

House Engrossed

telehealth; health care providers; requirements

State of Arizona  
House of Representatives  
Fifty-fifth Legislature  
First Regular Session  
2021

## **HOUSE BILL 2454**

### **AN ACT**

AMENDING TITLE 20, CHAPTER 2, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-243; AMENDING SECTIONS 20-841.09, 20-1057.13, 20-1376.05, 20-1406.05, 23-1026, 32-1401, 32-1854, 32-1901.01, 32-2061, 32-3248.01, 32-3251, 36-2272, 36-3601, 36-3602, 36-3603 AND 36-3604, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 36, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 36-3605, 36-3606 AND 36-3607; AMENDING SECTIONS 38-672 AND 38-673, ARIZONA REVISED STATUTES; RELATING TO TELEMEDICINE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 20, chapter 2, article 1, Arizona Revised  
3 Statutes, is amended by adding section 20-243, to read:

4 **20-243. Telehealth health care services; network adequacy;**  
5 **incentives; notice; definitions**

6 A. A HEALTH INSURER MAY NOT USE CONTRACTED TELEHEALTH PROVIDERS TO  
7 MEET NETWORK ADEQUACY STANDARDS REQUIRED BY STATE OR FEDERAL LAW. A  
8 HEALTH INSURER'S CONTRACTED HEALTH CARE PROVIDER NETWORK IS NOT CONSIDERED  
9 ADEQUATE IF ENROLLEES ARE UNABLE TO ACCESS APPROPRIATE NONEMERGENCY  
10 IN-PERSON HEALTH CARE SERVICES FROM THE NETWORK'S CONTRACTED HEALTH CARE  
11 PROVIDERS IN A TIMELY MANNER.

12 B. A HEALTH INSURER THAT WAIVES A COPAYMENT, COINSURANCE OR ANOTHER  
13 COST SHARING MEASURE THAT IMPACTS A HEALTH CARE PROVIDER'S REIMBURSEMENT  
14 SHALL REIMBURSE THE HEALTH CARE PROVIDER FOR THE COST OF THAT COPAYMENT,  
15 COINSURANCE OR OTHER COST SHARING MEASURE TO ENSURE THAT THE HEALTH CARE  
16 PROVIDER RECEIVES THE FULL CONTRACTED RATE.

17 C. A HEALTH INSURER SHALL PROVIDE NOTICE IN ITS PROVIDER NETWORK  
18 DIRECTORIES THAT ALL ENROLLEES HAVE THE RIGHT TO REQUEST AND RECEIVE  
19 APPROPRIATE NONEMERGENCY IN-PERSON HEALTH CARE SERVICES FROM THE NETWORK'S  
20 HEALTH CARE PROVIDERS IN A TIMELY MANNER.

21 D. FOR THE PURPOSES OF THIS SECTION:

22 1. "HEALTH CARE PROVIDER" HAS THE SAME MEANING PRESCRIBED IN  
23 SECTION 36-3601.

24 2. "HEALTH INSURER" HAS THE SAME MEANING PRESCRIBED IN SECTION  
25 20-242.

26 3. "TELEHEALTH" HAS THE SAME MEANING PRESCRIBED IN SECTION  
27 20-841.09.

28 Sec. 2. Section 20-841.09, Arizona Revised Statutes, is amended to  
29 read:

30 **20-841.09. Telehealth; coverage of health care services;**  
31 **definition**

32 A. All contracts issued, delivered or renewed ~~on or after~~  
33 ~~January 1, 2018~~ IN THIS STATE must provide coverage for health care  
34 services that are provided through ~~telemedicine~~ TELEHEALTH if the health  
35 care service would be covered were it provided through AN in-person  
36 ~~consultation~~ ENCOUNTER between the subscriber and a health care provider  
37 and provided to a subscriber receiving the service in this state. THE  
38 FOLLOWING REQUIREMENTS APPLY TO COVERAGE OF TELEHEALTH SERVICES:

39 1. A corporation may not limit or deny the coverage of health care  
40 services provided through ~~telemedicine~~ TELEHEALTH, INCLUDING ANCILLARY  
41 SERVICES, and may apply only the same limits or exclusions on a health  
42 care service provided through ~~telemedicine~~ TELEHEALTH that are applicable  
43 to an in-person ~~consultation~~ ENCOUNTER for the same health care service,  
44 EXCEPT FOR PROCEDURES OR SERVICES FOR WHICH THE WEIGHT OF EVIDENCE, BASED

1 ON PEER-REVIEWED CLINICAL PUBLICATIONS OR RESEARCH, RECOMMENDS NOT BE  
2 PROVIDED THROUGH TELEHEALTH.

3 2. A CORPORATION SHALL REIMBURSE HEALTH CARE PROVIDERS AT THE SAME  
4 LEVEL OF PAYMENT FOR EQUIVALENT SERVICES AS IDENTIFIED BY THE DIAGNOSTIC  
5 AND PROCEDURE CODES, WHETHER PROVIDED THROUGH TELEHEALTH OR IN-PERSON  
6 CARE, UNLESS THE TELEHEALTH ENCOUNTER IS PROVIDED THROUGH A TELEHEALTH  
7 PLATFORM THAT IS SPONSORED OR PROVIDED BY THE CORPORATION. A CORPORATION  
8 MAY NOT REQUIRE A HEALTH CARE PROVIDER TO USE A TELEHEALTH PLATFORM THAT  
9 IS SPONSORED OR PROVIDED BY THE CORPORATION. TO QUALIFY FOR THE SAME  
10 LEVEL OF PAYMENT, THE HEALTH CARE PROVIDER MUST MAKE TELEHEALTH SERVICES  
11 GENERALLY AVAILABLE TO PATIENTS THROUGH THE INTERACTIVE USE OF AUDIO,  
12 VIDEO OR OTHER ELECTRONIC MEDIA. AT THE TIME OF THE TELEHEALTH ENCOUNTER,  
13 THE HEALTH CARE PROVIDER SHALL ACCESS CLINICAL INFORMATION AND RECORDS, IF  
14 AVAILABLE, THAT ARE APPROPRIATE TO EVALUATE THE PATIENT'S CONDITION. THE  
15 HEALTH CARE PROVIDER SHALL INFORM THE SUBSCRIBER BEFORE THE TELEHEALTH  
16 ENCOUNTER IF THERE IS A CHARGE FOR THE ENCOUNTER.

17 3. A CORPORATION MAY ESTABLISH REASONABLE REQUIREMENTS AND  
18 PARAMETERS FOR TELEHEALTH SERVICES, INCLUDING DOCUMENTATION, FRAUD  
19 PREVENTION, IDENTITY VERIFICATION AND RECORDKEEPING, BUT SUCH REQUIREMENTS  
20 AND PARAMETERS MAY NOT BE MORE RESTRICTIVE OR LESS FAVORABLE TO HEALTH  
21 CARE PROVIDERS OR SUBSCRIBERS THAN ARE REQUIRED FOR HEALTH CARE SERVICES  
22 DELIVERED IN PERSON.

23 4. TELEHEALTH SERVICES MAY BE PROVIDED AND SHALL BE COVERED  
24 REGARDLESS OF WHERE THE SUBSCRIBER IS LOCATED OR THE TYPE OF SITE.

25 5. EXCEPT IN AN EMERGENCY AS PRESCRIBED IN SECTION 20-2803, the  
26 contract may limit the coverage to those health care providers who are  
27 members of the corporation's provider network.

28 B. This section does not prevent a corporation from imposing  
29 deductibles, ~~— OR~~ copayment or coinsurance requirements for a health care  
30 service provided through ~~telemedicine~~ TELEHEALTH if the deductible,  
31 copayment or coinsurance does not exceed the deductible, copayment or  
32 coinsurance applicable to an in-person ~~consultation~~ ENCOUNTER for the same  
33 health care service.

34 C. Services provided through ~~telemedicine~~ TELEHEALTH or resulting  
35 from a ~~telemedicine consultation~~ TELEHEALTH ENCOUNTER are subject to all  
36 of this state's laws and rules that govern prescribing, dispensing and  
37 administering prescription pharmaceuticals and devices and shall comply  
38 with Arizona licensure requirements and any practice guidelines of THE  
39 TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY  
40 SECTION 36-3607 OR, IF NOT ADDRESSED, THE PRACTICE GUIDELINES OF a  
41 national association of medical professionals promoting access to medical  
42 care for consumers via telecommunications technology or other qualified  
43 medical professional societies to ensure quality of care.

44 D. This section does not apply to limited benefit coverage as  
45 defined in section 20-1137.

1       E. For the purposes of this section, "~~telemedicine~~ TELEHEALTH":

2       1. Means the interactive use of audio, video or other electronic  
3 media, including asynchronous store-and-forward technologies and remote  
4 patient monitoring technologies, for the purpose of diagnosis,  
5 consultation or treatment.

6       2. INCLUDES:

7       (a) THE USE OF AN AUDIO-ONLY TELEPHONE ENCOUNTER BETWEEN A  
8 SUBSCRIBER WHO HAS AN EXISTING RELATIONSHIP WITH A HEALTH CARE PROVIDER OR  
9 PROVIDER GROUP IF BOTH OF THE FOLLOWING APPLY:

10       (i) AN AUDIO-VISUAL TELEHEALTH ENCOUNTER IS NOT REASONABLY  
11 AVAILABLE DUE TO THE SUBSCRIBER'S PREFERENCE, THE SUBSCRIBER'S FUNCTIONAL  
12 STATUS, THE SUBSCRIBER'S LACK OF TECHNOLOGY OR TELECOMMUNICATIONS  
13 INFRASTRUCTURE LIMITS, AS DETERMINED BY THE HEALTH CARE PROVIDER.

14       (ii) THE TELEHEALTH ENCOUNTER IS INITIATED AT THE REQUEST OF THE  
15 SUBSCRIBER OR AUTHORIZED BY THE SUBSCRIBER BEFORE THE TELEHEALTH  
16 ENCOUNTER.

17       (b) THE USE OF AN AUDIO-ONLY ENCOUNTER BETWEEN THE SUBSCRIBER AND A  
18 HEALTH CARE PROVIDER, REGARDLESS OF WHETHER THERE IS AN EXISTING  
19 RELATIONSHIP WITH THE HEALTH CARE PROVIDER OR PROVIDER GROUP, IF THE  
20 TELEHEALTH ENCOUNTER IS FOR A BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER  
21 SERVICE AND BOTH ITEMS OF SUBDIVISION (a) OF THIS PARAGRAPH APPLY.

22       2. 3. Does not include the sole use of ~~an audio-only telephone, a~~  
23 ~~video-only system, a facsimile~~ FAX machine, instant messages, VOICE MAIL  
24 or ~~electronic mail~~ EMAIL.

25       Sec. 3. Section 20-1057.13, Arizona Revised Statutes, is amended to  
26 read:

27       20-1057.13. Telehealth: coverage of health care services:  
28                   definition

29       A. An evidence of coverage issued, delivered or renewed by a health  
30 care services organization ~~on or after January 1, 2018~~ IN THIS STATE must  
31 provide coverage for health care services that are provided through  
32 ~~telemedicine~~ TELEHEALTH if the health care service would be covered were  
33 it provided through AN in-person ~~consultation~~ ENCOUNTER between the  
34 enrollee and a health care provider and provided to an enrollee receiving  
35 the service in this state. THE FOLLOWING REQUIREMENTS APPLY TO COVERAGE  
36 OF TELEHEALTH SERVICES:

37       1. A health care services organization may not limit or deny the  
38 coverage of health care services provided through ~~telemedicine~~ TELEHEALTH,  
39 INCLUDING ANCILLARY SERVICES, and may apply only the same limits or  
40 exclusions on a health care service provided through ~~telemedicine~~  
41 TELEHEALTH that are applicable to an in-person ~~consultation~~ ENCOUNTER for  
42 the same health care service, EXCEPT FOR PROCEDURES OR SERVICES AS  
43 IDENTIFIED BY THE DIAGNOSTIC AND PROCEDURE CODES, FOR WHICH THE WEIGHT OF  
44 EVIDENCE, BASED ON PEER-REVIEWED CLINICAL PUBLICATIONS OR RESEARCH,  
45 RECOMMENDS NOT BE PROVIDED THROUGH TELEHEALTH.

1       2. A HEALTH CARE SERVICES ORGANIZATION SHALL REIMBURSE HEALTH CARE  
2 PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT SERVICES AS  
3 IDENTIFIED BY THE DIAGNOSTIC AND PROCEDURE CODE, WHETHER PROVIDED THROUGH  
4 TELEHEALTH OR IN-PERSON CARE, UNLESS THE TELEHEALTH ENCOUNTER IS PROVIDED  
5 THROUGH A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE HEALTH  
6 CARE SERVICES ORGANIZATION. A HEALTH CARE SERVICES ORGANIZATION MAY NOT  
7 REQUIRE A HEALTH CARE PROVIDER TO USE A TELEHEALTH PLATFORM THAT IS  
8 SPONSORED OR PROVIDED BY THE HEALTH CARE SERVICES ORGANIZATION. TO  
9 QUALIFY FOR THE SAME LEVEL OF PAYMENT, THE HEALTH CARE PROVIDER MUST MAKE  
10 TELEHEALTH SERVICES GENERALLY AVAILABLE TO PATIENTS THROUGH THE  
11 INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC MEDIA. AT THE TIME OF  
12 THE TELEHEALTH ENCOUNTER, THE HEALTH CARE PROVIDER SHALL ACCESS CLINICAL  
13 INFORMATION AND RECORDS, IF AVAILABLE, THAT ARE APPROPRIATE TO EVALUATE  
14 THE PATIENT'S CONDITION. THE HEALTH CARE PROVIDER SHALL INFORM THE  
15 ENROLLEE BEFORE THE TELEHEALTH ENCOUNTER IF THERE IS A CHARGE FOR THE  
16 ENCOUNTER.

17       3. A HEALTH CARE SERVICES ORGANIZATION MAY ESTABLISH REASONABLE  
18 REQUIREMENTS AND PARAMETERS FOR TELEHEALTH SERVICES, INCLUDING  
19 DOCUMENTATION, FRAUD PREVENTION, IDENTITY VERIFICATION AND RECORDKEEPING,  
20 BUT SUCH REQUIREMENTS AND PARAMETERS MAY NOT BE MORE RESTRICTIVE OR LESS  
21 FAVORABLE TO HEALTH CARE PROVIDERS OR ENROLLEES THAN ARE REQUIRED FOR  
22 HEALTH CARE SERVICES DELIVERED IN PERSON.

23       4. TELEHEALTH SERVICES MAY BE PROVIDED AND SHALL BE COVERED  
24 REGARDLESS OF WHERE THE ENROLLEE IS LOCATED OR THE TYPE OF SITE.

25       5. EXCEPT IN AN EMERGENCY AS PRESCRIBED IN SECTION 20-2803, the  
26 evidence of coverage may limit the coverage to those health care providers  
27 who are members of the health care services organization's provider  
28 network.

29       B. This section does not prevent a health care services  
30 organization from imposing deductibles, ~~OR~~ copayment or coinsurance  
31 requirements for a health care service provided through ~~telemedicine~~  
32 ~~TELEHEALTH~~ if the deductible, copayment or coinsurance does not exceed the  
33 deductible, copayment or coinsurance applicable to an in-person  
34 ~~consultation~~ ENCOUNTER for the same health care service.

35       C. Services provided through ~~telemedicine~~ TELEHEALTH or resulting  
36 from a ~~telemedicine~~ ~~consultation~~ TELEHEALTH ENCOUNTER are subject to all  
37 of this state's laws and rules that govern prescribing, dispensing and  
38 administering prescription pharmaceuticals and devices and shall comply  
39 with Arizona licensure requirements and any practice guidelines of THE  
40 TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY  
41 SECTION 36-3607 OR, IF NOT ADDRESSED, THE PRACTICE GUIDELINES OF a  
42 national association of medical professionals promoting access to medical  
43 care for consumers via telecommunications technology or other qualified  
44 medical professional societies to ensure quality of care.

1       D. This section does not apply to limited benefit coverage as  
2 defined in section 20-1137.

3       E. For the purposes of this section, "~~telemedicine~~ TELEHEALTH":

4       1. Means the interactive use of audio, video or other electronic  
5 media, including asynchronous store-and-forward technologies and remote  
6 patient monitoring technologies, for the purpose of diagnosis,  
7 consultation or treatment.

8       2. INCLUDES:

9       (a) THE USE OF AN AUDIO-ONLY TELEPHONE ENCOUNTER BETWEEN AN  
10 ENROLLEE WHO HAS AN EXISTING RELATIONSHIP WITH A HEALTH CARE PROVIDER OR  
11 PROVIDER GROUP IF BOTH OF THE FOLLOWING APPLY:

12       (i) AN AUDIO-VISUAL TELEHEALTH ENCOUNTER IS NOT REASONABLY  
13 AVAILABLE DUE TO THE ENROLLEE'S PREFERENCE, THE ENROLLEE'S FUNCTIONAL  
14 STATUS, THE ENROLLEE'S LACK OF TECHNOLOGY OR TELECOMMUNICATIONS  
15 INFRASTRUCTURE LIMITS, AS DETERMINED BY THE HEALTH CARE PROVIDER.

