

Senate Engrossed

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; checklist

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.

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

39 C. EACH ASSISTED LIVING CENTER AND ASSISTED LIVING HOME MUST
40 MAINTAIN A STANDARDIZED FORM FOR EACH RESIDENT THAT INCLUDES THE
41 INFORMATION PRESCRIBED IN SUBSECTION A OF THIS SECTION, EXCEPT FOR THE
42 INFORMATION PRESCRIBED IN SUBSECTION A, PARAGRAPH 1 OF THIS SECTION, WHICH
43 SHALL BE PROVIDED AT THE TIME THE EMERGENCY RESPONDER IS CONTACTED.

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

5 E. IF THE EMERGENCY RESPONDER TRANSPORTS THE RESIDENT TO A
6 HOSPITAL, THE EMERGENCY RESPONDER SHALL PROVIDE A COPY OF THE WRITTEN
7 DOCUMENT REQUIRED BY SUBSECTION A OF THIS SECTION TO THE RECEIVING
8 HOSPITAL.

9 F. TO PROTECT THE HEALTH AND SAFETY OF PATIENTS BEING TRANSFERRED
10 BY A HOSPITAL TO AN ASSISTED LIVING CENTER OR ASSISTED LIVING HOME, A
11 DISCHARGING HOSPITAL SHALL PROVIDE WRITTEN DISCHARGE PLANS FOR PATIENTS
12 RECEIVING HOSPITAL SERVICES, INCLUDING SERVICES PROVIDED DURING
13 OBSERVATION, INPATIENT SERVICES, OUTPATIENT SERVICES OR SERVICES PROVIDED
14 BY THE HOSPITAL'S URGENT CARE FACILITY. THE DISCHARGE PLANS MUST:

15 1. BE PREPARED BY APPROPRIATE STAFF AND SIGNED AND APPROVED BY A
16 NURSE PRACTITIONER, PHYSICIAN ASSISTANT, HOSPITALIST OR OTHER PHYSICIAN.

17 2. INCLUDE POINT-OF-CONTACT INFORMATION FOR THE DISCHARGING
18 HOSPITAL, INCLUDING A TELEPHONE NUMBER, AN EMAIL ADDRESS AND, IF
19 AVAILABLE, A CELL PHONE NUMBER, THAT WILL BE MONITORED AND RESPONDED TO
20 TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK. THE DISCHARGING HOSPITAL'S
21 DESIGNATED POINT OF CONTACT MUST BE AVAILABLE TO CONSULT WITH THE
22 RECEIVING ASSISTED LIVING CENTER OR ASSISTED LIVING HOME TO ASSIST IN
23 RETURNING OR ADMITTING THE PATIENT TO THE FACILITY AND TO CLARIFY ANY
24 NEEDED INFORMATION IN THE DISCHARGE PLAN BEFORE OR WITHIN FORTY-EIGHT
25 HOURS AFTER THE PATIENT IS DISCHARGED IN ORDER FOR THE RECEIVING FACILITY
26 TO PROVIDE APPROPRIATE CARE TO THE PATIENT. IF THE POINT OF CONTACT IS
27 NOT A LICENSED MEDICAL OR NURSING PROFESSIONAL AND THE CONSULTATION
28 REQUIRES A QUALIFIED LICENSED MEDICAL OR NURSING PROFESSIONAL, THE
29 DISCHARGING HOSPITAL WILL IMPLEMENT PROCEDURES TO PROVIDE SUCH
30 CONSULTATION.

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

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

35 (b) COGNITIVE OR PHYSICAL CONDITIONS OR IMPAIRMENTS.

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

37 (d) SPECIFIED DIETARY REQUIREMENTS, IF APPLICABLE.

38 (e) WHETHER THE PATIENT REQUIRES CONTINUOUS MEDICAL SERVICES OR
39 CONTINUOUS OR INTERMITTENT NURSING SERVICES OR RESTRAINTS.

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

43 (g) THE LEVEL OF CARE AND SERVICES RECOMMENDED FOR THE PATIENT,
44 INCLUDING WHETHER THE PATIENT REQUIRES A CHANGE IN THE LEVEL OF CARE.

1 4. DOCUMENT WHETHER THE ASSISTED LIVING CENTER OR ASSISTED LIVING
2 HOME FROM WHICH THE PATIENT ENTERED THE HOSPITAL HAS DETERMINED THAT THE
3 FACILITY CANNOT MEET THE PATIENT'S NEEDS. IF THE FACILITY FROM WHICH THE
4 PATIENT ENTERED THE HOSPITAL CANNOT MEET THE PATIENT'S NEEDS, THE HOSPITAL
5 SHALL DOCUMENT THE HOSPITAL'S ASSISTANCE TO THE PATIENT AND THE PATIENT'S
6 REPRESENTATIVE IN SELECTING AN APPROPRIATE PROVIDER.

7 5. DOCUMENT THE HOSPITAL'S ASSISTANCE TO THE PATIENT AND THE
8 PATIENT'S REPRESENTATIVE IN SELECTING AN APPROPRIATE PROVIDER IF THE
9 PATIENT WAS NOT A RESIDENT OF A FACILITY BEFORE ENTERING THE HOSPITAL,
10 INCLUDING PROVIDING A LIST OF HEALTH CARE INSTITUTIONS IN THE DESIRED
11 GEOGRAPHIC VICINITY FOR ALL PATIENTS WHO ARE DISCHARGED AND NEED
12 PLACEMENT.

