Senate Engrossed House Bill

telehealth; health care providers; requirements

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

HOUSE BILL 2454

AN ACT

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, 36-3607 AND 36-3608; REPEALING SECTION 36-3608, ARIZONA REVISED STATUTES; AMENDING SECTIONS 38-672 AND 38-673, ARIZONA REVISED STATUTES; RELATING TO TELEHEALTH.

(TEXT OF BILL BEGINS ON NEXT PAGE)
Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 20-841.09, Arizona Revised Statutes, is amended to read:

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

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

1. EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, a corporation may not limit or deny the coverage of health care services provided through telemedicine TELEHEALTH, INCLUDING ANCILLARY SERVICES, and may apply only the same limits or exclusions on a health care service provided through telemedicine TELEHEALTH that are applicable to an in-person consultation ENCOUNTER for the same health care service, EXCEPT FOR PROCEDURES OR SERVICES FOR WHICH THE WEIGHT OF EVIDENCE, BASED ON PRACTICE GUIDELINES, PEER-REVIEWED CLINICAL PUBLICATIONS OR RESEARCH OR RECOMMENDATIONS BY THE TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY SECTION 36-3607, DETERMINES NOT TO BE APPROPRIATE TO BE PROVIDED THROUGH TELEHEALTH.

2. EXCEPT AS OTHERWISE PROVIDED IN THIS PARAGRAPH, A CORPORATION SHALL REIMBURSE HEALTH CARE PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT SERVICES AS IDENTIFIED BY THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM, WHETHER PROVIDED THROUGH TELEHEALTH USING AN AUDIO-VISUAL FORMAT OR IN-PERSON CARE. A CORPORATION SHALL REIMBURSE HEALTH CARE PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT IN-PERSON BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER SERVICES AS IDENTIFIED BY THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM IF PROVIDED THROUGH TELEHEALTH USING AN AUDIO-ONLY FORMAT. THIS PARAGRAPH DOES NOT APPLY TO A TELEHEALTH ENCOUNTER PROVIDED THROUGH A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE CORPORATION. A CORPORATION MAY NOT REQUIRE A HEALTH CARE PROVIDER TO USE A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE CORPORATION AS A CONDITION OF NETWORK PARTICIPATION.

3. BEFORE JANUARY 1, 2022, A CORPORATION SHALL COVER SERVICES PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER IF THAT SERVICE IS COVERED BY MEDICARE OR THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM WHEN PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER. BEGINNING JANUARY 1, 2022, A CORPORATION SHALL COVER SERVICES PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER IF THE TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY SECTION 36-3607 RECOMMENDS THAT THE SERVICES MAY APPROPRIATELY BE PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER.
4. A HEALTH CARE PROVIDER SHALL BILL FOR A TELEHEALTH ENCOUNTER USING THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM AND SHALL IDENTIFY WHETHER THE TELEHEALTH ENCOUNTER WAS PROVIDED IN AN AUDIO-ONLY OR AUDIO-VIDEO FORMAT. TO SUBMIT A CLAIM FOR AN AUDIO-ONLY SERVICE, THE HEALTH CARE PROVIDER MUST MAKE TELEHEALTH SERVICES GENERALLY AVAILABLE TO PATIENTS THROUGH THE INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC MEDIA.

5. AT THE TIME OF THE TELEHEALTH ENCOUNTER, THE HEALTH CARE PROVIDER SHALL ACCESS CLINICAL INFORMATION AND RECORDS, IF AVAILABLE, THAT ARE APPROPRIATE TO EVALUATE THE PATIENT'S CONDITION. THE HEALTH CARE PROVIDER SHALL INFORM THE SUBSCRIBER BEFORE THE TELEHEALTH ENCOUNTER IF THERE IS A CHARGE FOR THE ENCOUNTER.

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

7. COVERED TELEHEALTH SERVICES MAY BE PROVIDED REGARDLESS OF WHERE THE SUBSCRIBER IS LOCATED OR THE TYPE OF SITE.

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

B. SUBSECTION A OF THIS SECTION DOES NOT:

1. LIMIT THE ABILITY OF CORPORATIONS TO PROVIDE INCENTIVES TO SUBSCRIBERS THAT ARE DESIGNED TO IMPROVE HEALTH OUTCOMES, INCREASE ADHERENCE TO A COURSE OF TREATMENT OR REDUCE RISK.

2. PREVENT CORPORATIONS FROM OFFERING NETWORK CONTRACTS TO HEALTH CARE PROVIDERS WHO EMPLOY VALUE-BASED PURCHASING OR BUNDLED PAYMENT METHODOLOGIES IF OTHERWISE ALLOWED BY LAW OR PREVENT HEALTH CARE PROVIDERS FROM VOLUNTARILY AGREEING TO ENTER INTO SUCH CONTRACTS WITH A CORPORATION.

C. THIS SECTION DOES NOT RELIEVE A CORPORATION FROM AN OBLIGATION TO PROVIDE ADEQUATE ACCESS TO IN-PERSON HEALTH CARE SERVICES. NETWORK ADEQUACY STANDARDS REQUIRED BY FEDERAL OR STATE LAW MAY NOT BE MET BY A CORPORATION THROUGH THE USE OF CONTRACTED HEALTH CARE PROVIDERS WHO PROVIDE ONLY TELEHEALTH SERVICES AND DO NOT PROVIDE IN-PERSON HEALTH CARE SERVICES IN THIS STATE OR WITHIN FIFTY MILES OF THE BORDER OF THIS STATE.

D. This section does not prevent a corporation from imposing deductibles, OR copayment or coinsurance requirements for a health care service provided through telemedicine TELEHEALTH if the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation ENCOUNTER for the same health care service. IF THE CORPORATION WAIVES A DEDUCTIBLE OR COPAYMENT OR COINSURANCE REQUIREMENT THAT IMPACTS A HEALTH CARE PROVIDER'S CONTRACTED REIMBURSEMENT RATE, THE CORPORATION SHALL REIMBURSE THE HEALTH
CARE PROVIDER FOR THE COST OF THE DEDUCTIBLE OR COPAYMENT OR COINSURANCE REQUIREMENT TO ENSURE THAT THE HEALTH CARE PROVIDER RECEIVES THE CONTRACTED REIMBURSEMENT RATE IF THE SERVICE IS COVERED AND THE CLAIM MEETS OTHER REQUIREMENTS OF THE NETWORK PARTICIPATION AGREEMENT.

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

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

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

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

2. INCLUDES:

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

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

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

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

2. 3. Does not include the sole use of an audio-only telephone, a video-only system, a facsimile FAX machine, instant messages, VOICE MAIL or electronic mail EMAIL.
Sec. 2. Section 20-1057.13, Arizona Revised Statutes, is amended to read:

20-1057.13. Telehealth; coverage of health care services; definition

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

1. Except as otherwise provided in this subsection, a health care services organization may not limit or deny the coverage of health care services provided through telemedicine TELEHEALTH, including ancillary services, and may apply only the same limits or exclusions on a health care service provided through telemedicine TELEHEALTH that are applicable to an in-person consultation encounter for the same health care service, except for procedures or services as identified by the diagnostic and procedure codes, for which the weight of evidence, based on practice guidelines, peer-reviewed clinical publications or research or recommendations by the telehealth advisory committee on telehealth best practices established by section 36-3607, determines not to be appropriate to be provided through telehealth.

2. Except as otherwise provided in this paragraph, a health care services organization shall reimburse health care providers at the same level of payment for equivalent services as identified by the healthcare common procedure coding system, whether provided through telehealth using an audio-visual format or in-person care. A health care services organization shall reimburse health care providers at the same level of payment for equivalent in-person behavioral health and substance use disorder services as identified by the healthcare common procedure coding system if provided through telehealth using an audio-only format. This paragraph does not apply to a telehealth encounter provided through a telehealth platform that is sponsored or provided by the health care services organization. A health care services organization may not require a health care provider to use a telehealth platform that is sponsored or provided by the health care services organization as a condition of network participation.

3. Before January 1, 2022, a health care services organization shall cover services provided through an audio-only telehealth encounter if that service is covered by Medicare or the Arizona health care cost containment system when provided through an audio-only telehealth encounter. Beginning January 1, 2022, a health care services organization shall cover services provided through an audio-only telehealth encounter
IF THE TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES
ESTABLISHED BY SECTION 36-3607 RECOMMENDS THAT THE SERVICES MAY
APPROPRIATELY BE PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER.

4. A HEALTH CARE PROVIDER SHALL BILL FOR A TELEHEALTH ENCOUNTER
USING THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM AND SHALL IDENTIFY
WHETHER THE TELEHEALTH ENCOUNTER WAS PROVIDED IN AN AUDIO-ONLY OR
AUDIO-VIEW FORMAT. TO SUBMIT A CLAIM FOR AN AUDIO-ONLY SERVICE, THE
HEALTH CARE PROVIDER MUST MAKE TELEHEALTH SERVICES GENERALLY AVAILABLE TO
PATIENTS THROUGH THE INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC
MEDIA.

