

Health & Human Services Committee

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HEALTH & HUMAN SERVICES COMMITTEE

LEGISLATION ENACTED

school pupils; emergency medication administration (S.B. 1026) – Chapter 214

Allows a district or charter school employee to administer an epinephrine auto-injector, an inhaler or an opioid antagonist to a minor during an emergency without the minor's parent's or legal guardian's authorization. Allows private schools and preschools to acquire and stock inhalers, spacers and holding chambers. Trained private school and preschool employees may administer inhalers to individuals experiencing respiratory distress.

qualifying physicians; opiate-dependent patients (S.B. 1029) – Chapter 182

Requires the Arizona Medical Board and Arizona Board of Osteopathic Examiners in Medicine and Surgery to determine whether a prospective or current state-licensed physician has the training or experience to demonstrate an ability to treat and manage opiate-dependent patients as a federally-registered qualifying physician.

insurance; small employers; continuation coverage (S.B. 1035) – Chapter 183

Redefines *small employer*, as it relates to small group health plan continuation coverage, as an employer with an average of between 1 and 19, rather than between 1 and 20, eligible employees during the preceding calendar year.

Arizona medical board; continuation (S.B. 1036) – Chapter 170

Continues the Arizona Medical Board for eight years, until July 1, 2027, retroactive to July 1, 2019.

Arizona pioneers' home; regulation (S.B. 1038) – Chapter 190 E

An emergency measure effective May 8, 2019, that requires the Arizona Pioneers' Home (Home) to be licensed as a health care institution by the Department of Health Services (DHS) and subjects the Home to the licensure, regulation and supervision requirements of a health care institution. The Home is exempt from DHS-prescribed architectural plan and physical plant standards.

pain management clinics; regulation (S.B. 1039) – Chapter 184

Subjects a pain management clinic located in the private office or clinic of a licensed health care provider to health care institution licensure, supervision, regulation and control requirements prescribed by statute and Department of Health Services (DHS) rule. Exempts certain dispensaries and first aid stations that are supervised by a nurse practitioner from DHS licensure.

~~maternal fatalities; morbidity; report~~ (NOW: maternal morbidity; mortality; report) ([S.B. 1040](#)) – Chapter 143 E

An emergency measure effective April 29, 2019, that establishes the Advisory Committee on Maternal Fatalities and Morbidity (Advisory Committee) to recommend improvements to information collection concerning the incidence and causes of maternal fatalities and severe maternal morbidity. Outlines membership requirements for the Advisory Committee. The Department of Health Services (DHS) and the Advisory Committee must hold a public hearing to receive public input on recommended improvements and report recommendations by December 31, 2019. Requires DHS to submit a report to the Governor and the Legislature by December 31, 2020, on the incidence and causes of maternal fatalities and morbidity including all readily available data through the end of 2019.

~~technical correction; assistant funeral directors~~ (NOW: public disclosure; health professionals; address) ([S.B. 1062](#)) – Chapter 299

Requires a health profession regulatory board (board) to have a publicly-disclosable address of record for each licensee. Licensees may opt out of disclosure if their address of record is a residential address. Prohibits an association of licensed health professions from selling or transferring contact information and addresses of record received from a board. Authorizes boards, under certain conditions, to provide the Department of Health Services and Arizona public universities with information and data concerning board licensees for research purposes.

~~emergency medical services council; continuation~~ ([S.B. 1077](#)) – Chapter 81

Delays the repeal of the Emergency Medical Services Council until January 1, 2028, instead of January 1, 2020.

~~association health plans~~ (NOW: association health plans; definitions; requirements) ([S.B. 1085](#)) – Chapter 194

Classifies an association health plan (AHP) as a Path 1 bona fide association if the association meets qualifying criteria, rather than requiring the association to annually file a statement certifying that it meets Path 1 qualifying criteria.

Qualifies an AHP as a Path 2 bona fide association if the association meets federal requirements that a bona fide group or association of employers must follow to establish a group health plan that is an employee welfare benefit plan. Exempts an insurer offering health benefits plans through a bona fide association to small employer groups of one from the requirement to make a health benefits plan available on a guaranteed issuance basis if the small employer is not seeking an AHP.

The Department of Insurance (DOI) may survey insurers to determine the number of health benefits plans annually issued to associations in Arizona and may investigate whether an association is unlawfully transacting insurance. DOI must summarize applicable laws and other AHP information on its website by January 1, 2020.

health professions; temporary licensure (S.B. 1086) – Chapter 195

Allows a health profession regulatory board (board) to issue a temporary license to allow eligible applicants to work in Arizona for a maximum of 30 days under outlined circumstances. Temporary licensure requirements apply to all boards, except to the extent that any requirements conflict with a board's current temporary licensure authority. Allows a board to authorize its executive director to issue and approve licenses, certifications, registrations, preceptorships, reinstatements or waivers to an applicant or licensee who meets all applicable statutory requirements, is not under investigation and has not been subject to outlined disciplinary actions in any jurisdiction. A board may adopt rules for temporary licensure and delegation to an executive director.

insurance; telemedicine (S.B. 1089) – Chapter 111

Beginning January 1, 2021, requires a contract, an evidence of coverage or a policy delivered or renewed by a health care services organization, corporation, disability insurer, group disability insurer or blanket disability insurer to cover any health care services, rather than only services for certain conditions, provided through telemedicine if the health care service would be covered when provided in-person. Limitations and exclusions on telemedicine health care services may only apply in the same manner as to in-person consultations for the same health care services. Telemedicine services and consultations are subject to Arizona laws and rules for prescribing, dispensing and administering prescription pharmaceuticals and devices.