13 6. INCLUDE THE ADMISSION ORDER, WHICH IS SIGNED AND DATED BY A
14 PHYSICIAN, TO THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME.

15 7. INCLUDE THE CURRENT MEDICATION ADMINISTRATION RECORD AND
16 MEDICATION RECONCILIATION FORM.

17 8. INCLUDE A MEDICATION ORDER FROM A MEDICAL PRACTITIONER FOR ANY
18 NEW MEDICATION THAT WAS PRESCRIBED TO THE PATIENT WHILE IN THE HOSPITAL
19 AND THAT THE PATIENT IS EXPECTED TO CONTINUE AFTER DISCHARGE.

20 9. INCLUDE A COPY OF THE PRESCRIPTION AND A CONFIRMATION THAT THE
21 PRESCRIPTION WAS TRANSMITTED TO THE PATIENT'S CURRENT PHARMACY AS
22 DESIGNATED IN SUBSECTION A OF THIS SECTION.

23 10. DOCUMENT THAT THE HOSPITAL NOTIFIED THE RECEIVING ASSISTED
24 LIVING CENTER OR ASSISTED LIVING HOME OF THE NAME AND LOCATION OF THE
25 PHARMACY FOR ANY NEW PRESCRIPTION DRUG OR DEVICE ORDERS FOR THE PATIENT.

26 11. DOCUMENT THAT THE DISCHARGING HOSPITAL NOTIFIED THE PATIENT'S
27 AUTHORIZED REPRESENTATIVE THAT THE PATIENT WAS DISCHARGED AND PROVIDED THE
28 NAME, LOCATION AND CONTACT INFORMATION OF THE RECEIVING FACILITY.

29 G. THE DISCHARGING HOSPITAL SHALL PROVIDE AN OPPORTUNITY FOR A
30 PATIENT SCREENING BEFORE DISCHARGE BY THE ASSISTED LIVING CENTER OR
31 ASSISTED LIVING HOME FROM WHICH THE PATIENT ENTERED THE HOSPITAL OR TO
32 WHICH THE PATIENT IS BEING REFERRED. THE ASSISTED LIVING CENTER OR
33 ASSISTED LIVING HOME SHALL DETERMINE THROUGH A SCREENING AND A REVIEW OF
34 MEDICAL RECORDS WHETHER THE PATIENT'S POSTDISCHARGE CARE NEEDS, INCLUDING
35 ADDITIONAL ORDERED SERVICES, ARE WITHIN THE FACILITY'S SCOPE OF
36 SERVICES. THE DISCHARGING HOSPITAL SHALL COORDINATE THE SCREENING WITH
37 THE ASSISTED LIVING CENTER OR ASSISTED LIVING HOME. THE HOSPITAL MAY NOT
38 DISCHARGE THE PATIENT UNTIL THE SCREENING IS COMPLETED BY THE RECEIVING
39 FACILITY. AFTER RECEIVING NOTIFICATION FROM THE DISCHARGING HOSPITAL, THE
40 ASSISTED LIVING CENTER OR ASSISTED LIVING HOME SHALL PERFORM THE SCREENING
41 WITHIN FOUR HOURS FOR PATIENTS BEING DISCHARGED FROM INPATIENT SERVICES
42 AND WITHIN TWO HOURS FOR PATIENTS BEING DISCHARGED FROM THE EMERGENCY
43 ROOM, OUTPATIENT TREATMENT, URGENT CARE OR OBSERVATION.

1 H. AN ASSISTED LIVING CENTER OR ASSISTED LIVING HOME FROM WHICH THE
2 PATIENT ENTERED THE HOSPITAL SHALL READMIT THE PATIENT AFTER HOSPITAL
3 DISCHARGE IF THAT ASSISTED LIVING CENTER OR ASSISTED LIVING HOME CAN MEET
4 THE CARE NEEDS FOR THE PATIENT.

5 I. ON REQUEST OF THE PATIENT OR THE PATIENT'S REPRESENTATIVE, THE
6 DISCHARGING HOSPITAL SHALL PROVIDE A LIST OF REFERRAL AGENCIES. A REFERRAL
7 AGENCY MAY NOT BE USED BY THE HOSPITAL SOLELY TO FULFILL THE DISCHARGE
8 PLANNING REQUIREMENTS PURSUANT TO THIS SECTION. IF A REFERRAL AGENCY OR
9 HOSPICE AGENCY SERVICES ARE USED TO FACILITATE THE TRANSFER OF THE PATIENT
10 TO A HEALTH CARE INSTITUTION OTHER THAN THE FACILITY FROM WHICH THE
11 PATIENT ENTERED THE HOSPITAL, THE HOSPITAL SHALL PROVIDE THE PATIENT'S
12 FORMER FACILITY WITH THE NAME AND CONTACT NUMBER OF THE REFERRAL AGENCY OR
13 HOSPICE AGENCY BEFORE DISCHARGE.

14 J. EACH HOSPITAL SHALL DEVELOP A CHECKLIST TO BE USED DURING THE
15 DISCHARGE PLANNING PROCESS THAT ENCOMPASSES THE INFORMATION OUTLINED IN
16 SUBSECTION G OF THIS SECTION. THE CHECKLIST SHALL BE PROVIDED TO THE
17 ASSISTED LIVING CENTER OR ASSISTED LIVING HOME TO WHICH THE PATIENT IS
18 BEING DISCHARGED.