

# **Health & Human Services Committee**

Senator Nancy Barto, Chairperson



**Cherie Stone, Research Analyst**  
**Jessica Newland, Assistant Research Analyst**  
**Nicholas Willis, Intern**

# HEALTH & HUMAN SERVICES COMMITTEE

## LEGISLATION ENACTED

DHS; homemade food products (S.B. 1022) – Chapter 45

Modifies the list of approved cottage food products to include fruit jams and jellies, dry mixes made with ingredients from approved sources, honey, dry pasta, and roasted nuts. Establishes new labeling requirements for cottage food products and requires food preparers and supervisors to maintain active food handler training certification from an accredited program. Food preparers must also display a certificate of registration when operating as a temporary food establishment.

~~technical correction; estates~~ (NOW: insurers; health providers; claim arbitration) (S.B. 1064) – Chapter 272

SEE THE [FINANCE COMMITTEE](#).

adoption; subsidy; review; nonrecurring expenses (S.B. 1071) – Chapter 144

Prohibits the Department of Child Safety (DCS) from paying nonrecurring adoption expenses for a child and any siblings adopted by the same parent if parental rights to the children were terminated within 60 days of each other, except in cases in which the child and the child's siblings are on the same adoption petition or if DCS makes a good cause determination. Replaces the annual review requirement for adoption subsidy agreements with the requirement for periodic review as defined by DCS. The nonrecurring adoption expense reimbursement rate is capped at \$2,000 per adoption petition, rather than per child.

DCS; contractor employees; fingerprint requirement (S.B. 1072) – Chapter 21

Requires an employee of a contractor who is employed in an information technology position at the Department of Child Safety (DCS) to have a valid fingerprint clearance card if the employee's job duties include access to DCS information.

orthotics; prosthetic devices; valid prescription (S.B. 1073) – Chapter 100

Specifies that a licensed healthcare provider is not restricted from issuing a prescription for a custom orthotic or prosthetic device that is molded, fabricated and fitted by a provider.

workers' compensation; opioids; dispensed medications (S.B. 1111) – Chapter 101

SEE THE [COMMERCE & PUBLIC SAFETY COMMITTEE](#).

DES; fingerprint card; tax information (S.B. 1164) – Chapter 160

Requires Department of Economic Security (DES) employees and contractors who have access to federal tax information to obtain a valid fingerprint clearance card. Each DES employee

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and contractor must certify that they are not awaiting trial and have not been convicted of any criminal offense that would require the person to register as a sex offender.

child care assistance; rates (S.B. 1165) – Chapter 145

Requires the Department of Economic Security (DES) to annually review and adjust the sliding fee scale and formula used for determining child care assistance and to post the current payment rates, scale and formula on the DES website.

permanent guardianship; subsidy (S.B. 1166) – Chapter 161

Permits a permanent guardian appointed for a child by the Department of Child Safety to apply for and receive adoption subsidies. The child who a permanent guardian seeks to adopt is eligible for the adoption subsidy at the permanent guardianship subsidy rate.

blind persons' rights; adoption; custody (S.B. 1198) – Chapter 54

Prohibits a court from restricting custody, adoption, guardianship or fostering of a child based solely on an individual's blindness. Additionally prohibits the Department of Child Safety from refusing to license a foster home based on a prospective foster parent's blindness, if the foster home otherwise qualifies for licensure. A party who alleges that a person's blindness has a detrimental impact on a child or on the operation of a foster home must prove, by clear and convincing evidence, that the behavior endangers or is likely to endanger the health, safety or welfare of a child.

insurance; small employers; continuation coverage (S.B. 1217) – Chapter 164

SEE THE [FINANCE COMMITTEE](#).

developmental homes; licensure; investigations (S.B. 1218) – Chapter 251

Effective July 1, 2019, details various duties the Department of Economic Security (DES) must perform before issuing or renewing a license for an adult or child developmental home and outlines additional circumstances that could result in a license being denied, suspended or revoked. All adult household members of a developmental home are required to have a valid fingerprint clearance card.

Requires DES to maintain a system of independent oversight of licensing and monitoring of developmental homes. DES may contract with a third party for oversight and licensing services. The third party that performs the oversight services must be independent of the party providing monitoring or licensing services.

appropriation; SNAP; benefit match; produce (S.B. 1245) – Chapter 334

Appropriates \$400,000 from the state General Fund in FY 2019 to the Department of Economic Security to: 1) develop the infrastructure necessary to implement a produce incentive program for Supplemental Nutrition Assistance Program (SNAP) enrollees to purchase eligible Arizona-grown fruits and vegetables; 2) provide matching monies of up to \$20 each day per participating SNAP-authorized site for a SNAP enrollee to purchase eligible Arizona-grown fruits

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and vegetables; and 3) conduct research and evaluate the produce incentive program and the impact of the program on purchases made by SNAP enrollees and the producers of Arizona-grown fruits and vegetables.

