



2017 LEGISLATIVE REPORT

INTRODUCTION

The 122-day legislative session of 2017 was full of complex, multi-faceted and contentious issues for physicians and the practice of medicine. In today's changing world of health care delivery this is the new normal and physician engagement is crucial. It is vitally important that physician input be at the forefront when evaluating health care policy. ArMA and our member physicians represented physicians and patients vigorously throughout the 2017 session. Thank you to everyone who was involved with our advocacy efforts – you make the difference!



1079

BILLS
INTRODUCED

SCOPE ISSUES

The legislative process started in the fall with the sunrise process, which evaluates regulation and scope of practice issues for health professionals. Nine applications were filed. ArMA's advocacy team evaluated the sunrise applications, worked with stakeholders, and advocated to ensure that any policy moving forward accounted for the best standards in patient safety, quality of care, coordination of care, and requisite training and education. We were able to cull a number of sunrise proposals that had not been thoroughly prepared or vetted, and were not ready for evaluation. We were also able to refine and narrow areas of conflict in others.

The returning issue from 2016 – one we negotiated in good faith to resolve during the months leading up to the session's start in January – was the scope of practice expansion application by the Arizona Association of Nurse Anesthetists (AZANA). The application requested updates to statutory directives requiring the administration of anesthetics by a certified registered nurse anesthetist (CRNA) be done "under the direction of and in the presence of a physician or surgeon." In the end, SB 1336 modified the "presence" requirement and maintained the "direction" requirement, but clarified that a physician or surgeon is not liable for any act or omission of a CRNA.

Also on the scope front, the Arizona Pharmacy Association (AzPA) scaled back its sunrise application that originally requested scope increases which ventured into the area of clinical practice. As passed, SB 1269 allows, under certain circumstances, pharmacists to dispense a one-time emergency refill when the prescriber cannot be reached; allows pharmacists to administer oral fluoride varnish; and allows pharmacists the ability to prescribe over the counter and prescription nicotine replacement products (inhalers & sprays).

The final scope issue related to podiatrists and was submitted by The CORE Institute. After two years of stakeholder meetings and work, we supported a change to allow podiatrists the ability to perform toe and partial foot amputations.





353
BILLS
PASSED

CRITICAL ISSUES

While your advocacy team engages on a variety of health care and medical practice-related issues, the political landscape and will of policymakers and legislators often dictates which issues must be made top priority to ensure that physicians' views and concerns are fully represented.

ArMA worked closely with the Governor Ducey's office, the legislature, agencies, boards, and stakeholders, to enact a variety of important and helpful pieces of legislation. These included bills dealing with regulatory board reforms and process improvements, policies relating to the opioid epidemic including access to opioid antagonists and streamlining the Controlled Substances Prescription Monitoring Program (CSPMP), sunscreen for children in school, access to the advance directives registry for physicians, a texting-while-driving ban for teens, and a variety of other health care issues.

One of the predominate issues we faced throughout the entire session dealt with so-called "surprise billing" disputes, involving health care providers and health insurers, with the patients often getting caught in the middle or stuck without coverage. The legislation, SB 1441, was the product of a contentious and exhausting stakeholders' process. SB 1441 sets up a dispute resolution process for patients who are facing "surprise bills." The process includes a settlement teleconference to try to resolve the dispute quickly and efficiently - followed by an arbitration process if the settlement teleconference is unsuccessful. ArMA (and the other physician groups allied with us) worked relentlessly to get SB 1441 to a place where it would help get disputes resolved as efficiently as possible without negative unintended consequences to providers or the health care market. As discussed below, SB 1441 was signed into law towards the end of the session but will not become effective until January 2019. Meanwhile, we will remain fully engaged and look for ways to improve the new law and ensure it gets implemented as fairly as possible by the Department of Insurance.



