Arizona Hospital and Healthcare Association

Legislative Summary & Scorecard

2013

· Arizona Orthopedic Surgical Hospital · Aurora Behavioral Health System · · Aurora Behavioral Healthcare-Tempe · Aurora Behavioral Healthcare-Glendale · · Benson Hospital · Carondelet Health Network · Carondelet Holy Cross Hospital · · Carondelet St. Joseph's Hospital · Carondelet St. Mary's Hospital · Carondelet Heart & Vascular Institute · Cobre Valley Regional Medical Center · Copper Queen Community Hospital · Department of the Army · Raymond W. Bliss Army Health Center · · Department of Veterans Affairs · Northern Arizona VA Healthcare System · · Phoenix VA Medical Center · Southern Arizona VA Healthcare System · Ernest Health · · Mountain Valley Regional Rehabilitation Hospital · Gila River Healthcare Corporation · · Hu Hu Kam Memorial Hospital · Hacienda Healthcare · Los Niños Hospital · · Haven Senior Horizons · HealthSouth East Valley Rehabilitation Hospital · · HealthSouth Rehabilitation Hospital of Southern Arizona · HealthSouth Rehabilitation Institute of Tucson · HealthSouth Scottsdale Rehabilitation Hospital · HealthSouth Valley of the Sun Rehabilitation Hospital · Yuma Rehabilitation Hospital · IASIS Healthcare · · Mountain Vista Medical Center · St. Luke's Behavioral Health Center · · St. Luke's Medical Center ·Tempe St. Luke's Hospital · · John C. Lincoln Health Network · John C. Lincoln Deer Valley Hospital · · John C. Lincoln North Mountain Hospital · Kindred Healthcare · · Kindred Hospital Arizona–Northwest Phoenix · Kindred Hospital Arizona–Phoenix · · Kindred Hospital Arizona–Scottsdale · Kindred Hospital Arizona–Tucson · · Kingman Regional Medical Center · LaPaz Regional Hospital · · LifePoint Hospitals · Havasu Regional Medical Center · Valley View Medical Center · · Little Colorado Medical Center · Maricopa Integrated Health System · · Maricopa Medical Center · Mayo Clinic Hospital · Mt. Graham Regional Medical Center · · Navajo Area Indian Health Service · Chinle Service Unit · Kayenta PHS Health Center · · USPHS Indian Hospital–Fort Defiance · Northern Arizona Healthcare · · Flagstaff Medical Center · Verde Valley Medical Center · Northern Cochise Community Hospital · Phoenix Area Indian Health Service · Hopi Healthcare Center · · USPHS Indian Hospital–Parker · USPHS Indian Hospital–San Carlos · · USPHS Phoenix Indian Medical Center · Phoenix Children's Hospital · Regional Care Services Corporation · Casa Grande Regional Medical Center · Sage Memorial Hospital · · Select Specialty Hospitals · Select Specialty Hospital–Phoenix · Select Specialty Hospital–Phoenix Downtown · Select Specialty Hospital–Scottsdale · Sierra Vista Regional Health Center · Sonora Behavioral Health Hospital · Summit Healthcare Regional Medical Center · Surgical Specialty Hospital of Arizona · · TMC Healthcare · Tucson Medical Center · Tuba City Regional Healthcare Corporation · ·Tucson Area Indian Health Service · USPHS Indian Hospital–Sells · · University of Arizona Health Network · University of Arizona Medical Center-South Campus· · University of Arizona Medical Center-University Campus · Valley Hospital–Phoenix · · Visionary Health · Florence Hospital at Anthem · Gilbert Hospital · · White Mountain Regional Medical Center · Wickenburg Community Hospital · · Windhaven Psychiatric Hospital · Yavapai Regional Medical Center-East Campus · · Yavapai Regional Medical Center-West Campus · Yuma Regional Medical Center ·

August 9, 2013

Dear AzHHA Member:

We are pleased to send you the *2013 Legislative Summary & Scorecard*, which includes an analysis of the Second Regular Session of the Fiftieth Arizona State Legislature from the Arizona Hospital and Healthcare Association's (AzHHA's) perspective, as well as brief synopses of all healthcare-related legislation passed this year. The full text of each bill can be found at www.azleg.gov. A record of how legislators voted on issues of concern to the hospital community is also included. Unless otherwise specified, all bills are effective on September 9, 2013.

It is an honor to serve as your advocacy team at the state Capitol. We deeply appreciate your commitment to and support for AzHHA's advocacy efforts.

Best regards,

Debbie Johnston
Senior Vice President, Policy Development

Barbara Fanning
Director, Government Affairs

2800 N. Central Avenue, Suite 1450 ■ Phoenix, AZ 85004-1051 ■ (602) 445-4300 ■ Fax: (602) 445-4299 ■ www.azhha.org

TABLE OF CONTENTS

2012-2013 COUNCIL ON GOVERNMENT RELATIONS

Ann-Marie Alameddin, Esq.†
In-House Counsel and
Government Relations Officer
John C. Lincoln Health Network

Sharon Anthony†
Market Administrator
Select Specialty Hospital

Tim Blanchard†
Chief Financial Officer
Kingman Regional Medical Center

Bill Bradel, Chair†
President and Chief Executive Officer
Flagstaff Medical Center

M. Victoria "Vickie" Clark†
Chief Executive Officer
La Paz Regional Hospital

David Critchlow†
Vice President, Government Relations
LifePoint Hospitals

Lisa Cummings†
Director, Outpatient Services
Copper Queen Community Hospital

Rona Curphy†
President and Chief Executive Officer
Casa Grande Regional Medical Center

Michael Fronske*
Director, Office of Legislative
and Governmental Affairs
Maricopa Integrated Health System

Larry Green, Jr.†
Chief Executive Officer
West Yavapai Guidance Clinic/
Windhaven Psychiatric Hospital

Jeff J. Hamblen†
Chief Executive Officer
Little Colorado Medical Center

Margaret Hepburn†
President and Chief Executive Officer
Sierra Vista Regional Health Center

Mary Hill*
Vice President, Mission Integration
Carondelet Health Network

Brian Hoefle†
Chief Financial Officer
Yavapai Regional Medical Center

Daisy Jenkins, Esq.†
Executive Vice President and
Chief Administrative Officer
Carondelet Health Network

Neal Jensen†
Chief Executive Officer
Cobre Valley Regional Medical Center

Len Kirschner, MD*
Board Member
Wickenburg Community Hospital

Tony Marinello†
Chief Executive Officer
IASIS/Mountain Vista Medical Center

Ronald L. McArthur†
Chief Executive Officer
Summit Healthcare Regional Medical Center

Ann M. Meyers*
Hospital Administrator
Mayo Clinic Hospital

Patrick J. Peters†
Chief Executive Officer
Mt. Graham Regional Medical Center

Julia Strange†
Vice President of Community Benefit
TMC HealthCare

Ron Tso†
Chief Executive Officer
Chinle Hospital

Helena Whitney†
Director, Government Relations
and Legislative Affairs
University of Arizona Health Network

Michael Yardley†
Chair, Public Affairs
Mayo Clinic

Lanny Kope, EdD*
Board Member
Sierra Vista Regional Health Center

Judy Mason*
Director Behavioral Health Services
Flagstaff Medical Center

Cherie McGlynn*
Chair/Trustee
Casa Grande Regional Medical Center

Annie Mooney†
Vice President, Public Affairs and Advocacy
Phoenix Children's Hospital

Richard Schulz†
Vice President of Operations for Arizona
HealthSouth Rehabilitation Corporation

Jim Tavary†
Chief Executive Officer
Wickenburg Community Hospital

Patrick T. Walz†
President and Chief Executive Officer
Yuma Regional Medical Center

Warren Whitney†
Senior Vice President and
Chief External Affairs Officer
Maricopa Integrated Health System

† Voting Member
* Non-voting Member

Arizona Hospital and Healthcare Association
2013 Advocacy Principles

- **Protecting Vulnerable Populations** AzHHA supports efforts to protect and improve access to healthcare coverage and services for vulnerable populations, including the medically needy, children, persons with mental illness, chemically dependent persons, the elderly and the uninsured.