5. AT THE TIME OF THE TELEHEALTH ENCOUNTER, THE HEALTH CARE
PROVIDER SHALL ACCESS CLINICAL INFORMATION AND RECORDS, IF AVAILABLE, THAT
ARE APPROPRIATE TO EVALUATE THE PATIENT'S CONDITION. THE HEALTH CARE
PROVIDER SHALL INFORM THE ENROLLEE BEFORE THE TELEHEALTH ENCOUNTER IF
THERE IS A CHARGE FOR THE ENCOUNTER.

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

7. COVERED TELEHEALTH SERVICES MAY BE PROVIDED REGARDLESS OF WHERE
THE ENROLLEE IS LOCATED OR THE TYPE OF SITE.

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

B. SUBSECTION A OF THIS SECTION DOES NOT:
1. LIMIT THE ABILITY OF HEALTH CARE SERVICES ORGANIZATIONS TO
PROVIDE INCENTIVES TO ENROLLEES THAT ARE DESIGNED TO IMPROVE HEALTH
OUTCOMES, INCREASE ADHERENCE TO A COURSE OF TREATMENT OR REDUCE RISK.
2. PREVENT HEALTH CARE SERVICES ORGANIZATIONS FROM OFFERING NETWORK
CONTRACTS TO HEALTH CARE PROVIDERS WHO EMPLOY VALUE-BASED PURCHASING OR
BUNDLED PAYMENT METHODOLOGIES IF OTHERWISE ALLOWED BY LAW OR PREVENT
HEALTH CARE PROVIDERS FROM VOLUNTARILY AGREEING TO ENTER INTO SUCH
CONTRACTS WITH A HEALTH CARE SERVICES ORGANIZATION.

C. THIS SECTION DOES NOT RELIEVE A HEALTH CARE SERVICES
ORGANIZATION FROM AN OBLIGATION TO PROVIDE ADEQUATE ACCESS TO IN-PERSON
HEALTH CARE SERVICES. NETWORK ADEQUACY STANDARDS REQUIRED BY FEDERAL OR
STATE LAW MAY NOT BE MET BY A HEALTH CARE SERVICES ORGANIZATION THROUGH
THE USE OF CONTRACTED HEALTH CARE PROVIDERS WHO PROVIDE ONLY TELEHEALTH
SERVICES AND DO NOT PROVIDE IN-PERSON HEALTH CARE SERVICES IN THIS STATE
OR WITHIN FIFTY MILES OF THE BORDER OF THIS STATE.
This section does not prevent a health care services organization from imposing deductibles OR copayment or coinsurance requirements for a health care service provided through telemedicine if the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation encounter for the same health care service. If the health care services organization waives a deductible or copayment or coinsurance requirement that impacts a health care provider's contracted reimbursement rate, the health care services organization shall reimburse the health care provider for the cost of the deductible or copayment or coinsurance requirement to ensure that the health care provider receives the contracted reimbursement rate if the service is covered and the claim meets other requirements of the network participation agreement.

Services provided through telemedicine or resulting from a telemedicine consultation are subject to all of this state's laws and rules that govern prescribing, dispensing and administering prescription pharmaceuticals and devices and shall comply with Arizona licensure requirements and any practice guidelines of the telehealth advisory committee on telehealth best practices established by section 36-3607 or, if not addressed, the practice guidelines of a national association of medical professionals promoting access to medical care for consumers via telecommunications technology or other qualified medical professional societies to ensure quality of care.

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

For the purposes of this section, "telemedicine" means the interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the purpose of diagnosis, consultation or treatment.

1. The use of an audio-only telephone encounter between an enrollee who has an existing relationship with a health care provider or provider group if both of the following apply:
   (i) An audio-visual telehealth encounter is not reasonably available due to the enrollee's functional status, the enrollee's lack of technology or telecommunications infrastructure limits, as determined by the health care provider.
   (ii) The telehealth encounter is initiated at the request of the enrollee or authorized by the enrollee before the telehealth encounter.

2. The use of an audio-only encounter between the enrollee and a health care provider, regardless of whether there is an existing relationship with the health care provider or provider group, if the
TELEHEALTH ENCOUNTER IS FOR A BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER SERVICE AND BOTH ITEMS OF SUBDIVISION (a) OF THIS PARAGRAPH APPLY.

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

Sec. 3. Section 20-1376.05, Arizona Revised Statutes, is amended to read:

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

A. All policies issued, delivered or renewed by a disability insurer on or after January 1, 2018 IN THIS STATE must provide coverage for health care services that are provided through telemedicine TELEHEALTH if the health care service would be covered were it provided through AN in-person consultation ENCOUNTER between the insured and a health care provider and provided to an insured receiving the service in this state.

THE FOLLOWING REQUIREMENTS APPLY TO COVERAGE OF TELEHEALTH SERVICES:

1. EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, a disability insurer may not limit or deny the coverage of health care services provided through telemedicine TELEHEALTH, INCLUDING ANCILLARY SERVICES, and may apply only the same limits or exclusions on a health care service provided through telemedicine TELEHEALTH that are applicable to an in-person consultation ENCOUNTER for the same health care service, EXCEPT FOR PROCEDURES OR SERVICES FOR WHICH THE WEIGHT OF EVIDENCE, BASED ON PRACTICE GUIDELINES, PEER-REVIEWED CLINICAL PUBLICATIONS OR RESEARCH OR RECOMMENDATIONS BY THE TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY SECTION 36-3607, DETERMINES NOT TO BE APPROPRIATE TO BE PROVIDED THROUGH TELEHEALTH.

2. EXCEPT AS OTHERWISE PROVIDED IN THIS PARAGRAPH, A DISABILITY INSURER SHALL REIMBURSE HEALTH CARE PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT SERVICES AS IDENTIFIED BY THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM, WHETHER PROVIDED THROUGH TELEHEALTH USING AN AUDIO-VISUAL FORMAT OR IN-PERSON CARE. A DISABILITY INSURER SHALL REIMBURSE HEALTH CARE PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT IN-PERSON BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER SERVICES AS IDENTIFIED BY THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM IF PROVIDED THROUGH TELEHEALTH USING AN AUDIO-ONLY FORMAT. THIS PARAGRAPH DOES NOT APPLY TO A TELEHEALTH ENCOUNTER PROVIDED THROUGH A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE DISABILITY INSURER. A DISABILITY INSURER MAY NOT REQUIRE A HEALTH CARE PROVIDER TO USE A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE DISABILITY INSURER AS A CONDITION OF NETWORK PARTICIPATION.

3. BEFORE JANUARY 1, 2022, A DISABILITY INSURER SHALL COVER SERVICES PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER IF THAT SERVICE IS REIMBURSED BY MEDICARE OR THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM WHEN PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH
ENCOUNTER. BEGINNING JANUARY 1, 2022, A DISABILITY INSURER SHALL COVER
SERVICES PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER IF THE
TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY
SECTION 36-3607 RECOMMENDS THAT THE SERVICES MAY APPROPRIATELY BE PROVIDED
THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER.

4. A HEALTH CARE PROVIDER SHALL BILL FOR A TELEHEALTH ENCOUNTER
USING THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM AND SHALL IDENTIFY
WHETHER THE TELEHEALTH ENCOUNTER WAS PROVIDED IN AN AUDIO-ONLY OR
AUDIO-VIDEO FORMAT. TO SUBMIT A CLAIM FOR AN AUDIO-ONLY SERVICE, THE
HEALTH CARE PROVIDER MUST MAKE TELEHEALTH SERVICES GENERALLY AVAILABLE TO
PATIENTS THROUGH THE INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC
MEDIA.

5. AT THE TIME OF THE TELEHEALTH ENCOUNTER, THE HEALTH CARE
PROVIDER SHALL ACCESS CLINICAL INFORMATION AND RECORDS, IF AVAILABLE, THAT
ARE APPROPRIATE TO EVALUATE THE PATIENT'S CONDITION. THE HEALTH CARE
PROVIDER SHALL INFORM THE INSURED BEFORE THE TELEHEALTH ENCOUNTER IF THERE
IS A CHARGE FOR THE ENCOUNTER.

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

7. COVERED TELEHEALTH SERVICES MAY BE PROVIDED REGARDLESS OF WHERE
THE INSURED IS LOCATED OR THE TYPE OF SITE.

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

B. SUBSECTION A OF THIS SECTION DOES NOT:

1. LIMIT THE ABILITY OF DISABILITY INSURERS TO PROVIDE INCENTIVES
TO INSURED THAT ARE DESIGNED TO IMPROVE HEALTH OUTCOMES, INCREASE
ADHERENCE TO A COURSE OF TREATMENT OR REDUCE RISK.