342
BILLS
SIGNED



11
BILLS
VETOED

Another critical issue we advocated in opposition to was SB 1367, a bill with strong backing from the Center for Arizona Policy and substantial support among Republican lawmakers. The bill expands on an existing statute to say that when a human fetus or embryo is “delivered alive” (using an unreasonably broad definition), the physician performing the abortion is required to document and report to DHS the measures the physician performed to preserve and maintain the life of the fetus or embryo, regardless of lack of viability. Furthermore, the bill adds private lawsuit rights, allowing family members to file suit against the caregivers involved. ArMA stayed firmly opposed to this bill throughout the process, and while we feel the amendment that was adopted on the House floor was helpful to a degree in narrowing the bill, we could not agree with the policy of the bill as it attempts to enforce an improper standard of care for the treatment of severely premature babies.

We worked with coalitions of interested stakeholders to move forward legislation to ban tanning bed use by minors and to raise the age for purchasing tobacco to 21. While these important public health issues did not make it through the legislative process, we are hopeful efforts can be revived in the near future.

There were significant accomplishments during the 2017 legislative session. In many instances the forces of the health care world were well-aligned and able to work together in an amicable and productive fashion. We worked effectively with our physician community partners and specialty societies including: Arizona Osteopathic Medical Association (AOMA), Arizona Anesthesiology Society (AzSA); Arizona Society of Interventional Pain Physicians (AzSIPP); Arizona Chapter, American Academy of Pediatrics (AzAAP); Arizona College of Emergency Physicians (AzCEP); Arizona Radiological Society (ARS); and Arizona Ophthalmological Society (AzOS). When physician communities work together as one house of medicine, we are stronger. A huge thank you to everyone who contributed to our advocacy efforts this year!



LEGISLATIVE TALLY SHEET

The balance of this report will cover specific bills that ArMA actively monitored and engaged in throughout the session. These bills, coupled with the budget and larger policy issues reviewed later in this report, constitute the most significant examples of the nearly 150 bills that ArMA closely tracked during this legislative session. These key bills are divided into the issue categories used by ArMA's Committee on Legislative and Governmental Affairs to establish ArMA's advocacy positions and priorities: Regulatory Boards/Regulations, Insurance, Public Health/Public Policy and Health Care Institution Issues. The bill sponsor and ArMA position (where appropriate) are listed next to the bill title. The bill number is hyperlinked to the bill summary for our reader's convenience.

REGULATORY BOARDS/REGULATION

This section deals with occupational licensing, scope of practice and the imposition of state authority that directly or indirectly affects the practice of medicine. Under this category, ArMA tracked 40 bills during this session, one of the highest percentages of the five categories. The most significant of these measures are discussed below.

[HB 2075](#): RADIATION REGULATORY AGENCY; DHS; TRANSFER (Carter; Active Study)

HB 2075 transfers the regulatory responsibility of the Arizona Radiation and Regulatory Agency (ARRA) to the Arizona Department of Health Services (ADHS). ArMA will remain an active stakeholder to ensure that during the transition, policies are thoroughly reviewed and any changes are meaningful, based in medical science and properly protect the public. The bill contains a delayed effective date of December 31, 2017.



ARMA LEGISLATIVE & GOVERNMENT AFFAIRS COMMITTEE (L&G COMMITTEE) USES SIX BILL RATING TERMS TO TRACK LEGISLATION:

ACTIVE SUPPORT approval of the bill; maximum effort will be made to achieve enactment

GENERAL SUPPORT approval of the principle of the bill; effort will be made to achieve enactment

NO ACTION-MONITOR no position on the bill but it will be tracked

GENERAL NON-SUPPORT disapproval of the bill; effort will be made to achieve defeat

ACTIVE NON-SUPPORT disapproval of the bill; maximum effort will be made to achieve defeat

ACTIVE STUDY the bill contains both supportable and opposable elements, and will be tracked

HB 2195: MEDICAL BOARD; LICENSURE; DISCIPLINARY ACTION
(Carter; Active Support)

Brought by the Arizona Medical Board (AMB), this legislation makes changes to the licensing statutes and administrative processes. ArMA assisted with lobbying support to help guide the bill through the process. HB 2195 updates the definition of unprofessional conduct as it relates to substance abuse; permits board members to receive compensation for preparation time; removes the requirement that applicants for a medical license submit verification of all hospital affiliations for the five years preceding application; allows a physician who has previously had an Arizona license revoked or surrendered to apply for licensure by endorsement; allows the AMB to issue a temporary license when specified requirements are met; requires a physician or physician assistant who commits unprofessional conduct relating to substance or alcohol abuse to enter into a consent agreement rather than a stipulation agreement; adds an additional treatment option for a physician who commits unprofessional conduct relating to substance abuse; and aligns the behavioral health statutes to the substance abuse statutes as it relates to entering into a consent agreement.