### behavioral health board (S.B. 1246) – Chapter 55

Permits the Board of Behavioral Health Examiners (Board) to issue a license by endorsement if specified licensure or certification criteria are met.

Eliminates the requirement that a person seeking behavioral health licensure by endorsement must have been engaged in the practice of behavioral health at an equivalent practice level in at least one state for a minimum of 3,600 hours in a five-year time frame. Additionally eliminates the requirement that a person seeking licensure by endorsement pass an examination.

Increases, from 30 days to 35 days, the time frame for a request to be filed with the Board to review an action taken by the Executive Director. An applicant may provide the Board with information and evidence of specified deficiencies at an application review meeting.

A motion to initiate an investigation must be made at an open and properly-noticed Board meeting, and the motion must include the basis for the investigation and the name of the Board member making the motion. The Board's vote to initiate an investigation is recorded. Directs the Board to establish fees by rule.

### health insurance; mandated provision prohibited (S.B. 1247) – Chapter 165

SEE THE [GOVERNMENT COMMITTEE](#).

### children; out-of-home placement (S.B. 1380) – Chapter 149

Outlines age requirements and time frames for a child welfare agency or foster home to provide a child in their care access to the child's: 1) birth certificate; 2) non-operating identification license; 3) immunization records; and 4) social security information. Requires the Department of Health Services and the Arizona Department of Transportation to provide the relevant documentation to the out-of-home placement provider upon request and waive any associated fees.

Requires the out-of-home provider for a youth who is at least 16 years old to work with independent living programs that focus on career, education and future development planning to assist the youth in meeting program goals.

### HIV; needs assessment; prevention (S.B. 1389) – Chapter 169

Requires the Director of the Department of Health Services (DHS) to establish and implement a Human Immunodeficiency Virus (HIV) Action Program (Program) and prescribes Program requirements. The Program must complete a statewide HIV prevention and care needs assessment by November 1, 2020, and DHS must provide a report regarding the prevention and care needs assessment outcomes and the Program's action plan by January 1, 2021. Terminates the Program on July 1, 2028.

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### dissolution; human embryos; disposition (S.B. 1393) – Chapter 128

Requires the court to award in vitro human embryos to the spouse who intends to allow the embryos to develop to birth in a marriage dissolution or legal separation involving the disposition of in vitro human embryos. In circumstances where both spouses provided gametes and intend to allow the in vitro human embryos to develop to birth, the court must resolve any dispute on disposition of the embryos in a manner that provides the best chance for the embryos to develop to birth. Additionally, allows the spouse who is not awarded the in vitro human embryos to deny consent to being a parent of a child that results from the embryos.

### DHS; reporting; abortions (S.B. 1394) – Chapter 219

Effective January 1, 2019, outlines information that must be reported to the Department of Health Services by a hospital or facility where abortions are performed. The report of each abortion must indicate at least one reason why the woman is seeking an abortion or if the woman declined to provide the reason for the abortion, and any known medical complications that resulted from the abortion.

### temporary custody without court order (S.B. 1395) – Chapter 191

Authorizes the Department of Child Safety to take a child into temporary custody without a court order if there is probable cause to believe the child is likely to suffer serious harm in the time it would take to obtain a court order and there is either: 1) no less intrusive alternative; or 2) probable cause to believe the child is a victim of sexual abuse or abuse involving physical injury that can only be diagnosed by a licensed physician or a healthcare provider. A law enforcement officer may use reasonable force when executing an order authorizing temporary custody.

Requires a child who is a suspected victim of a sexual offense or an offense involving serious physical injury, and who has been taken into temporary custody, to be immediately examined by a physician or healthcare provider with specific training in child abuse evaluations.

### group home beds; mentally ill (S.B. 1396) – Chapter 151

Requires the Arizona Health Care Cost Containment System, by December 1, 2018, to report to the chairpersons of the Senate Health and Human Services Committee and the House of Representatives Health Committee the number of available behavioral health residential facility beds and supportive housing beds for adults with serious mental illness.

### behavioral health; dependent children; reports (S.B. 1397) – Chapter 152

Beginning April 1, 2019, requires the Arizona Health Care Cost Containment System to issue a semi-annual financial and program accountability trends report. Extends the requirement that the Department of Child Safety issue a quarterly financial and program accountability trends report through December 31, 2020.