2. PREVENT DISABILITY INSURERS FROM OFFERING NETWORK CONTRACTS TO
HEALTH CARE PROVIDERS THAT EMPLOY VALUE-BASED PURCHASING OR BUNDLED
PAYMENT METHODOLOGIES IF OTHERWISE ALLOWED BY LAW OR PREVENT HEALTH CARE
PROVIDERS FROM VOLUNTARILY AGREEING TO ENTER INTO SUCH CONTRACTS WITH A
DISABILITY INSURER.

C. THIS SECTION DOES NOT RELIEVE A DISABILITY INSURER FROM AN
OBLIGATION TO PROVIDE ADEQUATE ACCESS TO IN-PERSON HEALTH CARE SERVICES.
NETWORK ADEQUACY STANDARDS REQUIRED BY FEDERAL OR STATE LAW MAY NOT BE MET
BY A DISABILITY INSURER THROUGH THE USE OF CONTRACTED HEALTH CARE
PROVIDERS WHO PROVIDE ONLY TELEHEALTH SERVICES AND DO NOT PROVIDE
IN-PERSON HEALTH CARE SERVICES IN THIS STATE OR WITHIN FIFTY MILES OF THE
 BORDER OF THIS STATE.
D. This section does not prevent a disability insurer from imposing deductibles, copayment or coinsurance requirements for a health care service provided through telemedicine if the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation for the same health care service. If the disability insurer waives a deductible or copayment or coinsurance requirement that impacts a health care provider's contracted reimbursement rate, the disability insurer shall reimburse the health care provider for the cost of the deductible or copayment or coinsurance requirement to ensure that the health care provider receives the contracted reimbursement rate if the service is covered and the claim meets other requirements of the network participation agreement.

E. Services provided through telemedicine or resulting from a telemedicine consultation are subject to all of this state's laws and rules that govern prescribing, dispensing and administering prescription pharmaceuticals and devices and shall comply with Arizona licensure requirements and any practice guidelines of the Telehealth Advisory Committee on Telehealth Best Practices established by Section 36-3607 or, if not addressed, the practice guidelines of a national association of medical professionals promoting access to medical care for consumers via telecommunications technology or other qualified medical professional societies to ensure quality of care.

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

G. For the purposes of this section, "telemedicine" includes:

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

2. Includes:

(a) The use of an audio-only telephone encounter between an insured who has an existing relationship with a health care provider or provider group if both of the following apply:

(i) An audio-visual telehealth encounter is not reasonably available due to the insured's functional status, the insured's lack of technology or telecommunications infrastructure limits, as determined by the health care provider.

(ii) The telehealth encounter is initiated at the request of the insured or authorized by the insured before the telehealth encounter.

(b) The use of an audio-only encounter between the insured and a health care provider, regardless of whether there is an existing relationship with the health care provider or provider group, if the
TELEHEALTH ENCOUNTER IS FOR A BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER SERVICE AND BOTH ITEMS OF SUBDIVISION (a) OF THIS PARAGRAPH APPLY.

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

Sec. 4. Section 20-1406.05, Arizona Revised Statutes, is amended to read:

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

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

1. EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, a GROUP OR blanket disability insurer may not limit or deny the coverage of health care services provided through telemedicine TELEHEALTH, INCLUDING ANCILLARY SERVICES, and may apply only the same limits or exclusions on a health care service provided through telemedicine TELEHEALTH that are applicable to an in-person consultation ENCOUNTER for the same health care service, EXCEPT FOR PROCEDURES OR SERVICES FOR WHICH THE WEIGHT OF EVIDENCE, BASED ON PRACTICE GUIDELINES, PEER-REVIEWED CLINICAL PUBLICATIONS OR RESEARCH OR RECOMMENDATIONS BY THE TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY SECTION 36-3607, DETERMINES NOT TO BE APPROPRIATE TO BE PROVIDED THROUGH TELEHEALTH.

2. EXCEPT AS OTHERWISE PROVIDED IN THIS PARAGRAPH, A GROUP OR BLANKET DISABILITY INSURER SHALL REIMBURSE HEALTH CARE PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT SERVICES AS IDENTIFIED BY THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM, WHETHER PROVIDED THROUGH TELEHEALTH USING AN AUDIO-VISUAL FORMAT OR IN-PERSON CARE. A GROUP OR BLANKET DISABILITY INSURER SHALL REIMBURSE HEALTH CARE PROVIDERS AT THE SAME LEVEL OF PAYMENT FOR EQUIVALENT IN-PERSON BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER SERVICES AS IDENTIFIED BY THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM IF PROVIDED THROUGH TELEHEALTH USING AN AUDIO-ONLY FORMAT. THIS PARAGRAPH DOES NOT APPLY TO A TELEHEALTH ENCOUNTER PROVIDED THROUGH A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE GROUP OR BLANKET DISABILITY INSURER. A GROUP OR BLANKET DISABILITY INSURER MAY NOT REQUIRE A HEALTH CARE PROVIDER TO USE A TELEHEALTH PLATFORM THAT IS SPONSORED OR PROVIDED BY THE GROUP OR BLANKET DISABILITY INSURER AS A CONDITION OF NETWORK PARTICIPATION.

3. BEFORE JANUARY 1, 2022, A GROUP OR BLANKET DISABILITY INSURER SHALL COVER SERVICES PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER
IF THAT SERVICE IS REIMBURSED BY MEDICARE OR THE ARIZONA HEALTH CARE COST
CONTAINMENT SYSTEM WHEN PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH
ENCOUNTER. BEGINNING JANUARY 1, 2022, A GROUP OR BLANKET DISABILITY
INSURER SHALL COVER SERVICES PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH
ENCOUNTER IF THE TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST
PRACTICES ESTABLISHED BY SECTION 36-3607 RECOMMENDS THAT THE SERVICES MAY
APPROPRIATELY BE PROVIDED THROUGH AN AUDIO-ONLY TELEHEALTH ENCOUNTER.

4. A HEALTH CARE PROVIDER SHALL BILL FOR A TELEHEALTH ENCOUNTER
USING THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM AND SHALL IDENTIFY
WHETHER THE TELEHEALTH ENCOUNTER WAS PROVIDED IN AN AUDIO-ONLY OR
AUDIO-VIDEO FORMAT. TO SUBMIT A CLAIM FOR AN AUDIO-ONLY SERVICE, THE
HEALTH CARE PROVIDER MUST MAKE TELEHEALTH SERVICES GENERALLY AVAILABLE TO
PATIENTS THROUGH THE INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC
MEDIA.

5. AT THE TIME OF THE TELEHEALTH ENCOUNTER, THE HEALTH CARE
PROVIDER SHALL ACCESS CLINICAL INFORMATION AND RECORDS, IF AVAILABLE, THAT
ARE APPROPRIATE TO EVALUATE THE PATIENT’S CONDITION. THE HEALTH CARE
PROVIDER SHALL INFORM THE INSURED BEFORE THE TELEHEALTH ENCOUNTER IF THERE
IS A CHARGE FOR THE ENCOUNTER.

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

7. COVERED TELEHEALTH SERVICES MAY BE PROVIDED REGARDLESS OF WHERE
THE INSURED IS LOCATED OR THE TYPE OF SITE.

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

B. SUBSECTION A OF THIS SECTION DOES NOT:
1. LIMIT THE ABILITY OF GROUP OR BLANKET DISABILITY INSURERS TO
PROVIDE INCENTIVES TO INSUREDS THAT ARE DESIGNED TO IMPROVE HEALTH
OUTCOMES, INCREASE ADHERENCE TO A COURSE OF TREATMENT OR REDUCE RISK.
2. PREVENT GROUP OR BLANKET DISABILITY INSURERS FROM OFFERING
NETWORK CONTRACTS TO HEALTH CARE PROVIDERS WHO EMPLOY VALUE-BASED
PURCHASING OR BUNDLED PAYMENT METHODOLOGIES IF OTHERWISE ALLOWED BY LAW OR
PREVENT HEALTH CARE PROVIDERS FROM VOLUNTARILY AGREING TO ENTER INTO SUCH
CONTRACTS WITH A GROUP OR BLANKET DISABILITY INSURER.
3. THIS SECTION DOES NOT RELIEVE A GROUP OR BLANKET DISABILITY
INSURER FROM AN OBLIGATION TO PROVIDE ADEQUATE ACCESS TO IN-PERSON HEALTH
CARE SERVICES. NETWORK ADEQUACY STANDARDS REQUIRED BY FEDERAL OR STATE
LAW MAY NOT BE MET BY A GROUP OR BLANKET DISABILITY INSURER THROUGH THE
USE OF CONTRACTED HEALTH CARE PROVIDERS WHO PROVIDE ONLY TELEHEALTH
SERVICES AND DO NOT PROVIDE IN-PERSON HEALTH CARE SERVICES IN THIS STATE OR WITHIN FIFTY MILES OF THE BORDER OF THIS STATE.