16       (ii) THE TELEHEALTH ENCOUNTER IS INITIATED AT THE REQUEST OF THE  
17 ENROLLEE OR AUTHORIZED BY THE ENROLLEE BEFORE THE TELEHEALTH ENCOUNTER.

18       (b) THE USE OF AN AUDIO-ONLY ENCOUNTER BETWEEN THE ENROLLEE AND A  
19 HEALTH CARE PROVIDER, REGARDLESS OF WHETHER THERE IS AN EXISTING  
20 RELATIONSHIP WITH THE HEALTH CARE PROVIDER OR PROVIDER GROUP, IF THE  
21 TELEHEALTH ENCOUNTER IS FOR A BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER  
22 SERVICE AND BOTH ITEMS OF SUBDIVISION (a) OF THIS PARAGRAPH APPLY.

23       2. Does not include the sole use of ~~an audio-only telephone, a~~  
24 ~~video-only system, a facsimile~~ FAX machine, instant messages, VOICE MAIL  
25 or ~~electronic mail~~ EMAIL.

26       Sec. 4. Section 20-1376.05, Arizona Revised Statutes, is amended to  
27 read:

28       20-1376.05. Telehealth: coverage of health care services:  
29                   definition

30       A. All policies issued, delivered or renewed by a disability  
31 insurer ~~on or after January 1, 2018 IN THIS STATE~~ must provide coverage  
32 for health care services that are provided through ~~telemedicine~~ TELEHEALTH  
33 if the health care service would be covered were it provided through AN  
34 in-person ~~consultation~~ ENCOUNTER between the insured and a health care  
35 provider and provided to an insured receiving the service in this state.  
36 THE FOLLOWING REQUIREMENTS APPLY TO COVERAGE OF TELEHEALTH SERVICES:

37       1. A disability insurer may not limit or deny the coverage of  
38 health care services provided through ~~telemedicine~~ TELEHEALTH, INCLUDING  
39 ANCILLARY SERVICES, and may apply only the same limits or exclusions on a  
40 health care service provided through ~~telemedicine~~ TELEHEALTH that are  
41 applicable to an in-person ~~consultation~~ ENCOUNTER for the same health care  
42 service, EXCEPT FOR PROCEDURES OR SERVICES FOR WHICH THE WEIGHT OF  
43 EVIDENCE BASED ON PEER-REVIEWED CLINICAL PUBLICATIONS OR RESEARCH,  
44 RECOMMENDS NOT BE PROVIDED THROUGH TELEHEALTH.

1       2. A DISABILITY INSURER SHALL REIMBURSE HEALTH CARE PROVIDERS AT  
2 THE SAME LEVEL OF PAYMENT FOR EQUIVALENT SERVICES AS IDENTIFIED BY THE  
3 DIAGNOSTIC AND PROCEDURE CODES, WHETHER PROVIDED THROUGH TELEHEALTH OR  
4 IN-PERSON CARE, UNLESS THE TELEHEALTH ENCOUNTER IS PROVIDED THROUGH A  
5 TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE DISABILITY  
6 INSURER. A DISABILITY INSURER MAY NOT REQUIRE A HEALTH CARE PROVIDER TO  
7 USE A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE DISABILITY  
8 INSURER. TO QUALIFY FOR THE SAME LEVEL OF PAYMENT, THE HEALTH CARE  
9 PROVIDER MUST MAKE TELEHEALTH SERVICES GENERALLY AVAILABLE TO PATIENTS  
10 THROUGH THE INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC MEDIA. AT  
11 THE TIME OF THE TELEHEALTH ENCOUNTER, THE HEALTH CARE PROVIDER SHALL  
12 ACCESS CLINICAL INFORMATION AND RECORDS, IF AVAILABLE, THAT ARE  
13 APPROPRIATE TO EVALUATE THE PATIENT'S CONDITION. THE HEALTH CARE PROVIDER  
14 SHALL INFORM THE INSURED BEFORE THE TELEHEALTH ENCOUNTER IF THERE IS A  
15 CHARGE FOR THE ENCOUNTER.

16       3. A DISABILITY INSURER MAY ESTABLISH REASONABLE REQUIREMENTS AND  
17 PARAMETERS FOR TELEHEALTH SERVICES, INCLUDING DOCUMENTATION, FRAUD  
18 PREVENTION, IDENTITY VERIFICATION AND RECORDKEEPING, BUT SUCH REQUIREMENTS  
19 AND PARAMETERS MAY NOT BE MORE RESTRICTIVE OR LESS FAVORABLE TO HEALTH  
20 CARE PROVIDERS OR INSUREDS THAN ARE REQUIRED FOR HEALTH CARE SERVICES  
21 DELIVERED IN PERSON.

22       4. TELEHEALTH SERVICES MAY BE PROVIDED AND SHALL BE COVERED  
23 REGARDLESS OF WHERE THE INSURED IS LOCATED OR THE TYPE OF SITE.

24       5. EXCEPT IN AN EMERGENCY AS PRESCRIBED IN SECTION 20-2803, the  
25 policy may limit the coverage to those health care providers who are  
26 members of the disability insurer's provider network.

27       B. This section does not prevent a disability insurer from imposing  
28 deductibles, ~~OR~~ copayment or coinsurance requirements for a health care  
29 service provided through ~~telemedicine~~ TELEHEALTH if the deductible,  
30 copayment or coinsurance does not exceed the deductible, copayment or  
31 coinsurance applicable to an in-person ~~consultation~~ ENCOUNTER for the same  
32 health care service.

33       C. Services provided through ~~telemedicine~~ TELEHEALTH or resulting  
34 from a ~~telemedicine~~ ~~consultation~~ TELEHEALTH ENCOUNTER are subject to all  
35 of this state's laws and rules that govern prescribing, dispensing and  
36 administering prescription pharmaceuticals and devices and shall comply  
37 with Arizona licensure requirements and any practice guidelines of THE  
38 TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY  
39 SECTION 36-3607 OR, IF NOT ADDRESSED, THE PRACTICE GUIDELINES OF a  
40 national association of medical professionals promoting access to medical  
41 care for consumers via telecommunications technology or other qualified  
42 medical professional societies to ensure quality of care.

43       D. This section does not apply to limited benefit coverage as  
44 defined in section 20-1137.

1       E. For the purposes of this section, "~~telemedicine~~ TELEHEALTH":

2       1. Means the interactive use of audio, video or other electronic  
3 media, including asynchronous store-and-forward technologies and remote  
4 patient monitoring technologies, for the purpose of diagnosis,  
5 consultation or treatment.

6       2. INCLUDES:

7       (a) THE USE OF AN AUDIO-ONLY TELEPHONE ENCOUNTER BETWEEN AN INSURED  
8 WHO HAS AN EXISTING RELATIONSHIP WITH A HEALTH CARE PROVIDER OR PROVIDER  
9 GROUP IF BOTH OF THE FOLLOWING APPLY:

10       (i) AN AUDIO-VISUAL TELEHEALTH ENCOUNTER IS NOT REASONABLY  
11 AVAILABLE DUE TO THE INSURED'S PREFERENCE, THE INSURED'S FUNCTIONAL  
12 STATUS, THE INSURED'S LACK OF TECHNOLOGY OR TELECOMMUNICATIONS  
13 INFRASTRUCTURE LIMITS, AS DETERMINED BY THE HEALTH CARE PROVIDER.

14       (ii) THE TELEHEALTH ENCOUNTER IS INITIATED AT THE REQUEST OF THE  
15 INSURED OR AUTHORIZED BY THE INSURED BEFORE THE TELEHEALTH ENCOUNTER.

16       (b) THE USE OF AN AUDIO-ONLY ENCOUNTER BETWEEN THE INSURED AND A  
17 HEALTH CARE PROVIDER, REGARDLESS OF WHETHER THERE IS AN EXISTING  
18 RELATIONSHIP WITH THE HEALTH CARE PROVIDER OR PROVIDER GROUP, IF THE  
19 TELEHEALTH ENCOUNTER IS FOR A BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER  
20 SERVICE AND BOTH ITEMS OF SUBDIVISION (a) OF THIS PARAGRAPH APPLY.

21       2. 3. Does not include the sole use of ~~an audio-only telephone, a~~  
22 ~~video-only system, a facsimile~~ FAX machine, instant messages, VOICE MAIL  
23 or ~~electronic mail~~ EMAIL.

24       Sec. 5. Section 20-1406.05, Arizona Revised Statutes, is amended to  
25 read:

26       20-1406.05. Telehealth; coverage of health care services;  
27                   definition

28       A. All policies issued, delivered or renewed by a group disability  
29 insurer or a blanket disability insurer ~~on or after January 1, 2018~~ IN  
30 THIS STATE must provide coverage for health care services that are  
31 provided through ~~telemedicine~~ TELEHEALTH if the health care service would  
32 be covered were it provided through AN in-person ~~consultation~~ ENCOUNTER  
33 between the insured and a health care provider and provided to an insured  
34 receiving the service in this state. THE FOLLOWING REQUIREMENTS APPLY TO  
35 COVERAGE OF TELEHEALTH SERVICES:

36       1. A GROUP OR blanket disability insurer may not limit or deny the  
37 coverage of health care services provided through ~~telemedicine~~ TELEHEALTH,  
38 INCLUDING ANCILLARY SERVICES, and may apply only the same limits or  
39 exclusions on a health care service provided through ~~telemedicine~~  
40 TELEHEALTH that are applicable to an in-person ~~consultation~~ ENCOUNTER for  
41 the same health care service, EXCEPT FOR PROCEDURES OR SERVICES FOR WHICH  
42 THE WEIGHT OF EVIDENCE, BASED ON PEER-REVIEWED CLINICAL PUBLICATIONS OR  
43 RESEARCH, RECOMMENDS NOT BE PROVIDED THROUGH TELEHEALTH.

1       2. A GROUP OR BLANKET DISABILITY INSURER SHALL REIMBURSE HEALTH  
2 CARE PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT SERVICES AS  
3 IDENTIFIED BY THE DIAGNOSTIC AND PROCEDURE CODES, WHETHER PROVIDED THROUGH  
4 TELEHEALTH OR IN-PERSON CARE, UNLESS THE TELEHEALTH ENCOUNTER IS PROVIDED  
5 THROUGH A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE GROUP  
6 OR BLANKET DISABILITY INSURER. A GROUP OR BLANKET DISABILITY INSURER MAY  
7 NOT REQUIRE A HEALTH CARE PROVIDER TO USE A TELEHEALTH PLATFORM THAT IS  
8 SPONSORED OR PROVIDED BY THE GROUP OR BLANKET DISABILITY INSURER. TO  
9 QUALIFY FOR THE SAME LEVEL OF PAYMENT, THE HEALTH CARE PROVIDER MUST MAKE  
10 TELEHEALTH SERVICES GENERALLY AVAILABLE TO PATIENTS THROUGH THE  
11 INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC MEDIA. AT THE TIME OF  
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16 ENCOUNTER.

17       3. A GROUP OR BLANKET DISABILITY INSURER MAY ESTABLISH REASONABLE  
18 REQUIREMENTS AND PARAMETERS FOR TELEHEALTH SERVICES, INCLUDING  
19 DOCUMENTATION, FRAUD PREVENTION, IDENTITY VERIFICATION AND RECORDKEEPING,  
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26 policy may limit the coverage to those health care providers who are  
27 members of the insurer's provider network.

28       B. This section does not prevent a group or blanket disability  
29 insurer from imposing deductibles, ~~OR~~ copayment or coinsurance  
30 requirements for a health care service provided through ~~telemedicine~~  
31 ~~TELEHEALTH~~ if the deductible, copayment or coinsurance does not exceed the  
32 deductible, copayment or coinsurance applicable to an in-person  
33 ~~consultation~~ ENCOUNTER for the same health care service.

34       C. Services provided through ~~telemedicine~~ TELEHEALTH or resulting  
35 from a ~~telemedicine~~ ~~consultation~~ TELEHEALTH ENCOUNTER are subject to all  
36 of this state's laws and rules that govern prescribing, dispensing and  
37 administering prescription pharmaceuticals and devices and shall comply  
38 with Arizona licensure requirements and any practice guidelines of THE  
39 TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY  
40 SECTION 36-3607 OR, IF NOT ADDRESSED, THE PRACTICE GUIDELINES OF a  
41 national association of medical professionals promoting access to medical  
42 care for consumers via telecommunications technology or other qualified  
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6       2. INCLUDES:

7       (a) THE USE OF AN AUDIO-ONLY TELEPHONE ENCOUNTER BETWEEN AN INSURED  
8 WHO HAS AN EXISTING RELATIONSHIP WITH A HEALTH CARE PROVIDER OR PROVIDER  
9 GROUP IF BOTH OF THE FOLLOWING APPLY:

10       (i) AN AUDIO-VISUAL TELEHEALTH ENCOUNTER IS NOT REASONABLY  
11 AVAILABLE DUE TO THE INSURED'S PREFERENCE, THE INSURED'S FUNCTIONAL  
12 STATUS, THE INSURED'S LACK OF TECHNOLOGY OR TELECOMMUNICATIONS  
13 INFRASTRUCTURE LIMITS, AS DETERMINED BY THE HEALTH CARE PROVIDER.

14       (ii) THE TELEHEALTH ENCOUNTER IS INITIATED AT THE REQUEST OF THE  
15 INSURED OR AUTHORIZED BY THE INSURED BEFORE THE TELEHEALTH ENCOUNTER.

16       (b) INCLUDES THE USE OF AN AUDIO-ONLY ENCOUNTER BETWEEN THE INSURED  
17 AND A HEALTH CARE PROVIDER, REGARDLESS OF WHETHER THERE IS AN EXISTING  
18 RELATIONSHIP WITH THE HEALTH CARE PROVIDER OR PROVIDER GROUP, IF THE  
19 TELEHEALTH ENCOUNTER IS FOR A BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER  
20 SERVICE AND BOTH ITEMS OF SUBDIVISION (a) OF THIS PARAGRAPH APPLY.

21       2. 3. Does not include the sole use of ~~an audio-only telephone, a~~  
22 ~~video-only system, a facsimile~~ FAX machine, instant messages, VOICE MAIL  
23 or ~~electronic mail~~ EMAIL.

24       Sec. 6. Section 23-1026, Arizona Revised Statutes, is amended to  
25 read:

26       23-1026. Periodic medical examination of employee; effect of  
27       refusal or obstruction of examination or treatment

28       A. An employee who may be entitled to compensation under this  
29 chapter shall submit ~~himself~~ THE EMPLOYEE for medical examination from  
30 time to time at a place reasonably convenient for the employee, if and  
31 when requested by the commission, ~~his~~ THE EMPLOYEE'S employer or the  
32 insurance carrier. A place is reasonably convenient even if it is not  
33 where the employee resides if it is the place where the employee was  
34 injured and the employer or the insurance carrier pays in advance the  
35 employee's reasonable travel expenses, including the cost of  
36 transportation, food, lodging and loss of pay, if applicable.

37       B. The request for the medical examination shall fix a time and  
38 place having regard to the convenience of the employee, ~~his~~ THE EMPLOYEE'S  
39 physical condition and ~~his~~ THE EMPLOYEE'S ability to attend, AND WHETHER  
40 THE MEDICAL EXAMINATION COULD BE CONDUCTED THROUGH TELEHEALTH AS DEFINED  
41 IN SECTION 36-3601. A MEDICAL EXAMINATION MAY BE CONDUCTED VIA TELEHEALTH  
42 WITH THE CONSENT OF BOTH THE EMPLOYEE AND THE REQUESTING PARTY. The  
43 employee may have a physician present at the examination if procured and  
44 paid for by the employee.

1       C. If the employee refuses to submit to the medical examination or  
2 obstructs the examination, ~~his~~ THE EMPLOYEE'S right to compensation shall  
3 be suspended until the examination has been made, and no compensation  
4 shall be payable during or for such period.

5       D. A physician who makes or is present at the medical examination  
6 provided by this section may be required to testify as to the result of  
7 the examination. The physician is not subject to a complaint for  
8 unprofessional conduct to the physician's licensing board if the complaint  
9 is based on a disagreement with the findings and opinions expressed by the  
10 physician as a result of the examination.

11      E. On appropriate application and hearing, the commission may  
12 reduce or suspend the compensation of an employee who persists in  
13 unsanitary or injurious practices tending to imperil or retard ~~his~~ THE  
14 EMPLOYEE'S recovery, or who refuses to submit to medical or surgical  
15 treatment reasonably necessary to promote ~~his~~ THE EMPLOYEE'S recovery.

