

# **Health & Human Services Committee**

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# HEALTH & HUMAN SERVICES COMMITTEE

## LEGISLATION ENACTED

juvenile dependency; child placement (S.B. 1069) – Chapter 5

[SEE THE JUDICIARY COMMITTEE.](#)

dentists; scope of practice (S.B. 1074) – Chapter 7

Expands the scope of practice of dentistry to include the administration of botulinum toxin type A and dermal fillers to the maxillofacial complex. Prescribing, dispensing or using drugs for purposes other than those outlined in the scope of practice of dentistry is considered unprofessional conduct.

incompetent defendant; guardian appointment; costs (S.B. 1075) – Chapter 158

[SEE THE JUDICIARY COMMITTEE.](#)

child placement; relative search; notice (NOW: DCS; hotline allegation data; evaluation) (S.B. 1076) – Chapter 194

Requires the Department of Child Safety (DCS) to engage an independent consultant with advanced analytics expertise to identify associations between intake hotline allegation data within DCS reports and the need for protective service response. The evaluation must identify outlined information regarding abuse, neglect and other report characteristics that either resulted in the removal of a child from a home or a child being assessed as safe and not requiring protective intervention. By July 1, 2023, the independent consultant must submit a report of its work to the Governor, President of the Senate, Speaker of the House of Representatives and Co-Chairpersons of the Joint Legislative Oversight Committee on DCS.

acupuncture; scope of practice; assistants (S.B. 1080) – Chapter 23

Expands the scope of practice of acupuncture to include: 1) ordering diagnostic imaging and clinical laboratory procedures; 2) using and prescribing herbal and adjunctive therapies; and 3) using decision-support tools. An acupuncturist who fails to demonstrate professional standards of care, training and education qualifications or who prescribes or administers unauthorized medicines or drugs commits an act of unprofessional conduct. Beginning January 1, 2023, a person seeking an acupuncture detoxification specialist certificate or acupuncture license must possess a valid fingerprint clearance card.

Prescribes duties and requirements for acupuncture assistants. By January 1, 2024, requires the Acupuncture Board of Examiners (Board) to adopt rules to govern acupuncture assistants. Until the Board adopts rules, a licensed acupuncturist may supervise an unlicensed person who has completed a training program for acupuncture assistants.

physicians; naturopathic medicine (S.B. 1088) – Chapter 8

Expands the definition of *health care provider* to include a naturopathic physician for the purposes of determining whether a student should be removed from, or returned to, an athletic activity after a suspected concussion. Classifies any assault against a naturopathic physician as an aggravated assault. A naturopathic physician may provide attestation for an eligible applicant that medically requires protection from the sun for purposes of exemption from car windshield and window regulations. Holds harmless from liability a naturopathic physician that provides care within their scope of practice to a vulnerable adult whose life or health is endangered. Authorizes a naturopathic or osteopathic physician to test the blood alcohol concentration of a deceased individual in an auto-related death if a county medical examiner has not been appointed.

court-ordered treatment; case records; confidentiality (S.B. 1114) – Chapter 299

[SEE THE JUDICIARY COMMITTEE.](#)

insurance; fees; consent; limits (NOW: insurance; fees; consent; medicare supplement) (S.B. 1118) – Chapter 342

[SEE THE FINANCE COMMITTEE.](#)

gender transition; prohibitions; public monies (NOW: irreversible gender reassignment surgery; minors) (S.B. 1138) – Chapter 104

Beginning April 1, 2023, prohibits medical and osteopathic physicians from providing irreversible gender reassignment surgery to any person under 18 years old. Defines *irreversible gender reassignment surgery* as a medical procedure performed for the purpose of assisting an individual with a gender transition, including outlined surgical procedures. Outlines services, treatments and procedures that a physician may provide to a person under 18 years old.

opioid prescriptions; intractable pain; exceptions (S.B. 1162) – Chapter 134

Exempts a patient experiencing chronic intractable pain or perioperative surgical pain following an inpatient procedure from the 90-morphine milligram equivalent (90 MME) per day limit on prescription opioids. The 90 MME per day limit does not apply to a patient with chronic intractable pain once the patient has an established health professional-patient relationship and has tried doses of less than 90 MME that have been ineffective at addressing the pain.

individualized investigational treatment; availability; prohibitions (S.B. 1163) – Chapter 189

Allows a medical manufacturer operating within an eligible facility to make individualized investigational treatment available to an eligible patient who has a life-threatening disease or debilitating illness if certain criteria are met. *Individualized investigational treatment* includes individualized gene therapy, antisense oligonucleotides, individualized neoantigen vaccines or any other drug, biological product or device produced specifically for the patient's own genetic profile.

A hospital, third party payor or manufacturer may, but is not required to, cover the cost of individualized investigational treatment. Allows eligible facilities and manufacturers to require patients to provide for a portion of the cost of the manufacture of the individualized investigational treatment. If a patient dies while being treated with an individualized investigational treatment, the patient's heirs are not liable for any outstanding debt related to the treatment.

abortion; gestational age; limit (S.B. 1164) – Chapter 105

[SEE THE JUDICIARY COMMITTEE.](#)

interscholastic; intramural athletics; biological sex (S.B. 1165) – Chapter 106

[SEE THE JUDICIARY COMMITTEE.](#)

~~tax credit review committee; meetings~~ (NOW: 340B drug program; prohibitions) (S.B. 1176) – Chapter 288