~~health professionals data; repository; appropriation~~ (NOW: health professionals data; repository) (S.B. 1096) – Chapter 215

Requires the Department of Health Services (DHS) to establish and maintain the Health Care Professionals Workforce Data Repository (Repository) to collect information for the Health Professionals Workforce Database (Database).

Delays the date, from January 2, 2020, to January 2, 2021, by which specified health profession regulatory boards (boards) must begin to request information for the Database from individuals seeking initial or renewal licenses, certification or registration. Directs each board to annually transfer the Database information (data) to DHS. Permits each board to maintain and use the data and prohibits distribution of data unless requested by an Arizona public university. Allows an Arizona public university to redistribute data if the data is: 1) de-identified as prescribed by the U.S. Department of Health and Human Services; and 2) incorporated in research and analysis that is generated by the university. DHS must adopt rules for transferring data and maintaining data privacy and security, including specific agreements and fees for data release. Repository data is not a public record and DHS may only release the data subject to DHS rule and without any personally identifiable information. Establishes the Workforce Data Repository Fund administered by DHS, and establishes the Health Care Professionals Workforce Data Repository Advisory Committee (Committee), consisting of 14 to 15 members appointed by the Director of DHS to advise about Repository rules and policies. Terminates the Committee on July 1, 2027.

Directs DHS to adopt rules allowing a qualified person who is at least 18 years old to provide behavioral health services.

insurance; living organ donors (S.B. 1100) – Chapter 196

SEE THE FINANCE COMMITTEE.

pharmacy board; authority; modifications (S.B. 1103) – Chapter 257

Allows the Board of Pharmacy (Board) to delegate to the Executive Director of the Board (Executive Director) the authority to: 1) void a licensee's or permittee's application and deem related fees forfeited if the application contains inaccurate information; 2) enter into an interim consent agreement, if there is evidence that a restriction is necessary and upon concurrence from the President or Vice-President of the Board; 3) take no action or dismiss a complaint that lacks sufficient evidence of a violation; and 4) request an applicant or licensee who has been charged or convicted of a criminal offense to provide relevant documentation. If an applicant or licensee fails to provide requested documentation the Executive Director may close the application, forfeit fees and not consider a new application complete until the documents are provided, or suspend the licensee and open an unprofessional conduct complaint. An applicant whose initial application is voided has 30 days to correct any inaccurate information, except for education or criminal history information. If an application is voided due to inaccurate education or criminal history information the applicant may submit a new application and fees.

A pharmacist, pharmacy intern, pharmacy technician or pharmacy technician trainee is not required to disclose certain misdemeanor and felony charges or convictions on an application unless the applicant or licensee has had more than one of the specified charges or convictions. Criminal history disclosure limitations apply to current licensees.

Allows the Board to disclose investigative materials to another state or federal regulatory agency or law enforcement agency. Directs the Board to: 1) charge a fee for a requested inspection; 2) allow a licensee to regress to a lower-level license if certain requirements are met; and 3) issue only one active or open license per individual. Repeals a restriction on permissible storage of certain pseudoephedrine products. Applies regulation of the sale of methamphetamine precursors to a permittee of the Board, rather than a retailer. Modifies requirements relating to continuing education for certain health professionals, changing information in a schedule II controlled substance prescription order and Board access to specified facilities.

direct primary care agreements (S.B. 1105) – Chapter 108

Replaces the regulation of *direct primary care provider plans* with prescribed requirements for *direct primary care agreements* (agreements) which are contracts between a primary care provider and a patient for primary care services for an agreed fee and time. Requires an agreement to: 1) be in writing; 2) be signed by the direct primary care provider or an agent of the provider and the individual patient or their legal representative; 3) allow either party to terminate the agreement upon submitting a 30-day written notice to the other party; 4) include terms for relocation and military duty; 5) specify the periodic fee and any additional fees for ongoing care; 6) describe the scope of direct primary care services covered by the periodic fee; 7) specify the duration of the agreement and any automatic renewal periods; and 8) provide a disclaimer that the agreement is not an insurance policy. An agreement must prohibit the direct primary care

provider from submitting a claim for reimbursement to a patient's insurer for services covered under the agreements. An agreement may authorize the payment of the periodic fee and ongoing care fees by a health care insurer or other third party. Limits agreements for dental services to the services offered within a single practice. Outlines conditions allowing a direct primary care provider to decline to accept a patient and to discontinue care for a patient.

short-term limited duration insurance; notice. (S.B. 1109/H.B. 2375) – Chapter 8

[SEE THE FINANCE COMMITTEE.](#)

juvenile group homes; license; DCS (S.B. 1112) – Chapter 216

Adds the Department of Child Safety as a juvenile group home licensing authority.

medical record reproductions; fees; exception (S.B. 1169) – Chapter 171

Prohibits a health care provider or contractor from charging a fee for information contained in a patient's medical records requested for the purpose of appealing a denial of Social Security benefits.