HB 2205: DHS; COMMISSION; TASK FORCE; REPEAL
(Carter; Active Study)

Initially, ArMA had concerns about this bill which repeals three smaller state commissions: the Biomedical Research Commission, an advisory committee to ADHS on ways to advance research; the Advisory Health Council, which was tasked with advising ADHS and the Governor on the health service needs of Arizona citizens; and the Prostate Cancer Task Force which had statutorily expired on July 1, 2010. However, we reached a neutral stance after discussions resulted in an understanding that ADHS, as the state's public health agency, will be assuming most of the responsibilities of these entities and will continue to appropriately engage stakeholders.

HB 2271: OCCUPATIONAL LICENSING; MILITARY MEMBERS
(Syms; Active Study)

HB 2271 provides a simplified pathway for returning military veterans to pursue occupational licensure by allowing the training, education and experience received by the applicant while serving in the U.S. Armed Forces to be considered in the licensing process.

HB 2307: CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM
(Carter; Active Study)

Requested by the Arizona Board of Pharmacy and ultimately supported by ArMA, HB 2307 makes improvements to the Controlled Substances Prescription Monitoring Program (CSPMP). The measure increases annual funding, requires regulatory boards to notify practitioners of their responsibility to register for CSPMP, and allows Arizona Health Care Cost Containment System (AHCCCS) to use confidential data from the CSPMP to perform a drug utilization review for controlled substances to help combat opioid overuse or abuse or for ensuring the continuity of care.

SB 1023: DISPENSERS; PRESCRIPTION DRUG MONITORING
(Kavanagh; Active Study)

SB 1023 adds schedule V controlled substances to the prescriptions tracked by dispensers through the CSPMP and authorizes the Arizona Board of Pharmacy to release data from the CSPMP to ADHS regarding persons who are receiving or prescribing controlled substances if the information is necessary for ADHS to implement a public health response to address opioid overuse or abuse.

SB 1028: OSTEOPATHIC BOARD; CONTINUATION
(Barto; Active Support)

SB 1028 continues the Arizona Board of Osteopathic Examiners in Medicine and Surgery for eight years to July 1, 2025.



SB 1235: PODIATRY; AMPUTATION
(Barto; General Support)

ArMA worked in conjunction with orthopedic surgeons, AOMA, and podiatrists on this bill that came out of the sunrise process last fall (the initial sunrise application was filed in 2015, but the effort was pulled back for further refinement). It is a solid example of how the sunrise process should work, producing a work product that is well-crafted and consensus-based. SB 1235 authorizes licensed podiatrists to amputate a toe or a portion of a foot.

SB 1269: PHARMACISTS; SCOPE OF PRACTICE
(Barto; Active Study)

Generated from the sunrise process, ArMA worked closely with AzPA to narrow the scope and work out areas of concern. SB 1269 allows a licensed pharmacist to dispense a one-time emergency refill of a non-controlled medication used to treat an ongoing medical condition when specified conditions are met and reasonable attempts to reach the prescriber have been made. The bill also permits a licensed pharmacist who has completed training to prescribe and administer oral fluoride varnish and tobacco cessation drug therapies (excluding Chantix® and Zyban®) pursuant to rules adopted by the Board of Pharmacy.