Prohibits all contracts issued, delivered or renewed on January 1, 2024, or later, for a third party that reimburses for 340B drugs, from: 1) discriminating in reimbursement on the basis that a pharmacy dispenses a 340B drug; 2) requiring a payment on the basis that a pharmacy dispenses a 340B drug; 3) excluding a pharmacy from a third party's pharmacy network on the basis that the pharmacy dispenses a 340B drug; or 4) restricting the methods or pharmacies within a third party network by which a 340B covered entity may dispense or deliver 340B drugs. Excludes the Arizona Health Care Cost Containment System (AHCCCS), the Department of Health Services, or any individual or entity excluded from AHCCCS coverage from the prohibitions.

health care directives registry; access (S.B. 1190) – Chapter 11

Allows the surrogate of a person subject to a health care directive to access directive documents in the state health care directives registry. The state health information exchange organization may use, disclose or make accessible information contained in the health care directives registry if outlined requirements are met.

nursing care; assisted living; continuation (S.B. 1202) – Chapter 12 E

An emergency measure effective March 18, 2022, that continues the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers for two years, until July 1, 2024.

health care institutions; architectural plans (S.B. 1203) – Chapter 34

Replaces the requirement that a health care institution license application include architectural plans and specifications with a requirement that the application include a notarized attestation from a licensed architect verifying that the architectural plans meet or exceed Department of Health Services (DHS) standards. Repeals the DHS Director's authority to establish fees for architectural plans and specifications reviews.

mentally ill; transportation; evaluation; treatment (S.B. 1210) – Chapter 250

Allows a court, person, mental health treatment agency or evaluation agency to authorize, request or order an authorized transporter, rather than a peace officer, to apprehend and transport a proposed patient to an evaluation agency or mental health treatment agency, if certain conditions are met. Evaluation agencies and mental health treatment agencies are not financially responsible for the use of an authorized transporter. A person ordered to undergo involuntary treatment has the right to receive applicable petitions, orders of evaluation and other outlined documents. Outlines service of process requirements. A city or town that has a licensed health care institution that operates an ambulance service may apply to amend its certificate of necessity to provide interfacility transports in lieu of transports by a peace officer.

Establishes the 15-member Study Committee on Alternative Behavioral Health Transportation (Study Committee) and outlines Study Committee membership. The Study Committee must research and make recommendations regarding the implementation and use of alternative behavioral health transportation providers for individuals involved in court-ordered evaluation or treatment as an alternative to transportation by peace officers and submit a report of its findings and recommendations to the Governor and Legislature by December 31, 2023. Repeals the Study Committee on July 1, 2024.

independent oversight committee; developmental disabilities (S.B. 1231) – Chapter 159

Requires the Division of Developmental Disabilities to allow the Independent Oversight Committee on Persons with Developmental Disabilities 30 days to review new policies or major policy changes before submittal for public comment.

pharmacy board; continuation (S.B. 1232) – Chapter 35

Continues the Arizona State Board of Pharmacy for four years, until July 1, 2026, retroactive to July 1, 2022.

dispensing opticians board; continuation (S.B. 1233) – Chapter 36

Continues the State Board of Dispensing Opticians for eight years, until July 1, 2030, retroactive to July 1, 2022.

board of nursing; continuation (S.B. 1234) – Chapter 76

Continues the Arizona Board of Nursing for four years, until July 1, 2026, retroactive to July 1, 2022.

acupuncture board; continuation (S.B. 1235) – Chapter 37

Continues the Acupuncture Board of Examiners for eight years, until July 1, 2030, retroactive to July 1, 2022.

dental board; access to records (NOW: dental board; records; investigations; powers) (S.B. 1240) – Chapter 135

Removes complaint investigation and adjudication authority from the powers of the Executive Director of the Arizona State Board of Dental Examiners (BODEX) and allows BODEX to establish an investigation committee to investigate and adjudicate complaints. On review of a complaint termination, BODEX must approve, modify or reject the investigation committee's action.

Removes the requirement that all dental licensure applicants pass the Western Regional Examining Board Examination. Dental licensure and certification expiration occurs 30 days after the licensee's or certificate holder's birth month, rather than on the licensee's or certificate holder's birthdate. A dentist, dental therapist or dental hygienist is not prohibited from practicing for educational purposes on behalf of a recognized dental, dental therapy or dental hygiene school.

nursing care; assisted living; regulation (S.B. 1242) – Chapter 15

Requires, by September 1, 2022, the Department of Health Services, in collaboration with the Board of Examiners of Nursing Care Institution Administration and Assisted Living Facility Managers (NCIA Board), to establish an expedited process for identifying and referring complaints relating to licensees and certificate holders under the jurisdiction of the NCIA Board. By October 1, 2022, the Department of Health Services must provide a report to the Chairpersons of the Committees on Health and Human Services of the House of Representatives and the Senate outlining the expedited process.

Beginning January 1, 2023, applicants for nursing care institution administrator or assisted living facility manager certification must submit a full set of fingerprints for a national criminal background search and fingerprint data may be exchanged with the Federal Bureau of Investigation. The NCIA Board may not issue a license or certificate to an applicant that has been convicted of a violent felony or financial fraud. Establishes a birthdate-based renewal system for licensees and certificate holders.

long-term recreational vehicle parks; caregivers (S.B. 1257) – Chapter 16

[SEE THE COMMERCE COMMITTEE.](#)

child services; safety assessment model (S.B. 1307) – Chapter 195

Requires the Department of Child Safety (DCS) to use a new evidence-informed safety assessment model to assess the safety of a child during initial screening and include the model as a component of investigator training. Before implementing the new safety assessment model, DCS must present the proposed change to the Joint Legislative Oversight Committee on DCS or the applicable legislative standing committees.