Requires a licensee intending to terminate the operation of a health care institution to provide each patient with the patient's medical records or transfer the medical records to a third-party entity. A licensee is subject to a civil penalty of up to \$10,000 and possible denial of subsequent licensure for failure to comply with the termination requirements.

nonprescription drug permits; repeal (S.B. 1170) – Chapter 83

Eliminates the Board of Pharmacy's nonprescription drug permits classification, which is required to sell, retail, stock, expose or offer for sale at retail nonprescription drugs.

intermediate care facilities; licensure (S.B. 1211) – Chapter 133 E

An emergency measure effective April 24, 2019, that subjects intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs) to health care institution licensure requirements. By January 1, 2020, an ICF-IID that is operated by the Department of Economic Security (DES) or a private entity must be licensed by the Department of Health Services (DHS) and certified pursuant to federal law. Prohibits the Director of DHS from accepting an accreditation report in lieu of any licensure or compliance inspection of an ICF-IID. A licensee that employs individuals who provide direct care in an ICF-IID must submit necessary information to the Department of Child Safety to conduct central registry background checks. DES must conduct an Adult Protective Services central registry background check on an individual who is employed or seeking employment in a position that provides direct services to children or vulnerable adults in outlined settings. Requires DHS to adopt rules for ICF-IID employees to report any abuse or neglect.

health information; confidentiality; medical examiner (S.B. 1240) – Chapter 239

Allows a health care entity or a person who obtains communicable disease information to disclose confidential records and related information to a county medical examiner or an alternate medical examiner directing an investigation into the circumstances of a death.

caregivers; assisted living; training (S.B. 1244) – Chapter 280

Requires training for assisted living facility caregivers to be consistent with the training, competency and test methodology standards developed by the Arizona Health Care Cost Containment System (AHCCCS) for in-home direct care workers. Requires the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers (NCIA) to prescribe rules by June 1, 2020, for assisted living facility caregivers that are consistent with AHCCCS standards for in-home direct care workers. A person who completes the AHCCCS-developed training and competency requirements satisfies the training requirements for assisted living facility caregivers, except for medication administration training. If the person registers for a medication administration examination, requires the person to complete only the medication administration portion of the assisted living caregiver examination. NCIA-approved schools and assisted living facilities that provide training may conduct medication administration competency testing.

vital records; death certificates (S.B. 1245) – Chapter 172

Directs the State Registrar and local registrars to provide certified copies of death certificates to licensed funeral directors upon written or in-person request.

Requires an applicant for licensure as a funeral director to have held an active license as an intern, rather than as an embalmer, for at least one year and to have assisted in arranging and directing at least 25 funerals. Expands the definition of an *intern* to include a licensed person engaged in arranging and directing funerals when under the supervision of a licensed funeral director.

behavioral health; foster children (S.B. 1246) – Chapter 305

Removes the requirement that the Department of Child Safety (DCS) must reimburse a provider according to Arizona Health Care Cost Containment System (AHCCCS) rates for a child eligible for the Comprehensive Medical and Dental Care Program (CMDP). Exempts contracts for services under AHCCCS from the Arizona Procurement Code.

Beginning on the later of October 1, 2020, or the day on which the federal government and the State of Arizona provide funding, directs the Department of Child Safety (DCS) to provide behavioral health services to eligible children in the CMDP, as prescribed by DCS rule. Removes the statutory permission for a provider with a provider agreement registration to be employed through the CMDP by the entity responsible for the care of the child. Provisions relating to the CMDP do not become effective unless funding is made available to DCS by the state and federal governments for CMDP behavioral health services by January 1, 2024.

residential care institutions; children (S.B. 1247) – Chapter 134 E

An emergency measure effective April 24, 2019, that prescribes reporting and accreditation requirements for behavioral health residential facilities (BHRFs). Beginning September 1, 2019, requires a licensee that only contracts with the federal government, receives only federal monies and employs individuals who provide direct services to children in a licensed BHRF to submit information necessary for the Department of Child Safety to conduct a central registry background check for the licensees' current and prospective employees. The Department of Health Services (DHS) must verify a licensee's compliance with central registry background check requirements.

Establishes a 24-hour reporting requirement for licensed BHRFs providing services to children after an actual or alleged occurrence that creates a significant risk of harm to a resident at a BHRF or while the resident is in the BHRF's custody and directs DHS to adopt rules for mandatory reporting.

Requires each licensed premises of a health care institution to have its own accreditation report for the institution to satisfy compliance inspection requirements. The Director of DHS may only accept an accreditation report in lieu of compliance inspection for a BHRF providing services to children if the BHRF meets outlined conditions.

genetic testing information; confidentiality; exceptions (S.B. 1297) – Chapter 250

Removes outlined restrictions on when genetic testing information may be released to a health care provider to allow release to any health care provider who is providing care to the person genetically tested. Authorizes a licensed pathologist to order, perform and receive the results of a genetic test. Allows a clinical laboratory's legal representative to receive genetic tests and related information when the laboratory is obtaining legal advice.

bodily fluids exposure; testing (S.B. 1317) – Chapter 21

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

health information organizations (S.B. 1321) – Chapter 311

Modifies requirements and restrictions for health information that is accessible through a health information organization (HIO). Requires individually identifiable health information that is accessible through HIOs to comply with state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA) privacy standards. Allows an individual to opt out of having their individually identifiable health information made accessible through an HIO, with certain exceptions. A health care provider must provide an HIO notice of an individual's decision to opt out in a prompt manner as contained in HIO policy. By November 25, 2019, individuals who previously elected to opt out must be treated by the HIO as having elected to opt out.