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independent oversight committees; appointment; duties (S.B. 1450) – Chapter 257

Renames the *Human Rights Committees* as the *Independent Oversight Committees* (Committees) and transfers the Committees from the Department of Economic Security, the Department of Child Safety and the Arizona Health Care Cost Containment System to the Arizona Department of Administration.

patient referral inducements; prohibited compensation (S.B. 1451) – Chapter 223

Prohibits a person, healthcare provider, healthcare facility or sober living home, when providing or offering substance use disorder services, from offering, paying, soliciting or receiving any payment in return for either of the following: 1) referring a patient or client to or from a sober living home or a substance use disorder treatment facility; or 2) accepting or acknowledging the enrollment of a patient or client for substance use disorder services at a sober living home. Establishes felony classifications for violations based on the monetary value of the unlawful consideration.

sober living homes; certification (S.B. 1465) – Chapter 194

Requires all sober living homes to be licensed and directs the Director of the Department of Health Services (DHS) to adopt rules to establish minimum standards and requirements for the licensure. The Director of DHS may use current standards adopted by any recognized national organization as guidelines for standards and requirements. Sober living home licenses are valid for one year. Beginning January 1, 2019, certified or licensed sober living homes may be eligible for federal or state funding.

~~schools; civics literacy state seal~~ (NOW: kinship care; aggravated circumstances; dependency) (S.B. 1473) – Chapter 153

Requires the Department of Child Safety (DCS) to maintain a goal of placing an infant into a prospective permanent placement within one year of filing a dependency petition. Outlines criteria for consideration in determining placement that is in the best interests of the child. Presumes that a child under three years old who has lived with a foster parent or kinship caregiver for at least nine months has a significant relationship with that parent or caregiver.

After a child is taken into temporary custody, requires DCS to conduct an initial search within 30 days to identify and notify relatives and other individuals who have a significant relationship with the child. Directs DCS to file information with the court of attempts to identify and notify relatives and individuals with a significant relationship to the child.

Requires a dependency petition to indicate whether DCS believes an aggravating circumstance exists. If DCS intends to present evidence that an aggravating circumstance exists, DCS must give the court and other parties written notice at least 15 days before a disposition hearing. If the court finds that an aggravating circumstance exists, DCS must file a motion for termination of parental rights within 10 days, with specified exceptions. Modifies the list of aggravating circumstances to include a child under six months old who is exposed to a drug or substance and whose parent is unable to discharge parental responsibilities due to a history of substance abuse. Reasonable grounds must exist to believe that the parent's condition will persist for an indefinite amount of time, based on the opinion of a licensed healthcare provider.

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### developmental disability rates; appropriation (S.B. 1504) – Chapter 346

Requires the Legislature to annually adjust the appropriation made in the previous fiscal year to the Department of Economic Security (DES) to provide services for persons with developmental disabilities whose service costs exceed the current cost-effective study rate. Appropriates \$1,100,000 from the Special Administration Fund in FY 2019 to DES to provide services for persons with developmental disabilities whose service costs exceed the current cost-effective study rate.

### department of child safety; reports (S.B. 1518) – Chapter 110

Outlines modifications to the timelines for various metrics required to be reported by the Department of Child Safety (DCS). Requires DCS to make all program and outcomes data available on the DCS website.

Requires DCS, before January 1, 2019, to work with stakeholders to: 1) identify the necessity of information that is currently required in the reports and any information not currently included in the reports; and 2) recommend any changes to the legislative committee of reference for health and human services issues.

### human services; budget reconciliation; 2018-2019 (S.B. 1528/H.B. 2661) – Chapter 282

SEE THE [APPROPRIATIONS COMMITTEE](#).

### drug overdose review teams; records (H.B. 2038) – Chapter 28

Requires law enforcement agencies to provide unredacted reports to the chairperson of a local drug overdose fatality review team (local team) upon request. All information and records obtained by a local team are confidential and cannot be used in court. Precludes local team members and meeting participants from being questioned in a civil proceeding relating to information presented to a local team.

### pharmacy board; definitions; reporting (H.B. 2040) – Chapter 227

Expands the definition of *pharmacy* to include a *satellite pharmacy*, which is a work area located within a hospital or on a hospital campus that is not separated by other commercial or residential property, and that is a remote extension of a centrally-located licensed pharmacy. Permits a pharmacy, whose license has been revoked, to apply for review before the conclusion of the two-year revocation timeframe.

### pharmacy board; licenses; permits (H.B. 2041) – Chapter 228

Removes the *graduate intern* license designation from the Board of Pharmacy (Board). Additionally, invalidates a pharmacy permit if the business is not operational within nine months after the permit is issued. The Board may grant a one-time extension for the business to become operational.

### insurance coverage; telemedicine; urology (H.B. 2042) – Chapter 174

Expands existing insurance coverage requirements for healthcare services delivered through telemedicine to include: 1) pain medicine and substance abuse, beginning January 1, 2019; and 2) urology, beginning January 1, 2020.

