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Senate: HHS DPA/SE 7-0-0-0 | 3rd Read 26-0-4-0

House: HHS DPA 10-0-0-0

SB 1609: behavioral health; AHCCCS; health facilities

Sponsor: Senator Wadsack, LD 17

Caucus & COW

Overview

Requires health care institutions when transferring or discharging a patient with a serious mental illness (SMI) to another health care institution to provide the patient a 30-day supply of all medications that the patient was given in the previous 10 days. Outlines requirements of the Arizona Health Care Cost Containment System Administration (AHCCCS) related to peer specialist oversight and services for SMI individuals.

History

SMI are persons, who as a result of a mental disorder, exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation ([A.R.S. § 36-550](#)).

The AHCCCS Director must make rules that include standards for agencies other than the Arizona State Hospital (ASH) when providing services and must prescribe forms as necessary for the proper administration and enforcement as it relates to mental health services. The AHCCCS Director must make rules concerning the admission of patients and the transfer of patients between mental health treatment agencies other than ASH. A patient undergoing court-ordered treatment may be transferred from one mental health treatment agency to another in accordance with the rules of the director, subject to court approval ([A.R.S. § 36-502](#)).

Provisions

1. Requires, if a patient with a SMI is transferred or discharged from a health care institution to another health care institution, residential placement or group home, the health care institution that is transferring or discharging a patient to provide to the patient a 30-day supply of all medications, both prescriptions and over the counter, the patient was given in the previous 10 days that are ongoing or to be taken as needed. (Sec. 1)
2. Specifies that each medication must include clear documented instructions that are signed by:
 - a) the patient or the patient's parent or guardian;
 - b) the discharge team; and

<input type="checkbox"/> Prop 105 (45 votes)	<input type="checkbox"/> Prop 108 (40 votes)	<input type="checkbox"/> Emergency (40 votes)	<input type="checkbox"/> Fiscal Note
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- c) the intake team. (Sec. 1)
3. Instructs AHCCCS to require its contracted housing program administrators to review and minimize duplicative paperwork requirements for and limit the number of contractors and entities that unnecessarily receive personal health information of members with SMI who are receiving services. (Sec. 2)
4. Prohibits contracted housing program administrators from selling or otherwise sharing any members' personal health information, unless authorized or required by state or federal law, including the Health Insurance Portability and Accountability Act Privacy Standards. (Sec. 2)
5. Directs AHCCCS to develop and implement processes to monitor its contractors' oversight of peer specialists to ensure that the peer specialists meet qualifications and receive the required supervision and training. (Sec. 2)
6. Requires, beginning October 1, 2025, in addition to any other qualifications, peer specialists to complete training that is developed by AHCCCS and that includes psychosis-specific content including anosognosia. (Sec. 2)
7. Instructs AHCCCS to provide an annual report to the Governor, the President of the Senate and the Speaker of the House of Representatives on the development, implementation and monitoring processes by November 1, 2024, and annually thereafter. (Sec. 2)
8. Requires AHCCCS, by January 31, 2025, to study the implementation of developing and distributing a real-time, automated survey to SMI members, or their representative to:
 - a) collect feedback;
 - b) identify quality of care issues; and
 - c) respond to the needs of members. (Sec. 3)
9. Specifies that in studying the implementation of the survey, AHCCCS must solicit and consider input from the public, including at a minimum, individuals with a SMI and their representatives. (Sec. 3)
10. Directs AHCCCS, by January 31, 2025, to report to the Joint Legislative Budget Committee and the Chairpersons of the Health and Human Services Committees of the Senate and House of Representatives on the development and implementation costs that would be incurred by AHCCCS. (Sec. 3)

Amendments

Committee on Health & Human Services

1. Replaces the requirement that a health care institution provide a 30-day supply of medications that the transfer or discharge SMI patient was given in the past 10 days with providing the SMI patient an accurate list of all necessary medications, including psychiatric medications and all other prescription medications and over-the-counter medications, that are to be taken regularly or to be taken as needed.
2. Requires the discharging health care institution to provide the list of medications to the patient or their representative and to a designated person from the residential care institution or health care institution that is to provide outpatient behavioral health services to the patient as identified by the discharging health care institution that provided inpatient behavioral health services to the patient.

3. Instructs AHCCCS to establish requirements, through rulemaking if necessary, regarding the discharge of AHCCCS members with a designation of SMI from inpatient psychiatric facilities.
4. Requires the discharge requirements to identify processes and the responsible entities to ensure continuity of care for AHCCCS members on discharge, including psychiatric and nonpsychiatric medications for which AHCCCS or its contractors is the primary payor.
5. Requires the processes to include verification against the AHCCCS member's treatment plan of medication, doses, schedules, quantities and routes of administration by qualified members of the AHCCCS members inpatient and outpatient treatment teams.
6. Makes conforming changes.