

PROPOSED
SENATE AMENDMENTS TO S.B. 1018
(Reference to printed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Title 36, chapter 34, Arizona Revised Statutes, is
3 amended by adding article 4, to read:

4 ARTICLE 4. COLLABORATIVE CARE

5 36-3451. Definitions

6 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

7 1. "COLLABORATIVE CARE MODEL" MEANS THE EVIDENCE-BASED, INTEGRATED
8 BEHAVIORAL HEALTH SERVICE DELIVERY METHOD THAT IS DESCRIBED AS THE
9 PSYCHIATRIC COLLABORATIVE CARE MODEL IN 81 FEDERAL REGISTER 80230, THAT
10 INCLUDES A FORMAL COLLABORATIVE ARRANGEMENT AMONG A PRIMARY CARE TEAM
11 CONSISTING OF A PRIMARY CARE PHYSICIAN, A CARE MANAGER AND A PSYCHIATRIC
12 CONSULTANT AND THAT INCLUDES THE FOLLOWING ELEMENTS:

13 (a) CARE DIRECTED BY THE PRIMARY CARE TEAM.

14 (b) STRUCTURED CARE MANAGEMENT.

15 (c) REGULAR ASSESSMENTS OF CLINICAL STATUS USING DEVELOPMENTALLY
16 APPROPRIATE, VALIDATED TOOLS.

17 (d) MODIFICATION OF TREATMENT AS APPROPRIATE.

18 2. "COLLABORATIVE CARE TECHNICAL ASSISTANCE CENTER":

19 (a) MEANS A HEALTH CARE ORGANIZATION THAT CAN PROVIDE EDUCATIONAL
20 SUPPORT AND TECHNICAL ASSISTANCE RELATED TO THE COLLABORATIVE CARE MODEL.

21 (b) INCLUDES AN ACADEMIC MEDICAL CENTER.

22 3. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.

23 4. "PRIMARY CARE PHYSICIAN" HAS THE SAME MEANING PRESCRIBED IN
24 SECTION 36-2901.

1 36-3452. Collaborative care uptake fund; administration;
2 primary care physician grants

3 A. THE COLLABORATIVE CARE UPTAKE FUND IS ESTABLISHED IN THE
4 DEPARTMENT. THE FUND CONSISTS OF MONIES APPROPRIATED BY THE LEGISLATURE.
5 MONIES IN THE FUND ARE SUBJECT TO LEGISLATIVE APPROPRIATION AND DO NOT
6 REVERT TO THE STATE GENERAL FUND.

7 B. THE DEPARTMENT SHALL USE THE COLLABORATIVE CARE UPTAKE FUND
8 MONIES TO MAKE GRANTS TO PRIMARY CARE PHYSICIANS WHO ARE IN A MEDICAL
9 PRACTICE WITH NOT MORE THAN FIFTY EMPLOYEES TO MEET THE INITIAL COSTS OF
10 ESTABLISHING AND DELIVERING BEHAVIORAL HEALTH INTEGRATION SERVICES THROUGH
11 THE COLLABORATIVE CARE MODEL AND FOR TECHNICAL ASSISTANCE GRANTS PURSUANT
12 TO SECTION 36-3453.

13 C. A PRIMARY CARE PHYSICIAN THAT RECEIVES A GRANT UNDER THIS SECTION
14 MAY USE THE GRANT MONIES:

15 1. TO HIRE STAFF.

16 2. TO IDENTIFY AND FORMALIZE CONTRACTUAL RELATIONSHIPS WITH OTHER
17 HEALTH CARE PRACTITIONERS, INCLUDING HEALTH CARE PRACTITIONERS WHO WILL
18 FUNCTION AS PSYCHIATRIC CONSULTANTS AND BEHAVIORAL HEALTH CARE MANAGERS IN
19 PROVIDING BEHAVIORAL HEALTH INTEGRATION SERVICES THROUGH THE COLLABORATIVE
20 CARE MODEL.