16      F. An employee shall be excused from attending a scheduled medical  
17 examination if the employee requests a protective order and the  
18 administrative law judge finds that the scheduled examination is  
19 unnecessary, would be cumulative or could reasonably be timely scheduled  
20 with an appropriate physician where the employee resides. If a protective  
21 order is requested, the burden is on the employer or insurance carrier to  
22 establish that a medical examination should be scheduled at a place other  
23 than where the employee resides. If an employee has left this state and  
24 the employer or insurance carrier pays in advance the employee's  
25 reasonable travel expenses, including the cost of transportation, food,  
26 lodging and loss of pay, if applicable, the employer or insurance carrier  
27 is entitled to have the employee return to this state one time a year for  
28 examination or one time following the filing of a petition to reopen.

29      G. If a physician performs an examination under this section and is  
30 provided data from the Arizona state board of pharmacy pursuant to title  
31 36, chapter 28, the physician may disclose that data to the employee,  
32 employer, insurance carrier and commission.

33      Sec. 7. Section 32-1401, Arizona Revised Statutes, is amended to  
34 read:

35       32-1401. Definitions

36       In this chapter, unless the context otherwise requires:

37       1. "Active license" means a valid and existing license to practice  
38 medicine.

39       2. "Adequate records" means legible medical records, produced by  
40 hand or electronically, containing, at a minimum, sufficient information  
41 to identify the patient, support the diagnosis, justify the treatment,  
42 accurately document the results, indicate advice and cautionary warnings  
43 provided to the patient and provide sufficient information for another  
44 practitioner to assume continuity of the patient's care at any point in  
45 the course of treatment.

1       3. "Advisory letter" means a nondisciplinary letter to notify a  
2 licensee that either:

3       (a) While there is insufficient evidence to support disciplinary  
4 action, the board believes that continuation of the activities that led to  
5 the investigation may result in further board action against the licensee.

6       (b) The violation is a minor or technical violation that is not of  
7 sufficient merit to warrant disciplinary action.

8       (c) While the licensee has demonstrated substantial compliance  
9 through rehabilitation or remediation that has mitigated the need for  
10 disciplinary action, the board believes that repetition of the activities  
11 that led to the investigation may result in further board action against  
12 the licensee.

13      4. "Approved hospital internship, residency or clinical fellowship  
14 program" means a program at a hospital that at the time the training  
15 occurred was legally incorporated and that had a program that was approved  
16 for internship, fellowship or residency training by the accreditation  
17 council for graduate medical education, the association of American  
18 medical colleges, the royal college of physicians and surgeons of Canada  
19 or any similar body in the United States or Canada approved by the board  
20 whose function is that of approving hospitals for internship, fellowship  
21 or residency training.

22      5. "Approved school of medicine" means any school or college  
23 offering a course of study that, on successful completion, results in the  
24 degree of doctor of medicine and whose course of study has been approved  
25 or accredited by an educational or professional association, recognized by  
26 the board, including the association of American medical colleges, the  
27 association of Canadian medical colleges or the American medical  
28 association.

29      6. "Board" means the Arizona medical board.

30      7. "Completed application" means that the applicant has supplied  
31 all required fees, information and correspondence requested by the board  
32 on forms and in a manner acceptable to the board.

33      8. "Direct supervision" means that a physician, physician assistant  
34 licensed pursuant to chapter 25 of this title or nurse practitioner  
35 certified pursuant to chapter 15 of this title is within the same room or  
36 office suite as the medical assistant in order to be available for  
37 consultation regarding those tasks the medical assistant performs pursuant  
38 to section 32-1456.

39      9. "Dispense" means the delivery by a doctor of medicine of a  
40 prescription drug or device to a patient, except for samples packaged for  
41 individual use by licensed manufacturers or repackagers of drugs, and  
42 includes the prescribing, administering, packaging, labeling and security  
43 necessary to prepare and safeguard the drug or device for delivery.

44      10. "Doctor of medicine" means a natural person holding a license,  
45 registration or permit to practice medicine pursuant to this chapter.

1       11. "Full-time faculty member" means a physician who is employed  
2 full time as a faculty member while holding the academic position of  
3 assistant professor or a higher position at an approved school of  
4 medicine.

5       12. "Health care institution" means any facility as defined in  
6 section 36-401, any person authorized to transact disability insurance, as  
7 defined in title 20, chapter 6, article 4 or 5, any person who is issued a  
8 certificate of authority pursuant to title 20, chapter 4, article 9 or any  
9 other partnership, association or corporation that provides health care to  
10 consumers.

11       13. "Immediate family" means the spouse, natural or adopted  
12 children, father, mother, brothers and sisters of the doctor and the  
13 natural or adopted children, father, mother, brothers and sisters of the  
14 doctor's spouse.

15       14. "Letter of reprimand" means a disciplinary letter that is  
16 issued by the board and that informs the physician that the physician's  
17 conduct violates state or federal law and may require the board to monitor  
18 the physician.

19       15. "Limit" means taking a nondisciplinary action that alters the  
20 physician's practice or professional activities if the board determines  
21 that there is evidence that the physician is or may be mentally or  
22 physically unable to safely engage in the practice of medicine.

23       16. "Medical assistant" means an unlicensed person who meets the  
24 requirements of section 32-1456, has completed an education program  
25 approved by the board, assists in a medical practice under the supervision  
26 of a doctor of medicine, physician assistant or nurse practitioner and  
27 performs delegated procedures commensurate with the assistant's education  
28 and training but does not diagnose, interpret, design or modify  
29 established treatment programs or perform any functions that would violate  
30 any statute applicable to the practice of medicine.

31       17. "Medically incompetent" means a person who the board determines  
32 is incompetent based on a variety of factors, including:

33           (a) A lack of sufficient medical knowledge or skills, or both, to a  
34 degree likely to endanger the health of patients.

35           (b) When considered with other indications of medical incompetence,  
36 failing to obtain a scaled score of at least seventy-five percent on the  
37 written special purpose licensing examination.

38       18. "Medical peer review" means:

39           (a) The participation by a doctor of medicine in the review and  
40 evaluation of the medical management of a patient and the use of resources  
41 for patient care.

42           (b) Activities relating to a health care institution's decision to  
43 grant or continue privileges to practice at that institution.

44       19. "Medicine" means allopathic medicine as practiced by the  
45 recipient of a degree of doctor of medicine.

1       20. "Office based surgery" means a medical procedure conducted in a  
2 physician's office or other outpatient setting that is not part of a  
3 licensed hospital or licensed ambulatory surgical center.

4       21. "Physician" means a doctor of medicine who is licensed pursuant  
5 to this chapter.

6       22. "Practice of medicine" means the diagnosis, the treatment or  
7 the correction of or the attempt or the claim to be able to diagnose,  
8 treat or correct any and all human diseases, injuries, ailments,  
9 infirmities or deformities, physical or mental, real or imaginary, by any  
10 means, methods, devices or instrumentalities, except as the same may be  
11 among the acts or persons not affected by this chapter. The practice of  
12 medicine includes the practice of medicine alone or the practice of  
13 surgery alone, or both.

14       23. "Restrict" means taking a disciplinary action that alters the  
15 physician's practice or professional activities if the board determines  
16 that there is evidence that the physician is or may be medically  
17 incompetent or guilty of unprofessional conduct.

18       24. "Special purpose licensing examination" means an examination  
19 that is developed by the national board of medical examiners on behalf of  
20 the federation of state medical boards for use by state licensing boards  
21 to test the basic medical competence of physicians who are applying for  
22 licensure and who have been in practice for a considerable period of time  
23 in another jurisdiction and to determine the competence of a physician who  
24 is under investigation by a state licensing board.

25       25. "Teaching hospital's accredited graduate medical education  
26 program" means that the hospital is incorporated and has an internship,  
27 fellowship or residency training program that is accredited by the  
28 accreditation council for graduate medical education, the American medical  
29 association, the association of American medical colleges, the royal  
30 college of physicians and surgeons of Canada or a similar body in the  
31 United States or Canada that is approved by the board and whose function  
32 is that of approving hospitals for internship, fellowship or residency  
33 training.

34       26. "Teaching license" means a valid license to practice medicine  
35 as a full-time faculty member of an approved school of medicine or a  
36 teaching hospital's accredited graduate medical education program.

37       27. "Unprofessional conduct" includes the following, whether  
38 occurring in this state or elsewhere:

39           (a) Violating any federal or state laws, rules or regulations  
40 applicable to the practice of medicine.

41           (b) Intentionally disclosing a professional secret or intentionally  
42 disclosing a privileged communication except as either act may otherwise  
43 be required by law.

4 (d) Committing a felony, whether or not involving moral turpitude,  
5 or a misdemeanor involving moral turpitude. In either case, conviction by  
6 any court of competent jurisdiction or a plea of no contest is conclusive  
7 evidence of the commission.

8 (e) Failing or refusing to maintain adequate records on a patient.

9 (f) Exhibiting a pattern of using or being under the influence of  
10 alcohol or drugs or a similar substance while practicing medicine or to  
11 the extent that judgment may be impaired and the practice of medicine  
12 detrimentally affected.

13 (g) Using controlled substances except if prescribed by another  
14 physician for use during a prescribed course of treatment.

15 (h) Prescribing or dispensing controlled substances to members of  
16 the physician's immediate family.

17 (i) Prescribing, dispensing or administering schedule II controlled  
18 substances as defined in section 36-2513, including amphetamines and  
19 similar schedule II sympathomimetic drugs in the treatment of exogenous  
20 obesity for a period in excess of thirty days in any one year, or the  
21 nontherapeutic use of injectable amphetamines.

22 (j) Prescribing, dispensing or administering any controlled  
23 substance or prescription-only drug for other than accepted therapeutic  
24 purposes.

25 (k) Dispensing a schedule II controlled substance that is an  
26 opioid, except as provided in section 32-1491.

(1) Signing a blank, undated or predicated prescription form.

28 (m) Committing conduct that the board determines is gross  
29 malpractice, repeated malpractice or any malpractice resulting in the  
30 death of a patient.

31 (n) Representing that a manifestly incurable disease or infirmity  
32 can be permanently cured, or that any disease, ailment or infirmity can be  
33 cured by a secret method, procedure, treatment, medicine or device, if  
34 this is not true.

35 (o) Refusing to divulge to the board on demand the means, method,  
36 procedure, modality of treatment or medicine used in the treatment of a  
37 disease injury ailment or infirmity

(p) Having action taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine or the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction,

1 otherwise limiting, restricting or monitoring a licensee by that  
2 jurisdiction or placing a licensee on probation by that jurisdiction.

3 (q) Having sanctions imposed by an agency of the federal  
4 government, including restricting, suspending, limiting or removing a  
5 person from the practice of medicine or restricting that person's ability  
6 to obtain financial remuneration.

7 (r) Committing any conduct or practice that is or might be harmful  
8 or dangerous to the health of the patient or the public.

9 (s) Violating a formal order, probation, consent agreement or  
10 stipulation issued or entered into by the board or its executive director  
11 under this chapter.

12 (t) Violating or attempting to violate, directly or indirectly, or  
13 assisting in or abetting the violation of or conspiring to violate any  
14 provision of this chapter.

15 (u) Knowingly making any false or fraudulent statement, written or  
16 oral, in connection with the practice of medicine or if applying for  
17 privileges or renewing an application for privileges at a health care  
18 institution.

19 (v) Charging a fee for services not rendered or dividing a  
20 professional fee for patient referrals among health care providers or  
21 health care institutions or between these providers and institutions or a  
22 contractual arrangement that has the same effect. This subdivision does  
23 not apply to payments from a medical researcher to a physician in  
24 connection with identifying and monitoring patients for a clinical trial  
25 regulated by the United States food and drug administration.

26 (w) Obtaining a fee by fraud, deceit or misrepresentation.

27 (x) Charging or collecting a clearly excessive fee. In determining  
28 whether a fee is clearly excessive, the board shall consider the fee or  
29 range of fees customarily charged in this state for similar services in  
30 light of modifying factors such as the time required, the complexity of  
31 the service and the skill requisite to perform the service properly. This  
32 subdivision does not apply if there is a clear written contract for a  
33 fixed fee between the physician and the patient that has been entered into  
34 before the provision of the service.

35 (y) Committing conduct that is in violation of section 36-2302.

36 (z) Using experimental forms of diagnosis and treatment without  
37 adequate informed patient consent, and without conforming to generally  
38 accepted experimental criteria, including protocols, detailed records,  
39 periodic analysis of results and periodic review by a medical peer review  
40 committee as approved by the United States food and drug administration or  
41 its successor agency.

42 (aa) Engaging in sexual conduct with a current patient or with a  
43 former patient within six months after the last medical consultation  
44 unless the patient was the licensee's spouse at the time of the contact  
45 or, immediately preceding the physician-patient relationship, was in a

1        dating or engagement relationship with the licensee. For the purposes of  
2        this subdivision, "sexual conduct" includes:

3                (i) Engaging in or soliciting sexual relationships, whether  
4        consensual or nonconsensual.

5                (ii) Making sexual advances, requesting sexual favors or engaging  
6        in any other verbal conduct or physical contact of a sexual nature.

7                (iii) Intentionally viewing a completely or partially disrobed  
8        patient in the course of treatment if the viewing is not related to  
9        patient diagnosis or treatment under current practice standards.

10                (bb) Procuring or attempting to procure a license to practice  
11        medicine or a license renewal by fraud, by misrepresentation or by  
12        knowingly taking advantage of the mistake of another person or an agency.

13                (cc) Representing or claiming to be a medical specialist if this is  
14        not true.

15                (dd) Maintaining a professional connection with or lending one's  
16        name to enhance or continue the activities of an illegal practitioner of  
17        medicine.

18                (ee) Failing to furnish information in a timely manner to the board  
19        or the board's investigators or representatives if legally requested by  
20        the board.

21                (ff) Failing to allow properly authorized board personnel on demand  
22        to examine and have access to documents, reports and records maintained by  
23        the physician that relate to the physician's medical practice or medically  
24        related activities.

25                (gg) Knowingly failing to disclose to a patient on a form that is  
26        prescribed by the board and that is dated and signed by the patient or  
27        guardian acknowledging that the patient or guardian has read and  
28        understands that the doctor has a direct financial interest in a separate  
29        diagnostic or treatment agency or in nonroutine goods or services that the  
30        patient is being prescribed if the prescribed treatment, goods or services  
31        are available on a competitive basis. This subdivision does not apply to  
32        a referral by one doctor of medicine to another doctor of medicine within  
33        a group of doctors of medicine practicing together.

34                (hh) Using chelation therapy in the treatment of arteriosclerosis  
35        or as any other form of therapy, with the exception of treatment of heavy  
36        metal poisoning, without:

37                        (i) Adequate informed patient consent.

38                        (ii) Conforming to generally accepted experimental criteria,  
39        including protocols, detailed records, periodic analysis of results and  
40        periodic review by a medical peer review committee.

41                        (iii) Approval by the United States food and drug administration or  
42        its successor agency.

43                        (ii) Prescribing, dispensing or administering anabolic-androgenic  
44        steroids to a person for other than therapeutic purposes.

5 (kk) Knowingly making a false or misleading statement to the board  
6 or on a form required by the board or in a written correspondence,  
7 including attachments, with the board.

8                   (11) Failing to dispense drugs and devices in compliance with  
9 article 6 of this chapter.

10 (mm) Committing conduct that the board determines is gross  
11 negligence, repeated negligence or negligence resulting in harm to or the  
12 death of a patient.

13 (nn) Making a representation by a doctor of medicine or the  
14 doctor's staff, employer or representative that the doctor is boarded or  
15 board certified if this is not true or the standing is not current or  
16 without supplying the full name of the specific agency, organization or  
17 entity granting this standing.

18 (oo) Refusing to submit to a body fluid examination or any other  
19 examination known to detect the presence of alcohol or other drugs as  
20 required by the board pursuant to section 32-1452 or pursuant to a board  
21 investigation into a doctor of medicine's alleged substance abuse.

22 (pp) Failing to report in writing to the Arizona medical board or  
23 the Arizona regulatory board of physician assistants any evidence that a  
24 doctor of medicine or a physician assistant is or may be medically  
25 incompetent, guilty of unprofessional conduct or mentally or physically  
26 unable to safely practice medicine or to perform as a physician assistant.

27 (qq) As a physician who is the chief executive officer, the medical  
28 director or the medical chief of staff of a health care institution,  
29 failing to report in writing to the board that the hospital privileges of  
30 a doctor of medicine have been denied, revoked, suspended, supervised or  
31 limited because of actions by the doctor that appear to show that the  
32 doctor is or may be medically incompetent, is or may be guilty of  
33 unprofessional conduct or is or may be unable to engage safely in the  
34 practice of medicine.

35 (rr) Claiming to be a current member of the board or its staff or a  
36 board medical consultant if this is not true.

37 (ss) Failing to make patient medical records in the physician's  
38 possession promptly available to a physician assistant, a nurse  
39 practitioner, a person licensed pursuant to this chapter or a podiatrist,  
40 chiropractor, naturopathic physician, osteopathic physician or homeopathic  
41 physician licensed under chapter 7, 8, 14, 17 or 29 of this title on  
42 receipt of proper authorization to do so from the patient, a minor  
43 patient's parent, the patient's legal guardian or the patient's authorized  
44 representative or failing to comply with title 12, chapter 13, article  
45 7.1.