~~group home monitoring; complex needs~~ (NOW: temporary licenses; health professionals; extension) ([S.B. 1309](#)) – Chapter 77 E

An emergency measure effective March 25, 2022, that asserts that any temporary health professional license issued by a health profession regulatory board during the Governor's declaration of emergency related to COVID-19 that was active on March 1, 2022, does not expire until January 1, 2023.

~~incompetent defendants; public safety guardianship~~ (NOW: dangerous; incompetent person; evaluation; commitment) ([S.B. 1310](#)) – Chapter 352

[SEE THE JUDICIARY COMMITTEE.](#)

~~health care workers; assault; prevention.~~ ([S.B. 1311](#)) – Chapter 190

Adds, to the criminal classification of aggravated assault, a person that commits assault knowing or having reason to know that the victim is a health care worker engaging in professional duties. Exempts an assault committed by a person who is unable to form a culpable mental state because of a mental disability from the aggravated assault classification.

By July 1, 2023, health care employers must develop, implement and maintain a written workplace violence prevention plan that includes: 1) components tailored to the conditions and hazards of the health care employer site and patient-specific risk factors; 2) reporting, incident response and post incident investigation procedures; and 3) information on reporting an assault to law enforcement. Each health care employer must provide training and education to health care workers who may be exposed to workplace violence hazards and risks. Prescribes records retention requirements and outlines procedures following a workplace violent incident report. A health care employer may not discriminate or retaliate against a health care worker for reporting or seeking assistance or intervention for a workplace violent incident or reasonably acting in self-defense or defense of others in response to an imminent threat of physical harm. Health care employers must adopt a policy that prohibits any discriminatory or retaliatory action relating to workplace violent incidents. Excludes the Arizona State Hospital (ASH) or any other licensed facility under the jurisdiction of the ASH Superintendent from employer workplace violence prevention plan requirements.

~~technical correction; child care; licensing~~ (NOW: physical therapy; practice; imaging) ([S.B. 1312](#)) – Chapter 289

Allows a physical therapist to order musculoskeletal imaging consisting of plain film radiographs which must be performed by an authorized health care practitioner and interpreted by a licensed medical, osteopathic or homeopathic physician trained in radiology interpretation. A physical therapist must report results for all imaging tests to the appropriate practitioner within seven days of receiving the results. If a patient does not have a health care practitioner of record, the physical therapist must refer the patient to an appropriate health care practitioner when there is reasonable cause to believe that a symptom or condition may require services beyond the physical therapist's scope of practice.

~~false claims; agriculture; technical correction~~ (NOW: vision screening; program) ([S.B. 1319](#)) – Chapter 231

Adds ophthalmologists, optometrists, school nurses, pediatricians, school administrators and recognized nonprofit organizations that provide free vision screening services, training, vision screening grants, eyeglasses or examinations to the entities that the Department of Health Services must consult with on vision screening rules for school districts and charter schools.

~~state employees; vaccination inquiries prohibited~~ ([S.B. 1346](#)) – Chapter 354

[SEE THE GOVERNMENT COMMITTEE.](#)

~~full time equivalent student; expenditure limitation~~ (NOW: immunizations; pharmacists) ([S.B. 1374](#)) – Chapter 356

Allows a pharmacist to order and administer an immunization or vaccine recommended by the U.S. Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP) without a prescription to: 1) children who are at least 6 years old; and 2) any person who is at least 18 years old, for international travel. A pharmacist may order and administer an immunization or vaccine to a person who is at least three years old with a prescription order or under a collaborative practice agreement. An authorized pharmacist may order and administer emergency medication to manage an acute allergic reaction to a vaccine or immunization in accordance with ACIP or the American Academy of Pediatrics. A pharmacist administering an immunization, vaccine or emergency medication must provide vaccine information and educational materials as outlined and follow adopted standard operating procedures.

Removes the requirement that pharmacy interns be board-certified and instead requires interns to be trained in administering immunizations and vaccines.

~~state hospital; placement; court-ordered treatment~~ ([S.B. 1392](#)) – Chapter 302

Allows the medical director of a local mental health treatment agency assigned to supervise and administer a patient's treatment program to file a motion requesting a court to amend the treatment order to place the patient at the Arizona State Hospital (ASH). The court may amend an original treatment order to authorize a patient's placement at ASH if the court finds that the patient's condition and history demonstrate that the patient will not benefit from continued treatment by a local mental health treatment agency or that ASH provides a program specific to the needs of the patient that is otherwise unavailable to the patient at the local mental health treatment agency. Within five days after receiving court notice, the ASH Superintendent must notify the court whether an ASH bed is available. Removes the requirement that a patient ordered to undergo treatment for a persistent or acute disability first be treated for at least 25 days in or by a local mental health treatment agency.

~~appropriation; Warner Street bridge~~ (NOW: dry needling; athletic trainers) ([S.B. 1398](#)) – Chapter 46

Requires the Board of Athletic Training (Board) to adopt rules establishing standards of care, training and education qualifications for athletic trainers to perform dry needling. A violation by an athletic trainer of the standards established by the Board is grounds for disciplinary action. The Board is exempt from rulemaking requirements until September 30, 2022.