21 3. TO PURCHASE OR UPGRADE SOFTWARE AND OTHER RESOURCES NEEDED TO
22 APPROPRIATELY PROVIDE BEHAVIORAL HEALTH INTEGRATION SERVICES THROUGH THE
23 COLLABORATIVE CARE MODEL, INCLUDING RESOURCES NEEDED TO ESTABLISH A PATIENT
24 REGISTRY AND IMPLEMENT MEASUREMENT-BASED CARE.

25 4. FOR ANY OTHER PURPOSES THE DEPARTMENT PRESCRIBES AS NECESSARY TO
26 SUPPORT THE COLLABORATIVE CARE MODEL.

27 36-3453. Collaborative care technical assistance center
28 grants; purposes

29 A. THE DEPARTMENT SHALL SOLICIT PROPOSALS FROM AND ENTER INTO GRANT
30 AGREEMENTS WITH ELIGIBLE COLLABORATIVE CARE TECHNICAL ASSISTANCE CENTER
31 APPLICANTS TO PROVIDE TECHNICAL ASSISTANCE TO PRIMARY CARE PHYSICIANS ON
32 PROVIDING BEHAVIORAL HEALTH INTEGRATION SERVICES THROUGH THE COLLABORATIVE

1 CARE MODEL. EACH COLLABORATIVE CARE TECHNICAL ASSISTANCE CENTER APPLICANT
2 MUST PROVIDE IN THE GRANT APPLICATION INFORMATION ON HOW THE COLLABORATIVE
3 CARE TECHNICAL ASSISTANCE CENTER WILL MEET THE ASSISTANCE REQUIREMENTS
4 PRESCRIBED IN SUBSECTION B OF THIS SECTION IN ORDER TO BE ELIGIBLE FOR A
5 GRANT.

6 B. A COLLABORATIVE CARE TECHNICAL ASSISTANCE CENTER THAT RECEIVES A
7 GRANT UNDER THIS SECTION SHALL PROVIDE TECHNICAL ASSISTANCE TO PRIMARY CARE
8 PHYSICIANS AND SHALL ASSIST THE PRIMARY CARE PHYSICIANS WITH THE FOLLOWING:

9 1. DEVELOPING FINANCIAL MODELS AND BUDGETS FOR PROGRAM LAUNCH AND
10 SUSTAINABILITY BASED ON PRACTICE SIZE.

11 2. DEVELOPING STAFFING MODELS FOR ESSENTIAL STAFF ROLES, INCLUDING
12 CARE MANAGERS AND CONSULTING PSYCHIATRISTS.

13 3. PROVIDING INFORMATION TECHNOLOGY EXPERTISE TO ASSIST WITH
14 BUILDING THE MODEL REQUIREMENTS INTO ELECTRONIC HEALTH RECORDS, INCLUDING
15 ASSISTANCE WITH CARE MANAGER TOOLS, PATIENT REGISTRY, ONGOING PATIENT
16 MONITORING AND PATIENT RECORDS.

17 4. PROVIDING TRAINING SUPPORT FOR ALL KEY STAFF AND OPERATIONAL
18 CONSULTATION TO DEVELOP PRACTICE WORKFLOWS.

19 5. ESTABLISHING METHODS TO ENSURE THE SHARING OF BEST PRACTICES AND
20 OPERATIONAL KNOWLEDGE AMONG PRIMARY CARE PHYSICIANS WHO PROVIDE BEHAVIORAL
21 HEALTH INTEGRATION SERVICES THROUGH THE COLLABORATIVE CARE MODEL.

22 6. FOR ANY OTHER PURPOSES THE DEPARTMENT PRESCRIBES AS NECESSARY TO
23 SUPPORT THE COLLABORATIVE CARE MODEL.

24 Sec. 2. Appropriation; collaborative care uptake fund;
25 exemption

26 A. The sum of \$1,000,000 is appropriated from the state general fund
27 in fiscal year 2023-2024 to the collaborative care uptake fund established
28 by section 36-3452, Arizona Revised Statutes, as added by this act, and is
29 appropriated from the collaborative care uptake fund to the department of
30 health services.

1 B. The appropriation made in subsection A of this section is exempt
2 from the provisions of section 35-190, Arizona Revised Statutes, relating
3 to lapsing of appropriations."
4 Amend title to conform

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9:22 AM
C: MH