- **Safety Net Funding** AzHHA supports stabilized funding sources for safety-net programs, including the Arizona Health Care Cost Containment System.

- **Payment that Promotes Wellness and Rewards Efficiency** AzHHA supports national and state initiatives to reform payment systems to promote wellness and reward efficient providers. Payment systems should:

  - Encourage and reward high-quality care with a focus on preventive care and wellness;
  - Align incentives among payers, providers and consumers to maximize the efficiency and coordination of health services based on accepted practice and evidence-based delivery models and protocols;
  - Recognize appropriate total costs for the efficient delivery of necessary healthcare services that are consistent with evidence-based, high-quality care and the advancement of medical science;
  - Be simplified, standard and transparent;
  - Identify and explicitly pay for broad societal benefits, such as medical and public education, medical research, and care for disenfranchised and uninsured persons; and
  - Promote timely and efficient payment for hospital and physician services.

- **Promoting Patient Safety** AzHHA supports initiatives that promote patient safety and ensure the continued availability of high-quality care across the healthcare delivery continuum of care.

- **Medical Liability Reform** AzHHA supports state and federal legislative efforts to ensure the availability of affordable professional liability insurance.

- **Strengthening the Healthcare Workforce** AzHHA supports legislative initiatives that build upon Arizona hospitals' significant financial investments in partnerships with universities and community colleges to foster a sufficient supply of well-prepared physicians, nurses, medical technologists, radiologic technologists, pharmacy technicians and other allied health professionals. AzHHA opposes proposals that restrict healthcare professionals' ability to provide high-quality, cost-effective care, including mandatory nurse staffing ratios.

- **Maintaining Cost-Effective Access to Healthcare** AzHHA supports legislative and regulatory efforts to streamline the delivery of healthcare services, including efforts to eliminate barriers to integrated, coordinated healthcare. AzHHA opposes costly regulations and other unnecessary governmental mandates that are not in the best interest of efficient, high-quality healthcare.

- **Market-Based Managed Care Approaches** AzHHA supports market-based managed care initiatives that promote patient choice, high-quality care, affordability, accessibility and network adequacy. AzHHA supports legislative efforts that balance consumer protection and cost-containment interests. Managed care benefits should be consistent with providers' legal obligations to provide care.

- **Preserving Tax-Exempt Status of Nonprofit Healthcare Organizations** AzHHA supports the continuation of tax-exempt status for nonprofit, charitable hospitals, foundations and healthcare organizations and recognizes the important role of both investor-owned and nonprofit healthcare organizations.

Arizona Hospital and Healthcare Association
2013 State Advocacy Agenda

- **Support the Fiscally Sound Restoration of Prop. 204** Restore coverage of childless adults under Prop. 204 by lifting the enrollment freeze and further expanding eligibility for the Arizona Health Care Cost Containment System (AHCCCS) up to 138 percent of the federal poverty level. As necessary, support collaborative efforts of state policymakers to identify a dedicated revenue stream that benefits both hospitals and patients.

- **Prioritize Funding for AHCCCS Hospital Payments** Ensure that AHCCCS hospital payment rates reflect the cost of providing healthcare services to AHCCCS patients so as not to drive up the hidden healthcare tax. Support efforts to increase funding for the Critical Access Hospitals (CAH) and Stable, Accessible, Viable and Efficient Rural Hospitals (SAVE) pools.

- **Protect AHCCCS Eligibility and Supplemental Funding** Strongly oppose any additional efforts to reduce AHCCCS and KidsCare eligibility and supplemental hospital funding, including cuts to:

  - Behavioral Health Services;
  - Critical Access Hospitals;
  - Stable, Accessible, Viable and Efficient Rural Hospitals;
  - Disproportionate Share Hospital Payments; and
  - Graduate Medical Education.

- **Invest in Arizona's Healthcare Workforce** Support efforts to ensure that Arizona has an adequate healthcare workforce to meet increasing patient demand. Continue to support the expansion of graduate medical education and other allied health professions programs at colleges and universities.

- **Reform Arizona's Medical Liability System** Support multiple efforts to reform Arizona's medical liability system, including legislative and judicial efforts to reduce the number of lawsuits filed and the expense of resolving them. Oppose any changes to the tort system that will negatively impact hospitals, including elimination of the collateral source rule.

- **Oppose Unfunded Mandates** Oppose regulatory and legislative mandates that increase the cost of hospital care, including requirements that hospital workers enforce immigration laws.

- **Address Small Rural Hospitals' Concerns with the AHCCCS DRG Payment System** Support small rural hospitals' concerns about implementation

of an AHCCCS diagnosis related group (DRG) payment system that inlcudes small rural hospitals. If small rural hospitals are included in such a system, support their comcerns about rolling the CAH and SAVE pool funds into the DRG payment system.

Second Tier Items for Discussion:

- **Support Incentives for Charitable Contributions to Hospital Foundations** Support income tax credits for cash donations made to hospital-affiliated foundations.

- **Encourage Continued Consideration of a State-Based Insurance Exchange** Encourage policymakers to evaluate the pros and cons of a federally operated exchange when more information becomes available and to consider whether a state-based insurance exchange would be better for Arizona in terms of administrative costs, transparency, competition and choice.

- **Promote a Balanced Approach to State Budgeting** Oppose Taxpayer Bill of Rights-style legislative referendums or bills that arbitrarily limit state spending.

- **Protect Voter-Approved Measures and Funding** Oppose measures that divert funds from programs protected under Prop. 105, the *Voter Protection* Act, including revenue dedicated for trauma and emergency services under Prop. 202, the *Indian Gaming Act*.

- **Oppose Mandatory Nurse Staffing Ratios** Oppose legislation establishing mandatory nurse staffing ratios. Support continuation of Arizona Department of Health Services' regulations requiring acuity-based staffing to ensure hospital patients receive the safest and most appropriate care.

- **Ensure Adequate Workers' Compensation Medical Payment** Work with legislators and the business community to ensure any reforms to Arizona's Workers' Compensation medical payment system are appropriate. Oppose establishment of a hospital fee schedule or other system that would underpay hospitals for care to injured workers that will only increase the hidden healthcare tax on privately insured individuals and businesses.

- **Support Efforts to Strengthen Health Information Exchanges** Work with Arizona Health-e Connection and other stakeholders to remove obstacles to medical research created by previously enacted electronic health information exchange legislation.

THE 2013 SESSION AT A GLANCE

1 Governor
30 Senators **60** Representatives
1,158 Bills
76 Memorials & Resolutions
151 Days
282 Bills Passed
26 Vetoes
256 Enactments
20 Memorials & Resolutions Passed

Legislative Session Defined by Medicaid Expansion Debate

Gov. Jan Brewer kicked off the First Regular Session of the 51st Legislature with a bang when she included a plan to restore and expand healthcare coverage for childless adults under the Arizona Health Care Cost Containment System (AHCCCS) in her FY 2014 budget priorities. There was much speculation prior to the start of session about what the governor would do on Medicaid expansion, but no one knew for sure until she delivered her *State-of-the-State* address.