Allows an HIO's notice of individually identifiable health information practices to reference a website displaying a list of permissible reasons for accessing health information.

Participating health care providers must distribute the notice of health information practices as required by HIPAA. Requires each HIO employee and agent to receive subsequent policy training as required by HIPAA, rather than biannually, after an employee's initial training.

Grants HIOs immunity from civil liability for damages in a civil action for: 1) inaccurate or incomplete individually identifiable health information provided by third parties and accessible through an HIO; 2) another party's use or disclosure of individually identifiable health information through an HIO; and 3) the use or disclosure of individually identifiable health information made in good faith. An HIO may be liable for damages resulting from intentional misconduct or gross negligence. Limits the exception for individually identifiable information to not be subject to subpoena to only in civil litigation.

health care directives registry; transfer (S.B. 1352) – Chapter 314

Beginning January 1, 2020, transfers the health care directives registry (registry) from the Secretary of State (SOS) to a qualifying health information exchange organization (HIEO) designated by the Department of Health Services. By July 1, 2020, the SOS must provide the HIEO with individuals' registry documents and contact information. The HIEO must contact individuals to determine if they want their submitted documents transferred to the HIEO-maintained registry. The HIEO must establish processes for: 1) document submittal and transmittal; 2) identity authentication; and 3) document review, retrieval, revocation, removal and replacement. Additionally, the HIEO must adopt safeguards to ensure the privacy, security and integrity of registry documents. An individual must be provided with a viewable record of their registry information and an HIEO may activate registry documents only after confirming their correctness.

The HIEO is not subject to civil liability for any claims or demands arising out of the administration or operation of the registry, with certain exceptions. The registry is exempt from participation, notice, disclosure and maintenance requirements otherwise prescribed for health information organizations.

vision screening; schools; appropriation (S.B. 1456) – Chapter 316

Directs each school to provide vision screening services to students upon initial entry to school and in outlined circumstances. A student is not required to submit to a vision screening if the student's parent or guardian objects and submits a statement of the objection to the school or if the student is diagnosed with permanent vision loss. The Department of Health Services must adopt rules for vision screening services and may accept voluntary contributions for vision screening services.

schools; suicide prevention training (S.B. 1468) – Chapter 199

[SEE THE EDUCATION COMMITTEE.](#)

vulnerable adults; financial exploitation (S.B. 1483) – Chapter 221

Outlines a process for a qualifying individual who works with an investment adviser or broker-dealer to report the suspected or attempted financial exploitation of a vulnerable adult to Adult Protective Services (APS). Outlines requirements for delaying the disbursement or transaction of monies from the vulnerable adult's account by a broker-dealer or investment adviser and grants the broker-dealer or investment adviser immunity from administrative or civil liability if acting in good faith and with reasonable cause. Relevant records must be provided to APS and law enforcement as part of a referral or pursuant to an investigation.

marijuana; testing; advisory council; laboratory (S.B. 1494) – Chapter 318 RFEIR

Subject to the requirements for enactment for initiatives and referendums (Proposition 105), which requires the affirmative vote of at least three-fourths of the members of each house of the Legislature and beginning November 1, 2020, requires nonprofit medical marijuana dispensaries (dispensaries) to test medical marijuana and medical marijuana products to determine unsafe levels of certain contaminants and to confirm potency before medical marijuana is dispensed. Dispensaries must provide test results to qualifying patients and designated caregivers immediately on request. The Department of Health Services (DHS) must adopt rules to certify and regulate independent third-party laboratories that test medical marijuana and medical marijuana products (laboratories). Upon receipt of an eligible laboratory application, DHS must certify the laboratory and issue the laboratory a certificate and identification number. Outlines requirements for certification and regulation of laboratories and laboratory agents. Declares the Legislature's intent that marijuana testing requirements apply to marijuana for recreational use, if legalized in Arizona.

Requires the Director of DHS to establish the Medical Marijuana Testing Advisory Council to assist and make recommendations for administering and implementing the Medical Marijuana Act (Act). Beginning April 1, 2020, establishes priority approval for new dispensary registration certificates, based on a dispensary's geographic area. Outlines requirements for dispensary registration certificate approval and dispensary relocation.

Allows the Director of DHS to assess a civil penalty of up to \$1,000 for each violation of the Act or DHS rule, capped at \$5,000 in a 30-day period. Extends the expiration date for all registry identification cards from one year to two years after issuance. Requires DHS, by December 1, 2019, to implement an Electronic Registry Card Program that allows for the electronic verification and delivery of registry identification cards, registration certificates and renewals.