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occupational therapy board; continuation (H.B. 2043) – Chapter 7

Continues the Board of Occupational Therapy Examiners for eight years, until July 1, 2026, retroactive to July 1, 2018.

physician assistants board; continuation (H.B. 2044) – Chapter 29

Continues the Arizona Regulatory Board of Physician Assistants for eight years, until July 1, 2026, retroactive to July 1, 2018.

acupuncture board; continuation (H.B. 2045) – Chapter 63

Continues the Arizona Acupuncture Board of Examiners for four years, until July 1, 2022, retroactive to July 1, 2018.

department of economic security; continuation (H.B. 2046) – Chapter 30

Continues the Department of Economic Security for eight years, until July 1, 2026, retroactive to July 1, 2018.

schools; emergency epinephrine administration (H.B. 2085) – Chapter 78

SEE THE [EDUCATION COMMITTEE](#).

schools; diabetes management policies; pharmacists (H.B. 2086) – Chapter 197

SEE THE [EDUCATION COMMITTEE](#).

~~prescription drug costs; patient notification~~ (NOW: pharmacies; practices; pharmacy benefits managers) (H.B. 2107) – Chapter 133

Prohibits a pharmacy benefits manager (PBM) from restricting a pharmacist from providing information to an insured individual about the cost share or affordable alternatives of prescription drugs. Additionally prohibits a PBM from requiring a pharmacy or pharmacist to charge or collect a copayment that exceeds the total submitted charges by the network pharmacy.

pharmacies; remote dispensing (H.B. 2149) – Chapter 33

Expands the definition of *pharmacy* to include remote dispensing pharmacies, and establishes safety criteria, regulations and additional training requirements for pharmacy technicians who work in remote dispensing pharmacies.

certificates of necessity; hearings; duration (H.B. 2196) – Chapter 92

Prohibits a certificate of necessity hearing from lasting more than 10 days, unless the administrative law judge determines on the final day that there is an extraordinary need for additional hearing days.

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health professionals; workforce data (H.B. 2197) – Chapter 293

Beginning January 2, 2020, directs each health professional regulatory board to collect information for the Health Professional Workforce Database (Database) from individuals seeking initial or renewal licenses, certifications or registrations. Requires the Director of the Department of Health Services to prescribe information that must be collected for inclusion in the Database, and specifies that any personally identifiable information is confidential and not a public record.

AHCCCS; annual waiver; applicability. (H.B. 2228) – Chapter 201

Exempts American Indians and Alaskan Natives who are eligible for services through the United States Indian Health Service or another urban Indian health program from work requirements and lifetime limits instituted by the Arizona Health Care Cost Containment System.

~~municipal improvement districts; sale certificates (NOW: dental therapy; regulation; licensure) (H.B. 2235) – Chapter 296~~

***Dental Therapy Regulations*** – Establishes the licensed practice of *dental therapy* and outlines duties a licensed dental therapist may perform, either under the direct supervision of a licensed dentist or subject to a written collaborative practice agreement with a licensed dentist. Dental therapists are only permitted to practice at: 1) a Federally Qualified Community Health Center (CHC) or Federal Look-Alike; 2) a CHC; 3) a nonprofit dental practice or organization that provides dental care to low-income and underserved individuals; or 4) a private dental practice that provides dental care to CHC patients of record that are referred by the CHC. Dental therapists are prohibited from performing extractions of permanent teeth, except under the direct supervision of a dentist. Classifies the unlicensed practice of dental therapy as a class 6 felony.

***Licensing and Renewal*** – Requires the Arizona State Board of Dental Examiners (Board) to establish a minimum number of active practice hours and an affirmation that the applicant has completed the continuing education requirements before granting a license or renewal. An individual must be a licensed dental hygienist, graduate from an accredited dental therapy education program and successfully pass a regional and state examination before becoming a licensed dental therapist. Licenses expire on June 30 of every third year, and each licensed dental therapist must submit a complete renewal application and fee to the Board before the expiration date.

***Written Collaborative Practice Agreements*** – Allows a practicing dentist and a licensed dental therapist to enter into a written collaborative practice agreement for the delivery of dental therapy services. A dental therapist is prohibited from entering into a collaborative practice agreement unless they have completed 1,000 hours of dental therapy clinical practice under the direct supervision of a dentist. Collaborative practice agreements must address any limits on services, procedures and practice settings, and establish protocols for consent, recordkeeping, management, medication and scope of practice expectations. A dentist may not enter into more than four collaborative practice agreements with dental therapists. Each dentist in a collaborative practice agreement must be available to provide appropriate contact, communication and consultation with the dental therapist.

***Dental Therapist Study*** – Requires the Department of Health Services, in consultation with the Board, to conduct a study concerning the impact of licensing dental therapists on patient safety, cost effectiveness and access to dental services. The study must include various outcome measures and be completed within three years after the Board begins licensing dental therapists.