1       (tt) Prescribing, dispensing or furnishing a prescription  
2 medication or a prescription-only device as defined in section 32-1901 to  
3 a person unless the licensee first conducts a physical or mental health  
4 status examination of that person or has previously established a  
5 doctor-patient relationship. The physical or mental health status  
6 examination may be conducted ~~during a real-time telemedicine encounter~~  
7 ~~with audio and video capability~~ THROUGH TELEHEALTH AS DEFINED IN SECTION  
8 36-3601 WITH CLINICAL EVALUATION THAT IS APPROPRIATE FOR THE PATIENT AND  
9 THE CONDITION WITH WHICH THE PATIENT PRESENTS, unless the examination is  
10 for the purpose of obtaining a written certification from the physician  
11 for the purposes of title 36, chapter 28.1. This subdivision does not  
12 apply to:

13       (i) A physician who provides temporary patient supervision on  
14 behalf of the patient's regular treating licensed health care professional  
15 or provides a consultation requested by the patient's regular treating  
16 licensed health care professional.

17       (ii) Emergency medical situations as defined in section 41-1831.

18       (iii) Prescriptions written to prepare a patient for a medical  
19 examination.

20       (iv) Prescriptions written or prescription medications issued for  
21 use by a county or tribal public health department for immunization  
22 programs or emergency treatment or in response to an infectious disease  
23 investigation, public health emergency, infectious disease outbreak or act  
24 of bioterrorism. For the purposes of this item, "bioterrorism" has the  
25 same meaning prescribed in section 36-781.

26       (v) Prescriptions written or antimicrobials dispensed to a contact  
27 as defined in section 36-661 who is believed to have had significant  
28 exposure risk as defined in section 36-661 with another person who has  
29 been diagnosed with a communicable disease as defined in section 36-661 by  
30 the prescribing or dispensing physician.

31       (vi) Prescriptions written or prescription medications issued for  
32 administration of immunizations or vaccines listed in the United States  
33 centers for disease control and prevention's recommended immunization  
34 schedule to a household member of a patient.

35       (vii) Prescriptions for epinephrine auto-injectors written or  
36 dispensed for a school district or charter school to be stocked for  
37 emergency use pursuant to section 15-157 or for an authorized entity to be  
38 stocked pursuant to section 36-2226.01.

39       (viii) Prescriptions written by a licensee through a ~~telemedicine~~  
40 TELEHEALTH program that is covered by the policies and procedures adopted  
41 by the administrator of a hospital or outpatient treatment center.

42       (ix) Prescriptions for naloxone hydrochloride or any other opioid  
43 antagonist approved by the United States food and drug administration that  
44 are written or dispensed for use pursuant to section 36-2228 or 36-2266.

(uu) Performing office based surgery using sedation in violation of board rules.

(vv) Practicing medicine under a false or assumed name in this state.

Sec. 8. Section 32-1854, Arizona Revised Statutes, is amended to read:

### 32-1854. Definition of unprofessional conduct

For the purposes of this chapter, "unprofessional conduct" includes the following acts, whether occurring in this state or elsewhere:

1. Knowingly betraying a professional secret or wilfully violating a privileged communication except as either of these may otherwise be required by law. This paragraph does not prevent members of the board from exchanging information with the licensing and disciplinary boards of other states, territories or districts of the United States or with foreign countries or with osteopathic medical organizations located in this state or in any state, district or territory of this country or in any foreign country.

2. Committing a felony or a misdemeanor involving moral turpitude. In either case conviction by any court of competent jurisdiction is conclusive evidence of the commission of the offense.

3. Practicing medicine while under the influence of alcohol, a dangerous drug as defined in section 13-3401, narcotic or hypnotic drugs or any substance that impairs or may impair the licensee's ability to safely and skillfully practice medicine.

4. Being diagnosed by a physician licensed under this chapter or chapter 13 of this title or a psychologist licensed under chapter 19.1 of this title as excessively or illegally using alcohol or a controlled substance.

5. Prescribing, dispensing or administering controlled substances or prescription-only drugs for other than accepted therapeutic purposes.

6. Engaging in the practice of medicine in a manner that harms or may harm a patient or that the board determines falls below the community standard.

7. Impersonating another physician.

8. Acting or assuming to act as a member of the board if this is not true.

9. Procuring, renewing or attempting to procure or renew a license to practice osteopathic medicine by fraud or misrepresentation.

10. Having professional connection with or lending one's name to an illegal practitioner of osteopathic medicine or any of the other healing arts.

11. Representing that a manifestly incurable disease, injury, ailment or infirmity can be permanently cured or that a curable disease, injury, ailment or infirmity can be cured within a stated time, if this is not true.

1       12. Failing to reasonably disclose and inform the patient or the  
2 patient's representative of the method, device or instrumentality the  
3 licensee uses to treat the patient's disease, injury, ailment or  
4 infirmity.

5       13. Refusing to divulge to the board on demand the means, method,  
6 device or instrumentality used in the treatment of a disease, injury,  
7 ailment or infirmity.

8       14. Charging a fee for services not rendered or dividing a  
9 professional fee for patient referrals. This paragraph does not apply to  
10 payments from a medical researcher to a physician in connection with  
11 identifying and monitoring patients for clinical trial regulated by the  
12 United States food and drug administration.

13       15. Knowingly making any false or fraudulent statement, written or  
14 oral, in connection with the practice of medicine or when applying for or  
15 renewing privileges at a health care institution or a health care program.

16       16. Advertising in a false, deceptive or misleading manner.

17       17. Representing or claiming to be an osteopathic medical  
18 specialist if the physician has not satisfied the applicable requirements  
19 of this chapter or board rules.

20       18. Having a license denied or disciplinary action taken against a  
21 license by any other state, territory, district or country, unless it can  
22 be shown that this occurred for reasons that did not relate to the  
23 person's ability to safely and skillfully practice osteopathic medicine or  
24 to any act of unprofessional conduct as provided in this section.

25       19. Committing any conduct or practice contrary to recognized  
26 standards of ethics of the osteopathic medical profession.

27       20. Violating or attempting to violate, directly or indirectly, or  
28 assisting in or abetting the violation of or conspiring to violate any of  
29 the provisions of this chapter.

30       21. Failing or refusing to establish and maintain adequate records  
31 on a patient as follows:

32           (a) If the patient is an adult, for at least six years after the  
33 last date the licensee provided the patient with medical or health care  
34 services.

35           (b) If the patient is a child, either for at least three years  
36 after the child's eighteenth birthday or for at least six years after the  
37 last date the licensee provided that patient with medical or health care  
38 services, whichever date occurs later.

39       22. Using controlled substances or prescription-only drugs unless  
40 they are provided by a medical practitioner, as defined in section  
41 32-1901, as part of a lawful course of treatment.

42       23. Prescribing controlled substances to members of one's immediate  
43 family unless there is no other physician available within fifty miles to  
44 treat a member of the family and an emergency exists.

45       24. Committing nontherapeutic use of injectable amphetamines.

1        25. Violating a formal order, probation or a stipulation issued by  
2 the board under this chapter.

3        26. Charging or collecting an inappropriate fee. This paragraph  
4 does not apply to a fee that is fixed in a written contract between the  
5 physician and the patient and entered into before treatment begins.

6        27. Using experimental forms of therapy without adequate informed  
7 patient consent or without conforming to generally accepted criteria and  
8 complying with federal and state statutes and regulations governing  
9 experimental therapies.

10       28. Failing to make patient medical records in the physician's  
11 possession promptly available to a physician assistant, a nurse  
12 practitioner, a person licensed pursuant to this chapter or a podiatrist,  
13 chiropractor, naturopathic physician, physician or homeopathic physician  
14 licensed under chapter 7, 8, 13, 14 or 29 of this title on receipt of  
15 proper authorization to do so from the patient, a minor patient's parent,  
16 the patient's legal guardian or the patient's authorized representative or  
17 failing to comply with title 12, chapter 13, article 7.1.

18       29. Failing to allow properly authorized board personnel to have,  
19 on presentation of a subpoena, access to any documents, reports or records  
20 that are maintained by the physician and that relate to the physician's  
21 medical practice or medically related activities pursuant to section  
22 32-1855.01.

23       30. Signing a blank, undated or predated prescription form.

24       31. Obtaining a fee by fraud, deceit or misrepresentation.

25       32. Failing to report to the board an osteopathic physician and  
26 surgeon who is or may be guilty of unprofessional conduct or is or may be  
27 mentally or physically unable safely to engage in the practice of  
28 medicine.

29       33. Referring a patient to a diagnostic or treatment facility or  
30 prescribing goods and services without disclosing that the physician has a  
31 direct pecuniary interest in the facility, goods or services to which the  
32 patient has been referred or prescribed. This paragraph does not apply to  
33 a referral by one physician to another physician within a group of  
34 physicians practicing together.

35       34. Exhibiting a lack of or inappropriate direction, collaboration  
36 or supervision of a licensed, certified or registered health care provider  
37 or office personnel employed by or assigned to the physician in the  
38 medical care of patients.

39       35. Violating a federal law, a state law or a rule applicable to  
40 the practice of medicine.

41       36. Prescribing or dispensing controlled substances or  
42 prescription-only medications without establishing and maintaining  
43 adequate patient records.

44       37. Dispensing a schedule II controlled substance that is an  
45 opioid, except as provided in section 32-1871.

1       38. Failing to dispense drugs and devices in compliance with  
2 article 4 of this chapter.

3       39. Committing any conduct or practice that endangers a patient's  
4 or the public's health or may reasonably be expected to do so.

5       40. Committing any conduct or practice that impairs the licensee's  
6 ability to safely and skillfully practice medicine or that may reasonably  
7 be expected to do so.

8       41. With the exception of heavy metal poisoning, using chelation  
9 therapy in the treatment of arteriosclerosis or as any other form of  
10 therapy without adequate informed patient consent and without conforming  
11 to generally accepted experimental criteria, including protocols, detailed  
12 records, periodic analysis of results and periodic review by a medical  
13 peer review committee.

14       42. Prescribing, dispensing or administering anabolic-androgenic  
15 steroids to a person for other than therapeutic purposes.

16       43. Engaging in sexual conduct with a current patient or with a  
17 former patient within six months after the last medical consultation  
18 unless the patient was the licensee's spouse at the time of the contact  
19 or, immediately preceding the physician-patient relationship, was in a  
20 dating or engagement relationship with the licensee. For the purposes of  
21 this paragraph, "sexual conduct" includes:

22       (a) Engaging in or soliciting sexual relationships, whether  
23 consensual or nonconsensual.

24       (b) Making sexual advances, requesting sexual favors or engaging in  
25 any other verbal conduct or physical conduct of a sexual nature.

26       44. Committing conduct that is in violation of section 36-2302.

27       45. Committing conduct that the board determines constitutes gross  
28 negligence, repeated negligence or negligence that results in harm or  
29 death of a patient.

30       46. Committing conduct in the practice of medicine that evidences  
31 moral unfitness to practice medicine.

32       47. Engaging in disruptive or abusive behavior in a professional  
33 setting.

34       48. Failing to disclose to a patient that the licensee has a direct  
35 financial interest in a prescribed treatment, good or service if the  
36 treatment, good or service is available on a competitive basis. This  
37 paragraph does not apply to a referral by one licensee to another licensee  
38 within a group of licensees who practice together. A licensee meets the  
39 disclosure requirements of this paragraph if both of the following are  
40 true:

41       (a) The licensee makes the disclosure on a form prescribed by the  
42 board.

43       (b) The patient or the patient's guardian or parent acknowledges by  
44 signing the form that the licensee has disclosed the licensee's direct  
45 financial interest.

1       49. Prescribing, dispensing or furnishing a prescription medication  
2 or a prescription-only device to a person if the licensee has not  
3 conducted a physical or mental health status examination of that person or  
4 has not previously established a physician-patient relationship. The  
5 physical or mental health status examination may be conducted ~~during a~~  
6 ~~real-time telemedicine encounter with audio and video capability~~ THROUGH  
7 TELEHEALTH AS DEFINED IN SECTION 36-3601 WITH A CLINICAL EVALUATION THAT  
8 IS APPROPRIATE FOR THE PATIENT AND THE CONDITION WITH WHICH THE PATIENT  
9 PRESENTS, unless the examination is for the purpose of obtaining a written  
10 certification from the physician for the purposes of title 36, chapter  
11 28.1. This paragraph does not apply to:

12       (a) Emergencies.

13       (b) A licensee who provides patient care on behalf of the patient's  
14 regular treating licensed health care professional or provides a  
15 consultation requested by the patient's regular treating licensed health  
16 care professional.

17       (c) Prescriptions written or antimicrobials dispensed to a contact  
18 as defined in section 36-661 who is believed to have had significant  
19 exposure risk as defined in section 36-661 with another person who has  
20 been diagnosed with a communicable disease as defined in section 36-661 by  
21 the prescribing or dispensing physician.

22       (d) Prescriptions for epinephrine auto-injectors written or  
23 dispensed for a school district or charter school to be stocked for  
24 emergency use pursuant to section 15-157 or for an authorized entity to be  
25 stocked pursuant to section 36-2226.01.

26       (e) Prescriptions written by a licensee through a ~~telemedicine~~  
27 TELEHEALTH program that is covered by the policies and procedures adopted  
28 by the administrator of a hospital or outpatient treatment center.

29       (f) Prescriptions for naloxone hydrochloride or any other opioid  
30 antagonist approved by the United States food and drug administration that  
31 are written or dispensed for use pursuant to section 36-2228 or 36-2266.

32       50. If a licensee provides medical care by computer, failing to  
33 disclose the licensee's license number and the board's address and  
34 telephone number.

35       Sec. 9. Section 32-1901.01, Arizona Revised Statutes, is amended to  
36 read:

37       32-1901.01. Definition of unethical and unprofessional  
38 conduct; permittees; licensees

39       A. In this chapter, unless the context otherwise requires, for the  
40 purposes of disciplining a permittee, "unethical conduct" means the  
41 following, whether occurring in this state or elsewhere:

42       1. Committing a felony, whether or not involving moral turpitude,  
43 or a misdemeanor involving moral turpitude or any drug-related offense.  
44 In either case, conviction by a court of competent jurisdiction or a plea  
45 of no contest is conclusive evidence of the commission.

1       2. Committing an act that is substantially related to the  
2 qualifications, functions or duties of a permittee and that demonstrates  
3 either a lack of good moral character or an actual or potential unfitness  
4 to hold a permit in light of the public's safety.

5       3. Working under the influence of alcohol or other drugs.

6       4. Being addicted to the use of alcohol or other drugs to such a  
7 degree as to render the permittee unfit to perform the permittee's  
8 employment duties.

9       5. Violating a federal or state law or administrative rule relating  
10 to the manufacture, sale or distribution of drugs, devices, poisons,  
11 hazardous substances or precursor chemicals.

12       6. Violating a federal or state law or administrative rule relating  
13 to marijuana, prescription-only drugs, narcotics, dangerous drugs,  
14 controlled substances or precursor chemicals.

15       7. Violating state or federal reporting or recordkeeping  
16 requirements on transactions relating to precursor chemicals.

17       8. Failing to report in writing to the board any evidence that a  
18 pharmacist or pharmacy intern is or may be professionally incompetent, is  
19 or may be guilty of unprofessional conduct or is or may be mentally or  
20 physically unable safely to engage in the practice of pharmacy.

21       9. Failing to report in writing to the board any evidence that a  
22 pharmacy technician or pharmacy technician trainee is or may be  
23 professionally incompetent, is or may be guilty of unprofessional conduct  
24 or is or may be mentally or physically unable safely to engage in the  
25 permissible activities of a pharmacy technician or pharmacy technician  
26 trainee.

27       10. Failing to report in writing to the board any evidence that  
28 appears to show that a permittee or permittee's employee is or may be  
29 guilty of unethical conduct, is or may be mentally or physically unable  
30 safely to engage in employment duties related to manufacturing, selling,  
31 distributing or dispensing of drugs, devices, poisons, hazardous  
32 substances, controlled substances or precursor chemicals or is or may be  
33 in violation of this chapter or a rule adopted under this chapter.

34       11. Intending to sell, transfer or distribute, or to offer for  
35 sale, transfer or distribution, or selling, transferring, distributing or  
36 dispensing or offering for sale, transfer or distribution an imitation  
37 controlled substance, imitation over-the-counter drug or imitation  
38 prescription-only drug as defined in section 13-3451.

39       12. Having the permittee's permit to manufacture, sell, distribute  
40 or dispense drugs, devices, poisons, hazardous substances or precursor  
41 chemicals denied or disciplined in another jurisdiction.

42       13. Committing an offense in another jurisdiction that if committed  
43 in this state would be grounds for discipline.

1        14. Obtaining or attempting to obtain a permit or a permit renewal  
2 by fraud, by misrepresentation or by knowingly taking advantage of the  
3 mistake of another person or an agency.