AHCCCS; opioid treatment programs; requirements (S.B. 1535) – Chapter 224

Requires an opioid treatment program (OTP) provider that receives reimbursement from the Arizona Health Care Cost Containment System (AHCCCS) or its contractors to submit an annual report that contains: 1) a detailed security plan; 2) a neighborhood engagement plan; 3) a comprehensive patient care plan; 4) a community relations and education plan; and 5) a diversion control plan. Outlines information that must be included in each plan type. AHCCCS must: 1) post the annual reports on its website; 2) notify each municipality in which an OTP is located of the

report; 3) allow 30 days for the municipality to provide comments on the report; 4) consider the municipality's comments on the report; and 5) approve or reject the report within 30 days after the comment period ends. An OTP has an additional 30 days to revise a report if AHCCCS identifies areas of concern. OTP reimbursements from AHCCCS for covered services are conditional on demonstrated enforcement of the submitted plans. AHCCCS must annually submit a summary report of the OPT reports by January 15.

AHCCCS and the Department of Health Services must establish standards by December 31, 2019, for designating centers of excellence for treating opioid use disorder (COEs). Outlines COE requirements and minimum standards, which AHCCCS must publish on its website. AHCCCS must hold two public hearings to receive input prior to standards implementation. AHCCCS must submit an annual report by January 15, to the Governor and the Legislature that includes COE designation standards, a statewide list of designated COEs and a COE performance summary.

Establishes the Opioid Use Disorder Review Council (Council) and outlines Council membership and duties. The Council must recommend legislative changes regarding medication-assisted treatment and submit an annual report of its activities by December 15 to the Governor and the Legislature. Repeals the Council on January 1, 2024.

~~controlled substances; monitoring; delegation~~ (NOW: controlled substances; delegation; monitoring) ([S.B. 1536](#)) – Chapter 320

Allows the Board of Pharmacy (Board) to release Controlled Substances Prescription Monitoring Program (PMP) data to Arizona Health Care Cost Containment System (AHCCCS) contractors regarding individuals receiving authorized services. Authorized prescribers and dispensers, the Chief Medical Officer (CMO) of AHCCCS and AHCCCS contractors must deactivate a delegate within five business days after: 1) an employment status change; 2) the request of a delegate; or 3) the inappropriate use of the PMP. Grants delegate status to AHCCCS employees and contractors authorized by the AHCCCS CMO or a contractor's CMO. Until October 1, 2020, an AHCCCS contractor or a delegate of AHCCCS is not required to be licensed or certified by a health profession regulatory board as a condition of being provided delegate access to the PMP. Permits the Board to delegate the authority to review PMP information to the Executive Director of the Board (Executive Director).

Removes the requirement that the Executive Director void an inaccurate application and allows the applicant to correct the inaccuracy. The Board must convene a committee, by October 1, 2019, of outlined representatives to analyze and develop appropriate use and accessibility parameters for the PMP. DHS and AHCCCS must develop and submit a report based on the committee's recommendations by January 1, 2020, to the Governor and the presiding officer of each legislative chamber.

An applicant for a license or permit issued by the Board has 30 days after the application is reviewed and the applicant is informed of an inaccuracy, rather than 30 days after an application is voided, to correct inaccurate information. The Executive Director has 30 days, rather than 14 days, after an applicant or licensee fails to provide requested court or police documents to take

permissible actions. Replaces the Executive Director's authority to suspend the license and open a complaint for unprofessional conduct regarding a licensee who has been charged with a criminal offense and who fails to provide requested documents with a requirement to notify the licensee of an opportunity for a hearing regarding license suspension. The Board must develop substantive policy statements for each specific licensing and regulatory authority it delegates to the Executive Director.

service providers; fingerprint card (S.B. 1537) – Chapter 135 E

An emergency measure effective April 24, 2019, that requires an adult, including a volunteer, who works in a group home, residential treatment center, shelter or other congregate care setting to have a valid Level I fingerprint clearance card or to apply for a Level I fingerprint clearance card within seven working days of employment. The Department of Child Safety must conduct central registry background checks to determine qualifications for adults who work in childcare institutions, including group homes, residential treatment centers, shelters or other congregate care settings.

adult protective services (S.B. 1538) – Chapter 321

Expands the list of individuals required to report abuse, neglect or exploitation of a vulnerable adult and outlines reporting requirements for persons in specified capacities. Allows reports to be made online. Eliminates in-person reporting and the mailing requirement for written reports. Prohibits retaliation against a person who makes a report in good faith or a vulnerable adult who is the subject of a report. Any adverse action taken within 90 days after a report is made is considered retaliation.

Outlines authorized disclosure and confidentiality requirements for confidential Adult Protective Services (APS) personally identifying information. Allows the Department of Economic Security (DES) to adopt rules for the disclosure of APS information. APS employees who have direct contact with families may request court orders prohibiting public access to voter registration and other specified records containing personal information. Governmental entities must notify an APS employee at least six months before a court order requiring the redaction of personal information expires.