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physician assistants; prescribing authority; delegation (H.B. 2250) – Chapter 233

Allows a physician assistant (PA) to write prescriptions for Schedule II or Schedule III controlled substances for 90 days, rather than 30 days, if the PA meets outlined criteria.

podiatrists; examination; repeal (H.B. 2256) – Chapter 71

Removes the requirement that an applicant for a podiatry license take and pass a jurisprudence examination and instead requires each application to include an oath stating the applicant has read and understands the Board of Podiatry Examiners statutes and rules. Additionally, requires an applicant to successfully complete a residency program, rather than a one-year internship program.

radiation regulatory boards; repeal; DHS (H.B. 2257) – Chapter 234

Eliminates the Radiation Regulatory Hearing Board.

Authorizes the Department of Health Services (DHS) to enter the premises of any radiation source to determine compliance. Refusal to allow an inspection of the premises is deemed reasonable cause to believe a violation exists. A radiation source whose license has been suspended or revoked is subject to inspection during the relicensure or reinstatement process. Prohibits license suspension or revocation without providing the notice to the licensee and an opportunity for a hearing by the Office of Administrative Hearings (OAH). A person who is denied licensure, registration or an exemption may appeal the denial to OAH. The Director of DHS (Director) may assess a civil penalty, up to \$5,000 per violation, against a person found in violation of specified radiation source regulations. Each day a violation occurs is considered a separate violation. The maximum assessment is \$25,000 for a 30-day period.

Authorizes the Director to suspend or revoke any license for radiation by-products, sources, special nuclear materials, or related devices or equipment, if the licensee, officer, agent or employee of the licensee violates specified requirements.

The Director may: 1) apply to the superior court for an injunction to restrain a person from violating radiation requirements and rules; and 2) suspend a license or order the impoundment of radiation sources under certain circumstances. Directs the court to grant a temporary restraining order, preliminary injunction or permanent injunction without bond, upon application by the Director. The person may be served in any Arizona county and the action must be brought on behalf of the Director by the Attorney General (AG) or appropriate county attorney.

Eliminates the Medical Radiologic Technology Board of Examiners and authorizes the Director to: 1) appoint an advisory committee to perform prescribed regulatory duties for radiologic technologists; and 2) establish an application fee for certifications and examinations for radiologic technologists. Certifications are valid for two years and a temporary certification is valid for one year, rather than 180 days. Requires an applicant who fails the radiologic technologist certification examination three times to complete additional training.

Allows the Director to suspend or revoke the certification or permit of a radiologic technologist who violates related requirements or rules, and precludes the Director from taking further action if a suspension or revocation is appealed. Authorizes the Director to assess a civil penalty for each violation of related requirements or rules and considers each day a violation occurs

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as a separate violation. Establishes criteria the Director must consider when determining the amount of a civil penalty.

Permits a person to appeal a civil penalty assessment to the OAH and prohibits the Director from enforcing or collecting an assessment until after the hearing occurs. Requires collection actions to be brought by the AG or the county attorney.

Directs DHS to issue a preceptorship or temporary certificate for diagnostic mammography or screening mammography, if specified criteria are met, and stipulates that such a certificate is valid for one year and is not renewable.

### diabetes; annual report (H.B. 2258) – Chapter 94

Establishes the Diabetes Action Plan Team (Team) within the Department of Health Services (DHS). Requires the Team to report to the Governor and the Legislature by January 1, 2019, and biennially thereafter: 1) the prevalence of diabetes among various demographics in Arizona; 2) the complications associated with diabetes; 3) the cost of diabetes to Arizona; 4) the Arizona Diabetes Program's plan to reduce the incidence of diabetes and diabetes-related health disparities; and 5) a description of the coordination between DHS, hospitals and other stakeholders on managing, treating or preventing diabetes.

### child support rights transfer (H.B. 2278) – Chapter 14

Establishes, in Title IV-D cases, that the right to child support transfers to the caretaker who has had physical custody of the child for 30 consecutive days, regardless of a custody order. The Department of Economic Security may begin child support payment disbursement the month after the caretaker has had physical custody of the child for 30 consecutive days.

### ~~acupuncture board; visiting professor certificate~~ (NOW: auricular acupuncturists; fingerprinting (H.B. 2321) – Chapter 205

Requires an applicant for an auricular acupuncture certificate to disclose all active or past professional healthcare licenses, and beginning January 1, 2019, to submit a full set of fingerprints to the Arizona Acupuncture Board of Examiners for a criminal records check.

### health insurers; provider credentialing (H.B. 2322) – Chapter 238

Effective January 1, 2019, directs health insurers to establish an electronic process for submitting a credentialing application and supporting documentation by January 1, 2020. Requires the process of credentialing and loading an application to conclude within 100 days after receiving a completed application. Additionally, modifies certain representational requirements for directors of certain hospital, medical, dental and optometric service corporations.