4        15. Wilfully making a false report or record required by this  
5 chapter, required by federal or state laws pertaining to drugs, devices,  
6 poisons, hazardous substances or precursor chemicals or required for the  
7 payment for drugs, devices, poisons or hazardous substances or precursor  
8 chemicals or for services pertaining to such drugs or substances.

9        16. Knowingly filing with the board any application, renewal or  
10 other document that contains false or misleading information.

11        17. Providing false or misleading information or omitting material  
12 information in any communication to the board or the board's employees or  
13 agents.

14        18. Violating or attempting to violate, directly or indirectly, or  
15 assisting in or abetting the violation of, or conspiring to violate, this  
16 chapter.

17        19. Violating a formal order, terms of probation, a consent  
18 agreement or a stipulation issued or entered into by the board or its  
19 executive director pursuant to this chapter.

20        20. Failing to comply with a board subpoena or failing to comply in  
21 a timely manner with a board subpoena without providing any explanation to  
22 the board for not complying with the subpoena.

23        21. Failing to provide the board or its employees or agents or an  
24 authorized federal or state official conducting a site investigation,  
25 inspection or audit with access to any place for which a permit has been  
26 issued or for which an application for a permit has been submitted.

27        22. Failing to notify the board of a change of ownership,  
28 management or pharmacist in charge.

29        23. Failing to promptly produce on the request of the official  
30 conducting a site investigation, inspection or audit any book, record or  
31 document.

32        24. Overruling or attempting to overrule a pharmacist in matters of  
33 pharmacy ethics or interpreting laws pertaining to the practice of  
34 pharmacy or the distribution of drugs or devices.

35        25. Distributing premiums or rebates of any kind in connection with  
36 the sale of prescription medication, other than to the prescription  
37 medication recipient.

38        26. Failing to maintain effective controls against the diversion of  
39 controlled substances or precursor chemicals to unauthorized persons or  
40 entities.

41        27. Fraudulently claiming to have performed a service.

42        28. Fraudulently charging a fee for a service.

43        29. Advertising drugs or devices, or services pertaining to drugs  
44 or devices, in a manner that is untrue or misleading in any particular,

1 and that is known, or that by the exercise of reasonable care should be  
2 known, to be untrue or misleading.

3 B. In this chapter, unless the context otherwise requires, for the  
4 purposes of disciplining a pharmacist or pharmacy intern, "unprofessional  
5 conduct" means the following, whether occurring in this state or  
6 elsewhere:

7 1. Being addicted to the use of alcohol or other drugs to such a  
8 degree as to render the licensee unfit to practice the profession of  
9 pharmacy.

10 2. Violating any federal or state law, rule or regulation relating  
11 to the manufacture or distribution of drugs and devices or the practice of  
12 pharmacy.

13 3. Dispensing a different drug or brand of drug in place of the  
14 drug or brand of drug ordered or prescribed without the express permission  
15 in each case of the orderer, or in the case of a prescription order, the  
16 medical practitioner. The conduct prohibited by this paragraph does not  
17 apply to substitutions authorized pursuant to section 32-1963.01.

18 4. Obtaining or attempting to obtain a license to practice pharmacy  
19 or a license renewal by fraud, by misrepresentation or by knowingly taking  
20 advantage of the mistake of another person or an agency.

21 5. Having the licensee's license to practice pharmacy denied or  
22 disciplined in another jurisdiction.

23 6. Claiming professional superiority in compounding or dispensing  
24 prescription orders.

25 7. Failing to comply with the mandatory continuing professional  
26 pharmacy education requirements of sections 32-1936 and 32-1937 and rules  
27 adopted by the board.

28 8. Committing a felony, whether or not involving moral turpitude,  
29 or a misdemeanor involving moral turpitude or any drug-related offense.  
30 In either case, conviction by a court of competent jurisdiction or a plea  
31 of no contest is conclusive evidence of the commission.

32 9. Working under the influence of alcohol or other drugs.

33 10. Violating a federal or state law or administrative rule  
34 relating to marijuana, prescription-only drugs, narcotics, dangerous  
35 drugs, controlled substances or precursor chemicals when determined by the  
36 board or by conviction in a federal or state court.

37 11. Knowingly dispensing a drug without a valid prescription order  
38 as required pursuant to section 32-1968, subsection A.

39 12. Knowingly dispensing a drug on a prescription order that was  
40 issued in the course of the conduct of business of dispensing drugs  
41 pursuant to diagnosis by mail or the internet, unless the order was any of  
42 the following:

43 (a) Made by a physician who provides temporary patient supervision  
44 on behalf of the patient's regular treating licensed health care

1 professional or provides a consultation requested by the patient's regular  
2 treating licensed health care professional.

3 (b) Made in an emergency medical situation as defined in section  
4 41-1831.

5 (c) Written to prepare a patient for a medical examination.

6 (d) Written or the prescription medications were issued for use by  
7 a county or tribal public health department for immunization programs or  
8 emergency treatment or in response to an infectious disease investigation,  
9 a public health emergency, an infectious disease outbreak or an act of  
10 bioterrorism. For the purposes of this subdivision, "bioterrorism" has  
11 the same meaning prescribed in section 36-781.

12 (e) Written or antimicrobials were dispensed by the prescribing or  
13 dispensing physician to a contact as defined in section 36-661 who is  
14 believed to have had significant exposure risk as defined in section  
15 36-661 with another person who has been diagnosed with a communicable  
16 disease as defined in section 36-661.

17 (f) Written or the prescription medications were issued for  
18 administration of immunizations or vaccines listed in the United States  
19 centers for disease control and prevention's recommended immunization  
20 schedule to a household member of a patient.

21 (g) For epinephrine auto-injectors that are written or dispensed  
22 for a school district or charter school and that are to be stocked for  
23 emergency use pursuant to section 15-157 or for an authorized entity to be  
24 stocked pursuant to section 36-2226.01.

25 (h) Written by a licensee through a ~~telemedicine~~ TELEHEALTH program  
26 that is covered by the policies and procedures adopted by the  
27 administrator of a hospital or outpatient treatment center.

28 (i) Written pursuant to a physical or mental health status  
29 examination that was conducted ~~during a real-time telemedicine encounter~~  
30 ~~with audio and video capability~~ THROUGH TELEHEALTH AS DEFINED IN SECTION  
31 36-3601 AND CONSISTENT WITH FEDERAL LAW.

32 (j) For naloxone hydrochloride or any other opioid antagonist  
33 approved by the United States food and drug administration and written or  
34 dispensed for use pursuant to section 36-2228 or 36-2266.

35 13. Failing to report in writing to the board any evidence that a  
36 pharmacist or pharmacy intern is or may be professionally incompetent, is  
37 or may be guilty of unprofessional conduct or is or may be mentally or  
38 physically unable to safely engage in the practice of pharmacy.

39 14. Failing to report in writing to the board any evidence that a  
40 pharmacy technician or pharmacy technician trainee is or may be  
41 professionally incompetent, is or may be guilty of unprofessional conduct  
42 or is or may be mentally or physically unable to safely engage in the  
43 permissible activities of a pharmacy technician or pharmacy technician  
44 trainee.

- 1        15. Failing to report in writing to the board any evidence that a  
2 permittee or a permittee's employee is or may be guilty of unethical  
3 conduct or is or may be in violation of this chapter or a rule adopted  
4 under this chapter.
- 5        16. Committing an offense in another jurisdiction that if committed  
6 in this state would be grounds for discipline.
- 7        17. Knowingly filing with the board any application, renewal or  
8 other document that contains false or misleading information.
- 9        18. Providing false or misleading information or omitting material  
10 information in any communication to the board or the board's employees or  
11 agents.
- 12       19. Violating or attempting to violate, directly or indirectly, or  
13 assisting in or abetting in the violation of, or conspiring to violate,  
14 this chapter.
- 15       20. Violating a formal order, terms of probation, a consent  
16 agreement or a stipulation issued or entered into by the board or its  
17 executive director pursuant to this chapter.
- 18       21. Failing to comply with a board subpoena or failing to comply in  
19 a timely manner with a board subpoena without providing any explanation to  
20 the board for not complying with the subpoena.
- 21       22. Refusing without just cause to allow authorized agents of the  
22 board to examine documents that are required to be kept pursuant to this  
23 chapter or title 36.
- 24       23. Participating in an arrangement or agreement to allow a  
25 prescription order or a prescription medication to be left at, picked up  
26 from, accepted by or delivered to a place that is not licensed as a  
27 pharmacy. This paragraph does not prohibit a pharmacist or a pharmacy from  
28 using an employee or a common carrier to pick up prescription orders at or  
29 deliver prescription medications to the office or home of a medical  
30 practitioner, the residence of a patient or a patient's hospital.
- 31       24. Paying rebates or entering into an agreement for the payment of  
32 rebates to a medical practitioner or any other person in the health care  
33 field.
- 34       25. Providing or causing to be provided to a medical practitioner  
35 prescription order blanks or forms bearing the pharmacist's or pharmacy's  
36 name, address or other means of identification.
- 37       26. Fraudulently claiming to have performed a professional service.
- 38       27. Fraudulently charging a fee for a professional service.
- 39       28. Failing to report a change of the licensee's home address,  
40 contact information, employer or employer's address as required by section  
41 32-1926.
- 42       29. Failing to report a change in the licensee's residency status  
43 as required by section 32-1926.01.

1       30. Failing to maintain effective controls against the diversion of  
2 controlled substances or precursor chemicals to unauthorized persons or  
3 entities.

4       C. In this chapter, unless the context otherwise requires, for the  
5 purposes of disciplining a pharmacy technician or pharmacy technician  
6 trainee, "unprofessional conduct" means the following, whether occurring  
7 in this state or elsewhere:

8       1. Being addicted to the use of alcohol or other drugs to such a  
9 degree as to render the licensee unfit to perform the licensee's  
10 employment duties.

11       2. Violating a federal or state law or administrative rule relating  
12 to the manufacture or distribution of drugs or devices.

13       3. Obtaining or attempting to obtain a pharmacy technician or  
14 pharmacy technician trainee license or a pharmacy technician license  
15 renewal by fraud, by misrepresentation or by knowingly taking advantage of  
16 the mistake of another person or an agency.

17       4. Having the licensee's license to practice as a pharmacy  
18 technician denied or disciplined in another jurisdiction.

19       5. Failing to comply with the mandatory continuing professional  
20 education requirements of section 32-1925, subsection H and rules adopted  
21 by the board.

22       6. Committing a felony, whether or not involving moral turpitude,  
23 or a misdemeanor involving moral turpitude or any drug-related offense.  
24 In either case, conviction by a court of competent jurisdiction or a plea  
25 of no contest is conclusive evidence of the commission.

26       7. Working under the influence of alcohol or other drugs.

27       8. Violating a federal or state law or administrative rule relating  
28 to marijuana, prescription-only drugs, narcotics, dangerous drugs,  
29 controlled substances or precursor chemicals when determined by the board  
30 or by conviction in a federal or state court.

31       9. Failing to report in writing to the board any evidence that a  
32 pharmacist or pharmacy intern is or may be professionally incompetent, is  
33 or may be guilty of unprofessional conduct or is or may be mentally or  
34 physically unable to safely engage in the practice of pharmacy.

35       10. Failing to report in writing to the board any evidence that a  
36 pharmacy technician or pharmacy technician trainee is or may be  
37 professionally incompetent, is or may be guilty of unprofessional conduct  
38 or is or may be mentally or physically unable to safely engage in the  
39 permissible activities of a pharmacy technician or pharmacy technician  
40 trainee.

41       11. Failing to report in writing to the board any evidence that a  
42 permittee or a permittee's employee is or may be guilty of unethical  
43 conduct or is or may be in violation of this chapter or a rule adopted  
44 under this chapter.

1       12. Committing an offense in another jurisdiction that if committed  
2 in this state would be grounds for discipline.

3       13. Knowingly filing with the board any application, renewal or  
4 other document that contains false or misleading information.

5       14. Providing false or misleading information or omitting material  
6 information in any communication to the board or the board's employees or  
7 agents.

8       15. Violating or attempting to violate, directly or indirectly, or  
9 assisting in or abetting in the violation of, or conspiring to violate,  
10 this chapter.

11       16. Violating a formal order, terms of probation, a consent  
12 agreement or a stipulation issued or entered into by the board or its  
13 executive director pursuant to this chapter.

14       17. Failing to comply with a board subpoena or failing to comply in  
15 a timely manner with a board subpoena without providing any explanation to  
16 the board for not complying with the subpoena.

17       18. Failing to report a change of the licensee's home address,  
18 contact information, employer or employer's address as required by section  
19 32-1926.

20       19. Failing to report a change in the licensee's residency status  
21 as required by section 32-1926.01.

22       Sec. 10. Section 32-2061, Arizona Revised Statutes, is amended to  
23 read:

24       32-2061. Definitions

25       In this chapter, unless the context otherwise requires:

26       1. "Active license" means a valid and existing license to practice  
27 psychology.

28       2. "Adequate records" means records containing, at a minimum,  
29 sufficient information to identify the client or patient, the dates of  
30 service, the fee for service, the payments for service, the type of  
31 service given and copies of any reports that may have been made.

32       3. "Board" means the state board of psychologist examiners.

33       4. "Client" means a person or an entity that receives psychological  
34 services. A corporate entity, a governmental entity or any other  
35 organization may be a client if there is a professional contract to  
36 provide services or benefits primarily to an organization rather than to  
37 an individual. If an individual has a legal guardian, the legal guardian  
38 is the client for decision-making purposes, except that the individual  
39 receiving services is the client or patient for:

40       (a) Issues that directly affect the physical or emotional safety of  
41 the individual, such as sexual or other exploitative relationships.

42       (b) Issues that the guardian agrees to specifically reserve to the  
43 individual.

44       5. "Committee on behavior analysts" means the committee established  
45 by section 32-2091.15.

1       6. "Exploit" means actions by a psychologist who takes undue  
2 advantage of the professional association with a client or patient, a  
3 student or a supervisee for the advantage or profit of the psychologist.

4       7. "Health care institution" means a facility as defined in section  
5 36-401.

6       8. "Letter of concern" means an advisory letter to notify a  
7 psychologist that while there is insufficient evidence to support  
8 disciplinary action the board believes the psychologist should modify or  
9 eliminate certain practices and that continuation of the activities that  
10 led to the information being submitted to the board may result in action  
11 against the psychologist's license.

12      9. "Patient" means a person who receives psychological services.  
13 If an individual has a legal guardian, the legal guardian is the client or  
14 patient for decision-making purposes, except that the individual receiving  
15 services is the client or patient for:

16       (a) Issues that directly affect the physical or emotional safety of  
17 the individual, such as sexual or other exploitative relationships.

18       (b) Issues that the guardian agrees to specifically reserve to the  
19 individual.

20      10. "Practice of psychology" means the psychological assessment,  
21 diagnosis, treatment or correction of mental, emotional, behavioral or  
22 psychological abilities, illnesses or disorders or purporting or  
23 attempting to do this consistent with section 32-2076.

24      11. "Psychologically incompetent" means a person lacking in  
25 sufficient psychological knowledge or skills to a degree likely to  
26 endanger the health of clients or patients.

27      12. "Psychological service" means all actions of the psychologist  
28 in the practice of psychology.

29      13. "Psychologist" means a natural person holding a license to  
30 practice psychology pursuant to this chapter.

31      14. "Supervisee" means any person who functions under the extended  
32 authority of the psychologist to provide, or while in training to provide,  
33 psychological services.

34      15. "Telepractice" means providing psychological services through  
35 interactive audio, video or electronic communication that occurs between  
36 the psychologist and the patient or client, including any electronic  
37 communication for diagnostic, treatment or consultation purposes in a  
38 secure platform, and that meets the requirements of ~~telemedicine~~  
39 [TELEHEALTH](#) pursuant to section 36-3602. Telepractice includes  
40 supervision.

41      16. "Unprofessional conduct" includes the following activities  
42 whether occurring in this state or elsewhere:

43       (a) Obtaining a fee by fraud or misrepresentation.

44       (b) Betraying professional confidences.

(c) Making or using statements of a character tending to deceive or mislead.

(d) Aiding or abetting a person who is not licensed pursuant to this chapter in representing that person as a psychologist.

(e) Gross negligence in the practice of a psychologist.

(f) Sexual intimacies or sexual intercourse with a current client or patient or a supervisee or with a former client or patient within two years after the cessation or termination of treatment. For the purposes of this subdivision, "sexual intercourse" has the same meaning prescribed in section 13-1401.

(g) Engaging or offering to engage as a psychologist in activities that are not congruent with the psychologist's professional education, training and experience.

(h) Failing or refusing to maintain and retain adequate business, financial or professional records pertaining to the psychological services provided to a client or patient.

(i) Commission of a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.

(j) Making a fraudulent or untrue statement to the board or its investigators, staff or consultants.

(k) Violating any federal or state laws or rules that relate to the practice of psychology or to obtaining a license to practice psychology.