The governor's plan proposed lifting the enrollment freeze on childless adults into the Prop. 204 program and further expanding AHCCCS coverage for individuals earning up to 133 percent of the federal poverty level (FPL). This expanded coverage would allow the state to take advantage of the enhanced federal match rate available under the *Affordable Care Act (ACA)*. The cost of restoring eligibility and expansion would be covered by a fee assessed on Arizona hospitals. The plan also proposed shifting the remaining cost of the Prop. 204 program onto the assessment, creating a savings to the state general fund. The Governor's Office of Strategic Planning and Budgeting estimated the total cost of the assessment would be $82 million for six months of FY 2014 and $256 million on an annualized basis in FY 2015.

In her *state-of-the-state*, **Gov. Brewer** admitted that the decision to expand Medicaid coverage weighed heavily on her. She had been a strong opponent of the federal *ACA*, but she made the case for her proposal by reminding lawmakers that Arizona voters had twice approved expanding AHCCCS coverage to 100 percent of the FPL—most recently in 2000 under Prop. 204. Enrollment of childless adults into AHCCCS under the Prop. 204 program was only frozen in June 2011 due to budget cuts. The governor commented that by expanding AHCCCS slightly above 100 percent FPL, the state would be honoring the will of the voters. Lastly, **Gov. Brewer** told lawmakers that not taking advantage of the federal matching funds provided through Medicaid expansion would not reduce the federal deficit, but would only send Arizona's tax dollars to fund expansion in other states.

Grassroots Efforts in Full Swing

Soon after the governor delivered her state-of-the-state, the grassroots efforts kicked in. The Arizona Chamber of Commerce and Industry and key healthcare organizations, including AzHHA, formed the *Restoring Arizona Coalition* comprised of statewide business, healthcare, and community groups. The coalition not only participated in the direct lobbying of legislators, but was also responsible for a media and grassroots campaign, including hundreds of articles and op-eds in newspapers across the state.

Gov. Jan Brewer also lead the charge by hosting a number of rallies at the Capitol in support of her plan, where she gathered business leaders, healthcare professionals, and community activists. The governor and the AHCCCS Administration also traveled around the state to hold community forums and town halls garnering local support for her plan. Many of these events were hosted by AzHHA member hospitals, and key message point was the rising cost of uncompensated care, as well as the vital role hospitals play in local economies.

The opposition—mostly made up of tea party and conservative groups—also organized their own grassroots efforts. Legislators reported that for every communication they received in support of Medicaid expansion, they received one in opposition. This made it clear that passage of the governor's plan was going to be an uphill battle.

AzHHA' Board Unanimously Supports Governor's Plan

AzHHA's Board of Directors met in an emergency session on March 14 to consider the Association's position on the Medicaid restoration and expansion proposal, including the use of a hospital assessment to fund the proposal. Representatives from non-member hospitals were invited to present their views to the Board on the issue, and staff shared the results of their survey of the full membership on the question. Based upon the information and dialogue, the AzHHA Board unanimously voted to support the Governor's proposal, and authorized staff to expend up to $500,000 from reserves toward its passage.

The Board also took unanimous action on the underlying issue of the hospital assessment, voting for a policy intent that there would "no losers" among hospitals in terms of the amount paid in the assessment relative to actual gains from Medicaid restoration and expansion. Through these actions by the Board, AzHHA policy and advocacy staff focused almost exclusively on these issues for the balance of the state legislative session.

The Options: "Do the Math"

As an alternative to the governor's Medicaid restoration and expansion plan, many lawmakers supported continuing the enrollment freeze on childless adults and keeping the status quo. In late April, the Centers for Medicare & Medicaid Services (CMS) issued guidance to the states regarding what would and would not be acceptable in order for states to qualify for enhanced federal matching funds for Medicaid expansion populations—and in Arizona's case, for the restoration population as well. CMS stated:

"Enrollment caps limit enrollment in coverage on a first come, first serve basis. Periods of ineligibility delay or deny coverage for otherwise eligible individuals. These policies do not further the objectives of the Medicaid program, which is the statutory requirement for allowing section 1115 demonstrations. As such, we do not anticipate that we would authorize enrollment caps or similar policies through section 1115 demonstrations ....."

Gov. Brewer conveyed this message to members of Arizona's Legislature through a letter, pointing out that CMS' guidance clarified the state's options with respect to Medicaid coverage and urged lawmakers that it was time "to complete the people's work". In her letter, the executive offered the following list of options to choose from, but blatantly referred to her plan as the "one viable alternative":

Options	Lives Covered	GF Impact (FY14 – FY16)	Federal Match	Prop. 204 Restored?
Governor's Plan	300,00	Savings of $100 million	$4.1 billion	Yes
Restore Prop. 204 only (2 to 1 federal match)	240,000	Cost of $1.3 billion	$2.6 billion	Yes
Continue enrollment freeze	63,000 and shrinking	Cost of $850 million +	$0	No
Terminate coverage for childless adults on 1/1/2014	63,000 lose coverage	$0	$0	No

President Biggs Gets Rolled; Senate Passes Budget With Medicaid Expansion

In mid-May, budget work finally went public when the Senate Committee on Appropriations passed a package of 10 budget bills that did not include a provision authorizing the governor's plan to restore and expand coverage under AHCCCS. The bills were later debated by the entire Senate in an all-day floor hearing where **Sen. John McComish (R-18)** introduced language similar to **Gov. Brewer's** Medicaid plan as an amendment to SB 1492—2013-2014; Health and Welfare; Budget Reconciliation. **Sens. Crandall (R-16)**, **Driggs (R-28)**, **McComish (R-18)**, **Pierce (R-1)**, **Reagan (R-23)**, and **Worsley (R-25)** joined their Democratic colleagues in supporting the amendment and passed the bill on a 19-11 vote. **Sen. Reagan** later publicly explained that her "yes" vote was only to get the budget moving, but that she remained opposed to the governor's Medicaid plan and would vote against it if the bill returned to the Senate for a final vote.

The floor debate regarding the restoration and expansion alone dragged on for nearly three hours with **Senate President Andy Biggs (R-12)** dominating the discussion making comments in opposition to the plan and running 12 amendments (two of which passed) to bog down the proposal in hopes that it would ultimately fail. His amendments that were adopted included a repeal date for the Medicaid expansion program on and after December 31, 2016, and a requirement for AHCCCS to complete a report on the changes in hospital uncompensated care over the last fiscal year. **Sen. Biggs'** attempts to add a Prop. 108 provision to the bill, as well as the addition of the collateral source rule language similar to HB 2239—Collateral Source Evidence Admissibility, were among his proposals that were voted down. **Sen. Kelli Ward (R-5)** joined the president in his attempt to sink the restoration and expansion with seven of her own amendments – all of which failed to pass.

Speaker Tobin's Plan

Around the same time the Senate made headway on the FY 2014 budget, **Speaker Andy Tobin (R-1)** released a counter-proposal to the governor's Medicaid plan that would refer the question of whether to restore and expand AHCCCS to the voters. Like the president, the speaker also expressed interest in adding a Prop. 108 provision, even though both of these scenarios were unlikely since the governor staunchly opposed them. The other components of his plan included hospital provider rate increases coupled with accountability provisions attached to the provider assessment, requiring hospitals to attest they would not pass the cost of the assessment on to patients or commercial insurance companies. It also contained a number of reporting requirements for AHCCCS, the Arizona Department of Insurance and hospitals.

Although the speaker's plan had some components that were attractive for hospitals, and AzHHA staff worked quietly behind the scenes to move these forward, negotiations between the speaker and governor eventually broke down, and his plan did not get off the ground.