~~adoption; religious discrimination; prohibition~~ (NOW: adoption; foster care; religious discrimination) ([S.B. 1399](#)) – Chapter 115

Prohibits the state, a state agency, a political subdivision, a court, any person acting under color of state law or any private person (entity) from taking discriminatory action, on the basis of religion, against any person that advertises, provides, declines to provide or facilitates adoption or foster care services or a person awarded custody of a fostered or adopted child. Any person may bring judicial or administrative action against an entity within two years for a discriminatory action. A person may assert an actual or threatened violation of the prohibition and may obtain compensatory damages, injunctive relief or declaratory relief and a prevailing party who establishes a violation is entitled to reasonable attorney fees. A state contractor that advertises, provides or facilitates adoption or foster care services and has a religious objection to services required by a contract must submit an alternative approach to meet the services required by the contract and may contract with other contractors to provide services the state contractor objects to providing. The prohibition on religious discrimination applies to all state and local laws and ordinances regardless of whether adopted before or after September 24, 2022.

~~technical correction; state hospital~~ (NOW: state hospital; administration; oversight) ([S.B. 1444](#)) – Chapter 359

Prohibits the Arizona State Hospital (ASH) administration and employees from retaliating against a patient because the patient or the patient's family participates in ASH-Independent Oversight Committee (ASH-IOC) meetings. A patient or patient's family who alleges retaliation against ASH must provide a detailed description of the retaliation and how the retaliation relates to the ASH-IOC meeting participation. Requires the ASH Chief Medical Officer and Superintendent, or their designees, to attend and participate in ASH-IOC meetings as outlined.

By September 1, 2023, the ASH administration must develop and provide an evidence-based and innovative clinical improvement and human resources development plan (plan) and proposed budget to the Governor and Legislature. The plan must be implemented by January 1, 2025, and be developed in collaboration with the ASH-IOC and other outlined entities. Extends the termination date of the Joint Legislative Psychiatric Hospital Review Council (Council) until August 31, 2026, expands Council membership and adds, to the duties of the Council, reviewing, analyzing and making recommendations on the feasibility of transferring ASH oversight.

occupational therapists; compact (S.B. 1468) – Chapter 116

Establishes the Occupational Therapy Licensure Compact Model Legislation (Compact), which allows home-state licensed occupational therapists and occupational therapy assistants to obtain licensure in one other member state at a time. Outlines the terms of Compact privilege and requirements for state inclusion in the Compact. Prescribes multistate licensee eligibility and deems Compact privilege as valid until the expiration of a licensee's home state license. If a licensee's Compact privilege in any remote state is removed, the individual may lose the Compact privilege in any other remote state until outlined requirements are met. Outlines procedures for Compact states to impose adverse actions against licensees that violate the terms of the license or Compact.

Establishes the Occupational Therapy Compact Commission (Commission) as an instrumentality of the Compact states and grants the Commission rulemaking authority as outlined. Outlines Commission: 1) membership, powers, duties and financing; 2) procedures for dispute resolution and enforcement; 3) requirements for qualified immunity, defense and indemnification; 4) utilization of a coordinated database and reporting system; and 5) procedures for member state default, technical assistance and termination.

Outlines Compact withdrawal and amendment procedures and becomes effective on the date on which the Compact is enacted into law in the 10th member state.

controlled substances monitoring; search warrants (S.B. 1469) – Chapter 284

Limits the Arizona State Board of Pharmacy's ability to release Controlled Substances Prescription Monitoring Program (CSPMP) data to a law enforcement or criminal justice agency to only when the law enforcement or criminal justice agency has provided a valid search warrant and is using the information for an open investigation or complaint. An investigator may refer a prescriber to the applicable licensing board for investigation if, after reviewing CSPMP data, the investigator finds no evidence of a statutory crime but suspects the prescriber is inappropriately prescribing controlled substances. The investigator may not undertake criminal proceedings or pursue the arrest of a prescriber based on suspicion of inappropriate prescribing.

COVID-19 vaccine; unemployment insurance (S.B. 1494) – Chapter 360

[SEE THE COMMERCE COMMITTEE.](#)

group homes; electronic monitoring (S.B. 1542) – Chapter 234

Prohibits the service provider of a group home, nursing-supported group home or intermediate care facility for persons with developmental disabilities from installing, overseeing and monitoring electronic monitoring devices in common areas if there is an objection by a client or a client's responsible person. If each client or the client's responsible person agrees to installing and paying for the cost of the electronic monitoring devices, a service provider may not prevent clients' responsible persons from installing the devices. A service provider may not access the electronic record of electronic monitoring devices installed by clients' responsible persons unless

the responsible persons provide access. Requires the Department of Economic Security (DES) electronic monitoring rules to include an assurance of access to the electronic record. DES is exempt from rulemaking requirements for one year.

pharmacy technician trainees; pharmacists; compounding (S.B. 1569) – Chapter 362

Beginning July 1, 2023, replaces the licensure requirement for a pharmacy technician trainee with a requirement to register with the Arizona State Board of Pharmacy (ASBP). Within 36 months after registering, a pharmacy technician trainee applicant may apply for a pharmacy technician license. Removes the requirement that a pharmacy technician trainee applicant be of good moral character and have a high school diploma or diploma equivalent.