SB 1336: NURSE ANESTHETISTS; PRESCRIBING AUTHORITY (Barto; Active Support*)

This was one of the most significant pieces of legislation we faced during the 2017 session. ArMA negotiated with representatives of AZANA for months leading up to and during the early part of this session. ArMA, working closely with the Arizona Society of Anesthesiology (AzSA), reached an agreement with AZANA for wording on this bill that will keep the physician control of patients' care unchanged from current law, and addresses concerns raised by AZANA. Key in this progress was the impact of House Health Chair Heather Carter who engaged in stakeholder/negotiations meetings and offered the critical concept that made this possible.

1. The new language maintains the current requirement that CRNAs can only function in the presence and under the direction of a physician; it modifies "presence" to mean within the same healthcare institution or office and available as necessary. This meets current practice realities that AzSA and physicians feel is safe and practical.
2. The second change clarifies language that allows CRNAs to obtain DEA numbers. (A statute change in 2011 inadvertently took this away.) The CRNAs testified that having a DEA number is a requirement by many facilities. The language now in SB 1336 makes this possible while clearly confining this authority to ordering within the facility, and excluding prescriptive authority to write a prescription for a patient to fill.
3. The third change overcomes the dividing point on "direction": the bill keeps the essential language that maintains physicians "direct" the care of their patient when there is anesthesia being provided by a CRNA, and now clarifies that "a physician or surgeon is not liable for any

act or omission of a certified registered nurse anesthetist who orders or administers anesthetics under this section.”

This language eliminates the concern rural legislators had with the current law: frequent complaints from their home-town hospitals that physicians were unwilling to practice in their area due to confusion on physician liability for CRNAs. Because existing law did not specify what “direction” meant, they were left with a misperception that the physicians would be liable.

**ArMA's initial position was Active Non-Support. Through the negotiation process, ArMA was able to take a position of Active Support.*

**SB 1367: ABORTION; LIVE DELIVERY; REPORT; DEFINITION
(Smith; General Non-Support)**

This bill is potentially harmful, and one that ArMA and other opponents were unable to stop from being enacted into law. It was sponsored by Senator Steve Smith on behalf of the Center for Arizona Policy (CAP), a conservative group that has considerable clout with Republican legislators and our Governor. While classified as an abortion-related measure, ArMA and other health care advocates strongly opposed this bill because it could cause a serious emotional burden for families, and put physicians at risk who deliver (rather than abort) babies in high-risk pregnancy situations.

The bill expands on current law which requires that all available means and medical skills are used to promote, preserve and maintain the life of the fetus or embryo when the fetus or embryo is delivered alive. Of great concern to ArMA and physicians is the new unreasonably broad definition of delivered alive – showing one or more signs of life; breathing, heartbeat, umbilical cord pulsation or definite muscle movement - that was added to the statute. SB 1367 requires a physician who performs an abortion to document and report to ADHS the measures the physician performed to maintain the life of the fetus or embryo.

ADHS must adopt rules requiring an abortion clinic or a hospital that performs or induces an abortion at or after 20 weeks’ gestational age to establish, document, and implement policies and procedures to comply with this requirement. The provisions that must be included in the policies and procedures are specified by this bill. An enforcement action on this requirement must be brought in the name of the state by the Attorney General or a county attorney.

Further, the bill provides private lawsuit rights to persons who are related to the human fetus or embryo to obtain appropriate relief for a violation of these requirements, including specified damages and costs.

**SB 1437: AGENCIES; REVIEW; GRRC; OCCUPATIONAL REGULATION
(Barto; Active Study)**

SB 1437 limits all occupational regulations to those necessary to specifically fulfill a public health, safety or welfare concern. The bill allows for administrative and judicial actions by any person harmed by an occupational regulation or to challenge an occupational regulation. Additionally, a person is authorized to petition the Governor’s Regulatory Review Council (GRRC) to request a review of final rules based on the person’s belief that the final rule does not meet the requirements of the Administrative Procedures Act. In his signing statement, Governor Ducey stated that while this legislation makes positive steps, he feels it inadequately addresses the anti-competition issues raised by the U.S. Supreme Court in *North Carolina Board of Dental Examiners v. Federal Trade Commission*, which poses concerns about anti-trust issues in professionals such as dentists and doctors regulating themselves through their state licensing boards. He called on the Legislature to fully address this issue next session. ArMA will be actively engaged in advocating on your behalf.