Governor Brewer Calls Special Session to Pass FY 2014 Budget

In a move that surprised nearly all capitol watchers, **Gov. Jan Brewer** called a special session on the budget at 5 p.m. on Tuesday, June 11th. Legislators were given little warning, and many had left the capitol for the day. The special session call covered budget-related matters, including "any mechanism for the Arizona Health Care Cost Containment System to secure enhanced federal financial participation to support and maintain its programs" (a.k.a. Medicaid expansion).

The House took up the debate on the budget the day after the governor's call. In a lengthy but monumental floor hearing and final vote that lasted a little over 12 hours, the House of Representatives approved eight budget bills, all on a 33-27 vote. The approved measures were similar to bills passed by the Senate a few weeks earlier with some revisions. As expected, a coalition of nine Republicans—**Reps. Brophy McGee (R-28)**, **Carter (R-15)**, **Coleman (R-16)**, **Dial (R-18)**, **Goodale (R-5)**, **Orr (R-9)**, **Pratt (R-8)**, **Robson (R-18)**, and **Shope (R-8)—**joined the Democrats to solidify enough votes to push the

package through. The proponents of the bills refused to entertain any questions and withheld their comments until the final vote during the early hours of the morning, which provoked tense commentary from opposing legislators. The most controversial and heavily debated bill, HB 2010—2013-2014; Health; Welfare; Budget Reconciliation, included the governor's Medicaid expansion plan and is possibly the most historic piece of healthcare-related legislation to pass in Arizona over the last several decades.

The House completed their work on the budget package during the early morning hours on Thursday, June 13th, and the Senate followed later that day with a final vote to close out the special session and finalize work on the FY 14 budget. On June 17, Gov. Brewer invited supporters of her plan (pictured below) to join her in a ceremonial bill signing of **HB 2010**.

The healthcare-related provisions in the final budget include:

General Provisions:

- Continues the Arizona Health Care Cost Containment System (AHCCCS) through July 1, 2023.
- Codifies the 10 percent AHCCCS hospital rate reduction (5 percent on October 1, 2010 and 5 percent on April 1, 2011).
- Adds well-exams to the list of AHCCCS covered benefits.
- Continues general fund supported Disproportionate Share Hospital (DSH) payments to private hospitals in the amount of $9.3 million.
- Continues the local matching program for drawing down additional federal DSH dollars.
- Extends authority for the Safety Net Care Pool, including local provider assessments, through December 31, 2013.
- Allows political subdivisions to provide local matching funds for uncompensated care payments to freestanding children's hospitals through December 31, 2017.

- Allocates $300,000 to hospitals that are: a) located in a county with a population of less than 500,000 persons; b) licensed to operate 25 or fewer beds; c) not designated as a critical access hospital by federal law as of January 1, 2012; and d) located within 25 miles of a hospital operated by Indian Health Services.
- Gives the Arizona Department of Health Services (ADHS) an extension on the integration of mental and physical health rule-making package until April 30, 2014.

Medicaid Expansion:

- Increases eligibility for children aged 6-18 to 133 percent of the federal poverty level (FPL) effective January 1, 2014.
- Restores eligibility for adults earning up to 100 percent FPL and expands eligibility for adults earning between 100-133 percent FPL effective January 1, 2014.
- Subject to approval by the Centers for Medicare & Medicaid Services, allows for the following cost-sharing provisions for adult enrollees into AHCCCS: a) a premium of up to two percent of a person's household income; b) a $200 co-pay for non-emergency use of the emergency room if the individual is not admitted; c) a $200 co-pay for non-emergency use of the emergency room if there is a community health center, rural health center, or urgent care center within 20 miles of the hospital.
- Creates the Circuit Breaker and Outcomes Study Committee tasked with a number of duties pertaining to Medicaid restoration and expansion and the hospital provider assessment.

Hospital Assessment:

- Requires the director of AHCCCS to assess a fee on hospital discharges, revenue, or bed days to pay for Medicaid restoration and expansion effective January 1, 2014 with no repeal date. The director may establish modifications or exemptions to the assessment.
- Requires AHCCCS to hold a public hearing at least 30 days prior to implementation of the hospital assessment.
- Adds a circuit breaker that discontinues the assessment if: a) the federal matching rate drops below 80 percent (the federal match starts at 100 percent for adults between 100-133 percent but eventually falls to 90 percent); b) the hospital assessment isn't sufficient enough to cover the state share; or c) the Affordable Care Act is repealed.
- Requires hospitals to submit a form to ADHS attesting that they are not passing on the cost of the assessment to patients or commercial insurance companies. If a hospital does not comply with this attestation, the AHCCCS director may suspend or revoke the hospital's provider agreement, and if after 180 days the

hospital has still not submitted an attestation, the ADHS director shall suspend or revoke their license.

Reporting Requirements:

- On or before October 1, 2013, and annually after that, AHCCCS shall submit a report to the governor, president, speaker, and the directors of the Joint Legislative Budget Committee (JLBC) and the governor's Office of Strategic Planning and Budgeting (OSPB) on the change in hospital uncompensated care and hospital profitability over the previous fiscal year.
- AHCCCS shall submit a report to the directors of JLBC and OSPB on or before December 1, 2013 regarding non-emergency use of the emergency department by AHCCCS enrollees.
- AHCCCS and ADHS shall submit a joint report on or before January 1, 2014 regarding hospital charge master transparency to the governor, president, and speaker and shall review how the charge master works, how hospital charges compare to costs, and how hospitals in other states report their prices. The report shall also include recommendations for how to improve the state's use of the hospital charge master.
- On or before August 1, 2013 and annually after that, AHCCCS shall report to the speaker, president, and directors of JLBC and OSPB on the amount each hospital contributes for the provider assessment and amount each hospital receives in Medicaid coverage funded by the assessment over the previous fiscal year.

Bumpy Road for Healthcare Pricing Transparency; AHCCCS DRG Bill

AzHHA members once again decided to oppose **Sen. Nancy Barto's (R-15)** efforts to require healthcare professionals and facilities to make the "direct pay price" for their most commonly used procedures or service codes available to the public. The bill, SB 1115—Direct Pay Prices; Health Care as introduced was an exact replica of legislation AzHHA opposed during the 2012 session.

SB 1115 did gain enough support in the Legislature to pass both the House and the Senate, but was stopped by **Gov. Jan Brewer's** veto in early April. In her veto message, the governor cited "the practical and potential legal implications" of the bill as the reason she could not sign it into law. Despite the governor's veto, the measure was later revived when **Sen. Barto** amended it onto HB 2045—AHCCCS; Hospital Reimbursement Methodology—a.k.a the "AHCCCS DRG bill".

Although AzHHA had been strongly opposed to **Sen. Barto's** bill, it became clear that its passage was important to many of our friends at the Capitol who were supporting Medicaid expansion, so we offered amendment language that mitigates the regulatory burden the original bill would have created for hospitals. The bill was approved by a conference committee of House and Senate members, and AzHHA was successful in getting a number

of changes to the bill before it passed. G**overnor Brewer** signed the legislation into law on June 19th. (A full summary of the bill is included under House Bills)

ADHS Creates Hospital Compare Website

The Arizona Department of Health Services (ADHS) in June launched AZ Hospital Compare, an online searchable database, which will allow patients to explore quality, utilization and charge information for inpatient services provided by Arizona hospitals.

ADHS believes the online tool will also help healthcare professionals, policy-makers, and legislators to develop and implement important health policies and best practice guidelines that will increase the quality of healthcare, while reducing costs.