Establishes requirements for remote hospital-site pharmacy permittees. A *remote hospital-site pharmacy* is a pharmacy located in a satellite facility that operates under a hospital license issued by the Department of Health Services. Allows the ASBP to adopt additional rules necessary to implement remote hospital-site pharmacy permittee requirements. Removes certain acts from the definition of *unethical conduct* in the practice of pharmacy.

sexual offenses; forensic examination; expenses (S.B. 1593) – Chapter 117

[SEE THE JUDICIARY COMMITTEE.](#)

board of chiropractic examiners; continuation (S.B. 1601) – Chapter 51

Continues the Arizona Board of Chiropractic Examiners for eight years, until July 1, 2030, retroactive to July 1, 2022.

health professionals; business entities; interference (S.B. 1637) – Chapter 216

Allows health professionals to engage in the practice for which they are licensed in any form of business entity, except for optometrists practicing outside statutorily designated practice settings.

control substances; medical records integration (S.B. 1639) – Chapter 78

Requires, by December 31, 2026, a vendor that provides electronic medical records services to a medical practitioner to integrate the vendor's electronic medical records system with the Controlled Substances Prescription Monitoring Program's central database tracking system directly or through the statewide health information exchange or a third-party vendor.

nursing assistants; minimum age (S.B. 1640) – Chapter 52

Requires a person who wishes to practice as a certified nursing assistant or licensed nursing assistant to be at least 16 years old.

serious mental illness; annual report (S.B. 1651) – Chapter 305

Requires the Arizona Health Care Cost Containment System (AHCCCS) to annually report outlined information relating to individuals living with a serious mental illness to the Joint Legislative Budget Committee (JLBC) and Chairpersons of the Health and Human Services Committees of the Senate and House of Representatives (House).

By December 31, 2022, requires AHCCCS to: 1) develop a methodology to track accommodations provided in accordance with the Americans with Disabilities Act to persons with disabilities who are living with a serious mental illness and any complaints related to the accommodations; and 2) report the methodology and implementation costs to JLBC and the Chairpersons of the Health and Human Services Committees of the Senate and House.

schools; seizure management; treatment plans (S.B. 1654) – Chapter 210

[SEE THE EDUCATION COMMITTEE.](#)

alkaline hydrolysis; facilities; operators; licensure (H.B. 2024) – Chapter 257

[SEE THE COMMERCE COMMITTEE.](#)

state hospital; procurement; overtime (H.B. 2030) – Chapter 238

Allows the Director of the Arizona Department of Administration to authorize a workday that is defined as the day a majority of the hours are regularly scheduled to be worked for purposes of recording time entries for Arizona State Hospital (ASH) employees who are regularly scheduled to work a shift that spans two calendar days. Exempts the Department of Health Services from the Arizona Procurement Code for contracts to provide medically necessary physical care to ASH patients.

fingerprint requirements; care facilities (H.B. 2049) – Chapter 258

Requires a contracted person or volunteer who provides direct supportive services at a residential care institution, nursing care institution or home health agency to: 1) have a valid fingerprint clearance card; or 2) apply for a fingerprint clearance card within 20 working days of beginning volunteer or contracted work. An eligible employee, volunteer or contractor who has applied for a good cause exception and has not received a decision from the Arizona Board of Fingerprinting is exempt from fingerprinting requirements, if the person provides medical, nursing, behavioral health, health-related, home health or direct supportive services.

AHCCCS services; diabetes management (H.B. 2083) – Chapter 328

Requires the Arizona Healthcare Cost Containment System to provide for up to 10 annual program hours of diabetes self-management training services, if prescribed by a primary care physician, for members who are initially diagnosed with diabetes and for members previously diagnosed with diabetes if: 1) a change occurs in the member's diagnosis, medical condition or treatment regimen; or 2) the member is not meeting appropriate clinical outcomes.

kinship care; fingerprint requirement; waiver (H.B. 2084) – Chapter 85

Requires a kinship foster care parent to apply for a fingerprint clearance card (FPCC) unless the requirement is waived by the Department of Child Safety (DCS). In evaluating whether good cause exists to waive the FPCC requirement, DCS must apply statutorily prescribed criteria. If DCS waives the FPCC requirement, DCS must issue a restricted license that applies only to the children placed with the kinship foster care parent.

nursing facility provider assessments; continuation (H.B. 2085) – Chapter 64

Continues the nursing facility provider assessment for eight years until September 30, 2031.

DHS; school immunizations; exclusions (H.B. 2086) – Chapter 240

Asserts that immunizations against COVID-19 or any of variant of COVID-19 are not required for school attendance in Arizona. An immunization must be prescribed by a rule adopted by the Department of Health Services before it may be required for in-person school attendance.

ALTCS; preadmission screening (H.B. 2088) – Chapter 25

Requires Arizona Long Term Care System (ALTCS) preadmission screenings to be conducted telephonically or virtually, unless the Arizona Health Care Cost Containment System (AHCCCS) determines it necessary to conduct an assessment in person or an in-person screening is requested. Transfers, from the Department of Health Services to AHCCCS, level II preadmission screening review responsibilities for an ALTCS applicant exhibiting traits of mental illness during the initial screening. Requires AHCCCS to inform an applicant that the applicant or their representative may request accommodations under the Americans with Disabilities Act.

psychiatric assessment; nurse practitioners; reporting (H.B. 2098) – Chapter 122

Includes psychiatric and mental health nurse practitioners in the list of health professionals authorized to conduct inpatient or outpatient psychiatric assessments of minors and make subsequent recommendations regarding appropriate services. Applies existing minor psychiatric assessment statutory requirements for psychologists, psychiatrists and physicians to psychiatric and mental health nurse practitioners.

unlawful disclosure; images; definitions (H.B. 2106) – Chapter 65

[SEE THE JUDICIARY COMMITTEE.](#)

developmental disabilities; Down syndrome (H.B. 2113) – Chapter 94

Expands the definition of *developmental disability* to include a severe, chronic disability that is attributable to Down syndrome for the purposes of eligibility for assistance services through the Division of Developmental Disabilities.