D. This section does not prevent a group or blanket disability insurer from imposing deductibles, copayment or coinsurance requirements for a health care service provided through telemedicine TELEHEALTH if the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation ENCOUNTER for the same health care service. IF THE GROUP OR BLANKET DISABILITY INSURER WAIVES A DEDUCTIBLE OR COPAYMENT OR COINSURANCE REQUIREMENT THAT IMPACTS A HEALTH CARE PROVIDER’S CONTRACTED REIMBURSEMENT RATE, THE GROUP OR BLANKET DISABILITY INSURER SHALL REIMBURSE THE HEALTH CARE PROVIDER FOR THE COST OF THE DEDUCTIBLE OR COPAYMENT OR COINSURANCE REQUIREMENT TO ENSURE THAT THE HEALTH CARE PROVIDER RECEIVES THE CONTRACTED REIMBURSEMENT RATE IF THE SERVICE IS COVERED AND THE CLAIM MEETS OTHER REQUIREMENTS OF THE NETWORK PARTICIPATION AGREEMENT.

E. Services provided through telemedicine TELEHEALTH or resulting from a telemedicine consultation TELEHEALTH ENCOUNTER are subject to all of this state’s laws and rules that govern prescribing, dispensing and administering prescription pharmaceuticals and devices and shall comply with Arizona licensure requirements and any practice guidelines of the TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY SECTION 36-3607 OR, IF NOT ADDRESSED, THE PRACTICE GUIDELINES OF A NATIONAL ASSOCIATION OF MEDICAL PROFESSIONALS PROMOTING ACCESS TO MEDICAL CARE FOR CONSUMERS VIA TELECOMMUNICATIONS TECHNOLOGY OR OTHER QUALIFIED MEDICAL PROFESSIONAL SOCIETIES TO ENSURE QUALITY OF CARE.

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

G. For the purposes of this section, "telemedicine TELEHEALTH":
1. Means the interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the purpose of diagnosis, consultation or treatment.
2. INCLUDES:
(a) THE USE OF AN AUDIO-ONLY TELEPHONE ENCOUNTER BETWEEN AN INSURED WHO HAS AN EXISTING RELATIONSHIP WITH A HEALTH CARE PROVIDER OR PROVIDER GROUP IF BOTH OF THE FOLLOWING APPLY:
   (i) AN AUDIO-VISUAL TELEHEALTH ENCOUNTER IS NOT REASONABLY AVAILABLE DUE TO THE INSURED’S FUNCTIONAL STATUS, THE INSURED’S LACK OF TECHNOLOGY OR TELECOMMUNICATIONS INFRASTRUCTURE LIMITS, AS DETERMINED BY THE HEALTH CARE PROVIDER.
   (ii) THE TELEHEALTH ENCOUNTER IS INITIATED AT THE REQUEST OF THE INSURED OR AUTHORIZED BY THE INSURED BEFORE THE TELEHEALTH ENCOUNTER.
(b) THE USE OF AN AUDIO-ONLY ENCOUNTER BETWEEN THE INSURED AND A HEALTH CARE PROVIDER, REGARDLESS OF WHETHER THERE IS AN EXISTING
RELATIONSHIP WITH THE HEALTH CARE PROVIDER OR PROVIDER GROUP, IF THE TELEHEALTH ENCOUNTER IS FOR A BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER SERVICE AND BOTH ITEMS OF SUBDIVISION (a) OF THIS PARAGRAPH APPLY.

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

Sec. 5. Section 23-1026, Arizona Revised Statutes, is amended to read:

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

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

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

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

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

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

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

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

Sec. 6. Section 32-1401, Arizona Revised Statutes, is amended to
read:

32-1401. Definitions

In this chapter, unless the context otherwise requires:

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

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

3. "Advisory letter" means a nondisciplinary letter to notify a
licensee that either:
   (a) While there is insufficient evidence to support disciplinary
action, the board believes that continuation of the activities that led to
the investigation may result in further board action against the licensee.
   (b) The violation is a minor or technical violation that is not of
sufficient merit to warrant disciplinary action.
   (c) While the licensee has demonstrated substantial compliance
through rehabilitation or remediation that has mitigated the need for
disciplinary action, the board believes that repetition of the activities
that led to the investigation may result in further board action against
the licensee.

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

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

6. "Board" means the Arizona medical board.

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

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

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

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

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

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

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

14. "Letter of reprimand" means a disciplinary letter that is issued by the board and that informs the physician that the physician's conduct violates state or federal law and may require the board to monitor the physician.
15. "Limit" means taking a nondisciplinary action that alters the physician's practice or professional activities if the board determines that there is evidence that the physician is or may be mentally or physically unable to safely engage in the practice of medicine.

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

17. "Medically incompetent" means a person who the board determines is incompetent based on a variety of factors, including:
   (a) A lack of sufficient medical knowledge or skills, or both, to a degree likely to endanger the health of patients.
   (b) When considered with other indications of medical incompetence, failing to obtain a scaled score of at least seventy-five percent on the written special purpose licensing examination.

18. "Medical peer review" means:
   (a) The participation by a doctor of medicine in the review and evaluation of the medical management of a patient and the use of resources for patient care.
   (b) Activities relating to a health care institution's decision to grant or continue privileges to practice at that institution.

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

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

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

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

23. "Restrict" means taking a disciplinary action that alters the physician's practice or professional activities if the board determines that there is evidence that the physician is or may be medically incompetent or guilty of unprofessional conduct.
24. "Special purpose licensing examination" means an examination that is developed by the national board of medical examiners on behalf of the federation of state medical boards for use by state licensing boards to test the basic medical competence of physicians who are applying for licensure and who have been in practice for a considerable period of time in another jurisdiction and to determine the competence of a physician who is under investigation by a state licensing board.

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

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

27. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:
   (a) Violating any federal or state laws, rules or regulations applicable to the practice of medicine.
   (b) Intentionally disclosing a professional secret or intentionally disclosing a privileged communication except as either act may otherwise be required by law.
   (c) Committing false, fraudulent, deceptive or misleading advertising by a doctor of medicine or the doctor's staff, employer or representative.
   (d) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by any court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
   (e) Failing or refusing to maintain adequate records on a patient.
   (f) Exhibiting a pattern of using or being under the influence of alcohol or drugs or a similar substance while practicing medicine or to the extent that judgment may be impaired and the practice of medicine detrimentally affected.
   (g) Using controlled substances except if prescribed by another physician for use during a prescribed course of treatment.
   (h) Prescribing or dispensing controlled substances to members of the physician's immediate family.
   (i) Prescribing, dispensing or administering schedule II controlled substances as defined in section 36-2513, including amphetamines and similar schedule II sympathomimetic drugs in the treatment of exogenous
obesity for a period in excess of thirty days in any one year, or the
nontherapeutic use of injectable amphetamines.

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

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

(l) Signing a blank, undated or predated prescription form.

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

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

(o) Refusing to divulge to the board on demand the means, method,
procedure, modality of treatment or medicine used in the treatment of a
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,
otherwise limiting, restricting or monitoring a licensee by that
jurisdiction or placing a licensee on probation by that jurisdiction.

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

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

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

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

(u) Knowingly making any false or fraudulent statement, written or
oral, in connection with the practice of medicine or if applying for
privileges or renewing an application for privileges at a health care
institution.
(v) Charging a fee for services not rendered or dividing a professional fee for patient referrals among health care providers or health care institutions or between these providers and institutions or a contractual arrangement that has the same effect. This subdivision does not apply to payments from a medical researcher to a physician in connection with identifying and monitoring patients for a clinical trial regulated by the United States food and drug administration.

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

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

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

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

(aa) Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee. For the purposes of this subdivision, "sexual conduct" includes:

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

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

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

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

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

(dd) Maintaining a professional connection with or lending one's name to enhance or continue the activities of an illegal practitioner of medicine.
(ee) Failing to furnish information in a timely manner to the board or the board’s investigators or representatives if legally requested by the board.

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

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

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

   (i) Adequate informed patient consent.
   (ii) Conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee.
   (iii) Approval by the United States food and drug administration or its successor agency.

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

   (jj) Exhibiting a lack of or inappropriate direction, collaboration or direct supervision of a medical assistant or a licensed, certified or registered health care provider employed by, supervised by or assigned to the physician.

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

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

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

   (nn) Making a representation by a doctor of medicine or the doctor’s staff, employer or representative that the doctor is boarded or board certified if this is not true or the standing is not current or without supplying the full name of the specific agency, organization or entity granting this standing.
(oo) Refusing to submit to a body fluid examination or any other examination known to detect the presence of alcohol or other drugs as required by the board pursuant to section 32-1452 or pursuant to a board investigation into a doctor of medicine's alleged substance abuse.