### community health workers; voluntary certification (H.B. 2324) – Chapter 300

Establishes voluntary certification requirements for a certified *community health worker* (CHW), which is a nonmedical health worker who serves as a liaison between health and community service providers and enrollees. Certifications are valid for two years and are renewable every two years.

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Requires the Director of the Department of Health Services (Director) to grant a certificate to an applicant who meets prescribed qualifications and pays applicable fees. The Director may deny, suspend or revoke the certification of a CHW who: 1) violates prescribed requirements or rules; 2) is convicted of a felony or misdemeanor involving moral turpitude; or 3) indulges in conduct that is detrimental to public health or safety. Additionally, the Director may deny, suspend or revoke a certificate without holding a hearing and an applicant may request a hearing to review the Director's actions with the Office of Administrative Hearings.

Authorizes the Director to: 1) prescribe the scope of practice and core competencies of certified CHWs; 2) define reasonable and necessary minimum education and training qualifications for certified CHWs; 3) establish requirements and standards for certified CHW education and training programs; and 4) prescribe criteria for granting, denying, suspending or revoking certificates. Requires the Director to waive minimum training and education requirements for applicants who have at least 960 hours of experience as a CHW in specified healthcare settings during the previous three years.

A certified CHW who is employed by a tribe and who violates prescribed requirements is under the tribal government's jurisdiction. Precludes Arizona and political subdivisions from giving preference for services provided by certified CHWs or employers when awarding contracts.

Establishes the Community Health Workers Advisory Council to make recommendations to the Department of Health Services on CHW certification, qualifications, education and standards for professional conduct.

~~homeopathic physicians; board; repeal (NOW: homeopathic physicians; board; reporting) (NOW: health professionals; licensure; report) (H.B. 2411) – Chapter 241~~

Requires the Board of Behavioral Health Examiners, the Board of Homeopathic and Integrated Medicine Examiners and the Board of Dispensing Opticians to research and compare other states' licensing requirements and to submit a report of their findings by December 31, 2018. Modifies certain licensure procedures for specified health professional regulatory boards.

~~child care assistance; tiered reimbursement (H.B. 2449) – Chapter 156~~

Requires the Department of Economic Security to annually pay at least 33 percent of quality set-aside monies for tiered reimbursement of child care providers that meet quality standards.

~~sober living homes; certification. (NOW: assisted living; referrals; disclosure) (H.B. 2529) – Chapter 313~~

Requires a referral agency (agency) to disclose the following to any prospective resident, at the time of or before any referral is made to an assisted living facility: 1) the business relationship between the agency and the assisted living facility; and 2) that the assisted living facility pays a fee to the agency for referrals. At the time of or before admission, the agency must also disclose the amount of the fee, or provide a good faith estimate, paid by the assisted living facility to the agency. Both required disclosures must be signed and dated, or electronically acknowledged, by the agency and the prospective resident or their representative. The agency must provide the prospective resident and the assisted living facility with copies of the disclosures and copies must be maintained at the assisted living facility. Assisted living facilities are prohibited from paying any referral fee associated with the prospective resident until the required disclosures are received.

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If an agency violates disclosure requirements, the Attorney General, a municipal attorney or any aggrieved patient may institute a proceeding to recover a civil penalty of \$1,000 for each violation. Any civil penalty recovered must be deposited in the general fund of the prosecuting jurisdiction.

### health professionals; continuing education; opioids (H.B. 2548) – Chapter 141

Specifies that the three required hours of continuing medical education (CME) related to opioids, substance use disorder or addiction are included in a health professional's CME requirement.

### controlled substances; dosage limit (H.B. 2549) – Chapter 243

Retroactive to April 26, 2018, exempts opioid prescriptions that are limited to a 14-day supply and that are issued following surgical procedures from the 90 morphine milligram equivalents limitation. Directs healthcare institutions, private offices and clinics to apply to the Department of Health Services for licensure as a pain management clinic within 60 days of meeting the statutory definition of a *pain management clinic*.

### drug disposal; education (H.B. 2558) – Chapter 245

Requires, by January 1, 2019, the Department of Health Services to enter into a public-private partnership to develop an education and awareness program regarding the disposal of drugs, needles and sharps.

Prohibits cities, towns and counties from imposing a tax or fee to pay for a drug disposal program. The city or town is not prohibited from using other city, town or county general fund monies to operate a drug disposal program. The establishment and regulation of a drug disposal program by a business is a matter of statewide concern and not subject to further regulation by a municipality or county.

### pharmacists; controlled substances (H.B. 2633) – Chapter 87

Beginning April 26, 2018, presumes that an initial prescription for an opioid that exceeds the five-day supply limitation or a new prescription that exceeds the 90 morphine milligram equivalents per day limitation meets exemption requirements for dosage and supply limitations. A pharmacy may sell and dispense a Schedule II substance prescribed by a health professional located in another Arizona county if the prescription complies with state and federal law. The Board of Pharmacy may waive the requirement that opioid prescription containers have a red cap if implementation is not feasible.