~~commerce authority; adult workforce education (NOW: adult workforce diploma program)~~  
~~(NOW: funerals; regulation; continuation) (H.B. 2123) – Chapter 279~~

[SEE THE COMMERCE COMMITTEE.](#)

health insurance coverage; biomarker testing (H.B. 2144) – Chapter 219

[SEE THE FINANCE COMMITTEE.](#)

school psychologists; exemption (H.B. 2178) – Chapter 95

[SEE THE EDUCATION COMMITTEE.](#)

medical examiner; pathologist assistant; autopsies (H.B. 2197) – Chapter 82

Allows a county medical examiner to authorize a pathologist assistant to assist with performing autopsies under the direct supervision of a licensed physician who is board-certified in forensic pathology. A pathologist assistant may not certify a cause of death or independently perform an autopsy.

Arizona correctional industries; workplace injuries (H.B. 2328) – Chapter 90

[SEE THE JUDICIARY COMMITTEE.](#)

licensed mental health professional; definition (H.B. 2336) – Chapter 377

[SEE THE COMMERCE COMMITTEE.](#)

~~state agencies; cash payment; acceptance (NOW: enforcement prohibition; vaccinations; requirements) (H.B. 2371) – Chapter 263~~

[SEE THE GOVERNMENT COMMITTEE.](#)

acute care services; pilot program (H.B. 2374) – Chapter 140

Allows a hospital to include the services of a mobile paramedic in the Department of Health Services Acute Care at Home Pilot Program (ACHPP) and outlines ACHPP mobile paramedic requirements. If the ACHPP requires in-person visits by a registered nurse or advanced practice provider, a mobile paramedic may provide one or both of the in-person visits. Allows nursing or any other ACHPP services, other than the required twice-daily onsite patient assessment visits, to be conducted virtually or in-person.

emotional abuse; vulnerable adults (H.B. 2397) – Chapter 379

Expands the definition of *abuse* to include emotional abuse for purposes of Adult Protective Services investigations and services. *Emotional abuse* is: 1) a pattern of ridiculing or demeaning a vulnerable adult; 2) making derogatory remarks to a vulnerable adult; or 3) verbally harassing or threatening to inflict physical or emotional harm on a vulnerable adult.

ambulances; mileage rate calculation (H.B. 2407) – Chapter 217

Requires the Department of Health Services (DHS) to incorporate the following factors into the calculation of the proposed ambulance mileage rate: 1) the costs of licensure and registration; 2) fuel, tires and ambulance maintenance and repair; 3) insurance and depreciation; 4) mechanic wages, benefits and payroll taxes; and 5) loan interest, weighted allocation of overhead and reserves for replacement of ambulance vehicles and equipment. Removes the authority of the Director of DHS to establish an ambulance rate and charge structure based on federal Medicare guidelines for ambulance services.

~~physicians; wellness programs; confidentiality~~ (NOW: health professional wellness programs; confidentiality) (H.B. 2429) – Chapter 224

Allows a statewide non-profit association that primarily represents licensed nurses or medical or osteopathic physicians to establish a health professional wellness program. Participation in the program is confidential and not subject to discovery, subpoena or reporting requirements, unless outlined criteria are met. A *health professional wellness program* is a program of evaluation, counseling or another modality to address an issue related to career fatigue or wellness of a licensed nurse or medical or osteopathic physician.

emergency medical services; patient transport (H.B. 2431) – Chapter 274

Prohibits an emergency medical care technician (EMCT) from: 1) providing a presumptive medical diagnosis and using the diagnosis to counsel a patient to decline transportation; or 2) counseling a patient to decline emergency medical services transportation, with exceptions. An EMCT must explain the health risks and consequences of not being transported and comply with established standards, protocols or medical direction when considering emergency transport.

HIV testing; consent; repeal (H.B. 2433) – Chapter 246

Repeals the requirement that a health care provider must provide informed consent information to patients prior to ordering any HIV-related test.

surgical smoke evacuation; requirements (H.B. 2434) – Chapter 57

Requires, beginning July 1, 2024, each outpatient surgical center and hospital to implement policies to prevent exposure to surgical smoke during each procedure through the use of a smoke evacuation system. The smoke evacuation system must be designed to capture, filter and remove surgical smoke at the site of origin and to prevent surgical smoke from making ocular contact or contact

with an individual's respiratory tract. The Department of Health Services must ensure compliance with smoke evacuation system requirements during on-site inspection and in response to a complaint.

massage therapists; fingerprinting; website information (NOW: massage therapists; fingerprinting) (H.B. 2438) – Chapter 281

Requires, beginning January 1, 2023, a massage therapist license applicant to possess a valid fingerprint clearance card for licensure. For initial licensure, the Board of Massage Therapy (Board) may require a criminal background check, including the fingerprinting of every applicant, to assist the Board in determining whether grounds exist to deny a license. The Board is exempt from rulemaking requirements for one year.

care facilities; clergy visitation (H.B. 2449) – Chapter 179 W/O

Requires a health care institution, upon request or consent, to allow a clergy member to visit a resident in person, including during a state of emergency, if the health care institution's visitation policy allows in-person visitation. If a resident is unable to request or consent to a visit due to dementia or a similar cognitive impairment, the resident's legal representative may request or consent to an in-person visit by a clergy member. A health care institution may require a clergy member to comply with reasonable health and safety precautions for preventing the spread of communicable diseases and restrict visits of a clergy member who fails a health screening measure or tests positive for a communicable disease. A person or religious organization may bring civil action against a health care institution for a violation of a patient's right to clergy visitation.

outpatient treatment centers; licensure; exemption (H.B. 2450) – Chapter 128

Exempts an outpatient treatment center staffed by health care providers and that has the same governing authority as a licensed hospital from Department of Health Services' (DHS) licensure, supervision, regulation and control, unless: 1) patients are kept overnight or are treated under general anesthesia; or 2) the center is an abortion or pain management clinic. Subjects exempt outpatient treatment centers to reasonable inspections by DHS if a complaint indicates patient harm is or may be occurring at the facility.