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

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

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

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

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

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

(ii) Emergency medical situations as defined in section 41-1831.
(iii) Prescriptions written to prepare a patient for a medical examination.

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

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

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

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

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

(ix) Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that 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. 7. 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.

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

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

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

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

16. Advertising in a false, deceptive or misleading manner.
17. Representing or claiming to be an osteopathic medical specialist if the physician has not satisfied the applicable requirements of this chapter or board rules.

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

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

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

21. Failing or refusing to establish and maintain adequate records on a patient as follows:
   (a) If the patient is an adult, for at least six years after the last date the licensee provided the patient with medical or health care services.
   (b) If the patient is a child, either for at least three years after the child's eighteenth birthday or for at least six years after the last date the licensee provided that patient with medical or health care services, whichever date occurs later.

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

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

24. Committing nontherapeutic use of injectable amphetamines.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

42. Prescribing, dispensing or administering anabolic-androgenic
steroids to a person for other than therapeutic purposes.
43. Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee. For the purposes of this paragraph, "sexual conduct" includes:
   (a) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual.
   (b) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical conduct of a sexual nature.

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

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

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

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

48. Failing to disclose to a patient that the licensee has a direct financial interest in a prescribed treatment, good or service if the treatment, good or service is available on a competitive basis. This paragraph does not apply to a referral by one licensee to another licensee within a group of licensees who practice together. A licensee meets the disclosure requirements of this paragraph if both of the following are true:
   (a) The licensee makes the disclosure on a form prescribed by the board.
   (b) The patient or the patient's guardian or parent acknowledges by signing the form that the licensee has disclosed the licensee's direct financial interest.

49. Prescribing, dispensing or furnishing a prescription medication or a prescription-only device to a person if the licensee has not conducted a physical or mental health status examination of that person or has not previously established a physician-patient relationship. The physical or mental health status examination may be conducted during a real-time telemedicine encounter with audio and video capability THROUGH TELEHEALTH AS DEFINED IN SECTION 36-3601 WITH A CLINICAL EVALUATION THAT IS APPROPRIATE FOR THE PATIENT AND THE CONDITION WITH WHICH THE PATIENT PRESENTS, unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This paragraph does not apply to:
   (a) Emergencies.
   (b) A licensee who provides patient care on behalf of the patient's regular treating licensed health care professional or provides a
consultation requested by the patient's regular treating licensed health
care professional.

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

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

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

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

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

Sec. 8. Section 32-1901.01, Arizona Revised Statutes, is amended to
read:

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

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

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

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

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

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

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

6. Violating a federal or state law or administrative rule relating
to marijuana, prescription-only drugs, narcotics, dangerous drugs,
controlled substances or precursor chemicals.
7. Violating state or federal reporting or recordkeeping requirements on transactions relating to precursor chemicals.

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

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

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

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

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

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

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

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

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

17. Providing false or misleading information or omitting material information in any communication to the board or the board’s employees or agents.

18. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, this chapter.
19. Violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board or its executive director pursuant to this chapter.

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

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

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

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

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

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

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

27. Fraudulently claiming to have performed a service.

28. Fraudulently charging a fee for a service.

29. Advertising drugs or devices, or services pertaining to drugs or devices, in a manner that is untrue or misleading in any particular, and that is known, or that by the exercise of reasonable care should be known, to be untrue or misleading.

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

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

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

3. Dispensing a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed without the express permission in each case of the orderer, or in the case of a prescription order, the medical practitioner. The conduct prohibited by this paragraph does not apply to substitutions authorized pursuant to section 32-1963.01.
4. Obtaining or attempting to obtain a license to practice pharmacy or a license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency.

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

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

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

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

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

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

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

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

   (a) Made by a physician who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18. Providing false or misleading information or omitting material
information in any communication to the board or the board's employees or
agents.

19. Violating or attempting to violate, directly or indirectly, or
assisting in or abetting in the violation of, or conspiring to violate,
this chapter.

20. Violating a formal order, terms of probation, a consent
agreement or a stipulation issued or entered into by the board or its
executive director pursuant to this chapter.
21. Failing to comply with a board subpoena or failing to comply in a timely manner with a board subpoena without providing any explanation to the board for not complying with the subpoena.

22. Refusing without just cause to allow authorized agents of the board to examine documents that are required to be kept pursuant to this chapter or title 36.

23. Participating in an arrangement or agreement to allow a prescription order or a prescription medication to be left at, picked up from, accepted by or delivered to a place that is not licensed as a pharmacy. This paragraph does not prohibit a pharmacist or a pharmacy from using an employee or a common carrier to pick up prescription orders at or deliver prescription medications to the office or home of a medical practitioner, the residence of a patient or a patient's hospital.

24. Paying rebates or entering into an agreement for the payment of rebates to a medical practitioner or any other person in the health care field.

25. Providing or causing to be provided to a medical practitioner prescription order blanks or forms bearing the pharmacist's or pharmacy's name, address or other means of identification.

26. Fraudulently claiming to have performed a professional service.

27. Fraudulently charging a fee for a professional service.

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

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

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

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

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

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

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

4. Having the licensee's license to practice as a pharmacy technician denied or disciplined in another jurisdiction.
5. Failing to comply with the mandatory continuing professional education requirements of section 32-1925, subsection H and rules adopted by the board.

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

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

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

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

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

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

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

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

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

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

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

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

18. Failing to report a change of the licensee's home address, contact information, employer or employer's address as required by section 32-1926.
19. Failing to report a change in the licensee's residency status as required by section 32-1926.01.

Sec. 9. Section 32-2061, Arizona Revised Statutes, is amended to read:

32-2061. Definitions

In this chapter, unless the context otherwise requires:

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

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

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

4. "Client" means a person or an entity that receives psychological services. A corporate entity, a governmental entity or any other organization may be a client if there is a professional contract to provide services or benefits primarily to an organization rather than to an individual. If an individual has a legal guardian, the legal guardian is the client for decision-making purposes, except that the individual receiving services is the client or patient for:
   (a) Issues that directly affect the physical or emotional safety of the individual, such as sexual or other exploitative relationships.
   (b) Issues that the guardian agrees to specifically reserve to the individual.

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

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

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

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

9. "Patient" means a person who receives psychological services. If an individual has a legal guardian, the legal guardian is the client or patient for decision-making purposes, except that the individual receiving services is the client or patient for:
   (a) Issues that directly affect the physical or emotional safety of the individual, such as sexual or other exploitative relationships.
   (b) Issues that the guardian agrees to specifically reserve to the individual.
10. "Practice of psychology" means the psychological assessment, diagnosis, treatment or correction of mental, emotional, behavioral or psychological abilities, illnesses or disorders or purporting or attempting to do this consistent with section 32-2076.

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

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

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

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

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

16. "Unprofessional conduct" includes the following activities whether occurring in this state or elsewhere:
   (a) Obtaining a fee by fraud or misrepresentation.
   (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.

(l) 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.

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

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

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

(u) Failing to take reasonable steps to protect a client or patient in circumstances in which the psychologist becomes aware during the course of providing or supervising psychological services that a client or patient intends or plans to inflict serious bodily harm on self.
(v) Abandoning or neglecting a client or patient in need of immediate care without making suitable arrangements for continuation of the care.

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

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

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

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

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

(bb) Failing to furnish information in a timely manner to the board or its investigators or representatives if requested or subpoenaed by the 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. 10. 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 that is limited to not more than a fourteen-day supply.

4. A patient who:
   (a) Has an active oncology diagnosis.
   (b) Has a traumatic injury, not including a surgical procedure.
   (c) Is receiving hospice care.
   (d) Is receiving end-of-life care.
   (e) Is receiving palliative care.
   (f) Is receiving skilled nursing facility care.
   (g) 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 than ninety morphine milligram equivalents per day. If the consulting physician is not available to consult within forty-eight hours after the request, the health professional may prescribe the amount that the health professional believes the patient requires and subsequently have the consultation. If the health professional is a physician who is licensed pursuant to chapter 13 or 17 of this title and is board-certified in pain, the health professional may issue a prescription for more than ninety morphine milligram equivalents per day without a consultation under this subsection.