SB 1451: ORTHOTICS; PROSTHETICS; STANDARDS (Brophy McGee; Active Study)

Beginning January 1, 2018, custom orthotic or prosthetic devices furnished to an individual must meet specified requirements. ArMA ensured there are suitable exceptions to this rule for physicians who make their own orthotic or prosthetic devices. The bill prohibits a health care provider that does not receive insurance payment for a custom orthotic or prosthetic device from attempting to collect payment or reimbursement for the device from the patient.

SB 1452: HEALTH PROFESSION REGULATORY BOARDS (Barto; Active Study)

SB 1452 implements a number of health profession regulatory board-related reforms including: a board member is ineligible for reappointment to that board once the person has been appointed for two full terms; boards are required to digitally record all open meetings of the board and to maintain the records for three years; pro-

hibits boards from posting non-disciplinary letters of concern or advisory letters on their websites; each health profession regulatory board is authorized to establish a non-disciplinary confidential program for the monitoring of licensees who may have been chemically dependent or may have had a medical, psychiatric, psychological or behavioral health disorder; establishes a statute of limitations of four years for complaints against licensees or certificate holders of health professions regulatory boards, and exempts medical malpractice settlements or judgments or allegations of sexual misconduct if the incident involved a felony, diversion of a controlled substance or impairment while practicing from the statute of limitations. Many of these health board reforms have already been implemented for the Arizona Medical Board. ArMA was ultimately in support of this measure which becomes effective January 1, 2018.



Gov. Doug Ducey wielded his veto power this year fewer times than any governor since 2004.

He said no to 11 bills in the 2017 legislative session, with six of his vetoes coming on the final day of bill signings.



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MEMORIALS & RESOLUTIONS INTRODUCED

INSURANCE

Compared to 2016, we saw more activity in terms of insurance-related legislation. ArMA tracked over 20 bills this session in the Insurance category, a sizable percentage of which were related to workers' compensation coverage. However, the longest battle of the session was on a health insurance coverage issue – resulting in landmark legislation (to be followed by DOI rulemaking) that attempts to address the “surprise billing” issue. The bills described here are the more important ones:

SB 1441: HEALTH INSURERS; CLAIMS; ARBITRATION (Lesko; Active Study)

This was the most contentious and time intensive bill of the session for ArMA. Prior to introduction, there was an exhausting stakeholder process between the health insurers, physicians, and hospitals, a process that included many bill drafts, and that kept on going right until the final passage of this bill. ArMA led the effort, to which substantial time and resources were contributed by ArMA, AOMA, AzACEP, AzSA, and local radiology group Southwest Diagnostic Imaging (SDI).

SB 1441 sets up a dispute resolution process for patients who are facing “surprise bills.” The process includes a settlement teleconference to try to resolve the dispute quickly

and efficiently - followed by an arbitration process if the settlement teleconference is unsuccessful. ArMA worked relentlessly to get SB 1441 to a place where it would help get disputes resolved as efficiently as possible without negative unintended consequences to providers or the health care market. There are several key provisions that should be highlighted:

- The scope in which the bill applies to out-of-network billing disputes is limited.
- Specifies that health insurers must still comply with all current statutory requirements regarding emergency care.
- The bill in dispute must be over \$1,000 after deduction of the patient’s cost sharing requirements and the insurer’s allowable reimbursement.
- Requires the participation in a settlement teleconference prior to arbitration.
- Allows a provider to provide disclosure to a patient, and if agreed and signed, a patient waives their right to dispute resolution should the amount of the bill be less than or equal to the estimate provided in the disclosure.
- As part of the settlement teleconference, the health insurer must provide the patient’s cost sharing requirements to the parties.
- Requires that the patient must pay or agree to pay their cost sharing requirements to the provider prior to arbitration.
- Requires the insurer to pay their out-of-network allowables to the provider prior to arbitration. (If the out-of-network allowables have been paid to the patient directly, the patient must remit to the provider.)
- The legislation does not benchmark to an arbitrary rate. It allows the parties in



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MEMORIALS &
RESOLUTIONS
PASSED

the arbitration to bring all relevant information to justify the amount of the bill and/or how much the provider is entitled to receive.