pharmacists; providers; collaborative practice agreements (H.B. 2490) – Chapter 98

Authorizes licensed pharmacists to enter into a collaborative practice agreement with physician providers to initiate, monitor and modify drug therapy or provide disease management assistance. A collaborative practice agreement must: 1) outline drug therapy and disease management duties that the provider is delegating to the pharmacist and the eligible group of patients that may be treated under the agreement; 2) specify the conditions to be managed by the pharmacist and any notification, documentation and recordkeeping requirements; and 3) specify the drug therapy and disease management guidelines that the pharmacist must follow. Physician providers that enter into a collaborative practice agreement must have previously established a provider-patient relationship for the patient to be included under the agreement. A pharmacist who violates collaborative practice agreement requirements commits unprofessional conduct.

COVID-19; vaccination requirements; prohibition (H.B. 2498) – Chapter 180

[SEE THE GOVERNMENT COMMITTEE.](#)

children's health insurance program; redetermination (H.B. 2551) – Chapter 338

Requires the Arizona Health Care Cost Containment System, subject to the approval of the U.S. Centers for Medicare and Medicaid Services, to allow an eligible Children's Health Insurance Program (CHIP) member to remain eligible for CHIP benefits for 12 months, unless the member turns 19 years old during that period.

trauma recovery centers; grants (H.B. 2594) – Chapter 249

Establishes the Trauma Recovery Center Fund (Fund), administered by the Director of the Department of Health Services (DHS), to provide grants to trauma recovery centers. DHS must establish Fund priorities in consultation with a national alliance that supports trauma recovery centers. Outlines grant eligibility criteria and reporting requirements.

kratom products; definitions (H.B. 2601) – Chapter 253

Includes the processing and sale of kratom products in the Department of Health Services' pure food control regulations. A kratom product is considered to be contaminated with a dangerous nonkratom substance if it contains any controlled substance prescribed by rules adopted pursuant to the federal Controlled Substance Act. Redefines *dealer* as *processor* and expands the definition to include a person who manufactures, distributes or wholesales kratom products.

~~ambulance services; service areas (NOW: ambulance services; certificates of necessity)~~  
(H.B. 2609) – Chapter 381

Beginning January 1, 2024, requires, within 180 days after receiving an ambulance service certificate of necessity (CON) application, the Director of the Department of Health Services (DHS) to determine whether the ambulance service is necessary and whether the applicant meets all requirements. If the jurisdictional boundaries of a city, town, fire district, fire authority or other political subdivision with an issued CON expand, the CON service area expands to reflect the changes. Prescribes CON application procedures and requirements.

Allows a CON applicant or any existing CON holder whose service area intersects the affected service area of an initial or amended CON to appeal the decision of the Director of DHS within 30 days. Prescribes the appeal timeline and notification requirements and requires a public hearing to be held for any adjustment of general public rates, charges or CON transfers. The final administrative decision of the Director or the ALJ for an initial or amended CON is subject to judicial review.

An ambulance service must install and maintain GPS monitoring devices in each vehicle to record arrival times for response time measurement, with exceptions. Prescribes response time calculation and data retention requirements. Requires DHS to review ambulance response times with ambulance services and update the response times every six years in DHS rule. If the

population of a service area changes by 10 percent or more, DHS must evaluate whether adjustments must be made to response times.

The Director of DHS may extend the length of a temporary authority for ambulance services for an additional 90-day period. Requires the Director of DHS to adopt rules to regulate the operation of ambulances that ensure evidence-based quality patient care is the priority for decision-making.

eligibility; AHCCCS (H.B. 2622) – Chapter 339

Requires the Arizona Health Care Cost Containment System (AHCCCS) or its designee to, automatically, annually renew eligibility of each person under 26 years old that was in the custody of the Department of Child Safety (DCS) when the person turned 18 years old without requiring additional information, unless the person notifies AHCCCS that the person has either moved out of state or may qualify under a different category. If a member's eligibility in a different category ends, AHCCCS must automatically transfer the member back to the eligibility category for individuals within the DCS system without disruption of medical coverage.

hospitalizations; family visitation (H.B. 2633) – Chapter 296

Requires a hospital to develop a visitation policy that allows a patient to have daily in-person visitation by a designated visitor and requires the policy to ensure that physical contact is allowed, especially during end-of-life visitation, with exceptions. If a physician denies visitation, the patient or patient's representative may request a meeting with the physician and outlined hospital officials to receive a review and explanation of the denial within 24 hours. If a visit request is denied or not resolved at the meeting, a visitor may file a complaint with the Department of Health Services. Exempts the Arizona State Hospital (ASH) or any other licensed facility under the jurisdiction of the ASH Superintendent from the patient visitation policy requirement.

~~health care workers; assault; prevention~~ (NOW: breast implant surgery; informed consent) (H.B. 2635) – Chapter 297

Applies statutory informed consent requirements for cosmetic breast implant surgery to breast implant surgery for reconstructive purposes.

child services; abuse reporting; jurisdiction (H.B. 2647) – Chapter 275

Exempts the Department of Child Safety from reporting requirements concerning alleged abuse or neglect of a child, if the alleged acts occurred in a foreign country and the child is in the custody of the federal government.

organ transplants; disabilities; discrimination; prohibition (H.B. 2659) – Chapter 70

Prohibits health care providers from refusing to provide or declining insurance coverage or otherwise determining that an individual is ineligible to receive organ transplant-related services based solely on the fact that the individual has a disability. A health care provider may consider

an individual's disability when making a treatment recommendation or decision solely to the extent that a physician determines that the disability is medically significant to the organ transplant. Requires health care facilities to make reasonable policy modifications to allow an individual with a disability access to organ transplant-related services, with exceptions. Health care providers must make reasonable efforts to comply with policy modifications of a health care facility and provide auxiliary aids and services to an individual with a known disability that is seeking organ transplant services. Outlines reasonable policy accommodations and procedures for disciplinary action.