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

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

Sec. 11. Section 32-3251, Arizona Revised Statutes, is amended to read:

32-3251. Definitions
In this chapter, unless the context otherwise requires:
1. "Board" means the board of behavioral health examiners.
2. "Client" means a patient who receives behavioral health services from a person licensed pursuant to this chapter.
3. "Direct client contact" means the performance of therapeutic or clinical functions related to the applicant's professional practice level that may include psychoeducation for mental, emotional and behavioral disorders based primarily on verbal or nonverbal communications and intervention with, and in the presence of, one or more clients, including through the use of telehealth pursuant to Title 36, Chapter 36, Article 1.
4. "Equivalent" means comparable in content and quality but not identical.
5. "Indirect client service" means training for, and the performance of, functions of an applicant's professional practice level in preparation for or on behalf of a client for whom direct client contact functions are also performed, including case consultation and receipt of clinical supervision. Indirect client service does not include the provision of psychoeducation.
6. "Letter of concern" means a nondisciplinary written document sent by the board to notify a licensee that, while there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee.
7. "Licensee" means a person who is licensed pursuant to this chapter.
8. "Practice of behavioral health" means the practice of marriage and family therapy, professional counseling, social work and substance abuse counseling pursuant to this chapter.
9. "Practice of marriage and family therapy" means the professional application of family systems theories, principles and techniques to treat interpersonal relationship issues and nervous, mental and emotional disorders that are cognitive, affective or behavioral. The practice of marriage and family therapy includes:
   (a) Assessment, appraisal and diagnosis.
   (b) The use of psychotherapy for the purpose of evaluation, diagnosis and treatment of individuals, couples, families and groups.
10. "Practice of professional counseling" means the professional application of mental health, psychological and human development theories, principles and techniques to:
(a) Facilitate human development and adjustment throughout the human life span.
(b) Assess and facilitate career development.
(c) Treat interpersonal relationship issues and nervous, mental and emotional disorders that are cognitive, affective or behavioral.
(d) Manage symptoms of mental illness.
(e) Assess, appraise, evaluate, diagnose and treat individuals, couples, families and groups through the use of psychotherapy.

11. "Practice of social work" means the professional application of social work theories, principles, methods and techniques to:
   (a) Treat mental, behavioral and emotional disorders.
   (b) Assist individuals, families, groups and communities to enhance or restore the ability to function physically, socially, emotionally, mentally and economically.
   (c) Assess, appraise, diagnose, evaluate and treat individuals, couples, families and groups through the use of psychotherapy.

12. "Practice of substance abuse counseling" means the professional application of general counseling theories, principles and techniques as specifically adapted, based on research and clinical experience, to the specialized needs and characteristics of persons who are experiencing substance abuse, chemical dependency and related problems and to the families of those persons. The practice of substance abuse counseling includes the following as they relate to substance abuse and chemical dependency issues:
   (a) Assessment, appraisal and diagnosis.
   (b) The use of psychotherapy for the purpose of evaluation, diagnosis and treatment of individuals, couples, families and groups.

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

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

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

16. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:
   (a) Being convicted of a felony. Conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the conviction.
(b) Using fraud or deceit in connection with rendering services as a licensee or in establishing qualifications pursuant to this chapter.

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

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

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

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

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

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

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

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

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

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

(l) 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.

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

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

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

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

(cc) Failing to take reasonable steps to inform potential victims and appropriate authorities if the licensee becomes aware during the course of providing or supervising behavioral health services that a client's condition indicates a clear and imminent danger to the client or others.
(dd) Failing to comply with the laws of the appropriate licensing
or credentialing authority to provide behavioral health services by
electronic means in all governmental jurisdictions where the client
receiving these services resides.

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

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

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

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

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

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

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

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

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

(nn) Violating the security of any licensure examination materials.
(oo) Using fraud or deceit in connection with taking or assisting another person in taking a licensure examination.

Sec. 12. Section 36-2272, Arizona Revised Statutes, is amended to read:

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

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

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

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

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

Sec. 13. Heading change

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

Sec. 14. Section 36-3601, Arizona Revised Statutes, is amended to read:

36-3601. Definitions

For the purposes of this chapter:

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

2. "Health care provider":

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

(b) INCLUDES:

(i) A HEALTH CARE INSTITUTION LICENSED PURSUANT TO CHAPTER 4 OF THIS TITLE.

(ii) A PERSON WHO HOLDS A TRAINING PERMIT PURSUANT TO TITLE 32, CHAPTER 13 OR 17.

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

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

4. "TELEHEALTH" MEANS:
(a) THE INTERACTIVE USE OF AUDIO, VIDEO OR OTHER ELECTRONIC MEDIA,
INCLUDING ASYNCHRONOUS STORE-AND-FORWARD TECHNOLOGIES AND REMOTE PATIENT
MONITORING TECHNOLOGIES, FOR THE PRACTICE OF HEALTH CARE, ASSESSMENT,
DIAGNOSIS, CONSULTATION OR TREATMENT AND THE TRANSFER OF MEDICAL DATA.
(b) INCLUDES THE USE OF AN AUDIO-ONLY TELEPHONE ENCOUNTER BETWEEN
THE PATIENT OR CLIENT AND HEALTH CARE PROVIDER IF AN AUDIO-VISUAL
TELEHEALTH ENCOUNTER IS NOT REASONABLY AVAILABLE DUE TO THE PATIENT'S
FUNCTIONAL STATUS, THE PATIENT'S LACK OF TECHNOLOGY OR TELECOMMUNICATIONS
INFRASTRUCTURE LIMITS, AS DETERMINED BY THE HEALTH CARE PROVIDER.
(c) DOES NOT INCLUDE THE USE OF A FAX MACHINE, INSTANT MESSAGES,
VOICE MAIL OR EMAIL.

Sec. 15. Section 36-3602, Arizona Revised Statutes, is amended to read:
36-3602. Delivery of health care through telehealth;
requirements; exceptions
A. Except as provided in subsection G of this section, before a
health care provider delivers health care through telemedicine TELEHEALTH,
the treating health care provider shall obtain verbal or written informed
consent, INCLUDING BY ELECTRONIC MEANS, from the patient or the patient's
health care decision maker. If the informed consent is obtained verbally,
the health care provider shall document the consent on the patient's
medical record.
B. The patient is entitled to all existing confidentiality
protections pursuant to section 12-2292.
C. All medical reports resulting from a telemedicine TELEHEALTH
consultation are part of a patient's medical record as defined in section
12-2291.
D. Dissemination of any images or information identifiable to a
specific patient for research or educational purposes shall not occur
without the patient's consent, unless authorized by state or federal law.
E. EXCEPT AS PROVIDED IN SUBSECTION F OF THIS SECTION AND FOR
SCHEDULE II DRUGS, A HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY MAY
NOT ENFORCE ANY STATUTE, RULE OR POLICY THAT WOULD REQUIRE A HEALTH CARE
PROVIDER WHO IS LICENSED BY THAT BOARD OR AGENCY AND WHO IS AUTHORIZED TO
WRITE PRESCRIPTIONS OR DISPENSE OR ADMINISTER PRESCRIPTION DRUGS AND
DEVICES TO PROVIDE AN IN-PERSON EXAMINATION OF THE PATIENT BEFORE ISSUING
A PRESCRIPTION EXCEPT AS SPECIFICALLY PRESCRIBED BY FEDERAL LAW. A
PHYSICAL OR MENTAL HEALTH STATUS EXAMINATION MAY BE CONDUCTED DURING A
TELEHEALTH ENCOUNTER. SCHEDULE II DRUGS MAY BE PRESCRIBED ONLY AFTER AN
IN-PERSON OR AUDIO-VISUAL EXAMINATION AND ONLY TO THE EXTENT ALLOWED BY
FEDERAL AND STATE LAW.

F. SERVICES PROVIDED THROUGH TELEHEALTH ARE SUBJECT TO THIS STATE'S
LAWS AND RULES GOVERNING THE HEALTH CARE PROVIDER'S SCOPE OF PRACTICE AND
THE PRACTICE GUIDELINES ADOPTED BY THE TELEHEALTH ADVISORY COMMITTEE ON
TELEHEALTH BEST PRACTICES ESTABLISHED BY SECTION 36-3607.

t- G. The consent requirements of this section do not apply:
1. If the telemedicine TELEHEALTH interaction does not take place
   in the physical presence of the patient.
2. In an emergency situation in which the patient or the patient's
   health care decision maker is unable to give informed consent.
3. To the transmission of diagnostic images to a health care
   provider serving as a consultant or the reporting of diagnostic test
   results by that consultant.

Sec. 16. Section 36-3603, Arizona Revised Statutes, is amended to
read:

36-3603. State jurisdiction; scope
The provisions of this article apply APPLIES to the practice of
telemedicine TELEHEALTH within the THIS state of Arizona. Nothing in This
article shall be construed to DOES NOT expand, reduce or otherwise amend
the health care provider licensing requirements of title 32.

Sec. 17. Section 36-3604, Arizona Revised Statutes, is amended to
read:

36-3604. Use of telehealth for abortion prohibited; penalty;
definition
A. A health care provider shall not use telemedicine TELEHEALTH to
provide an abortion.
B. A health care provider who knowingly violates this section
   commits an act of unprofessional conduct and is subject to license
   suspension or revocation pursuant to title 32.
C. For the purposes of this section, "abortion" has the same
   meaning prescribed in section 36-2151.