### illegal substances education; partnership (H.B. 2654/S.B. 1536) – Chapter 326

Allows the Governor's Office of Youth, Faith and Family or the Department of Health Services to partner with facility-based nonprofit youth development organizations and local and state education agencies to annually teach children in grades 5 through 12 about the dangers of federally-defined illegal substances, tobacco, alcohol, marijuana, opioids and nonprescription pharmaceuticals.

### health; budget reconciliation; 2018-2019 (H.B. 2659/S.B. 1526) – Chapter 284

SEE THE [APPROPRIATIONS COMMITTEE](#).

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### LEGISLATION VETOED

health education; marijuana; opioids; alcohol (NOW: illegal substances education; partnership) (H.B. 2398) – VETOED

Allows the Governor's Office of Youth, Faith and Family or the Department of Health Services to partner with facility-based nonprofit youth development organizations and local and state education agencies to annually teach children in grades 5 through 12 about the dangers of federally-defined illegal substances, tobacco, alcohol, marijuana, opioids and nonprescription pharmaceuticals.

The Governor indicates in his [veto message](#) that legislation increasing teacher pay is a higher priority.

### FIRST SPECIAL SESSION (2018)

controlled substances; regulation; appropriation. (S.B. 1001/H.B. 2001) – Chapter 1 (First Special Session)

***Dispensers*** – Prohibits podiatrists, dentists, allopathic physicians, physician assistants, osteopathic physicians, optometrists and homeopathic physicians from dispensing Schedule II opioids and establishes violations as unprofessional conduct. Authorizes physician assistants, allopathic physicians, homeopathic physicians and osteopathic physicians to dispense Schedule II controlled substances for medication-assisted treatment (MAT) for substance use disorders. Additionally, the Board of Nursing must adopt rules prohibiting registered nurse practitioners and certified nurse midwives from dispensing Schedule II opioids, except for MAT purposes.

Health professionals who are authorized to prescribe or dispense Schedule II controlled substances must complete at least three hours of opioid, substance use disorder or addiction-related continuing medical education each license renewal cycle.

***Prescription Limitations*** – Limits an initial opioid prescription to a 5-day supply, except that a 14-day supply is permitted following a surgical procedure. Initial prescription supply limitations do not apply in specified circumstances. Prohibits health professionals from issuing new prescriptions for Schedule II opioids that exceed 90 morphine milligram equivalents (MMEs) per day, unless specified criteria are met. A health professional who believes a patient requires a prescription in excess of the MME limitation must consult with a licensed physician who is a board-certified pain specialist. If the consulting physician is not available within 48 hours, a health professional may prescribe in excess of the MME limitation and must additionally prescribe naloxone or another opioid antagonist to the patient.

Requires non-emergency prescriptions for Schedule II opioids that are dispensed by a pharmacist to have a red cap and a warning label.

Beginning January 1, 2019, requires electronic submission of prescriptions for Schedule II opioids to pharmacies in Maricopa, Mohave, Pima, Pinal, Yavapai and Yuma counties. Beginning July 1, 2019, requires electronic submission in all other counties. Directs the Board of Pharmacy (Board) to establish a waiver process and exempts MAT prescriptions from electronic prescription requirements.

***Veterinarians*** – Requires veterinarians to: 1) limit initial Schedule II drug prescriptions to a 5-day supply at a clinically-appropriate dosage; 2) limit initial prescriptions for benzodiazepine

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to a 14-day supply at a clinically-appropriate dosage; and 3) limit prescriptions for an animal with a chronic condition to a single, 30-day supply at a time after initial prescription limits have been exhausted. Exempts initial prescriptions that are filled at a pharmacy from supply limitations.

A veterinarian who believes that a person is attempting to obtain controlled substances other than for the purposes of treating an animal must report to local law enforcement within 48 hours. A veterinarian who makes a good faith report is granted immunity from civil liability.

***Controlled Substances Prescription Monitoring Program (CSPMP)*** – Requires the Board to notify pharmacists of their responsibility to register with the Board and to obtain access to the CSPMP. Pharmacists must check the CSPMP and obtain a patient utilization report for the previous year before dispensing a new prescription for a Schedule II drug or benzodiazepine. The Board must establish a waiver process for pharmacists who cannot comply with CSPMP requirements due to certain circumstances. Eliminates the exemption for health professionals to forgo checking the CSPMP under certain circumstances.

***Substance Abuse Disorder Services Fund (Fund)*** – Establishes the Fund administered by the Director of the Arizona Health Care Cost Containment System (AHCCCS). Appropriates \$10,000,000 in FY 2018 from the state General Fund to the Fund.