The hospital comparison reports are generated by MONAHRQ, a web development tool created by the Federal Agency for Healthcare Research and Quality (AHRQ). The information available through MONAHRQ is based on discharge rates and AHRQ quality indicator measures derived from Arizona hospital discharge data.

Telemedicine Parity for Rural Arizona

After two years in the making, rural hospitals were successful in bringing telemedicine parity to their communities. SB 1353—Health Insurance; Telemedicine, supported by AzHHA, provides reimbursement parity from health insurance carriers for physicians who use telemedicine to treat patients. The measure was the result of numerous discussions between hospitals and health insurance companies. AzHHA applauds all who were involved in the process of working on this important issue.

The bill was unanimously approved by both the House and Senate in early April and **Gov. Brewer** participated in a ceremonial signing of the bill in May at the T-Health Institute on the campus of the University of Arizona College of Medicine – Phoenix. The institute is part of the Arizona Telemedicine Program based at the UA College of Medicine – Tucson.

Hospital Efforts Defeat Harmful Collateral Source Bills

AzHHA, along with a group of hospital lobbyists, were successful yet again in defeating two harmful measures. HB 2238—Claims; Medical Expenses; Recovery and HB 2239—Collateral Source Evidence; Admissibility would have severely crippled the ability of hospitals and other healthcare providers to collect on liens against unpaid charges and, for practical purposes, would cap the amount a provider could recoup at the rate paid by the health insurer—which often falls below the actual cost of care, especially in complex trauma cases that require post-acute care services.

Hospitals have traditionally supported tort reform efforts that reduce frivolous lawsuits and reduce the overall cost of doing business, but **HB 2238** and **HB 2239** would have done little in this regard. Rather, the bills would have merely shifted payments that

medical providers currently receive for treating trauma and other injured patients to the person responsible for the accident.

This is the second year in a row hospitals have fought these measures and they are expected to return again next year.

What's Next: Implementation of the Hospital Provider Assessment

Now that the legislation has passed, AHCCCS is in the process of modeling the provider assessment. The Administration has contracted with Navigant to work out the mechanics. So far, they have taken the approach of crafting the assessment in a way to create as few individual hospital/health system losers as possible—this method coincides with AzHHA's Board principle of "no losers". AHCCCS has released a number of draft models, but is expected to unveil the final model in mid-August.

At the same time that AHCCCS has been doing their modeling, AzHHA long with Banner Health, Dignity Health, and Abrazo Health Care have engaged national experts Health Management Associates (HMA) to do their own modeling. HMA has crafted many provider assessments across the country and were retained as a form of "checks and balance" to ensure that the model AHCCCS produces is the best model available to the state.

Moving forward, AzHHA also intends to collect and analyze data regarding the actual impact of the assessment on hospitals to use as the basis for determining any shift from the Board's "no loser" position, and the potential need for other solutions to mitigate any identified problems with the assessment over the long term.

House Bills

AzHHA Visual Positions


Monitored


Supported


Opposed

HB 2045—Health Care; Direct Pay; AHCCCS Rates (Chapter 202)

Healthcare pricing transparency provisions: Effective January 1, 2014, health care providers and health care facilities are required to make available on request or online the direct pay price for at least the 25 most common services for a provider and at least the 50 most used diagnosis-related group codes and the 50 most used outpatient service codes for a facility with more than 50 inpatient beds, which must be updated at least annually. Facilities with less than 50 inpatient beds must post at least the 35 most used diagnosis-related group codes and the 35 most used outpatient service codes, which must be updated at last annually. Does not apply to emergency services being performed by a provider and does not apply to emergency services performed in a facility if discussion of the direct pay price would create a violation of the federal Emergency Medical Treatment and Labor Act. Exemptions include health care providers who are owners or employees of a legal entity with fewer than three licensed health care providers, veterans administration facilities, health facilities on military bases, Indian health services hospitals and other Indian health service facilities, tribal owned clinics, the Arizona State Hospital and any facility that the Department of Health Services determines does not serve the general public. Does not prevent a health care provider or facility from offering additional discounts or services to a person or employer paying directly. Government agencies or government-authorized entities are prohibited from approving, disapproving or limiting a health care provider or facility's ability to change the published or posted direct pay price for services. Health care providers or facilities that accept direct payment are deemed paid in full if the entire fee for the service is paid and are prohibited from submitting a claim for payment or reimbursement for that service to any "health care system" (defined). Before a health care provider or facility accepts direct payment, the provider or facility must obtain the person's signature on a notice about direct payment that is substantially similar to a specified form outlined in statute. These requirements self-repeal January 1, 2022.

AHCCCS hospital payment system provisions: The AHCCCS reimbursement rates for inpatient hospital stays are extended one year through September 30, 2014. Upon expiration of those rates, the AHCCCS Administration is authorized to adopt a hospital reimbursement methodology consistent with the Social Security Act, and to make additional adjustments to the rates based on specified factors. The AHCCCS Administration is no longer required to obtain legislative approval before adopting the new rates and is authorized to consider the published diagnosis-related group codes when making adjustments to inpatient hospital reimbursement rates. A legislative intent section states that the Legislature intends for the methodology to be budget neutral in the aggregate. Includes a severability clause.

HB 2064—Training Permits; Military Health Professionals (Chapter 25)

The Board of Dental Examiners and Arizona Medical Board are required to issue training permits to qualified military health professionals who are practicing dentistry or allopathic medicine in the U.S. armed forces and who are participating in a clinical training program based at hospitals affiliated with the U.S. Department of Defense. The health professionals must meet certain requirements to qualify for the permit. The professionals are prohibited from opening an office or meeting patients outside of the approved hospital. Training permits are valid for one year, and must be issued without a fee. Retroactive to April 3, 2013.

HB 2136—Firefighter and EMT Memorial (Chapter 51)

The Department of Administration is authorized to provide for the placement of a memorial dedicated to the commemoration of firefighters and emergency medical technicians in the Capitol's Wesley Bolin Plaza. No public monies are authorized for the costs of the memorial. Self-repeals October 1, 2016.

HB 2393—State Agencies; Licensure; Time Frames (Chapter 58)

Any person who is or could be required to obtain a professional license may petition the Governor's Regulatory Review Council to require the issuing agency to consider including a recommendation for reducing the licensing time frame for a specific license in its five-year report.

HB 2409—Medical Board Licensure; Dental Board Exams (Chapter 227)

The list of basic requirements for licensure as a doctor of medicine in Arizona is expanded to include that an applicant must submit directly to the Arizona Medical Board verification of licensure from every state in which the applicant has ever held a medical license and verification of all hospital affiliations and employment for the preceding five years. A doctor of medicine licensed in another jurisdiction who engages in the practice of medicine that is limited to "patients" (defined as nonresidents who are an athlete or professional entertainer) with whom the doctor has an already established doctor-patient relationship are exempt from licensure by the Board when both the doctor and the patient are physically in the state for no more than 60 consecutive days. For pro bono registrations, which allow a doctor who is licensed in another jurisdiction to practice in this state for up to 60 days each calendar year, the 60 days of practice are permitted to be performed consecutively or cumulatively during each calendar year.

The examination that applicants for licensure as a dental hygienist must pass may be an examination administered by another state or testing agency that is substantially equivalent to the requirements of Arizona, as determined by the Board of Dental Examiners, in addition to the western regional examining board examination.