Sec. 18. Title 36, chapter 36, article 1, Arizona Revised Statutes,
is amended by adding sections 36-3605, 36-3606, 36-3607 and 36-3608, to
read:

36-3605. Health care providers; determination of telehealth
medium
CONSISTENT WITH THE BEST PRACTICE GUIDELINES ADOPTED BY THE
TELEHEALTH ADVISORY COMMITTEE ON TELEHEALTH BEST PRACTICES ESTABLISHED BY
SECTION 36-3607, A HEALTH CARE PROVIDER SHALL MAKE A GOOD FAITH EFFORT IN
dETERMINING BOTH OF THE FOLLOWING:
1. WHETHER A HEALTH CARE SERVICE SHOULD BE PROVIDED THROUGH
   TELEHEALTH INSTEAD OF IN PERSON. THE HEALTH CARE PROVIDER SHALL USE THE
   HEALTH CARE PROVIDER'S CLINICAL JUDGMENT IN CONSIDERING WHETHER THE NATURE
OF THE SERVICES NECESSITATES PHYSICAL INTERVENTIONS AND CLOSE OBSERVATION
AND THE CIRCUMSTANCES OF THE PATIENT, INCLUDING DIAGNOSIS, SYMPTOMS,
HISTORY, AGE, PHYSICAL LOCATION AND ACCESS TO TELEHEALTH.

2. THE COMMUNICATION MEDIUM OF TELEHEALTH AND, WHENEVER REASONABLY
PRACTICABLE, THE TELEHEALTH COMMUNICATION MEDIUM THAT ALLOWS THE HEALTH
CARE PROVIDER TO MOST EFFECTIVELY ASSESS, DIAGNOSE AND TREAT THE PATIENT.
FACTORS THE HEALTH CARE PROVIDER MAY CONSIDER IN DETERMINING THE
COMMUNICATION MEDIUM INCLUDE THE PATIENT’S LACK OF ACCESS TO OR INABILITY
TO USE TECHNOLOGY OR LIMITS IN TELECOMMUNICATION INFRASTRUCTURE NECESSARY
TO SUPPORT INTERACTIVE TELEHEALTH ENCOUNTERS.

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

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

1. Registers with this state's applicable health care provider
regulatory board or agency that licenses comparable health care providers
in this state on an application prescribed by the board or agency that
contains all of the following:
   (a) The health care provider's name.
   (b) Proof of the health care provider's professional licensure,
including all United States jurisdictions in which the provider is
licensed and the license numbers. Verification of licensure in another
state shall be made through information obtained from the applicable
regulatory board's website.
   (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. BEFORE PRESCRIBING A CONTROLLED SUBSTANCE TO A PATIENT IN THIS
STATE, REGISTERS WITH THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING
PROGRAM ESTABLISHED PURSUANT TO CHAPTER 28 OF THIS TITLE.

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

4. 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 HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY REGISTERING
THE HEALTH CARE PROVIDER MAY USE THE NATIONAL PRACTITIONER DATABANK TO
VERIFY THE INFORMATION SUBMITTED PURSUANT TO THIS PARAGRAPH.

5. Acts in full compliance with all applicable laws and rules of
this state, including scope of practice, laws and rules governing
prescribing, dispensing and administering prescription drugs and devices,
telehealth requirements and the best practice guidelines adopted by the
telehealth advisory committee on telehealth best practices established by
section 36-3607.

6. 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.

7. 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.

8. Follows this state's standards of care for that particular
licensed health profession.

9. Annually updates the health care provider's registration for
accuracy and submits 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:

1. Open an office in this state, except as part of a multistate
provider group that includes at least one health care provider who is
licensed in this state through the applicable health care provider
regulatory board or agency.

2. 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 both
nondisciplinary and disciplinary action by the applicable health care
provider regulatory board or agency in this state. For the purposes of
disciplinary action by the applicable health care provider regulatory
board or agency in this state, all statutory authority regarding
investigating, rehabilitating and educating health care providers may be
used. If a health care provider fails to comply with the applicable laws
and rules of this state, the applicable health care provider regulatory
board or agency in this state may revoke or prohibit the health care
provider's privileges in this state, report the action to the national
practitioner database and refer the matter to the licensing authority in
the state or states where the health care provider possesses a
professional license. In any matter or proceeding arising from such a
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REFERRAL, THE APPLICABLE HEALTH CARE PROVIDER REGULATORY BOARD OR AGENCY IN THIS STATE MAY SHARE ANY RELATED DISCIPLINARY AND INVESTIGATIVE INFORMATION IN ITS POSSESSION WITH ANOTHER STATE LICENSING BOARD.

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

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

1. THE SERVICES ARE PROVIDED UNDER ONE OF THE FOLLOWING CIRCUMSTANCES:
   (a) IN RESPONSE TO AN EMERGENCY MEDICATION CONDITION.
   (b) IN CONSULTATION WITH A HEALTH CARE PROVIDER WHO IS LICENSED IN THIS STATE AND WHO HAS THE ULTIMATE AUTHORITY OVER THE PATIENT'S DIAGNOSIS AND TREATMENT.
   (c) TO PROVIDE AFTER-CARE SPECIFICALLY RELATED TO A MEDICAL PROCEDURE THAT WAS DELIVERED IN PERSON IN ANOTHER STATE.
   (d) TO A PERSON WHO IS A RESIDENT OF ANOTHER STATE AND THE TELEHEALTH PROVIDER IS THE PRIMARY CARE PROVIDER OR BEHAVIORAL HEALTH PROVIDER LOCATED IN THE PERSON'S STATE OF RESIDENCE.

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

36-3607. Telehealth advisory committee on telehealth best practices; membership; reports; committee termination

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

1. ONE PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13.
2. ONE PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 17 AND WHO IS PRACTICING PRIMARY CARE IN THIS STATE.
3. TWO ADVANCED PRACTICE REGISTERED NURSES WHO ARE LICENSED PURSUANT TO TITLE 32, CHAPTER 15.
4. ONE PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17 AND WHO SPECIALIZES IN PAIN MANAGEMENT.
5. ONE PSYCHIATRIST WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17.
6. ONE PSYCHOLOGIST WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 19.1.
7. TWO BEHAVIORAL HEALTH PROFESSIONALS WHO ARE LICENSED PURSUANT TO TITLE 32, CHAPTER 33, ONE OF WHOM IS EMPLOYED BY AN OUTPATIENT TREATMENT CENTER.
8. One physician who is licensed pursuant to Title 32, Chapter 14.
9. One health care professional whose primary area of focus is treating persons with developmental disabilities.
10. One health care professional whose primary area of focus is industrial injuries.
11. One speech-language pathologist who is licensed pursuant to Chapter 17 of this title.
12. One occupational therapist who is licensed pursuant to Title 32, Chapter 34.
13. One hospital administrator.
14. One physician assistant who is licensed pursuant to Title 32, Chapter 25.
16. Two representatives of health care insurers who are licensed health care providers.
17. One optometrist who is licensed pursuant to Title 32, Chapter 16.
18. One representative of a vertically integrated telemedicine technology manufacturer of hardware and compatible software.
19. One behavioral analyst who is licensed pursuant to Title 32, Chapter 19.1.
20. One representative from each of the following:
   (a) The Arizona Health Care Cost Containment System.
   (b) The Department of Health Services.
   (c) The Department of Economic Security.
   (d) The Department of Insurance and Financial Institutions.
   (e) The Industrial Commission of Arizona.

B. The advisory committee:
1. Shall review national and other standards for telehealth best practices and relevant peer-reviewed literature.
2. May conduct public meetings at which testimony may be taken regarding the efficacy of various communications media and the types of services and populations for which telehealth is appropriate.
3. Shall adopt telehealth best practice guidelines and recommendations regarding the health care services that may be appropriately provided through an audio-only telehealth format and make updates, when applicable. Before making its recommendations, the advisory committee shall analyze medical literature and national practice guidelines, consider the comparative effectiveness and safety and the benefit to the patient of performing a service through an audio-only telehealth format instead of in person or through an audio-visual telehealth format, and the appropriate frequency and duration of audio-only telehealth encounters.
4. May authorize subcommittees to address select issues or services and report to the advisory committee as directed.
5. On or before December 1, 2021, shall submit a report to the governor, the president of the senate and the speaker of the house of representatives with the advisory committee's recommendations regarding the specific health care services that are appropriate to provide through an audio-only telehealth format as a substitute for an in-person or audio-visual telehealth encounter.
6. On or before June 30, 2022, shall submit a report to the governor, the president of the senate and the speaker of the house of representatives with the advisory committee's recommendations regarding telehealth best practice guidelines for health care providers.
C. The Arizona health care cost containment system shall staff the advisory committee and provide meeting space.
D. The committee established by this section ends on July 1, 2029 pursuant to section 41-3102.
36-3608. Health care provider regulatory boards and agencies; out-of-state health care providers; reports
Beginning October 1, 2021 and on or before the first of each month thereafter, each health care provider regulatory board or agency shall submit to the telehealth advisory committee on telehealth best practices established by section 36-3607 a report identifying the number and type of out-of-state health care providers who have applied for registration pursuant to section 36-3606 and the number and type of out-of-state health care providers whose registration pursuant to section 36-3606 has been approved.
Sec. 19. Delayed repeal
Section 36-3608, Arizona Revised Statutes, is repealed from and after December 31, 2025.
Sec. 20. Section 38-672, Arizona Revised Statutes, is amended to read:
38-672. Traumatic event counseling for public safety employees; report; exceptions; definitions
A. Notwithstanding any other law, this state or a political subdivision of this state shall establish a program to provide public safety employees who are exposed to any one of the following events while in the course of duty up to twelve visits of licensed counseling, which may be provided via telemedicine through telehealth, paid for by the employer:
1. Visually witnessing the death or maiming or visually witnessing the immediate aftermath of such a death or maiming of one or more human beings.
2. Responding to or being directly involved in a criminal investigation of an offense involving a dangerous crime against children as defined in section 13-705.
3. Requiring rescue in the line of duty where one's life was endangered.