Allows an individual to bring action in superior court claiming a violation of the disability discrimination prohibition and allows the court, in granting injunctive or equitable relief, to require: 1) auxiliary aids or services be provided to the patient; 2) modification of a facility or provider policy; or 3) a health care facility be made readily accessible and usable by a qualified recipient.

health care workforce; grant programs ([H.B. 2691](#)) – Chapter 330

Establishes the Arizona Nurse Education Investment Pilot Program (Education Pilot Program) and Education Pilot Program Fund within the Department of Health Services (DHS). Directs DHS to allocate Education Pilot Program Fund monies to the Arizona Board of Regents (ABOR) and community college districts based on the number of nursing graduates in FY 2022. ABOR and community college districts may use the allocated monies to increase the number of nursing education faculty members and for qualifying capital expenses. Subject to available monies, the Education Pilot Program must increase the number of all levels of nurses graduating from Arizona's nursing education programs from the FY 2022 graduate number by June 30, 2027. Outlines Education Pilot Program administration requirements. Education Pilot Program Fund monies are exempt from lapsing until July 1, 2026.

Directs DHS, subject to available monies, to establish the Preceptor Grant Program for Graduate Students (Preceptor Grant Program) to allocate monies to expand preceptor training capacity to the five largest statewide nonprofit organizations representing allopathic physicians, osteopathic physicians, advanced practice registered nurses, physician assistants or dentists. Monies must be distributed in proportion to the number of active licensees in each discipline. Certain health professionals who provide a qualifying preceptorship to a graduate student pursuing a degree in their discipline may apply to the nonprofit for a grant of up to \$1,000 per calendar year. Grant priority must be given to preceptorships in primary health care and in rural areas. Outlines Preceptor Grant Program administration requirements.

Establishes the Student Nurse Clinical Rotation and Licensed or Certified Nurse Training Program (Training Program) within the Arizona Health Care Cost Containment System (AHCCCS) to distribute grants to health care institutions to expand or create clinical training placements for undergraduate nursing students and newly licensed or certified nurses. A grant proposal must include the number of nurses planned to be trained, retention targets and matching monies from a revenue source other than the state General Fund. Outlines grant proposal, award consideration factors and administration requirements.

Subject to available monies, AHCCCS may establish a licensed registered nurse transition to practice pilot program to provide stipends to health care institutions to facilitate and improve

nurses' transition from education to practice using curricula that meets specified criteria. Priority must be given to critical access hospitals or hospitals in counties with a population of fewer than 500,000 persons.

Establishes the Pilot Program Fund, administered by AHCCCS, to expand Maricopa County Community College District's (MCCCD's) and Navajo County Community College District's (NCCCD's) capacity to train students as behavioral health workers by developing behavioral health curriculum. Subject to available monies, the Director of AHCCCS must develop a grant program in partnership with MCCCD and NCCCD to distribute monies to community colleges to increase the number of students completing qualified programs by June 30, 2025. Grants may be used to expand curriculum, to increase the number of behavioral health education faculty members and for behavioral health student educational expenses. AHCCCS must develop requirements for payment of student expenses, including that the student must practice in behavioral health in Arizona for two years or the length of the student's program after completion.

Outlines reporting requirements for each healthcare workforce grant program and terminates the programs on January 1, 2027. Each public university and community college must annually report on the applications for academic or vocational credit awarded based on U.S. military service, education and training.

insurance; assignment of benefits (H.B. 2698) – Chapter 157

[SEE THE FINANCE COMMITTEE.](#)

assisted living; distance requirements; prohibition (H.B. 2724) – Chapter 132

Directs a county or municipality that has a zoning regulation that restricts the distance between assisted living homes to establish an administrative procedure to grant a reasonable accommodation exception. The county or municipality must provide written notice of the procedure to request an exception when a registration or land user application for an assisted living home is filed. Requires a zoning ordinance that restricts the distance between assisted living homes to measure distance on a linear foot basis, from lot line to lot line.

health care; 2022-2023 (H.B. 2863/S.B. 1730) – Chapter 314

[SEE THE APPROPRIATIONS COMMITTEE.](#)

human services; 2022-2023 (H.B. 2865/S.B. 1732) – Chapter 316

[SEE THE APPROPRIATIONS COMMITTEE.](#)

maternal mental health awareness month (H.R. 2014)

[SEE MEMORIALS & RESOLUTIONS.](#)

## LEGISLATION VETOED

### DHS licensure; group homes (S.B. 1308) – VETOED

Requires, beginning July 1, 2023, behavioral-supported group homes and Department of Economic Security (DES)-contracted group homes to be licensed through the Department of Health Services (DHS) and outlines DHS rule requirements for behavioral-supported group homes. Beginning July 1, 2023, DHS must transfer all group home licenses to the appropriate subclass of health care institution license. DES and DHS are exempt from rulemaking requirements until March 24, 2024, to license and regulate behavioral-supported group homes.

The Governor indicates in his [veto message](#) that S.B. 1308 does not achieve the intended goal for individuals with disabilities to be cared for in a manner that helps them thrive and reach their highest potential and that the included policy provisions can only be achieved if the Legislature allocates the necessary resources.