(1) Practicing psychology while impaired or incapacitated to the extent and in a manner that jeopardizes the welfare of the client or patient or renders the psychological services provided ineffective.

(m) Using fraud, misrepresentation or deception to obtain or attempt to obtain a psychology license or to pass or attempt to pass a psychology licensing examination or in assisting another person to do so.

(n) Unprofessional conduct in another jurisdiction that resulted in censure, probation or a civil penalty or in the denial, suspension, restriction or revocation of a certificate or license to practice as a psychologist.

(o) Providing services that are unnecessary or unsafe or otherwise engaging in activities as a psychologist that are unprofessional by current standards of practice.

(p) Falsely or fraudulently claiming to have performed a professional service, charging for a service or representing a service as the licensee's own when the licensee has not rendered the service or assumed supervisory responsibility for the service.

(q) Representing activities or services as being performed under the licensee's supervision if the psychologist has not assumed responsibility for them and has not exercised control, oversight and review.

1       (r) Failing to obtain a client's or patient's informed and written  
2 consent to release personal or otherwise confidential information to  
3 another party unless the release is otherwise authorized by law.

4       (s) Failing to make client or patient records in the psychologist's  
5 possession promptly available to another psychologist who is licensed  
6 pursuant to this chapter on receipt of proper authorization to do so from  
7 the client or patient, a minor client's or patient's parent, the client's  
8 or patient's legal guardian or the client's or patient's authorized  
9 representative or failing to comply with title 12, chapter 13, article  
10 7.1.

11      (t) Failing to take reasonable steps to inform or protect a  
12 client's or patient's intended victim and inform the proper law  
13 enforcement officials in circumstances in which the psychologist becomes  
14 aware during the course of providing or supervising psychological services  
15 that a client or patient intends or plans to inflict serious bodily harm  
16 on another person.

17      (u) Failing to take reasonable steps to protect a client or patient  
18 in circumstances in which the psychologist becomes aware during the course  
19 of providing or supervising psychological services that a client or  
20 patient intends or plans to inflict serious bodily harm on self.

21      (v) Abandoning or neglecting a client or patient in need of  
22 immediate care without making suitable arrangements for continuation of  
23 the care.

24      (w) Engaging in direct or indirect personal solicitation of clients  
25 or patients through the use of coercion, duress, undue influence,  
26 compulsion or intimidation practices.

27      (x) Engaging in false, deceptive or misleading advertising.

28      (y) Exploiting a client or patient, a student or a supervisee.

29      (z) Failing to report information to the board regarding a possible  
30 act of unprofessional conduct committed by another psychologist who is  
31 licensed pursuant to this chapter unless this reporting violates the  
32 psychologist's confidential relationship with the client or patient  
33 pursuant to section 32-2085. Any psychologist who reports or provides  
34 information to the board in good faith is not subject to an action for  
35 civil damages. For the purposes of this subdivision, it is not an act of  
36 unprofessional conduct if a licensee addresses an ethical conflict in a  
37 manner that is consistent with the ethical standards contained in the  
38 document entitled "ethical principles of psychologists and code of  
39 conduct" as adopted by the American psychological association and in  
40 effect at the time the licensee makes the report.

41      (aa) Violating a formal board order, consent agreement, term of  
42 probation or stipulated agreement issued under this chapter.

43      (bb) Failing to furnish information in a timely manner to the board  
44 or its investigators or representatives if requested or subpoenaed by the  
45 board as prescribed by this chapter.

(cc) Failing to make available to a client or patient or to the client's or patient's designated representative, on written request, a copy of the client's or patient's record, including raw test data, psychometric testing materials and other information as provided by law.

(dd) Violating an ethical standard adopted by the board.

Sec. 11. Section 32-3248.01, Arizona Revised Statutes, is amended to read:

32-3248.01. Schedule II controlled substances; dosage limit; exceptions; morphine; opioid antagonist

A. A health professional who is authorized under this title to prescribe controlled substances may not issue a new prescription to be filled or dispensed for a patient outside of a health care institution for a schedule II controlled substance that is an opioid that exceeds ninety morphine milligram equivalents per day.

B. The limit prescribed by subsection A of this section does not apply to:

1. A continuation of a prior prescription that was issued within the previous sixty days.

2. An opioid with a maximum approved total daily dose in the labeling as approved by the United States food and drug administration.

3. A prescription that is issued following a surgical procedure and

is limited to not more than a fourteen-day supply.

4. A patient who:

- (a) Has an active oncology diagnosis
- (b) Has a history of cancer

(b) Has a traumatic injury, not including a surgical procedure.  
(c) Is receiving hospice care.

- (c) Is receiving hospice care.
- (d) Is receiving end of life care.

- (d) Is receiving end of life care
- (e) Is receiving palliative care

(f) Is receiving skilled nursing facility care

(q) Is receiving treatment for burns.

(h) Is receiving medication-assisted treatment for a substance use disorder.

(i) Is hospitalized.

C. If a health professional believes that a patient requires more than ninety morphine milligram equivalents per day and the patient is not exempt from the limit pursuant to subsection B of this section, the health professional shall first consult with a physician who is licensed pursuant to chapter 13 or 17 of this title and who is board-certified in pain, or an opioid assistance and referral call service, if available, that is designated by the department of health services. The consultation may be done by telephone or through ~~telemedicine~~ TELEHEALTH. If the opioid ASSISTANCE AND REFERRAL call service agrees with the higher dose, the health professional may issue a prescription for more than ninety morphine milligram equivalents per day. If the consulting physician agrees with the higher dose, the health professional may issue a prescription for more

1 than ninety morphine milligram equivalents per day. If the consulting  
2 physician is not available to consult within forty-eight hours after the  
3 request, the health professional may prescribe the amount that the health  
4 professional believes the patient requires and subsequently have the  
5 consultation. If the health professional is a physician who is licensed  
6 pursuant to chapter 13 or 17 of this title and is board-certified in pain,  
7 the health professional may issue a prescription for more than ninety  
8 morphine milligram equivalents per day without a consultation under this  
9 subsection.

10 D. If a patient is prescribed more than ninety morphine milligram  
11 equivalents per day pursuant to subsection B or C of this section, the  
12 prescribing health professional shall also prescribe for the patient  
13 naloxone hydrochloride or any other opioid antagonist that is approved by  
14 the United States food and drug administration for the treatment of  
15 opioid-related overdoses.

16 E. A prescription ~~order~~ for a schedule II controlled substance that  
17 is an opioid that is written for more than ninety morphine milligram  
18 equivalents per day is deemed to meet the requirements of an exemption  
19 under this section when the prescription ~~order~~ is presented to the  
20 dispenser. A pharmacist is not required to verify with the prescriber  
21 whether the prescription ~~order~~ complies with this section.

22 Sec. 12. Section 32-3251, Arizona Revised Statutes, is amended to  
23 read:

24 **32-3251. Definitions**

25 In this chapter, unless the context otherwise requires:

26 1. "Board" means the board of behavioral health examiners.

27 2. "Client" means a patient who receives behavioral health services  
28 from a person licensed pursuant to this chapter.

29 3. "Direct client contact" means the performance of therapeutic or  
30 clinical functions related to the applicant's professional practice level  
31 of psychotherapy that includes diagnosis, assessment and treatment and  
32 that may include psychoeducation for mental, emotional and behavioral  
33 disorders based primarily on verbal or nonverbal communications and  
34 intervention with, and in the presence of, one or more clients, **INCLUDING  
35 THROUGH THE USE OF TELEHEALTH PURSUANT TO TITLE 36, CHAPTER 36, ARTICLE 1.**

36 4. "Equivalent" means comparable in content and quality but not  
37 identical.

38 5. "Indirect client service" means training for, and the  
39 performance of, functions of an applicant's professional practice level in  
40 preparation for or on behalf of a client for whom direct client contact  
41 functions are also performed, including case consultation and receipt of  
42 clinical supervision. Indirect client service does not include the  
43 provision of psychoeducation.

44 6. "Letter of concern" means a nondisciplinary written document  
45 sent by the board to notify a licensee that, while there is insufficient

1 evidence to support disciplinary action, the board believes that  
2 continuation of the activities that led to the investigation may result in  
3 further board action against the licensee.

4       7. "Licensee" means a person who is licensed pursuant to this  
5 chapter.

6       8. "Practice of behavioral health" means the practice of marriage  
7 and family therapy, professional counseling, social work and substance  
8 abuse counseling pursuant to this chapter.

9       9. "Practice of marriage and family therapy" means the professional  
10 application of family systems theories, principles and techniques to treat  
11 interpersonal relationship issues and nervous, mental and emotional  
12 disorders that are cognitive, affective or behavioral. The practice of  
13 marriage and family therapy includes:

14       (a) Assessment, appraisal and diagnosis.

15       (b) The use of psychotherapy for the purpose of evaluation,  
16 diagnosis and treatment of individuals, couples, families and groups.

17       10. "Practice of professional counseling" means the professional  
18 application of mental health, psychological and human development  
19 theories, principles and techniques to:

20       (a) Facilitate human development and adjustment throughout the  
21 human life span.

22       (b) Assess and facilitate career development.

23       (c) Treat interpersonal relationship issues and nervous, mental and  
24 emotional disorders that are cognitive, affective or behavioral.

25       (d) Manage symptoms of mental illness.

26       (e) Assess, appraise, evaluate, diagnose and treat individuals,  
27 couples, families and groups through the use of psychotherapy.

28       11. "Practice of social work" means the professional application of  
29 social work theories, principles, methods and techniques to:

30       (a) Treat mental, behavioral and emotional disorders.

31       (b) Assist individuals, families, groups and communities to enhance  
32 or restore the ability to function physically, socially, emotionally,  
33 mentally and economically.

34       (c) Assess, appraise, diagnose, evaluate and treat individuals,  
35 couples, families and groups through the use of psychotherapy.

36       12. "Practice of substance abuse counseling" means the professional  
37 application of general counseling theories, principles and techniques as  
38 specifically adapted, based on research and clinical experience, to the  
39 specialized needs and characteristics of persons who are experiencing  
40 substance abuse, chemical dependency and related problems and to the  
41 families of those persons. The practice of substance abuse counseling  
42 includes the following as they relate to substance abuse and chemical  
43 dependency issues:

44       (a) Assessment, appraisal and diagnosis.

1       (b) The use of psychotherapy for the purpose of evaluation,  
2 diagnosis and treatment of individuals, couples, families and groups.

3       13. "Psychoeducation" means the education of a client as part of a  
4 treatment process that provides the client with information regarding  
5 mental health, emotional disorders or behavioral health.

6       14. "Psychotherapy" means a variety of treatment methods developing  
7 out of generally accepted theories about human behavior and development.

8       15. ~~"Telepractice" means providing behavioral health services~~  
9 ~~through interactive audio, video or electronic communication that occurs~~  
10 ~~between the behavioral health professional and the client, including any~~  
11 ~~electronic communication for evaluation, diagnosis and treatment,~~  
12 ~~including distance counseling, in a secure platform, and that meets the~~  
13 ~~requirements of telemedicine pursuant to section 36-3602.~~

14       15. "TELEHEALTH" HAS THE SAME MEANING PRESCRIBED IN SECTION  
15 36-3601.

16       16. "Unprofessional conduct" includes the following, whether  
17 occurring in this state or elsewhere:

18       (a) Being convicted of a felony. Conviction by a court of  
19 competent jurisdiction or a plea of no contest is conclusive evidence of  
20 the conviction.

21       (b) Using fraud or deceit in connection with rendering services as  
22 a licensee or in establishing qualifications pursuant to this chapter.

23       (c) Making any oral or written misrepresentation of a fact:

24       (i) To secure or attempt to secure the issuance or renewal of a  
25 license.

26       (ii) In any statements provided during an investigation or  
27 disciplinary proceeding by the board.

28       (iii) Regarding the licensee's skills or the value of any treatment  
29 provided or to be provided.

30       (d) Making any false, fraudulent or deceptive statement connected  
31 with the practice of behavioral health, including false or misleading  
32 advertising by the licensee or the licensee's staff or a representative  
33 compensated by the licensee.

34       (e) Securing or attempting to secure the issuance or renewal of a  
35 license by knowingly taking advantage of the mistake of another person or  
36 the board.

37       (f) Engaging in active habitual intemperance in the use of alcohol  
38 or active habitual substance abuse.

39       (g) Using a controlled substance that is not prescribed for use  
40 during a prescribed course of treatment.

41       (h) Obtaining a fee by fraud, deceit or misrepresentation.

42       (i) Aiding or abetting a person who is not licensed pursuant to  
43 this chapter to purport to be a licensed behavioral health professional in  
44 this state.

(j) Engaging in conduct that the board determines is gross negligence or repeated negligence in the licensee's profession.

(k) Engaging in any conduct or practice that is contrary to recognized standards of ethics in the behavioral health profession or that constitutes a danger to the health, welfare or safety of a client.

(1) Engaging in any conduct, practice or condition that impairs the ability of the licensee to safely and competently practice the licensee's profession.

(m) Engaging or offering to engage as a licensee in activities that are not congruent with the licensee's professional education, training or experience.

(n) Failing to comply with or violating, attempting to violate or assisting in or abetting the violation of any provision of this chapter, any rule adopted pursuant to this chapter, any lawful order of the board, or any formal order, consent agreement, term of probation or stipulated agreement issued under this chapter.

(o) Failing to furnish information within a specified time to the board or its investigators or representatives if legally requested by the board.

(p) Failing to conform to minimum practice standards as developed by the board.

(q) Failing or refusing to maintain adequate records of behavioral health services provided to a client.

(r) Providing behavioral health services that are clinically unjustified or unsafe or otherwise engaging in activities as a licensee that are unprofessional by current standards of practice.

(s) Terminating behavioral health services to a client without making an appropriate referral for continuation of care for the client if continuing behavioral health services are indicated.

(t) Disclosing a professional confidence or privileged communication except as may otherwise be required by law or permitted by a legally valid written release.

(u) Failing to allow the board or its investigators on demand to examine and have access to documents, reports and records in any format maintained by the licensee that relate to the licensee's practice of behavioral health.

(v) Engaging in any sexual conduct between a licensee and a client or former client.

(w) Providing behavioral health services to any person with whom the licensee has had sexual contact.

(x) Exploiting a client, former client or supervisee. For the purposes of this subdivision, "exploiting" means taking advantage of a professional relationship with a client, former client or supervisee for the benefit or profit of the licensee.

1       (y) Engaging in a dual relationship with a client that could impair  
2 the licensee's objectivity or professional judgment or create a risk of  
3 harm to the client. For the purposes of this subdivision, "dual  
4 relationship" means a licensee simultaneously engages in both a  
5 professional and nonprofessional relationship with a client that is  
6 avoidable and not incidental.

7       (z) Engaging in physical contact between a licensee and a client if  
8 there is a reasonable possibility of physical or psychological harm to the  
9 client as a result of that contact.

10      (aa) Sexually harassing a client, former client, research subject,  
11 supervisee or coworker. For the purposes of this subdivision, "sexually  
12 harassing" includes sexual advances, sexual solicitation, requests for  
13 sexual favors, unwelcome comments or gestures or any other verbal or  
14 physical conduct of a sexual nature.

15      (bb) Harassing, exploiting or retaliating against a client, former  
16 client, research subject, supervisee, coworker or witness or a complainant  
17 in a disciplinary investigation or proceeding involving a licensee.

18      (cc) Failing to take reasonable steps to inform potential victims  
19 and appropriate authorities if the licensee becomes aware during the  
20 course of providing or supervising behavioral health services that a  
21 client's condition indicates a clear and imminent danger to the client or  
22 others.

23      (dd) Failing to comply with the laws of the appropriate licensing  
24 or credentialing authority to provide behavioral health services by  
25 electronic means in all governmental jurisdictions where the client  
26 receiving these services resides.

27      (ee) Giving or receiving a payment, kickback, rebate, bonus or  
28 other remuneration for a referral.

29      (ff) Failing to report in writing to the board information that  
30 would cause a reasonable licensee to believe that another licensee is  
31 guilty of unprofessional conduct or is physically or mentally unable to  
32 provide behavioral health services competently or safely. This duty does  
33 not extend to information provided by a licensee that is protected by the  
34 behavioral health professional-client privilege unless the information  
35 indicates a clear and imminent danger to the client or others or is  
36 otherwise subject to mandatory reporting requirements pursuant to state or  
37 federal law.

38      (gg) Failing to follow federal and state laws regarding the  
39 storage, use and release of confidential information regarding a client's  
40 personal identifiable information or care.

41      (hh) Failing to retain records pursuant to section 12-2297.

42      (ii) Violating any federal or state law, rule or regulation  
43 applicable to the practice of behavioral health.

1       (jj) Failing to make client records in the licensee's possession  
2 available in a timely manner to another health professional or licensee on  
3 receipt of proper authorization to do so from the client, a minor client's  
4 parent, the client's legal guardian or the client's authorized  
5 representative.