- Requires the Arizona Department of Insurance (DOI) to annually report on the outcomes of the dispute resolution process, so that we can learn more about what is happening and if we are truly addressing the issues in the health care market.

Finally, SB 1441 has a delayed effective date of December 31, 2018. ArMA will remain engaged in the rules development representing physician concerns.

**HB 2161: WORKERS' COMP;
OCCUPATIONAL DISEASES; CANCER
(Boyer; Active Study)**

This measure was brought on behalf of the firefighters. HB 2161 states that any disease, infirmity or impairment of a firefighter's health that is caused by buccal cavity and pharynx, esophagus, large intestine, lung, kidney, prostate, skin, stomach or testicular cancer or non-Hodgkin's lymphoma, multiple myeloma, or malignant melanoma, and that results in disability or death is presumed to be an occupational disease for workers' compensation. The presumption may be rebutted by a preponderance of the evidence. The measure provides an exemption for tobacco exposure outside the scope of official duties.

**HB 2410: WORKERS' COMP; FIREFIGHTERS;
HEART-RELATED CASES
(Shope; General Non-Support)**

This is another firefighter-specific workers' compensation bill. HB 2410 presumes that heart-related, perivascular or pulmonary injury, illness or death of a firefighter is an occupational disease for the purpose of workers' compensation, compensable and deemed to arise out of employment if the firefighter passed a physical examination before employment that did not indicate evidence of heart-related, perivascular or pulmonary injury or illness. The presumption may be rebutted by a preponderance of the evidence. This measure does not apply if there is evidence of exposure to tobacco products outside the scope of official duties that is a substantial contributing cause in the development of the heart-related, perivascular or pulmonary injury, illness or death.

**HB 2386: INSURANCE; ADVERTISING;
FILING REQUIREMENTS
(Livingston; No Action-Monitor)**

HB 2386 exempts from the requirement of prior approval by the DOI "advertising matter" and "sales material" (including web pages, banner ads, social media sites and content), when those materials are not product-specific or do not contain a call for action.

PUBLIC HEALTH/PUBLIC POLICY

This continues to be a major area of legislative activity. During this session, there were over 50 bills in the Public Health/Public Policy category that ArMA tracked. Of those, the following are the most important ones:

**HB 2076: ADVANCE DIRECTIVES REGISTRY;
PROVIDER ACCESS
(Carter; General Support)**

HB 2076 requires the Secretary of State to establish in rule a process for health care providers to access the health care advanced directives registry.

**HB 2134: SCHOOLS; CHILDREN'S CAMPS;
SUNSCREEN USE (Carter; Active Support)**

This measure was proposed by the Arizona Dermatology and Dermatologic Surgery Society (ADDSS). With lobbying support from ArMA and Mayo Clinic, the successful passage of this beneficial bill helps ensure that children who attend any Arizona public school, children's camp, child care facility or child care group home are permitted to use sunscreen without a note or prescription from a licensed health care professional.

**HB 2208: INHALERS; ADMINISTRATION;
SCHOOLS; AUTHORIZED ENTITIES
(Carter; Active Study)**

This bill allows a trained school employee to administer an inhaler to someone whom they believe to be exhibiting symptoms of respiratory distress. The bill provides immunity from civil liability for decisions and actions made in good faith.

**HB 2382: PHARMACEUTICALS; MISBRANDING;
ENFORCEMENT PROHIBITED
(Lovas; General Non-Support)**

This bill allows a pharmaceutical manufacturer or its representative to engage in truthful promotion of an off-label use of a drug, biological product or device.