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

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

1. The total number of public safety employees who have participated in the program.
2. The average number of visits per public safety employee.
3. The average number of months that a public safety employee participated in the program.
4. The average number of days that a public safety employee who participated in the program missed work.
5. The total number of public safety employees who participated in the program and who subsequently filed a workers' compensation claim and the number of those claims that were approved and the number of those claims that were denied.
6. For each employer, the total amount of work missed by public safety employees who participated in the program and how missed work was provided for by the employer or through employee benefits.

D. On or before September 1, 2019 and September 1 of each year thereafter, this state and each political subdivision of this state shall submit the data collected pursuant to subsection C of this section to the department of administration. On or before October 1, 2019 and October 1 of each year thereafter, the department of administration shall compile the data into a report and submit the report to the governor, the president of the senate, the speaker of the house of representatives, the chairperson of the senate health and human services committee, or its successor committee, the chairperson of the house of representatives health committee, or its successor committee, the chairperson of the senate commerce and public safety committee, or its successor committee, and the chairperson of the house of representatives judiciary and public safety committee, or its successor committee, and shall provide a copy of this report to the secretary of state. Subsection C of this section and this subsection do not authorize this state or a political subdivision of this state to compile and report data that is protected under the health insurance portability and accountability act of 1996 (P.L. 104-191; 110 Stat. 1936).

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

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

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

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

F. For the purposes of this section:

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

2. "Public safety employee":
   (a) Means:
      (i) Except as prescribed in subdivision (b) of this paragraph, an individual who is a member of the public safety personnel retirement system or the corrections officer retirement plan.
      (ii) Except as prescribed in subdivision (b) of this paragraph, a probation officer, surveillance officer or juvenile detention officer who is employed by this state or a political subdivision of this state.
   (b) Does not include peace officers or firefighters.

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

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

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

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

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

3. Requiring rescue in the line of duty where one’s life was endangered.

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

5. Witnessing the death of another peace officer or firefighter while engaged in the line of duty.
6. Responding to or being directly involved in an investigation regarding the drowning or near drowning of a child.

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

C. An employer may not require a peace officer or firefighter who is receiving treatment pursuant to this section to use the peace officer's or firefighter's accrued paid vacation leave, personal leave or sick leave if the peace officer or firefighter leaves work to attend a treatment visit pursuant to this section.

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

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

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

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

4. The employer does not have a supplemental program that provides pay and benefits after the occurrence of an injury. For the purposes of this paragraph, supplemental program that provides pay and benefits after the occurrence of an injury does not include a supplemental benefits plan established pursuant to section 38-961.

E. An employer shall allow a peace officer or firefighter to select the peace officer's or firefighter's own licensed mental health professional, except that if a licensed mental health professional declines to provide counseling pursuant to this section, the employer is not required to secure the services of that licensed mental health professional. The employer shall pay the licensed mental health professional pursuant to the schedule of fees that is fixed by the industrial commission of Arizona pursuant to section 23-908.
F. Payment by the employer for licensed counseling pursuant to this section does not create a presumption that a claim is compensable under section 23-1043.01, subsection B.

G. For each program established pursuant to this section, this state and each political subdivision of this state shall compile the following data for peace officers and firefighters:
   1. For each category of persons, the total number of persons who have participated in the program.
   2. For each category of persons, the average number of visits per person.
   3. For each category of persons, the average number of months that a person participated in the program.
   4. For each category of persons, the average number of days that a person participated in the program missed work.
   5. For each category of persons, the total number of persons who participated in the program and who subsequently filed a workers' compensation claim and the number of those claims that were approved and the number of those claims that were denied.
   6. For each category of persons, of the total number of persons who have participated in the program, the percentage of persons who received additional visits under subsection B of this section.
   7. For each category of persons, the total number of persons who were deemed not fit for duty by a licensed mental health professional pursuant to subsection D of this section.
   8. For each employer, the total amount of work missed by each category of persons who participated in the program and how missed work was provided for by the employer or through employee benefits.

H. On or before September 1, 2019 and September 1 of each year thereafter, this state and each political subdivision of this state shall submit the data collected pursuant to subsection G of this section to the department of administration. On or before October 1, 2019 and October 1 of each year thereafter, the department of administration shall compile the data into a report and submit the report to the governor, the president of the senate, the speaker of the house of representatives, the chairperson of the senate health and human services committee, or its successor committee, the chairperson of the house of representatives health committee, or its successor committee, the chairperson of the senate commerce and public safety committee, or its successor committee, and the chairperson of the house of representatives judiciary and public safety committee, or its successor committee, and shall provide a copy of this report to the secretary of state. Subsection G of this section and this subsection do not authorize this state or a political subdivision of this state to compile and report data that is protected under the health insurance portability and accountability act of 1996 (P.L. 104-191; 110 Stat. 1936).
I. This section does not apply to a state employer that provides a
program to its peace officers and firefighters that is characterized by
all of the following:
   1. The program is paid for by the employer.
   2. The program provides licensed counseling for any issue. For
      licensed counseling related to trauma experienced while in the line of
      duty, the licensed counseling is provided on the request of the peace
      officer or firefighter and is in person.
   3. The program offers at least twelve visits per year and will
      offer additional visits if the licensed mental health professional
      determines that additional visits are necessary.
J. For the purposes of this section:
   1. "Licensed counseling" means counseling provided by a licensed
      mental health professional.
   2. "Licensed mental health professional" means a psychiatrist or
      psychologist who is licensed pursuant to title 32, chapter 13, 17 or
      19.1.
Sec. 22. Department of health services; acute care services
   A. On or before the earlier of thirty days after the effective date
      of this section or September 1, 2021, the department of health services
      shall develop a three-year pilot program that allows the delivery of acute
      care services to patients in the patient's home by licensed hospitals in
      this state. The department may waive rules necessary to implement the
      requirements of the pilot program. The pilot program shall be designed in
      a manner and in coordination with the acute care at home program
      authorized by the centers for medicare and medicaid services.
   B. In collaboration with interested hospitals in this state, the
      department shall determine:
      1. The criteria necessary for a licensed hospital to be eligible
         for the pilot program. Eligible hospitals must demonstrate the required
         in-person and telehealth equipment necessary to provide acute in-home
         services.
      2. The protocols for eligible hospitals to determine patient
         eligibility in the program.
      3. The protocols for health care services to be provided by or
         under the direction of eligible hospitals in the program.
   C. Hospitals participating in the pilot program may use applicable
      protocols determined by the department to set:
      1. The patient eligibility criteria.
      2. The categories of licensed health care providers that may be
         used.
      3. The services that may be outsourced by the hospital.
      4. The health care services to be provided by or under the
direction of the hospital.

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D. The Arizona state board of pharmacy may waive rules necessary to implement the requirements of the pilot program.

E. Hospitals participating in the pilot program shall:
   1. Report patient progress and program quality outcomes as required by the department.
   2. Comply with any reporting requirements established by the Arizona state board of pharmacy for purposes of the pilot program.

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

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

On or before March 31, 2023, the department of insurance and financial institutions shall report to the president of the senate and the speaker of the house of representatives the number of telehealth encounters based on claims data, with all of the personally identifiable health information redacted, received by health insurers and health plans for services provided in this state in the preceding year, including:
   1. The overall number of telehealth encounters and the number of audio-only telehealth encounters billed to health care insurers.
   2. The number of telehealth encounters in this state involving out-of-state health care providers.
   3. The types of services provided through telehealth encounters and through audio-only telehealth encounters.
   4. The differential in payment between audio-only telehealth encounters and in-person care or audio-visual telehealth encounters.

Sec. 24. Rulemaking exemptions

Notwithstanding any other law, for the purposes of this act, each health care provider regulatory board or agency as defined in section 36-3601, Arizona Revised Statutes, as amended by this act, is exempt from the rulemaking requirements of title 41, chapter 6, Arizona Revised Statutes, for one year after the effective date of this act.

Sec. 25. Emergency

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