6       (kk) Failing to make client records in the licensee's possession  
7 promptly available to the client, a minor client's parent, the client's  
8 legal guardian or the client's authorized representative on receipt of  
9 proper authorization to do so from the client, a minor client's parent,  
10 the client's legal guardian or the client's authorized representative.

11      (ll) Being the subject of the revocation, suspension, surrender or  
12 any other disciplinary sanction of a professional license, certificate or  
13 registration or other adverse action related to a professional license,  
14 certificate or registration in another jurisdiction or country, including  
15 the failure to report the adverse action to the board. The action taken  
16 may include refusing, denying, revoking or suspending a license or  
17 certificate, the surrendering of a license or certificate, otherwise  
18 limiting, restricting or monitoring a licensee or certificate holder or  
19 placing a licensee or certificate holder on probation.

20      (mm) Engaging in any conduct that results in a sanction imposed by  
21 an agency of the federal government that involves restricting, suspending,  
22 limiting or removing the licensee's ability to obtain financial  
23 remuneration for behavioral health services.

24      (nn) Violating the security of any licensure examination materials.

25      (o) Using fraud or deceit in connection with taking or assisting  
26 another person in taking a licensure examination.

27      Sec. 13. Section 36-2272, Arizona Revised Statutes, is amended to  
28 read:

29      36-2272. Consent of parent required for mental health  
30                    screening or treatment of minors; exception;  
31                    violation; classification; definition

32      A. Except as otherwise provided by law or a court order, no person,  
33 corporation, association, organization or state-supported institution, or  
34 any individual employed by any of these entities, may procure, solicit to  
35 perform, arrange for the performance of or perform mental health screening  
36 in a nonclinical setting or mental health treatment on a minor without  
37 first obtaining the written or oral consent of a parent or a legal  
38 custodian of the minor child. If the parental consent is given through  
39 ~~telemedicine~~ TELEHEALTH, the health professional must verify the parent's  
40 identity at the site where the consent is given.

41      B. This section does not apply when an emergency exists that  
42 requires a person to perform mental health screening or provide mental  
43 health treatment to prevent serious injury to or save the life of a minor  
44 child.

1       C. A person who violates this section is guilty of a class 1  
2 misdemeanor.

3       D. For the purposes of this section, "parent" means the parent or  
4 legal guardian of a minor child.

5       Sec. 14. Heading change

6       The chapter heading of title 36, chapter 36, Arizona Revised  
7 Statutes, is changed from "TELEMEDICINE" to "TELEHEALTH".

8       Sec. 15. Section 36-3601, Arizona Revised Statutes, is amended to  
9 read:

10      36-3601. Definitions

11      For the purposes of this chapter:

12      1. "Health care decision maker" has the same meaning prescribed in  
13 section 12-2801.

14      2. "Health care provider":

15      (a) Means a person licensed pursuant to title 32, chapter 7, 8, 13,  
16 14, 15, 15.1, 16, 17, 18, 19, 19.1, 25, 28, 29, ~~or~~ 33, 34, 35, 39, 41 OR  
17 42, OR CHAPTER 4, ARTICLE 6 OF THIS TITLE, CHAPTER 6, ARTICLE 7 OF THIS  
18 TITLE OR CHAPTER 17 OF THIS TITLE.

19      (b) INCLUDES A HEALTH CARE INSTITUTION LICENSED PURSUANT TO CHAPTER  
20 4 OF THIS TITLE.

21      (c) INCLUDES A PERSON WHO HOLDS A TRAINING PERMIT PURSUANT TO TITLE  
22 32, CHAPTER 13 OR 17.

23      3. ~~"Telemedicine" means the practice of health care delivery,  
24 diagnosis, consultation and treatment and the transfer of medical data  
25 through interactive audio, video or data communications that occur in the  
26 physical presence of the patient, including audio or video communications  
27 sent to a health care provider for diagnostic or treatment consultation.~~

28      3. "HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY" MEANS A BOARD  
29 OR AGENCY THAT REGULATES ONE OR MORE HEALTH CARE PROVIDER PROFESSIONS IN  
30 THIS STATE.

31      4. "TELEHEALTH" MEANS:

32      (a) THE INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC MEDIA,  
33 INCLUDING ASYNCHRONOUS STORE-AND-FORWARD TECHNOLOGIES AND REMOTE PATIENT  
34 MONITORING TECHNOLOGIES, FOR THE PRACTICE OF HEALTH CARE, ASSESSMENT,  
35 DIAGNOSIS, CONSULTATION OR TREATMENT AND THE TRANSFER OF MEDICAL DATA.

36      (b) INCLUDES THE USE OF AN AUDIO-ONLY TELEPHONE ENCOUNTER BETWEEN  
37 THE PATIENT OR CLIENT AND HEALTH CARE PROVIDER IF AN AUDIO-VISUAL  
38 TELEHEALTH ENCOUNTER IS NOT REASONABLY AVAILABLE DUE TO THE PATIENT'S  
39 PREFERENCE, THE PATIENT'S FUNCTIONAL STATUS, THE PATIENT'S LACK OF  
40 TECHNOLOGY OR TELECOMMUNICATIONS INFRASTRUCTURE LIMITS, AS DETERMINED BY  
41 THE HEALTH CARE PROVIDER.

42      (c) DOES NOT INCLUDE THE USE OF A FAX MACHINE, INSTANT MESSAGES,  
43 VOICE MAIL OR EMAIL.

1 Sec. 16. Section 36-3602, Arizona Revised Statutes, is amended to  
2 read:

3 36-3602. ~~Delivery of health care through telehealth; requirements; exceptions~~

4  
5 A. Except as provided in subsection ~~E~~ F of this section, before a  
6 health care provider delivers health care through ~~telemedicine~~ TELEHEALTH,  
7 the treating health care provider shall obtain verbal or written informed  
8 consent, **INCLUDING BY ELECTRONIC MEANS**, from the patient or the patient's  
9 health care decision maker. If the informed consent is obtained verbally,  
10 the health care provider shall document the consent on the patient's  
11 medical record.

12 B. The patient is entitled to all existing confidentiality  
13 protections pursuant to section 12-2292.

14 C. All medical reports resulting from a ~~telemedicine~~ TELEHEALTH  
15 consultation are part of a patient's medical record as defined in section  
16 12-2291.

17 D. Dissemination of any images or information identifiable to a  
18 specific patient for research or educational purposes shall not occur  
19 without the patient's consent, unless authorized by state or federal law.

20 E. A HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY MAY NOT  
21 ENFORCE ANY STATUTE, RULE OR POLICY THAT WOULD REQUIRE A HEALTH CARE  
22 PROVIDER WHO IS LICENSED BY THAT BOARD OR AGENCY AND WHO IS AUTHORIZED TO  
23 WRITE PRESCRIPTIONS TO REQUIRE AN IN-PERSON EXAMINATION OF THE PATIENT  
24 BEFORE ISSUING A PRESCRIPTION EXCEPT AS SPECIFICALLY PRESCRIBED BY FEDERAL  
25 LAW. A PHYSICAL OR MENTAL HEALTH STATUS EXAMINATION MAY BE CONDUCTED  
26 DURING A TELEHEALTH ENCOUNTER.

27 ~~E.~~ F. The consent requirements of this section do not apply:

28 1. If the ~~telemedicine~~ TELEHEALTH interaction does not take place  
29 in the physical presence of the patient.

30 2. In an emergency situation in which the patient or the patient's  
31 health care decision maker is unable to give informed consent.

32 3. To the transmission of diagnostic images to a health care  
33 provider serving as a consultant or the reporting of diagnostic test  
34 results by that consultant.

35 Sec. 17. Section 36-3603, Arizona Revised Statutes, is amended to  
36 read:

37 36-3603. State jurisdiction; scope

38 ~~The provisions of~~ This article ~~apply~~ APPLIES to the practice of  
39 ~~telemedicine~~ TELEHEALTH within ~~the~~ THIS state ~~of Arizona~~. ~~Nothing in~~ This  
40 article ~~shall be construed to~~ DOES NOT expand, reduce or otherwise amend  
41 the health care provider licensing requirements of title 32.

1 Sec. 18. Section 36-3604, Arizona Revised Statutes, is amended to  
2 read:

3 36-3604. Use of telehealth for abortion prohibited; penalty;  
4 definition

5 A. A health care provider shall not use ~~telemedicine~~ TELEHEALTH to  
6 provide an abortion.

7 B. A health care provider who knowingly violates this section  
8 commits an act of unprofessional conduct and is subject to license  
9 suspension or revocation pursuant to title 32.

10 C. For the purposes of this section, "abortion" has the same  
11 meaning prescribed in section 36-2151.

12 Sec. 19. Title 36, chapter 36, article 1, Arizona Revised Statutes,  
13 is amended by adding sections 36-3605, 36-3606 and 36-3607, to read:

14 36-3605. Health care providers: determination of telehealth  
15 medium

16 A. A HEALTH CARE PROVIDER SHALL MAKE A GOOD FAITH EFFORT IN  
17 DETERMINING WHETHER A HEALTH CARE SERVICE SHOULD BE PROVIDED THROUGH  
18 TELEHEALTH INSTEAD OF IN PERSON. THE HEALTH CARE PROVIDER SHALL USE THE  
19 HEALTH CARE PROVIDER'S CLINICAL JUDGMENT CONSIDERING WHETHER THE NATURE OF  
20 THE SERVICES NECESSITATES PHYSICAL INTERVENTIONS AND CLOSE OBSERVATION AND  
21 THE CIRCUMSTANCES OF THE PATIENT, INCLUDING DIAGNOSIS, SYMPTOMS, HISTORY,  
22 AGE, PHYSICAL LOCATION AND ACCESS TO TELEHEALTH.

23 B. A HEALTH CARE PROVIDER SHALL MAKE A GOOD FAITH EFFORT IN  
24 DETERMINING THE COMMUNICATION MEDIUM OF TELEHEALTH AND, WHENEVER  
25 REASONABLY PRACTICABLE, THE TELEHEALTH COMMUNICATION MEDIUM THAT ALLOWS  
26 THE HEALTH CARE PROVIDER TO MOST EFFECTIVELY ASSESS, DIAGNOSE AND TREAT  
27 THE PATIENT. FACTORS THE HEALTH CARE PROVIDER MAY CONSIDER IN DETERMINING  
28 THE COMMUNICATION MEDIUM MAY INCLUDE THE PATIENT'S LACK OF ACCESS TO OR  
29 INABILITY TO USE TECHNOLOGY OR LIMITS IN TELECOMMUNICATION INFRASTRUCTURE  
30 NECESSARY TO SUPPORT INTERACTIVE TELEHEALTH ENCOUNTERS. THE HEALTH CARE  
31 PROVIDER MAY NOT CONSIDER THE PROVIDER'S PERSONAL PREFERENCE OR  
32 CONVENIENCE.

33 36-3606. Interstate telehealth services: registration;  
34 requirements; venue; exceptions

35 A. A HEALTH CARE PROVIDER WHO IS NOT LICENSED IN THIS STATE MAY  
36 PROVIDE TELEHEALTH SERVICES TO A PERSON LOCATED IN THIS STATE IF THE  
37 HEALTH CARE PROVIDER COMPLIES WITH ALL OF THE FOLLOWING:

38 1. REGISTERS WITH THIS STATE'S APPLICABLE HEALTH CARE PROVIDER  
39 REGULATORY BOARD OR AGENCY THAT LICENSES COMPARABLE HEALTH CARE PROVIDERS  
40 IN THIS STATE ON AN APPLICATION PRESCRIBED BY THE BOARD OR AGENCY THAT  
41 CONTAINS ALL OF THE FOLLOWING:

42 (a) THE HEALTH CARE PROVIDER'S NAME.

43 (b) PROOF OF THE HEALTH CARE PROVIDER'S PROFESSIONAL LICENSURE,  
44 INCLUDING ALL JURISDICTIONS IN WHICH THE PROVIDER IS LICENSED AND THE  
45 LICENSE NUMBERS.

(c) THE HEALTH CARE PROVIDER'S ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER, INCLUDING INFORMATION IF THE PROVIDER NEEDS TO BE CONTACTED URGENTLY.

(d) EVIDENCE OF PROFESSIONAL LIABILITY INSURANCE COVERAGE.

(e) DESIGNATION OF A DULY APPOINTED STATUTORY AGENT FOR SERVICE OF PROCESS IN THIS STATE.

2. PAYS THE REGISTRATION FEE AS DETERMINED BY THE APPLICABLE HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY.

3. HOLDS A CURRENT, VALID AND UNRESTRICTED LICENSE TO PRACTICE IN ANOTHER STATE THAT IS SUBSTANTIALLY SIMILAR TO A LICENSE ISSUED IN THIS STATE TO A COMPARABLE HEALTH CARE PROVIDER AND IS NOT SUBJECT TO ANY PAST OR PENDING DISCIPLINARY PROCEEDINGS IN ANY JURISDICTION. THE HEALTH CARE PROVIDER SHALL NOTIFY THE APPLICABLE HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY WITHIN FIVE DAYS AFTER ANY RESTRICTION IS PLACED ON THE HEALTH CARE PROVIDER'S LICENSE OR ANY DISCIPLINARY ACTION IS INITIATED OR IMPOSED. THE REGULATORY BOARD OR AGENCY REGISTERING THE HEALTH CARE PROVIDER MAY USE THE NATIONAL PRACTITIONER DATABANK TO VERIFY THE INFORMATION SUBMITTED PURSUANT TO THIS PARAGRAPH.

4. ACTS IN FULL COMPLIANCE WITH ALL APPLICABLE LAWS AND RULES OF THIS STATE, INCLUDING SCOPE OF PRACTICE AND TELEHEALTH REQUIREMENTS.

5. COMPLIES WITH ALL EXISTING REQUIREMENTS OF THIS STATE AND ANY OTHER STATE IN WHICH THE HEALTH CARE PROVIDER IS LICENSED REGARDING MAINTAINING PROFESSIONAL LIABILITY INSURANCE, INCLUDING COVERAGE FOR TELEHEALTH SERVICES PROVIDED IN THIS STATE.

6. CONSENTS TO THIS STATE'S JURISDICTION FOR ANY DISCIPLINARY ACTION OR LEGAL PROCEEDING RELATED TO THE HEALTH CARE PROVIDER'S ACTS OR OMISSIONS UNDER THIS ARTICLE.

7. FOLLOWS THIS STATE'S STANDARDS OF CARE FOR THAT PARTICULAR LICENSED HEALTH PROFESSION.

8. ANNUALLY UPDATE THE HEALTH CARE PROVIDER'S REGISTRATION FOR ACCURACY AND SUBMIT TO THE APPLICABLE HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY A REPORT WITH THE NUMBER OF PATIENTS THE PROVIDER SERVED IN THIS STATE AND THE TOTAL NUMBER AND TYPE OF ENCOUNTERS IN THIS STATE FOR THE PRECEDING YEAR.

B. A HEALTH CARE PROVIDER WHO IS REGISTERED PURSUANT TO THIS SECTION MAY NOT OPEN AN OFFICE IN THIS STATE OR PROVIDE IN-PERSON HEALTH CARE SERVICES TO PERSONS LOCATED IN THIS STATE WITHOUT FIRST OBTAINING A LICENSE THROUGH THE APPLICABLE HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY.

C. A HEALTH CARE PROVIDER WHO FAILS TO COMPLY WITH THE APPLICABLE LAWS AND RULES OF THIS STATE IS SUBJECT TO INVESTIGATION AND DISCIPLINARY ACTION BY THE APPLICABLE HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY IN THIS STATE. DISCIPLINARY ACTION BY THE APPLICABLE HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY IN THIS STATE MAY INCLUDE REVOKING THE HEALTH CARE PROVIDER'S PRACTICE PRIVILEGES IN THIS STATE AND REFERRING THE MATTER

1 TO THE LICENSING AUTHORITY IN THE STATE OR STATES WHERE THE HEALTH CARE  
2 PROVIDER POSSESSES A PROFESSIONAL LICENSE.

3 D. THE VENUE FOR ANY ACTION ARISING FROM A VIOLATION OF THIS  
4 SECTION IS THE PATIENT'S COUNTY OF RESIDENCE IN THIS STATE.

5 E. A HEALTH CARE PROVIDER WHO IS NOT LICENSED TO PROVIDE HEALTH  
6 CARE SERVICES IN THIS STATE BUT WHO HOLDS AN ACTIVE LICENSE TO PROVIDE  
7 HEALTH CARE SERVICES IN ANOTHER JURISDICTION AND WHO PROVIDES TELEHEALTH  
8 SERVICES TO A PERSON LOCATED IN THIS STATE IS NOT SUBJECT TO THE  
9 REGISTRATION REQUIREMENTS OF THIS SECTION IF EITHER OF THE FOLLOWING  
10 APPLIES:

11 1. THE SERVICES ARE PROVIDED UNDER ONE OF THE FOLLOWING  
12 CIRCUMSTANCES:

13 (a) IN RESPONSE TO AN EMERGENCY MEDICATION CONDITION.