**HB 2493: DISPENSING OPIOIDS; DRUG
OVERDOSE REVIEW TEAM
(Carter; General Support)**

ArMA is pleased to report that through some last-minute heroics involving our advocacy team and the bill sponsor, Representative Carter, we were able to address critical issues preventing pharmacists from dispensing naloxone and increasing community access. The bill clarifies that pharmacists can legally dispense naloxone pursuant to a standing order; deletes the requirement that a pharmacist instruct the person to whom they are dispensing naloxone to first call 911 before administration; and eliminates the requirement that a health professional obtain evidence in writing that statutory requirements have been met to receive a prescription for naloxone. The bill also

establishes the 21-member Drug Overdose Fatality Review Team (Team) in ADHS to develop a drug overdose fatalities data collection system, develop protocols for drug overdose investigations, and determine changes needed to decrease the incidence of preventable drug overdose fatalities.

**SB 1080: TEENAGE DRIVERS; COMMUNICATION
DEVICES PROHIBITED (Fann; Active
Support)**

ArMA was strongly supportive of this hard-fought bill by Senator Karen Fann, addressing the issue of drivers under the age of 18 who text while driving. Under the bill, for the first six months that a class G driver licensee holds the license, the licensee is prohibited from driving a motor vehicle while using a wireless communication device for any reason, except during an emergency. Becomes effective on July 1, 2018.

**SB 1133: CERTIFIED NURSE MIDWIVES; NURSE
PRACTITIONERS (Barto; Active Study)**

Brought by the Arizona Nurses Association (AzNA), with whom we worked cooperatively, the bill clarifies the collaboration requirement in current law for nurse practitioners, and separately regulates certified nurse midwives.

**SB 1368: NEWBORN SCREENING; FEES
(Allen; General Support)**

SB 1368 raises by \$6.00 the fee ADHS can charge for tests performed for the newborn screening program to add testing for Severe Combined Immune Deficiency (SCID). Babies born with SCID often die before one year of age without medical treatment, but if SCID is diagnosed at birth, a bone marrow transplant can successfully treat the disorder. The disorder is much more common in certain populations in our state.

**SB 1439: END-OF-LIFE; DISCRIMINATION;
PROHIBITION (Barto; Active Study)**

SB 1439 was introduced on behalf of the Center for Arizona Policy (CAP), and was quite popular with Republicans. The bill prohibits discrimination against a health care

entity for not providing a health care item or service for the purpose of causing or assisting in the death of an individual. Health care entities are not liable in any civil, criminal or administrative action for declining to provide those items or services. Importantly, the bill does not apply to the withholding of CPR for a patient with a valid prehospital medical directive or similar medical order to withhold CPR issued by a licensed health care provider. A health care entity may bring a civil action in superior court for a violation of these requirements.

SB 1440: AHCCCS; CLINICAL OVERSIGHT COMMITTEE (Barto; No Action-Monitor)

SB 1440 establishes a clinical oversight review committee within AHCCCS to review clinical data specific to agency initiatives and populations, and requires AHCCCS to report annually.

HEALTH CARE INSTITUTION ISSUES

In the Health Care Institution Issues category, ArMA tracked over 20 bills this session, three of which are discussed below.

HB 2041: DHS; HEALTH CARE INSTITUTIONS; LICENSURE (Carter; No Action-Monitor)

This bill specifies that a health care institution license issued by ADHS does not expire unless ADHS revokes or suspends the license, or the license is considered void because the licensee did not pay the licensing fee before the due date.

HB 2042: DHS; FINGERPRINTING REQUIREMENTS (Carter; No Action-Monitor)

HB 2042 requires volunteers who provide medical services, nursing services, behavioral health services, health-related services home health services or supportive services at a residential care institution, nursing care institution or a home health agency to have a valid fingerprint clearance card.

SB 1128: HOSPITAL SURVEY; EXCLUSION; FETAL DEATH (Lesko; General Support)

This bill requires ADHS to prescribe by rule an exclusion for fetal demise cases from the standardized survey known as the Hospital Consumer Assessment of Healthcare Providers and Systems.



DOCTOR OF THE DAY

2017: A Year of Mentorship

Our members had a strong interest in serving as Doctor of the Day in 2017, which on some days resulted in pairing ArMA's experienced doctors with residents and/or medical students. This approach created a great mentorship opportunity as well as conversations on how important it is for younger doctors to become involved in the legislative process and advocacy for the profession.