HB 2430—Immunizations; Reimbursement (Chapter 173)

In order to receive reimbursement for the cost of the required immunizations for school attendance from a student or parent's private health insurance coverage, a local health department is authorized to enter into a contract governing the terms of reimbursement and claims with the corresponding private health care insurer. If the local health department chooses not to contract with an insurer or does not respond to the request to

contract from an insurer, the insurer is not required to reimburse the department for the immunization. If an insurer declines to contract with a department or does not respond to a request to contract with a department, the insurer is required to reimburse the department at the rate paid to an in-network provider.

HB 2445—AHCCCS; Collection Action; Limitations Period (Chapter 144)

The six-year statute of limitations for AHCCCS to file a collection action is tolled either after the administrative action is commenced and until the action's final resolution, including any legal challenge to the action, or while the state and the AHCCCS Administration did not know that a claim was false or fraudulent. Applies to any action in which a court has not entered a final judgment before September 9, 2013.

HB 2513—Dentistry (Chapter 150)

For the purpose of regulation by the Board of Dental Examiners, the list of acts that constitute "unethical conduct" is expanded to include engaging in a policy or practice that interferes with the clinical judgment of a licensee providing dental services for a business entity or compromising a licensee's ability to comply with regulations. The Board is prohibited from acting on a complaint if the allegation of unprofessional conduct, unethical conduct or any other violation occurred more than six years before the complaint is received, except for medical malpractice settlements or judgments. If a licensee providing dental services for a registered business entity believes that the entity has engaged in unethical conduct, the licensee is required, before filing a complaint with the Board, to notify the entity in writing of the belief and the reasons for the belief and to provide the entity with at least 10 calendar days to respond in writing to the assertions made. A licensee who files a complaint with the Board is required to provide the Board with a copy of the written notification and the entity's response, if any. The entity is prohibited from taking any adverse employment action against a licensee because of compliance with these requirements.

HB 2534—Insurance; Form Filing (Chapter 152)

Statute requiring insurance policy forms to be filed at least 30 days in advance of any delivery and declaring forms approved 30 days after filing unless the Arizona Department of Insurance (ADOI) disapproves the form applies to contracts and policy forms filed with the ADOI by a dental or optometric service corporation, and does not apply to contracts or policy forms issued by a hospital service corporation, medical service corporation or hospital and medical service corporation. Retroactive to April 1, 2013.

HB 2542—Arizona Health Facilities Authority (Chapter 154)

For the purposes of the Arizona Health Facilities Authority, the definition of "bonds" is expanded to include any obligation, in any form, entered into by the Authority that pays interest and is exempt from gross income under specified federal law.

HB 2550—Health Insurance; Policies; Rating Areas (Chapter 215)

The Director of the ADOI is required to ensure that the state retains its full authority to regulate health insurance policies and contracts, taking into consideration the enactment of the federal Affordable Care Act (ACA). Health insurers subject to the ACA are prohibited from issuing a contract or policy or otherwise transacting insurance inconsistent with the

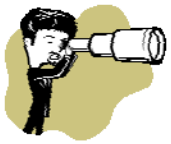
applicable provisions of the ACA. Establishes "rating areas" (defined as an area within which a health insurer cannot vary rates based on geography) for the issuance of individual and small group health insurance policies and contracts, with some exceptions. Conditionally repealed as of the date a specified section of the ACA is declared unconstitutional by the U.S. Supreme Court or is repealed by the U.S. Congress.

HB 2593—Campaign Finance; Contribution Limits (Chapter 98)

Campaign contribution limits for elections other than statewide office are increased to $2,500 from an individual or single political committee not certified to contribute at higher limits, and to $5,000 from a single political committee certified to contribute at higher limits. Campaign contribution limits for a statewide office are increased to $2,500 from an individual or single political committee not certified to contribute at higher limits. Candidates are no longer restricted as to the aggregate total that a candidate may lawfully receive from all political committees, excluding political parties, and individuals are no longer restricted as to the aggregate total that he/she may contribute to candidates and political committees. Candidates or candidate campaign committees are required to give notice to the filing officer if the candidate or committee receives a contribution of at least $1,000 from a single source less than 20 days before the election. The notice must be filed within 72 hours after receipt of the contribution. A knowing violation of the notice requirement is subject to a civil penalty of up to three times the amount improperly reported, and the person or committee is liable in a civil action.

Senate Bills

AzHHA Visual Positions


Monitored


Supported


Opposed

SB 1023—Optometry Board; Continuation (Chapter 193)

The statutory life of the Board of Optometry is extended 10 years to July 1, 2023. Retroactive to July 1, 2013.

SB 1148—Workers' Compensation; Reciprocity (Chapter 34)

A worker from another state and that worker's employer in that other state are exempt from workers' compensation regulations while that worker is temporarily in Arizona if the employer has workers' compensation insurance coverage in another state that covers the employee and other specified conditions are met. If a worker has a claim under the workers' compensation law of another state or nation for the same injury or occupational disease as a claim filed in Arizona, the amount of compensation paid under the other law is credited against the compensation due under Arizona law. Claims made after September 9, 2013 are subject to these provisions regardless of the date of injury.

SB 1188—Pharmacy Board (Chapter 43)

Various changes relating to the Board of Pharmacy, including allowing the Board to restrict a license (in addition to the option to summarily suspend the license) in cases of unprofessional conduct where the Board finds that the protection of public health or safety requires emergency action. The list of disciplinary actions the Board is permitted to take in specified circumstances is expanded to include requiring the licensee to complete Board designated continuing pharmaceutical education courses. For reciprocal licensure, the applicant must have held a pharmacist license in good standing in another jurisdiction for at least one year. The definition of "prescription order" is expanded to include an order initiated by a pharmacist under a protocol-based drug therapy agreement with a provider, or immunizations or vaccines administered by a pharmacist.

SB 1237—Guardianships; Conservatorships; Transfer (Chapter 36)

Modifies the requirements for Arizona courts to order the transfer of guardianship or conservatorship to another state.

SB 1342—Critical Infrastructure; Information Disclosure (Chapter 69)

All critical infrastructure and key resource information protected by federal law and provided to or in the possession of any state agency, instead of only the Department of Public Safety, or political subdivision is exempt from public disclosure and public records laws. The definition of "critical infrastructure information" is expanded to include emergency response plans and certain information related to a computer based or natural disaster.

SB 1353—Health Insurance; Telemedicine (Chapter 70)

Health and disability insurance policies or contracts executed or renewed on or after January 1, 2015 are required to provide coverage for health care services for trauma, burn, cardiology, infectious diseases, mental health disorders, neurologic diseases and dermatology that are provided through "telemedicine" (defined as the use of interactive audio, video or other electronic media for diagnosis, consultation or treatment) if the service would be covered were it provided through in-person consultation and if the service is provided to a patient in a "rural region" (defined). Does not apply to limited benefit coverage.

SB 1374—Behavioral Health Examiner's Board (Chapter 242)

Various changes relating to the Board of Behavioral Health Examiners, including modifying Board membership and requirements for public members of the Board, requiring Board members to complete specified training, and modifying requirements for reciprocal licensure. Various education, training, and clinical experience requirements for Board licensees are modified. The professional credentialing committees of the Board are eliminated and replaced with an academic review committee for each professional area licensed by the Board. Membership and duties of the committees are specified. The investigatory duties of the credentialing committees are transferred to the Board. By January 31, 2014, the Board is required to appoint an executive director to perform specified administrative duties. The Board is prohibited from acting on any complaint in which an allegation of unprofessional conduct or other violation occurred more than seven years before receipt of the complaint, except for malpractice settlements or judgments. The Board is authorized to enter into stipulated agreements with a licensee for the confidential treatment, rehabilitation and monitoring of chemical dependency or behavioral health disorders, and those agreements are not public records if specified conditions are met. Establishes a 6-member Task Force on Patient Consent and Documentation Best Practices, which is required to make recommendations for best practices for the form and content of patient consent and documentation for practitioners licensed by the Board that assure consistent regulation by the Board and the Department of Health Services and to submit a report to the Governor and the Legislature by March 31, 2014. The statutory life of the Board is extended four years to July 1, 2017, retroactive to July 1, 2013. Various sections of this legislation become effective November 1, 2015, and the rest become effective on the general effective date of September 9, 2013.