Allows APS to establish a multidisciplinary adult protection team (MDT) and prescribes MDT membership. The MDT may provide education and develop resources that enable DES to carry out its APS functions and meet the community's needs. Authorizes APS to provide MDT members information and records necessary for their official duties. Case information received by MDT members must remain confidential, unless a release is agreed to or court-ordered. Allows case consultation to be conducted by a committee composed of MDT members representing social services, law enforcement, the county attorney, health care providers and individuals who are directly involved in a case.

extended foster care program (S.B. 1539) – Chapter 262

Authorizes the Department of Child Safety (DCS) to establish an Extended Foster Care Program (Program) for qualified young adults and outlines Program participation requirements. A juvenile court must determine whether Program participation is in a qualified young adult's best interest within 120 days after submission of the young adult's voluntary participation agreement. DCS must biannually provide a progress report to the Young Adult Placement Review Panel (Panel) for each Program participant. The Panel must review, at least biannually, a Program participant's voluntary extended foster care case plan including the services and supports necessary for the young adult's successful transition to adulthood. DCS must develop and coordinate educational case management plans that assist Program participants to: 1) graduate from high school; 2) pass the statewide assessment to measure pupil achievement; 3) apply for postsecondary education and education financial assistance; and 4) complete postsecondary education classes.

Allows an adoption subsidy to continue until an individual is 20 years old for individuals adopted at 16 or 17 years old who meet prescribed education or employment requirements.

Allows DCS to file a dependency petition in juvenile court. An interested party must comply with outlined notification requirements before filing a dependency petition for a child who: 1) has been adjudicated delinquent and is under the jurisdiction of the juvenile court; 2) is awaiting delinquency adjudication or disposition; or 3) has been released from the Arizona Department of Juvenile Corrections within the previous six months. The petition and notice must be served on DCS and affirm compliance with notification requirements. A juvenile court must hold a hearing prior to issuing any temporary orders concerning DCS and a dependency petition for a child in the outlined circumstances. The juvenile court must provide a 72-hour notice of a hearing and an opportunity to be heard.

athletic training month (S.R. 1003)

[SEE MEMORIALS & RESOLUTIONS.](#)

hospital assaults; testing; reporting; sanctions (H.B. 2041) – Chapter 97

Allows a private hospital employee or volunteer to petition for a court order to test another person for diseases under certain conditions and requires that the test results be provided to the private hospital employee.

competency evaluations; reports (H.B. 2053) – Chapter 71

[SEE THE JUDICIARY COMMITTEE.](#)

dental hygienists; scope of practice (H.B. 2058) – Chapter 253

Allows a dental hygienist to practice under the general supervision of a licensed allopathic or osteopathic physician in an inpatient hospital setting. Authorizes a dental hygienist to supervise dental assistants.

independent oversight committees; report; website (H.B. 2059) – Chapter 173

Directs the Arizona Department of Administration (ADOA) to post each regional behavioral health authority independent oversight committee's (IOC's) meeting agenda and a copy of each IOC's annual report on the ADOA website. Requires the Director of ADOA to adopt policies relating to the authority and responsibility of IOCs and outlines procedures for record requests by IOCs. Modifies IOC report distribution, IOC access to information and processes for client rights violations. Requires each IOC to regularly visit the residential environment site of a seriously mentally ill client (SMI) within its jurisdiction who needs special assistance to determine the client's satisfaction. An IOC may make site visits as outlined for any other SMI client. An SMI client may decline to participate in an IOC site visit for any reason without explanation.

Specifies that the Arizona State Hospital (ASH) IOC oversees SMI patients who are hospitalized and receive behavioral health services at the civil or forensic hospital. Outlines information that ASH must provide to the ASH IOC.

pharmacists; providers; drug therapy; refills (H.B. 2060) – Chapter 174

Requires referral from the licensed physician or registered nurse practitioner acting as the patient's primary care practitioner for the authorized pharmacist to follow the patient's prescribed therapy protocol. Removes the ability of a licensed pharmacist to dispense a onetime emergency refill of a noncontrolled medication under certain conditions.

clinical nurse specialists; prescribing authority (H.B. 2068) – Chapter 87

Requires the Arizona Board of Nursing (AZBN) to grant clinical nurse specialist (CNS) privileges to prescribe and dispense pharmacological agents if the CNS meets education and training requirements for prescribing and dispensing for registered nurse practitioners and is certified by a nationally-recognized, AZBN-approved certification entity. Outlines requirements and conditions and requires the AZBN to adopt rules for a CNS to prescribe and dispense.

Authorizes the AZBN to issue a temporary CNS or certified nurse midwife (CNM) certificate and allows a student authorized to practice nursing to practice as a CNM if enrolled in a qualifying CNM program. Restricts the use of the titles *certified nurse midwife* and *nurse midwife* to certified persons.

~~technical correction; midwives~~ (NOW: adult behavioral health therapeutic home) (H.B. 2070) – Chapter 121

Exempts adult behavioral health therapeutic homes from the requirement to comply with building code and zoning standards prescribed by the Department of Health Services for health care institutions.

electronic prescribing; exceptions; deadlines (H.B. 2075/S.B. 1108) – Chapter 4 E

An emergency measure effective February 14, 2019, and retroactive to January 1, 2019, that extends the deadline for compliance with electronic prescription requirements for schedule II opioids (opioids) to January 1, 2020. Replaces the requirement that the Pharmacy Board (Board) establish a waiver process for electronic prescription requirements with permissive authority for the Board to prescribe rules for exemptions from electronic prescribing requirements. Exempts electronic prescription requirements for veterinarians until electronic prescribing software is widely available.