Directs AHCCCS to contract for substance use disorder services and requires contractor agreements to include the following stipulations: 1) Fund monies are prohibited from use on Medicaid and Children's Health Insurance Program eligible individuals; 2) payments made by a contractor to a provider cannot exceed AHCCCS's capped fee schedule; 3) preference is given to individuals with lower household incomes; 4) the coordinator must coordinate benefits with any third party that is legally responsible for service costs; 5) monthly expenditure reports are submitted for reimbursement of services; and 6) AHCCCS is not responsible for excess expenses incurred by a contractor.

***Prior Authorization*** – Allows a plan to impose a prior authorization requirement for services provided to an enrollee, with certain exceptions, and establishes criteria and notification guidelines for prior authorization requirements. Beginning January 1, 2020, requires plans to accept and respond to prior authorization prescription requests electronically. An approved prior authorization request is binding, may be relied on by an enrollee and the provider, and may not be modified or rescinded unless there is evidence of fraud or misrepresentation. If a request is denied, an enrollee or a plan may exercise their review and repeal rights.

A plan must honor a granted prior authorization request for a chronic pain condition for six months after approval or the last day of the enrollee's insurance coverage, whichever is earliest. A plan may request that a provider submit information indicating that an enrollee's chronic pain condition has not changed and that continuation of the treatment is not negatively affecting the patient's health. If a provider does not respond to a request within five business days, the plan may terminate a prior authorization request for a chronic pain condition.

Outlines exemptions to prior authorization request requirements for chronic pain conditions. Allows a six-month prior authorization request to be extended. Requires plans to make at least one modality of MAT available without prior authorization.

All prior authorization provisions apply to plans issued or renewed beginning January 1, 2019.

***Good Samaritans*** – Prohibits a person from being criminally charged for possession or use of a controlled substance or drug paraphernalia, or a preparatory offense, if evidence for the violation was obtained because the person was seeking medical assistance in good faith for an

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individual experiencing a drug-related overdose. Similarly, prohibits a person who experiences a drug-related overdose, is in need of medical assistance and seeks medical assistance from being criminally charged for possession or use of a controlled substance or drug paraphernalia, if evidence was obtained because of the person's overdose and need for medical assistance. Repeals the Good Samaritan provisions on July 1, 2023.

***Education and Prevention*** – Directs each county Board of Supervisors to establish, by December 31, 2018, at least one location where a person can drop off drugs, substances and paraphernalia, and receive a referral to a substance abuse treatment facility.

Directs AHCCCS to continue to distribute naloxone kits as necessary, and authorizes county health departments to provide a naloxone kit or another opioid antagonist to a person who is at risk of experiencing, or is experiencing, an opioid-related overdose. Ancillary law enforcement employees may administer naloxone and other opioid antagonists to an individual suffering from an opioid-related drug overdose.

Requires healthcare institutions to refer a patient who was treated for a drug overdose to a behavioral health services provider upon discharge.

Requires the Department of Health Services (DHS), in collaboration with the Governor's Office of Youth, Faith and Family (GOYFF), to develop opioid abuse prevention campaign strategies. Additionally, appropriates \$400,600 from the Consumer Remediation Subaccount of the Consumer Restitution Revolving Fund to each DHS and the Attorney General for prevention efforts.

***Reporting Requirements*** – Requires municipalities to report to DHS the number of 911 calls received seeking medical assistance for drug-related overdoses and any related deaths.

Beginning September 1, 2018, each hospital and healthcare facility in Arizona providing substance abuse treatment must quarterly report to DHS: 1) the name, address and type of facility where the treatment is provided; 2) the number of treatment beds available; and 3) the number of days in the quarter that the hospital or facility was at capacity and unable to accept referrals for substance abuse treatment. Reports must be filed online. Beginning December 31, 2018, the Director of DHS must submit a quarterly report detailing the availability of substance abuse treatment beds, the possible capacity and any unmet need in Arizona to the Governor and Legislature. Directs the GOYFF to report to the Governor and the Legislature, by December 31, 2018, on the feasibility of a statewide expansion of the Arizona Angel Initiative.

***Miscellaneous*** – Beginning January 1, 2019, requires pain management clinics to meet licensure requirements for healthcare institutions. DHS must adopt rules for pain management clinics as outlined. Pain management clinics must annually apply to DHS for license renewal, comply with adopted rules and employ a medical director with an unencumbered and unrestricted license.

Directs municipalities that adopt standards for structured sober living homes to require sober living homes to permit individuals on MAT to continue treatment in the home.

Requires medical students in Arizona who may be eligible for United States Drug Enforcement Administration registration to complete at least three hours of opioid-related clinical education.

Excludes a person who is convicted of fraud relating to the manufacture, sale or marketing of opioids from eligibility for suspension of sentence, probation, pardon or release from confinement, with certain exceptions.