



ARIZONA STATE SENATE
Fifty-Fifth Legislature, Second Regular Session

AMENDED
FACT SHEET FOR S.B. 1609

AHCCCS; personal health information
(NOW: behavioral health; AHCCCS; health facilities)

Purpose

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

Background

An SMI is a mental disorder that causes an individual to 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 functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation ([AHCCCS](#)).

Individuals with an SMI that are seeking services through AHCCCS must go through a determination process to formally receive an SMI designation. This process requires the individual to submit documentation of mental illness and how it has affected the person's quality of life. It is also possible the individual may be required to meet face-to-face with a clinician for assessment. Additionally, the SMI must result in 1) an inability to live independently without adequate support; 2) a risk of serious harm to self or others; 3) a dysfunction in role performance; or 4) a risk of deterioration if adequate supports and services are not provided. An individual with an SMI designation who is at least 18 years old has access to services that may help improve quality of life and the ability to live independently ([AHCCCS](#)).

AHCCCS provides peer support services to members who may need more personalized support than natural supports or community-based recovery groups, such as 12 Step groups, can provide. Peer specialists generally have a personal history of behavioral health recovery and utilize lived experiences to help people by promoting recovery-oriented environments. Peer specialists work with individuals throughout recovery by sharing skills, coaching and providing support ([AHCCCS](#)).

If there is a cost associated with the monitoring and training of peer specialists or the development of an SMI member survey, there may be a cost to the state General Fund.

Provisions

SMI Medication

1. Requires a health care institution that is transferring or discharging a patient with an SMI to another health care institution to provide the patient with a 30-day supply of all medication, both prescription and over-the-counter, that the patient was given in the previous 10 days, whether ongoing or to be taken as needed.
2. Requires each medication to include clear, documented instructions that are signed by the patient or the patient's parent or guardian, the discharge team and the intake team.

Personal Health Information

3. Directs AHCCCS to require its contracted housing program administrators to review and minimize duplicative paperwork requirements and limit the number of contractors and entities that unnecessarily receive personal health information of members with an SMI who are receiving services.
4. Prohibits contracted housing program administrators from selling or sharing any member's personal health information unless authorized or required by state or federal law.

Peer Specialists

5. Requires AHCCCS to develop and implement processes to monitor its contractors' oversight of peer specialists to ensure that peer specialists meet qualifications and receive required supervision.
6. Requires, beginning October 1, 2025, peer specialists to complete training developed by AHCCCS that includes psychosis-specific content, including anosognosia.
7. Requires AHCCCS, beginning November 1, 2024, to annually submit a report to the Governor, President of the Senate and Speaker of the House of Representatives regarding the development, implementation and monitoring of required peer specialist monitoring.

SMI Survey

8. Requires, by January 31, 2025, AHCCCS to:
 - a) study the implementation of developing and distributing a real-time automated survey to members with an SMI, or their representatives, to collect feedback, identify quality of care issues and respond to the needs of members; and
 - b) report the development and implementation costs to the Joint Legislative Budget Committee and the chairpersons of the Health and Human Services Committees of the Senate and House of Representatives.
2. Directs AHCCCS, in studying the implementation of the survey, to solicit and consider input from the public, including individuals with an SMI and their representatives.

Miscellaneous

9. Makes technical changes.
10. Becomes effective on the general effective date.

Amendments Adopted by Committee

- Adopted the strike-everything amendment.

Amendments Adopted by Committee of the Whole

1. Limits, to only contracted housing program administrators, the requirement that the Arizona Health Care Cost Containment System (AHCCCS) require its contractors to:
 - a) review and minimize duplicative paperwork requirements; and
 - b) limit the number of contractors and entities that unnecessarily receive personal health information of members with an SMI.
2. Prohibits contracted housing program administrators from selling or sharing, rather than benefiting financially, from any member's personal health information unless authorized or required by law.
3. Delays, until October 1, 2025, the requirement that AHCCCS peer specialists complete training in psychosis-specific content.
4. Requires, by January 31, 2025, AHCCCS to:
 - a) study, rather than implement and develop, the development and implementation of a real-time automated survey to members with a serious mental illness; and
 - b) report the development and implementation costs to the Joint Legislative Budget Committee and the chairpersons of the Health and Human Services Committees of the Senate and House of Representatives.

Senate Action

HHS 2/13/24 DPA/SE 7-0-0

Prepared by Senate Research

February 29, 2024

MM/cs