Authorizes a medical practitioner to write and a pharmacist to dispense a prescription for an opioid during any time period that an electronic prescribing system or a pharmacy management system is nonoperational or unavailable. The medical practitioner must indicate on the prescription order that the electronic prescribing system or pharmacy management system is nonoperational or unavailable. Medical practitioners and pharmacists must maintain a record of electronic prescribing system and pharmacy management system unavailability. A medical practitioner may write and a pharmacist may dispense a prescription for an opioid if the order is dispensed from a Veterans Administration facility, a health facility on a military base, an Indian health services hospital or facility or a tribal-owned clinic.

The Board of Physician Assistants must certify a physician assistant (PA) who meets prescribed criteria for 30-day prescription privileges for schedule II, III, IV and V opioids or benzodiazepines, and 90-day prescription privileges for schedule IV and V controlled substances that are not opioids. Initial opioid prescriptions issued by a PA must comply with prescribed dosage, supply and morphine milligram equivalency limitations.

health care provider; dentists; definition (NOW: health care directives; definitions) (H.B. 2092) – Chapter 72

Applies the duties and rights of a *health care provider* in the preparation and execution of living wills and health care directives to a qualifying person licensed by the State Board of Dental Examiners.

direct primary care providers; dentists (NOW: public restrooms; changing stations) (H.B. 2113) – Chapter 176

Requires a public entity that constructs a new public restroom, or that renovates an existing public restroom that is accessible to both women and men in a public building, to include at least one changing station in at least one restroom in each public building. Changing stations must be accessible to both women and men and serve both babies and adults. The restroom must provide clear floor space as prescribed by the 2010 Americans With Disabilities Act standards for accessible design. The public entity must indicate the changing station's location with signage and in the public building's directory. Changing station requirements apply to construction and renovation projects approved on and after January 1, 2020. A responsible authority may grant exemptions from changing station requirements under outlined conditions.

developmental homes; monitoring (H.B. 2117) – Chapter 226

Allows a service provider that operates a group home or an intermediate care facility for individuals with intellectual disabilities (ICF-IID) to install electronic monitoring devices in common areas of the group home or ICF-IID, and contract with a third-party to install, oversee and monitor the devices. The Director of the Department of Economic Security (DES) must adopt rules for electronic monitoring and prescribes requirements for adopted rules. A service provider who installs an electronic monitoring device before August 27, 2019, must establish policies consistent with DES rules and submit the policies to DES within 90 days of adoption.

unauthorized practice; health professions (H.B. 2118) – Chapter 227

Requires a health profession regulatory board (board) to regulate the unauthorized practice of the health profession required by that board. Prescribes requirements for the board upon receiving a complaint and authorizes the board to issue cease and desist orders against a person engaging in unauthorized practice. Directs boards to refer verified complaints to a county attorney or the Attorney General for prosecution. Classifies *engaging in the unauthorized practice of a health profession* as a class 5 felony.

do-not-resuscitate orders; minors; parental consent (H.B. 2122) – Chapter 150

Prohibits a health care facility, nursing home, licensed physician or licensed nurse (provider) from implementing a do-not-resuscitate order for an unemancipated minor (minor) without communicating with at least one of the minor's parents or the minor's guardian and outlines communication requirements. Exempts a provider from the communication requirements if there is a reasonably diligent and documented effort to contact the minor's parents or legal guardian without success for at least 48 hours. Outlines requirements for resuscitative measures, patient transfer, conflict resolution and disclosure relating to do-not-resuscitate orders for minors.

residential beds; seriously mentally ill (H.B. 2152) – Chapter 258

Requires the Arizona Health Care Cost Containment System to report by December 1, 2019, 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 in Arizona with a serious mental illness and outlines information required in the report.

~~unfair claims practices; cost sharing (NOW: insurance; cost-sharing; calculation) (H.B. 2166) – Chapter 75~~

[SEE THE FINANCE COMMITTEE.](#)

milk manufacturing license; exemption (H.B. 2178) – Chapter 44

[SEE THE WATER & AGRICULTURE COMMITTEE.](#)

funeral director interns (H.B. 2188) – Chapter 90

SEE THE COMMERCE COMMITTEE.

ambulances; certificates; name change (H.B. 2276) – Chapter 100

Requires an ambulance service to provide the Department of Health Services (DHS) with written notice of a name change at least 30 days before the ambulance service changes its legal name. Within 30 days of receiving the notice, DHS must issue an amended certificate of necessity (CON) that incorporates the name change but retains the current CON's expiration date.

pharmacy benefit managers; pharmacy benefits (H.B. 2285) – Chapter 152

Beginning January 1, 2020, requires a pharmacy benefit manager (PBM) to: 1) update price and drug information for each maintained list every seven business days; 2) make the sources used to determine maximum allowable cost (MAC) pricing available to each network pharmacy at specified frequencies; 3) establish a network pharmacy appeal process for MAC pricing reimbursements; and 4) allow a pharmacy services administrative organization with a PBM to file an appeal on behalf of its contracted pharmacies.

Plan sponsors (sponsors) and PBMs may not prohibit in-network retail pharmacies from dispensing 90-day prescription fills if the pharmacy agrees to the reimbursement rate and the contractual requirements of the sponsor or PBM and the fill is either allowed by the sponsor's pharmacy benefit at any retail pharmacy or required for a prescription by the sponsor's pharmacy benefit. Exceptions for 90-day prescription fills do not apply to schedule II or III controlled substances or the Arizona Health Care Cost Containment System (AHCCCS) Administration and its contractors.