SB 1375—Behavioral Health Services; Dependent Children (Chapter 220)

Requires the Arizona Department of Economic Security in collaboration with the Arizona Department of Health Services and the Arizona Health Care Cost Containment System to determine the most efficient and effective way to provide comprehensive medical, dental and behavioral health services for children who are in a foster home, in the custody of ADES or in the custody of a probation department and makes changes to the Child Protective Services statutes.

SB 1421—School Personnel; Emergency Epinephrine Administration (Chapter 243)

Pursuant to a standing order issued by the chief medical officer of the Department of Health Services or a county health department, or a licensed medical doctor or doctor of osteopathy, a trained school district or charter school employee is authorized to administer or assist in the administration of auto-injectable epinephrine to a student or adult whom the employee believes in good faith to be exhibiting symptoms of anaphylactic shock while at school or at school-sponsored activities. If sufficient monies are appropriated by the Legislature and beginning in the 2014-15 school year, each school district and charter school is required to stock two juvenile and two adult doses of auto-injectable epinephrine at each school. If sufficient monies are not appropriated, a school district or charter school is permitted to stock the epinephrine. Medical personnel and school employees are immune from civil liability with respect to decisions made and actions taken based on good faith implementation of these requirements, except in cases of wanton or willful neglect. By January 1, 2014, the State Board of Education is required to adopt rules that prescribe annual training for school personnel in the administration of auto-injectable epinephrine, recognition of anaphylactic shock symptoms and procedures for the administration of auto-injectible epinephrine in emergency situations.

SB 1433—Optometry Board (Chapter 186)

Various changes relating to the Board of Optometry, including modifying Board membership, expanding the list of actions that constitute "unprofessional conduct," requiring the Board to report allegations or evidence of criminal wrongdoing to the appropriate criminal justice agency, requiring licensees or certificate holders to publicly display their current license or certificate, making the name of a person reporting potential violations subject to public disclosure, increasing the maximum amount of a civil penalty the Board may impose in a disciplinary action to $5,000, and authorizing the Board to order licensees to undergo a medical or mental examination in specified circumstances.

Establishes a new article regulating the sale or dispensing of contact lenses, which requires all sales of and prescriptions for contact lenses in Arizona to conform to the federal Fairness to Contact Lens Consumers Act.

2013 AzHHA LEGISLATIVE SCORECARD

SENATE

The following bills represent significant healthcare-related legislation AzHHA supported or opposed in 2012 and how each member of the Arizona Legislature voted.

✓ = Supported AzHHA position
× = Opposed AzHHA position
NV = Legislator did not vote
NA = Not Applicable

	Budget Bills			**Non-Budget Bills**			
VOTES ON KEY BILLS IN 2013	**HB 2001** General appropriations bill for FY 2013-2014.	**HB 2010*** Includes Gov. Brewer's plan to restore and expand AHCCCS coverage to childless adults funded by a hospital provider assessment. Also continues AHCCCS for 10 years until July 1, 2023		**SB 1115** Healthcare pricing transparency legislation prior to any of AzHHA's changes.	**SB 1353** Allows telemedicine parity for physicians in rural areas.	**HB 2339** Limits hospitals' ability to file liens in personal injury cases.	Total % Supporting AzHHA Positions
AzHHA Position →	***Support***	***Support***		***Oppose***	***Support***	***Oppose***	
Sen. Ed Ableser (D-26)	✓	✓	✓	✓	✓	**No Senate Vote**	100%
Sen. Nancy Barto (R-15)	×	×	×	×	✓		20%
Sen. Andy Biggs (R-12)	×	×	×	×	✓		20%
Sen. David Bradley (D-10)	✓	✓	✓	×	✓		80%
Sen. Judy Burges (R-22)	×	×	×	×	✓		20%
Sen. Olivia Cajero Bedford (D-3)	✓	✓	✓	✓	✓		100%
Sen. Rich Crandall (R-16)	✓	✓	✓	NV	NV		60%
Sen. Chester Crandell (R-6)	×	×	×	×	✓		20%
Sen. Adam Driggs (R-28)	✓	✓	✓	×	✓		80%
Sen. Steve Farley (D-9)	✓	✓	✓	×	✓		80%
Sen. Steve Gallardo (D-29)	✓	✓	✓	✓	✓		100%
Sen. Gail Griffin (R-14)	×	×	×	×	✓		20%
Sen. Katie Hobbs (D-24)	✓	✓	✓	✓	✓		100%
Sen. Jack Jackson Jr. (D-7)	✓	✓	✓	✓	✓		100%
Sen. Leah Landrum Taylor (D-27)	✓	✓	✓	✓	✓		100%
Sen. Linda Lopez (D-2)	✓	✓	✓	✓	✓		100%
Sen. John McComish (R-18)	✓	✓	✓	×	✓		80%
Sen. Barbara McGuire (D-8)	✓	✓	✓	×	✓		80%
Sen. Al Melvin (R-11)	×	×	×	×	✓		20%
Sen. Robert Meza (D-30)	✓	✓	✓	×	✓		80%
Sen. Rick Murphy (R-21)	NV	NV	NV	×	✓		20%
Sen. Lynne Pancrazi (D-4)	✓	✓	✓	NV	NV		60%
Sen. Steve Pierce (R-1)	✓	✓	✓	✓	✓		100%
Sen. Michele Reagan (R-23)	✓	×	×	×	✓		40%
Sen. Don Shooter (R-13)	×	×	×	×	✓		20%

	Budget Bills			Non-Budget Bills			
VOTES ON KEY BILLS IN 2013	**HB 2001** General appropriations bill for FY 2013-2014.	**HB 2010*** Includes Gov. Brewer's plan to restore and expand AHCCCS coverage to childless adults funded by a hospital provider assessment. Also continues AHCCCS for 10 years until July 1, 2023.		**SB 1115** Healthcare pricing transparency legislation prior to any of AzHHA's changes.	**SB 1353** Allows telemedicine parity for physicians in rural areas.	**HB 2339** Limits hospitals' ability to file liens in personal injury cases.	Total % Supporting AzHHA Positions
AzHHA Position →	***Support***	***Support***		***Oppose***	***Support***	***Oppose***	
Sen. Anna Tovar (D-19)	✓	✓	✓	✓	✓		100%
Sen. Kelli Ward (R-5)	×	×	×	×	✓		20%
Sen. Bob Worsley (R-25)	✓	✓	✓	×	✓		80%
Sen. Steve Yarbrough (R-17)	×	×	×	×	✓		20%
Sen. Kimberly Yee (R-20)	×	×	×	✓	✓		40%
Final Vote →	**19-10-1**	**18-11-1**	**18-11-1**	**18-10-2**	**28-0-2**		

*due to the level of importance AHCCCS restoration and expansion, legislators were scored twice

2013 AzHHA LEGISLATIVE SCORECARD

The following bills represent significant healthcare-related legislation AzHHA supported or opposed in 2012 and how each member of the Arizona Legislature voted.