We will continue this practice in 2018.

55 Days at the Capitol

64 Participants

11 Resident participants

11 Medical student participants

BUDGET

It took the Legislature approximately four months to assemble the requisite votes for the state budget. After some contentious debates, by early morning on May 5 the House and Senate passed a \$9.8 billion state budget for FY 2018. Along strict party lines, Republican legislators approved the spending package, with the exception of a handful of Democratic votes for Governor Ducey's high profile proposal to give state universities the ability to issue bonds. For weeks, the bonding proposal had been problematic in budget negotiations, as some of the more conservative Republicans balked at allowing the universities to take on more debt.

During the budget negotiation process, ArMA closely studied health-related budget items as well as university funding items that impact medical schools and graduate medical education. The following health-related budget highlights were compiled from the multiple bills that together comprise the package.

The health care budget bill SB 1527 had a number of expected provisions, but one that ArMA had most concerns about was language that freezes enrollment in the KidsCare Program (KidsCare) if the federal match rate falls below 100%, instead of if federal funding is eliminated. Democrats objected during floor debate on that provision being added, claiming it potentially eviscerates KidsCare. They contend that unlike capping the program's enrollment at a certain number, this change will eventually drain KidsCare entirely. Republican lawmakers countered that the original bill restoring KidsCare had a provision giving the AHCCCS Director the discretion to stop new enrollment if federal funding drops, and this new language only eliminates the discretionary aspect of that possibility. ArMA will continue to advocate for maintaining a robust KidsCare program that assures Arizona children access to care.

There was language added dealing with how ADHS is to apply to the federal government for Title X dollars (family planning funds which now are given directly by the feds to health care agencies). The language requires health officials to take the position that the state "is best suited to receive and distribute" these dollars to eligible agencies. But the language also says that if ADHS gets all the money, it cannot redistribute any to any family planning agency that also performs abortions, even if none of those family planning dollars specifically are used to terminate pregnancies.

Other notable parts of the health care budget bill related to AHCCCS; specifically, a provision making outpatient occupational therapy a covered AHCCCS service, and the addition of emergency dental care and extractions for AHCCCS members who are at least 21 years of age, in an annual amount up to \$1,000. The health care budget bill also continues to provide disproportionate share hospital payments to qualifying hospitals in Arizona.

CONCLUSION

During the 2017 Legislative session, ArMA remained steadfast in championing medicine's priorities and the health of all Arizonans. The ArMA advocacy team fought vigorously to represent physicians' concerns and positions throughout the session. Guided by our Legislative & Governmental Affairs Committee, ArMA never compromised in terms of the bedrock principles that we have consistently stood for: protecting the best interests of our physicians and their patients. Our accomplishments could not have been possible without the support, expertise, and engagement of our physician leaders and members.

We extend a special thanks to our new Assistant Vice President of Policy and Political Affairs, Ingrid Garvey, who just completed her inaugural year of running the Doctor of the Day program. The program was a huge success for both our physicians and Arizona policy makers. Ingrid ran the program with enthusiasm, vigor and a new perspective. We encourage our members to take advantage of this unique ArMA member benefit and sign up early for the 2018 session.

Our constantly evolving health care system faces many challenges due to its internal mechanisms and the external pressures of policy. It is vital that physicians remain involved and engaged in policy and with policymakers.

ArMA remains firmly committed to our work and engagement at the AZ Legislature, advocating for physicians, the practice of medicine, patients, and the best health care system and policies in Arizona. We are always working to create relationships between physicians and policymakers so that our legislators can be fully educated and aware of the impact of their decisions on the medical community. Your ArMA membership ensures that we can continue our work! Contact Ingrid Garvey at igarvey@azmed.org to see how you can be more involved in our advocacy.

DOCTOR OF THE DAY

Specialties represented:

- 15 Family Medicine
- 7 Emergency Medicine
- 5 Psychiatry
- 4 Anesthesiology
- 4 Pediatrics



2017 LEGISLATIVE REPORT



ARIZONA MEDICAL
ASSOCIATION

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