Precludes sponsors and PBMs from prohibiting a retail pharmacy from offering the following as ancillary services within the terms of a contract: 1) the limited delivery of prescriptions to a patient by mail or common carrier; and 2) the hand delivery of prescriptions to a patient by a pharmacy employee or contractor. Prohibits pharmacies from charging sponsors or PBMs for prescription deliveries unless specifically agreed upon. Pharmacies must disclose any fee charged to a patient for prescription deliveries, including that the fee may not be reimbursable. Prescription delivery requirements do not apply to AHCCCS Administration and its contractors.

~~adoption; child welfare; placement; dependency~~ (NOW: adoption; child welfare; dependency) (H.B. 2378) – Chapter 137

Requires the Department of Child Safety (DCS) to complete any mandated social study within six months of receiving a completed adoption application for a child who is available for adoption, is at least 16 years old, is placed with a prospective adoptive parent and consents to the adoption. The court must hold an expedited adoption hearing on a motion supported by an affidavit asserting the hearing is in the child's best interests.

DCS must promptly provide a public education agency with a child's biological or adoptive parent's contact information if the child is in DCS custody and in out-of-home care, is receiving or in need of special education services and the disclosure has not been otherwise prohibited by the court. If a public education agency determines that a child needs an initial evaluation for special education services and the identified parent cannot be located or refuses to participate, DCS must promptly notify the public education agency of a parent who is authorized to consent or refuse the child's evaluation.

Beginning with the 2022 data period, DCS must annually make the following information available: 1) the number of children statewide in substantiated reports for investigation that allege neglect and are received in the 12 months before the reporting period; 2) the number of children who were removed within 30 days after receipt of a report; and 3) the number of children who were removed within 6 months after receipt of a report.

~~veteran suicides; annual report~~ (NOW: annual report; veteran suicides) ([H.B. 2488](#)) – Chapter 104

Beginning January 1, 2020, requires the Department of Health Services (DHS) to annually report outlined information on veteran suicides in Arizona to the Arizona Department of Veterans' Services (ADVS) and the Legislature. Information and records acquired by DHS to create the report are confidential and not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceedings. The ADVS must submit all data to DHS, including protected health information, necessary to complete the report.

~~physician assistants; physician relationship~~ (NOW: supervision; physician assistants) ([H.B. 2519](#)) – Chapter 204

Increases, from four to six, the number of physician assistants a supervising physician may supervise.

~~DEQ; oil and gas commission~~ (NOW: regulation; kratom products) ([H.B. 2550](#)) – Chapter 156

Prohibits the distribution and sale of a kratom product to a minor. Prohibits the preparation, distribution or sale of a kratom product that: 1) is adulterated or contaminated with a dangerous nonkratom substance; 2) contains specified levels of 7-hydroxymitragynine; 3) contains any synthetic alkaloid; or 4) does not disclose the amount of mitragynine and 7-hydroxymitragynine contained in the product on the package or label. A kratom product is *adulterated with a dangerous nonkratom substance* if the product is mixed or packed with a nonkratom substance that affects the product to a degree that it is injurious to a consumer. A kratom product is *contaminated with a dangerous nonkratom substance* if the product contains a poisonous or deleterious nonkratom substance.

Requires a dealer that prepares, distributes or sells a food product that is represented as a kratom product to disclose on the label the factual basis on which the representation is made. A dealer who violates the disclosure requirement is guilty of a class 2 misdemeanor.

A person who is aggrieved by a violation of kratom product requirements may bring a private cause of action for resulting damages. If the court finds that the dealer relied in good faith on the representation of a manufacturer, processor, packer or distributor that a food is a kratom product, the dealer does not violate prescribed kratom product requirements.

study committee; murdered indigenous women. ([H.B. 2570](#)) – Chapter 232

Establishes the Study Committee on Missing and Murdered Indigenous Women and Girls (Study Committee). Outlines Study Committee membership and duties. The Study Committee must submit a report with recommendations for administrative or legislative action to the Governor and the presiding officer in each legislative chamber by November 1, 2020. Repeals the Study Committee on October 1, 2021.

ALTCS; licensed nursing assistants ([H.B. 2706](#)) – Chapter 106

Requires the Arizona Health Care Cost Containment System (AHCCCS) to implement a program that provides skilled home health aide services to Arizona Long-Term Care System members (members) who are under 18 years old, have a developmental disability and are eligible to receive continuous skilled nursing or skilled nursing respite care services by a parent, guardian or family member who is a licensed nursing assistant employed by a Medicare-certified home health agency service provider. A *skilled home health aide* is a home health service ordered by a physician on a member's plan of care and provided by a licensed nursing assistant supervised by a registered nurse. The Director of AHCCCS is required to request any necessary approvals from the Centers for Medicare and Medicaid Services to implement the program and to qualify for federal monies available under Medicaid or Arizona's 1115 waiver.

health; budget reconciliation; 2019-2020. ([H.B. 2754/S.B.1553](#)) – Chapter 270

[SEE THE APPROPRIATIONS COMMITTEE.](#)

human services; budget reconciliation; 2019-2020. ([H.B. 2755/S.B. 1554](#)) – Chapter 271

[SEE THE APPROPRIATIONS COMMITTEE.](#)