✓ = Supported AzHHA position
× = Opposed AzHHA position
NV = Legislator did not vote
NA = Not Applicable

HOUSE OF REPRESENTATIVES

	Budget Bills			Non-Budget Bills			
VOTES ON KEY BILLS IN 2013	**HB 2001** General appropriations bill for FY 2013-2014.	**HB 2010*** Includes Gov. Brewer's plan to restore and expand AHCCCS coverage to childless adults funded by a hospital provider assessment. Also continues AHCCCS for 10 years until July 1, 2023.		**SB 1115** Healthcare pricing transparency legislation prior to any of AzHHA's changes.	**SB 1353** Allows telemedicine parity for physicians in rural areas.	**HB 2339** Limits hospitals' ability to file liens in personal injury cases.	Total % Supporting AzHHA Positions
AzHHA Position →	***Support***	***Support***		***Oppose***	***Support***	***Oppose***	
Rep. John Allen (R-15)	×	×	×	×	✓	×	16%
Rep. Lela Alston (D-24)	✓	✓	✓	✓	✓	✓	100%
Rep. Brenda Barton (R-6)	×	×	×	×	✓	×	16%
Rep. Sonny Borrelli (R-5)	×	×	×	×	✓	×	16%
Rep. Paul Boyer (R-20)	×	×	×	×	✓	×	16%
Rep. Kate Brophy McGee (R-28)	✓	✓	✓	×	✓	✓	83%
Rep. Chad Campbell (D-24)	✓	✓	✓	✓	✓	NV	83%
Rep. Mark A. Cardenas (D-19)	✓	✓	✓	✓	✓	✓	100%
Rep. Heather Carter (R-15)	✓	✓	✓	×	✓	✓	83%
Rep. Doug Coleman (R-16)	✓	✓	✓	×	✓	×	66%
Rep. Lupe Chavira Contreras (D-19)	✓	✓	✓	✓	✓	✓	100%
Rep. Andrea Dalessandro (D-2)	✓	✓	✓	✓	✓	✓	100%
Rep. Jeff Dial (R-18)	✓	✓	✓	×	✓	×	66%
Rep. Juan Carlos Escamilla (D-4)	✓	✓	✓	✓	✓	✓	100%
Rep. Karen Fann (R-1)	×	×	×	×	✓	×	16%
Rep. Eddie Farnsworth (R-12)	×	×	×	×	✓	×	16%
Rep. Tom Forese (R-17)	×	×	×	×	✓	×	16%
Rep. Rosanna Gabaldón (D-2)	✓	✓	✓	✓	✓	✓	100%
Rep. Ruben Gallego (D-27)	✓	✓	✓	✓	✓	✓	100%
Rep. Sally Ann Gonzales (D-3)	✓	✓	✓	✓	NV	✓	83%
Doris Goodale (R-5)	✓	✓	✓	✓	✓	✓	100%
Rep. David Gowan (R-14)	×	×	×	×	✓	×	16%
Rep. Rick Gray (R-21)	×	×	×	×	✓	×	16%
Rep. Albert Hale (D-7)	✓	✓	✓	✓	✓	NV	83%
Rep. Lydia Hernández (D-29)	✓	✓	✓	✓	✓	✓	100%

	Budget Bills			Non-Budget Bills			
VOTES ON KEY BILLS IN 2013	**HB 2001** General appropriations bill for FY 2013-2014.	**HB 2010*** Includes Gov. Brewer's plan to restore and expand AHCCCS coverage to childless adults funded by a hospital provider assessment. Also continues AHCCCS for 10 years until July 1, 2023.		**SB 1115** Healthcare pricing transparency legislation prior to any of AzHHA's changes.	**SB 1353** Allows telemedicine parity for physicians in rural areas.	**HB 2339** Limits hospitals' ability to file liens in personal injury cases.	Total % Supporting AzHHA Positions
AzHHA Position →	***Support***	***Support***		***Oppose***	***Support***	***Oppose***	
Rep. John Kavanagh (R-23)	×	×	×	×	✓	×	16%
Rep. Adam Kwasman (R-11)	×	×	×	×	NV	×	16%
Rep. Jonathan Larkin (D-30)	✓	✓	✓	✓	✓	✓	100%
Rep. Debbie Lesko (R-21)	×	×	×	×	✓	×	16%
Rep. David Livingston (R-22)	×	×	×	×	✓	×	16%
Rep. Phil Lovas (R-22)	×	×	×	×	✓	×	16%
Rep. Stefanie Mach (D-10)	✓	✓	✓	✓	✓	✓	100%
Rep. Debbie McCune Davis (D-30)	✓	✓	✓	✓	✓	✓	100%
Rep. Juan Mendez (D-26)	✓	✓	✓	✓	✓	✓	100%
Rep. J.D. Mesnard (R-17)	×	×	×	×	✓	×	16%
Rep. Eric Meyer (D-28)	✓	✓	✓	✓	✓	✓	100%
Rep. Catherine Miranda (D-27)	✓	✓	✓	✓	✓	✓	100%
Rep. Darin Mitchell (R-13)	×	×	×	×	✓	×	16%
Rep. Steve Montenegro (R-13)	×	×	×	NV	✓	×	16%
Rep. Justin Olson (R-25)	×	×	×	×	✓	×	16%
Rep. Ethan Orr (R-9)	✓	✓	✓	×	✓	✓	83%
Rep. Lisa Otondo (D-4)	✓	✓	✓	✓	✓	✓	100%
Rep. Jamescita Peshlakai (D-7)	✓	✓	✓	✓	✓	✓	100%
Rep. Warren Petersen (R-12)	×	×	×	×	✓	×	16%
Rep. Justin Pierce (R-25)	×	×	×	×	✓	×	16%
Rep. Frank Pratt (R-8)	✓	✓	✓	×	✓	×	66%
Rep. Martín J. Quezada (D-29)	✓	✓	✓	✓	✓	✓	100%
Rep. Bob Robson (R-18)	✓	✓	✓	×	✓	×	66%
Rep. Macario Saldate (D-3)	✓	✓	✓	✓	✓	✓	100%
Rep. Carl Seel (R-20)	×	×	×	×	✓	×	16%
Rep. Andrew Sherwood (D-26)	✓	✓	✓	✓	✓	✓	100%
Rep. T.J. Shope (R-8)	✓	✓	✓	×	✓	×	66%
Rep. Steve Smith (R-11)	×	×	×	×	✓	×	16%
Rep. Victoria Steele (D-9)	✓	✓	✓	✓	✓	✓	100%
Rep. David Stevens (R-14)	×	×	×	×	✓	×	16%
Rep. Bob Thorpe (R-6)	×	×	×	×	✓	×	16%
Rep. Andy Tobin (R-1)	×	×	×	×	✓	×	16%
Rep. Kelly Townsend (R-16)	×	×	×	×	✓	×	16%
Rep. Michelle Ugenti (R-23)	×	×	×	×	✓	×	16%
Rep. Bruce Wheeler (D-10)	✓	✓	✓	✓	✓	✓	100%
Final Vote →	**33-27-0**	**33-27-0**	**33-27-0**	**34-25-1**	**58-0-2**	**33-25-2**	

*due to the level of importance AHCCCS restoration and expansion, legislators were scored twice

Arizona Hospital and Healthcare Association

2800 North Central Avenue

Suite 1450

Phoenix, AZ 85004-1051

602.445.4300

www.azhha.org

2013

AzHHA's Commitment to Arizona

Our Mission

To provide leadership on issues affecting the delivery, quality, accessibility and cost effectiveness of healthcare in Arizona. AzHHA accepts and shares in the responsibility for improving the health status of the people of Arizona.

Our Vision

AzHHA envisions a society of healthy individuals and provides the leadership essential to attain this goal.