECOMMENDATIONS, IF ANY, BY THE HOSPITAL TO TRANSFER THE PATIENT TO A  
25 DIFFERENT FACILITY OTHER THAN THE FACILITY FROM WHICH THE PATIENT ENTERED  
26 THE HOSPITAL TO ADDRESS THE PATIENT'S HIGHER CARE NEEDS. THE DISCHARGING  
27 HOSPITAL SHALL PROVIDE AN OPPORTUNITY FOR A PATIENT SCREENING BEFORE  
28 DISCHARGE BY THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME FROM WHICH  
29 THE PATIENT ENTERED THE HOSPITAL OR TO WHICH THE PATIENT IS BEING  
30 REFERRED. THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME SHALL  
31 DETERMINE THROUGH A SCREENING AND A REVIEW OF OR DISCUSSION ABOUT MEDICAL  
32 RECORDS WHETHER THE PATIENT'S POSTDISCHARGE CARE NEEDS, INCLUDING  
33 ADDITIONAL ORDERED SERVICES, ARE WITHIN THE FACILITY'S SCOPE OF SERVICES.  
34 AFTER RECEIVING NOTIFICATION FROM THE DISCHARGING HOSPITAL, THE ASSISTED  
35 LIVING CENTER OR ASSISTED LIVING HOME SHALL PERFORM THE SCREENING  
36 PROMPTLY. FOR ON-SITE SCREENINGS, THE STAFF OF THE ASSISTED LIVING CENTER  
37 OR ASSISTED LIVING HOME MAY BE REQUIRED TO FOLLOW STANDARD HOSPITAL  
38 SECURITY AND IDENTIFICATION REQUIREMENTS. IF THE ASSISTED LIVING CENTER  
39 OR ASSISTED LIVING HOME FROM WHICH THE PATIENT ENTERED THE HOSPITAL CAN NO  
40 LONGER MEET THE PATIENT'S NEEDS, THE FACILITY SHALL PROVIDE DOCUMENTATION  
41 TO THE HOSPITAL DEMONSTRATING THE REASONS WHY THE FACILITY CANNOT ACCEPT  
42 THE PATIENT BACK TO THE FACILITY.

43 H. FOR PATIENTS BEING TRANSFERRED FROM A HOSPITAL TO AN ASSISTED  
44 LIVING CENTER OR ASSISTED LIVING HOME WHO HAVE NOT PREVIOUSLY BEEN  
45 ADMITTED TO THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME, THE

1 HOSPITAL SHALL COORDINATE WITH THE ASSISTED LIVING CENTER OR ASSISTED  
2 LIVING HOME TO ALLOW TIME TO EXPEDITIOUSLY OBTAIN DOCUMENTATION FROM A  
3 PHYSICIAN, REGISTERED NURSE PRACTITIONER, REGISTERED NURSE OR PHYSICIAN  
4 ASSISTANT COORDINATING THE LEVEL OF CARE NEEDED IN THE ASSISTED LIVING  
5 CENTER OR ASSISTED LIVING HOME.

6 I. FOR EMERGENCY DEPARTMENT OR OBSERVATION PATIENTS, THE HOSPITAL  
7 SHALL PROVIDE THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME FROM  
8 WHICH THE PATIENT ENTERED THE HOSPITAL WITH A POINT OF CONTACT, INCLUDING  
9 A TELEPHONE NUMBER AND, IF AVAILABLE, AN EMAIL ADDRESS. THE HOSPITAL'S  
10 POINT OF CONTACT SHALL MONITOR THE TELEPHONE AND, IF AVAILABLE, THE EMAIL  
11 ADDRESS PROVIDED AND PROMPTLY RESPOND TO ANY INQUIRY. FOR FORTY-EIGHT  
12 HOURS AFTER DISCHARGE, THE DISCHARGING HOSPITAL'S DESIGNATED POINT OF  
13 CONTACT MUST BE AVAILABLE TO RESPOND TO THE RECEIVING ASSISTED LIVING  
14 CENTER OR ASSISTED LIVING HOME TO ASSIST IN RETURNING OR ADMITTING THE  
15 PATIENT TO THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME AND TO  
16 CLARIFY ANY NEEDED INFORMATION IN THE DISCHARGE PLAN. HOSPITALS SHALL  
17 HAVE A QUALIFIED HOSPITAL REPRESENTATIVE RESPOND TO DISCHARGE PLAN  
18 QUESTIONS RECEIVED FROM THE ASSISTED LIVING CENTER OR ASSISTED LIVING  
19 HOME. THE HOSPITAL SHALL ALSO PROVIDE THE PATIENT'S ASSISTED LIVING  
20 CENTER OR ASSISTED LIVING HOME WITH ANY NEW PRESCRIPTION ORDERS AS  
21 PRESCRIBED IN SUBSECTION F, PARAGRAPH 4 OF THIS SECTION, A RECORD OF  
22 MEDICATIONS ADMINISTERED AND ANY IDENTIFIED FOLLOW-UP CARE SERVICES  
23 RECOMMENDED FOR THE PATIENT. THE HOSPITAL SHALL PROVIDE THE ADDITIONAL  
24 INFORMATION OUTLINED IN SUBSECTION F, PARAGRAPH 3 OF THIS SECTION IF THE  
25 HOSPITAL DETERMINES IT IS APPLICABLE. AN ASSISTED LIVING CENTER OR  
26 ASSISTED LIVING HOME FROM WHICH THE PATIENT ENTERED THE HOSPITAL SHALL  
27 READMIT THE PATIENT IF THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME  
28 CAN MEET THE CARE NEEDS FOR THE PATIENT.

29 J. EACH HOSPITAL SHALL DEVELOP A DISCHARGE DOCUMENT THAT  
30 ENCOMPASSES THE INFORMATION OUTLINED IN SUBSECTION F OF THIS SECTION FOR  
31 INPATIENT DISCHARGES. THE DISCHARGE DOCUMENT SHALL BE PROVIDED TO THE  
32 ASSISTED LIVING CENTER OR ASSISTED LIVING HOME TO WHICH THE PATIENT IS  
33 BEING DISCHARGED.

34 Sec. 2. Effective date

35 This act is effective from and after December 31, 2023.