14 (b) IN CONSULTATION WITH A HEALTH CARE PROVIDER WHO IS LICENSED IN  
15 THIS STATE AND WHO HAS THE ULTIMATE AUTHORITY OVER THE PATIENT'S DIAGNOSIS  
16 AND TREATMENT.

17 (c) TO PROVIDE AFTER-CARE SPECIFICALLY RELATED TO A MEDICAL  
18 PROCEDURE THAT WAS DELIVERED IN PERSON IN ANOTHER STATE.

19 (d) TO A PERSON WHO IS A RESIDENT OF ANOTHER STATE AND THE  
20 TELEHEALTH PROVIDER IS THE PRIMARY CARE PROVIDER OR BEHAVIORAL HEALTH  
21 PROVIDER LOCATED IN THE PERSON'S STATE OF RESIDENCE.

22 2. THE HEALTH CARE PROVIDER PROVIDES FEWER THAN TEN TELEHEALTH  
23 ENCOUNTERS IN A CALENDAR YEAR.

24 36-3607. Telehealth advisory committee on telehealth best  
25 practices; membership; report; committee  
26 termination

27 A. THE TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES  
28 IS ESTABLISHED CONSISTING OF THE FOLLOWING MEMBERS WHO ARE APPOINTED BY  
29 THE GOVERNOR:

30 1. ONE PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13.

31 2. ONE PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 17  
32 AND WHO IS PRACTICING PRIMARY CARE IN THIS STATE.

33 3. TWO ADVANCED PRACTICE REGISTERED NURSES WHO ARE LICENSED  
34 PURSUANT TO TITLE 32, CHAPTER 15.

35 4. ONE PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13  
36 OR 17 AND WHO SPECIALIZES IN PAIN MANAGEMENT.

37 5. ONE PSYCHIATRIST WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER  
38 13 OR 17.

39 6. ONE PSYCHOLOGIST WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER  
40 19.1.

41 7. TWO BEHAVIORAL HEALTH PROFESSIONALS WHO ARE LICENSED PURSUANT TO  
42 TITLE 32, CHAPTER 33, ONE OF WHOM IS EMPLOYED BY AN OUTPATIENT TREATMENT  
43 CENTER.

44 8. ONE PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 14.

1       9. TWO DENTISTS WHO ARE LICENSED PURSUANT TO TITLE 32, CHAPTER 11.  
2       10. ONE HEALTH CARE PROFESSIONAL WHOSE PRIMARY AREA OF FOCUS IS  
3 TREATING PERSONS WITH DEVELOPMENTAL DISABILITIES.

4       11. ONE HEALTH CARE PROFESSIONAL WHOSE PRIMARY AREA OF FOCUS IS  
5 INDUSTRIAL INJURIES.

6       12. ONE SPEECH-LANGUAGE PATHOLOGIST WHO IS LICENSED PURSUANT TO  
7 CHAPTER 17 OF THIS TITLE.

8       13. ONE OCCUPATIONAL THERAPIST WHO IS LICENSED PURSUANT TO TITLE  
9 32, CHAPTER 34.

10      14. ONE HOSPITAL ADMINISTRATOR.

11      15. ONE PHYSICIAN ASSISTANT WHO IS LICENSED PURSUANT TO TITLE 32,  
12 CHAPTER 25.

13      16. ONE REPRESENTATIVE OF THE ARIZONA COMMISSION FOR THE DEAF AND  
14 THE HARD OF HEARING.

15      17. TWO REPRESENTATIVES OF HEALTH CARE INSURERS.

16      18. ONE OPTOMETRIST WHO IS LICENSED PURSUANT TO TITLE 32,  
17 CHAPTER 16.

18      19. ONE REPRESENTATIVE FROM EACH OF THE FOLLOWING:

19       (a) THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM.

20       (b) THE DEPARTMENT OF HEALTH SERVICES.

21       (c) THE DEPARTMENT OF ECONOMIC SECURITY.

22       (d) THE DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS.

23       (e) THE INDUSTRIAL COMMISSION OF ARIZONA.

24      B. THE ADVISORY COMMITTEE:

25      1. SHALL REVIEW NATIONAL AND OTHER STANDARDS FOR TELEHEALTH BEST  
26 PRACTICES AND RELEVANT PEER-REVIEWED LITERATURE.

27      2. MAY CONDUCT PUBLIC MEETINGS AT WHICH TESTIMONY MAY BE TAKEN  
28 REGARDING THE EFFICACY OF VARIOUS COMMUNICATION MEDIUMS AND THE TYPES OF  
29 SERVICES AND POPULATIONS FOR WHICH TELEHEALTH IS APPROPRIATE.

30      3. ON OR BEFORE SEPTEMBER 1, 2021, SHALL SUBMIT A REPORT TO THE  
31 GOVERNOR, THE PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE OF  
32 REPRESENTATIVES WITH RECOMMENDATIONS, INCLUDING BEST PRACTICE GUIDELINES,  
33 FOR TELEHEALTH USE BY HEALTH CARE PROVIDERS.

34      4. SHALL UPDATE THE ADVISORY COMMITTEE'S BEST PRACTICE GUIDELINE,  
35 RECOMMENDATIONS, WHEN APPLICABLE.

36      C. THE COMMITTEE ESTABLISHED BY THIS SECTION ENDS ON JULY 1, 2029  
37 PURSUANT TO SECTION 41-3102.

38      Sec. 20. Section 38-672, Arizona Revised Statutes, is amended to  
39 read:

40       38-672. Traumatic event counseling for public safety  
41       employees: report: exceptions: definitions

42      A. Notwithstanding any other law, this state or a political  
43 subdivision of this state shall establish a program to provide public  
44 safety employees who are exposed to any one of the following events while  
45 in the course of duty up to twelve visits of licensed counseling, which

1 may be provided ~~via telemedicine~~ THROUGH TELEHEALTH, paid for by the  
2 employer:

3       1. Visually witnessing the death or maiming or visually witnessing  
4 the immediate aftermath of such a death or maiming of one or more human  
5 beings.

6       2. Responding to or being directly involved in a criminal  
7 investigation of an offense involving a dangerous crime against children  
8 as defined in section 13-705.

9       3. Requiring rescue in the line of duty where one's life was  
10 endangered.

11      B. Payment by the employer for licensed counseling pursuant to this  
12 section does not create a presumption that a claim is compensable under  
13 section 23-1043.01, subsection B.

14      C. For each program established pursuant to this section, this  
15 state and each political subdivision of this state shall compile the  
16 following data:

17       1. The total number of public safety employees who have  
18 participated in the program.

19       2. The average number of visits per public safety employee.

20       3. The average number of months that a public safety employee  
21 participated in the program.

22       4. The average number of days that a public safety employee who  
23 participated in the program missed work.

24       5. The total number of public safety employees who participated in  
25 the program and who subsequently filed a workers' compensation claim and  
26 the number of those claims that were approved and the number of those  
27 claims that were denied.

28       6. For each employer, the total amount of work missed by public  
29 safety employees who participated in the program and how missed work was  
30 provided for by the employer or through employee benefits.

31      D. On or before ~~September 1, 2019 and~~ September 1 of each year  
32 ~~thereafter~~, this state and each political subdivision of this state shall  
33 submit the data collected pursuant to subsection C of this section to the  
34 department of administration. On or before ~~October 1, 2019 and~~ October 1  
35 of each year ~~thereafter~~, the department of administration shall compile  
36 the data into a report and submit the report to the governor, the  
37 president of the senate, the speaker of the house of representatives, the  
38 chairperson of the senate health and human services committee, or its  
39 successor committee, the chairperson of the house of representatives  
40 health committee, or its successor committee, the chairperson of the  
41 senate commerce and public safety committee, or its successor committee,  
42 and the chairperson of the house of representatives judiciary and public  
43 safety committee, or its successor committee, and shall provide a copy of  
44 this report to the secretary of state. Subsection C of this section and  
45 this subsection do not authorize this state or a political subdivision of

1 this state to compile and report data that is protected under the health  
2 insurance portability and accountability act of 1996 (P.L. 104-191; 110  
3 Stat. 1936).

4 E. This section does not apply to a state employer that provides a  
5 program to its public safety employees that is characterized by all of the  
6 following:

7 1. The program is paid for by the employer.  
8 2. The program provides licensed counseling for any issue. For  
9 licensed counseling related to trauma experienced while in the line of  
10 duty, the licensed counseling is provided on the request of the public  
11 safety employee and is in person.

12 3. Before July 1, 2017, the program offers at least six visits per  
13 year.

14 4. On or after July 1, 2017, the program offers at least twelve  
15 visits per year.

16 F. For the purposes of this section:

17 1. "Licensed counseling" means counseling provided by a licensed  
18 mental health professional pursuant to title 32, chapter 19.1 or 33 if  
19 licensees under title 32, chapter 33 have training and expertise in  
20 treating trauma.

21 2. "Public safety employee":

22 (a) Means:

23 (i) Except as prescribed in subdivision (b) of this paragraph, an  
24 individual who is a member of the public safety personnel retirement  
25 system or the corrections officer retirement plan.

26 (ii) Except as prescribed in subdivision (b) of this paragraph, a  
27 probation officer, surveillance officer or juvenile detention officer who  
28 is employed by this state or a political subdivision of this state.

29 (b) Does not include peace officers or firefighters.

30 Sec. 21. Section 38-673, Arizona Revised Statutes, is amended to  
31 read:

32 38-673. Traumatic event counseling for peace officers and  
33 firefighters; report; exceptions; definitions

34 A. Notwithstanding any other law, this state or a political  
35 subdivision of this state shall establish a program to provide peace  
36 officers and firefighters who are exposed to any one of the following  
37 events while in the course of duty up to twelve visits of licensed  
38 counseling, which may be provided ~~via telemedicine~~ THROUGH TELEHEALTH,  
39 paid for by the employer:

40 1. Visually witnessing the death or maiming or visually witnessing  
41 the immediate aftermath of such a death or maiming of one or more human  
42 beings.

1       2. Responding to or being directly involved in a criminal  
2 investigation of an offense involving a dangerous crime against children  
3 as defined in section 13-705.

4       3. Requiring rescue in the line of duty where one's life was  
5 endangered.

6       4. Using deadly force or being subjected to deadly force in the  
7 line of duty, regardless of whether the peace officer or firefighter was  
8 physically injured.

9       5. Witnessing the death of another peace officer or firefighter  
10 while engaged in the line of duty.

11       6. Responding to or being directly involved in an investigation  
12 regarding the drowning or near drowning of a child.

13       B. If the licensed mental health professional determines that the  
14 peace officer or firefighter needs additional visits of licensed  
15 counseling beyond that which the peace officer or firefighter is entitled  
16 to under subsection A of this section and that the additional visits are  
17 likely to improve the peace officer's or firefighter's condition, the  
18 employer shall pay for up to an additional twenty-four visits, if the  
19 visits occur within one year after the first visit pursuant to this  
20 section.

21       C. An employer may not require a peace officer or firefighter who  
22 is receiving treatment pursuant to this section to use the peace officer's  
23 or firefighter's accrued paid vacation [LEAVE](#), personal leave or sick leave  
24 if the peace officer or firefighter leaves work to attend a treatment  
25 visit pursuant to this section.

26       D. If the licensed mental health professional determines that the  
27 peace officer or firefighter is not fit for duty while the peace officer  
28 or firefighter is receiving treatment pursuant to this section, the  
29 employer shall ensure that the peace officer or firefighter has no loss of  
30 pay and benefits for up to thirty calendar days per incident after the  
31 date the licensed mental health professional determines that the employee  
32 is not fit for duty if all of the following apply:

33       1. The peace officer or firefighter is unable to work light duty or  
34 the employer does not offer a light duty option.

35       2. The peace officer or firefighter has exhausted the peace  
36 officer's or firefighter's sick leave, vacation leave or other leave that  
37 is provided as part of the peace officer's or firefighter's benefits  
38 package.

39       3. If the employer offers short-term disability benefits, the  
40 employer offered and the peace officer or firefighter elected short-term  
41 disability benefits, but the peace officer or firefighter is not eligible  
42 to receive short-term disability benefits.

43       4. The employer does not have a supplemental program that provides  
44 pay and benefits after the occurrence of an injury. For the purposes of  
45 this paragraph, supplemental program that provides pay and benefits after

1 the occurrence of an injury does not include a supplemental benefits plan  
2 established pursuant to section 38-961.

3 E. An employer shall allow a peace officer or firefighter to select  
4 the peace officer's or firefighter's own licensed mental health  
5 professional, except that if a licensed mental health professional  
6 declines to provide counseling pursuant to this section, the employer is  
7 not required to secure the services of that licensed mental health  
8 professional. The employer shall pay the licensed mental health  
9 professional pursuant to the schedule of fees that is fixed by the  
10 industrial commission of Arizona pursuant to section 23-908.

11 F. Payment by the employer for licensed counseling pursuant to this  
12 section does not create a presumption that a claim is compensable under  
13 section 23-1043.01, subsection B.

14 G. For each program established pursuant to this section, this  
15 state and each political subdivision of this state shall compile the  
16 following data for peace officers and firefighters:

17 1. For each category of persons, the total number of persons who  
18 have participated in the program.

19 2. For each category of persons, the average number of visits per  
20 person.

21 3. For each category of persons, the average number of months that  
22 a person participated in the program.

23 4. For each category of persons, the average number of days that a  
24 person who participated in the program missed work.

25 5. For each category of persons, the total number of persons who  
26 participated in the program and who subsequently filed a workers'  
27 compensation claim and the number of those claims that were approved and  
28 the number of those claims that were denied.

29 6. For each category of persons, of the total number of persons who  
30 have participated in the program, the percentage of persons who received  
31 additional visits under subsection B of this section.

32 7. For each category of persons, the total number of persons who  
33 were deemed not fit for duty by a licensed mental health professional  
34 pursuant to subsection D of this section.

35 8. For each employer, the total amount of work missed by each  
36 category of persons who participated in the program and how missed work  
37 was provided for by the employer or through employee benefits.

38 H. On or before ~~September 1, 2019 and~~ September 1 of each year  
39 ~~thereafter~~, this state and each political subdivision of this state shall  
40 submit the data collected pursuant to subsection G of this section to the  
41 department of administration. On or before ~~October 1, 2019 and~~ October 1  
42 of each year ~~thereafter~~, the department of administration shall compile  
43 the data into a report and submit the report to the governor, the  
44 president of the senate, the speaker of the house of representatives, the  
45 chairperson of the senate health and human services committee, or its

1 successor committee, the chairperson of the house of representatives  
2 health committee, or its successor committee, the chairperson of the  
3 senate commerce and public safety committee, or its successor committee,  
4 and the chairperson of the house of representatives judiciary and public  
5 safety committee, or its successor committee, and shall provide a copy of  
6 this report to the secretary of state. Subsection G of this section and  
7 this subsection do not authorize this state or a political subdivision of  
8 this state to compile and report data that is protected under the health  
9 insurance portability and accountability act of 1996 (P.L. 104-191; 110  
10 Stat. 1936).

11 I. This section does not apply to a state employer that provides a  
12 program to its peace officers and firefighters that is characterized by  
13 all of the following:

14 1. The program is paid for by the employer.

15 2. The program provides licensed counseling for any issue. For  
16 licensed counseling related to trauma experienced while in the line of  
17 duty, the licensed counseling is provided on the request of the peace  
18 officer or firefighter and is in person.

19 3. The program offers at least twelve visits per year and will  
20 offer additional visits if the licensed mental health professional  
21 determines that additional visits are necessary.

22 J. For the purposes of this section:

23 1. "Licensed counseling" means counseling provided by a licensed  
24 mental health professional.

25 2. "Licensed mental health professional" means a psychiatrist or  
26 psychologist who is licensed pursuant to title 32, chapter 13, 17 or 19.1.

27 Sec. 22. Department of health services: acute care services  
28 at home: pilot program; delayed repeal

29 A. On or before September 1, 2021, the department of health  
30 services shall develop a three-year pilot program that allows the delivery  
31 of acute care services to patients in the patient's home by licensed  
32 hospitals in this state working in coordination with licensed home health  
33 professionals. The pilot program shall be designed in a manner and in  
34 coordination with the acute care at home program authorized by the centers  
35 for medicare and medicaid services.

36 B. This section is repealed on and after December 31, 2024.

37 Sec. 23. Department of insurance and financial institutions;  
38 report

39 On or before January 1, 2023, the department of insurance and  
40 financial institutions shall report to the president of the senate and the  
41 speaker of the house of representatives the number of telehealth  
42 encounters based on claims data, with all of the personally identifiable  
43 health information redacted, received by health insurers and health plans  
44 for services provided in this state in the preceding year, including:

1       1. The number of telehealth encounters in this state involving  
2 out-of-state providers.

3       2. The types of services provided through telehealth encounters.

4       3. An analysis of implications on the cost of services or access to  
5 services based on available data.

6       Sec. 24. Emergency

7       This act is an emergency measure that is necessary to preserve the  
8 public peace, health or safety and is operative immediately as provided by  
9 law.