REFERENCE TITLE: abortion; authorized providers; waiting period

State of Arizona Senate Fifty-fifth Legislature First Regular Session 2021

# **SB 1724**

Introduced by Senator Rios

### AN ACT

AMENDING SECTIONS 32-1606, 32-2501, 32-2531, 32-2532, 32-2534, 36-449.01, 36-449.03, 36-2152, 36-2153, 36-2155, 36-2156, 36-2158, 36-2161 AND 36-2162.01, ARIZONA REVISED STATUTES; REPEALING SECTION 36-3604, ARIZONA REVISED STATUTES; RELATING TO ABORTION.

(TEXT OF BILL BEGINS ON NEXT PAGE)

- i -

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

Section 1. Section 32-1606, Arizona Revised Statutes, is amended to read:

## 32-1606. Powers and duties of board

- A. The board may:
- 1. Adopt and revise rules necessary to carry into effect this chapter.  $\ensuremath{\text{chapter}}$
- 2. Publish advisory opinions regarding registered and practical nursing practice and nursing education.
- 3. Issue limited licenses or certificates if it determines that an applicant or licensee cannot function safely in a specific setting or within the full scope of practice.
- 4. Refer criminal violations of this chapter to the appropriate law enforcement agency.
- 5. Establish a confidential program for monitoring licensees who are chemically dependent and who enroll in rehabilitation programs that meet the criteria established by the board. The board may take further action if the licensee refuses to enter into a stipulated agreement or fails to comply with its terms. In order to protect the public health and safety, the confidentiality requirements of this paragraph do not apply if the licensee does not comply with the stipulated agreement.
- 6. On the applicant's or regulated party's request, establish a payment schedule with the applicant or regulated party.
  - 7. Provide education regarding board functions.
  - 8. Collect or assist in collecting workforce data.
- 9. Adopt rules to conduct pilot programs consistent with public safety for innovative applications in nursing practice, education and regulation.
- 10. Grant retirement status on request to retired nurses who are or were licensed under this chapter, who have no open complaint or investigation pending against them and who are not subject to discipline.
- 11. Accept and spend federal monies and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These monies do not revert to the state general fund at the end of the fiscal year.
  - B. The board shall:
- 1. Approve regulated training and educational programs that meet the requirements of this chapter and rules adopted by the board.
- 2. By rule, establish approval and reapproval processes for nursing and nursing assistant training programs that meet the requirements of this chapter and board rules.
- 3. Prepare and maintain a list of approved nursing programs to prepare registered and practical nurses whose graduates are eligible for licensing under this chapter as registered nurses or as practical nurses if they satisfy the other requirements of this chapter and board rules.

- 1 -

- 4. Examine qualified registered and practical nurse applicants.
- 5. License and renew the licenses of qualified registered and practical nurse applicants and licensed nursing assistants who are not qualified to be licensed by the executive director.
  - 6. Adopt a seal, which the executive director shall keep.
  - 7. Keep a record of all proceedings.
- 8. For proper cause, deny or rescind approval of a regulated training or educational program for failure to comply with this chapter or the rules of the board.
- 9. Adopt rules to approve credential evaluation services that evaluate the qualifications of applicants who graduated from an international nursing program.
- 10. Determine and administer appropriate disciplinary action against all regulated parties who are found guilty of violating this chapter or rules adopted by the board.
- 11. Perform functions necessary to carry out the requirements of nursing assistant and nurse aide training and competency evaluation program as set forth in the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall include:
  - (a) Testing and registering certified nursing assistants.
  - (b) Testing and licensing licensed nursing assistants.
  - (c) Maintaining a list of board-approved training programs.
- (d) Maintaining a registry of nursing assistants for all certified nursing assistants and licensed nursing assistants.
  - (e) Assessing fees.
- 12. Adopt rules establishing those acts that may be performed by a registered nurse practitioner or certified nurse midwife, except that the board does not have authority to decide scope of practice relating to abortion as defined in section 36-2151.
- 13. Adopt rules that prohibit registered nurse practitioners, clinical nurse specialists or certified nurse midwives from dispensing a schedule II controlled substance that is an opioid, except for an implantable device or an opioid that is for medication-assisted treatment for substance use disorders.
- 14. Adopt rules establishing educational requirements to certify school nurses.
- $\,$  15. Publish copies of board rules and distribute these copies on request.
- 16. Require each applicant for initial licensure or certification to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.

- 2 -

- 17. Except for a licensee who has been convicted of a felony that has been designated a misdemeanor pursuant to section 13-604, revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to section 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions three or more years before the date of filing an application pursuant to this chapter.
- 18. Establish standards to approve and reapprove nurse practitioner and clinical nurse specialist programs and provide for surveys of nurse practitioner and clinical nurse specialist programs as it deems necessary.
- 19. Provide the licensing authorities of health care institutions, facilities and homes with any information the board receives regarding practices that place a patient's health at risk.
- 20. Limit the multistate licensure privilege of any person who holds or applies for a license in this state pursuant to section 32-1668.
- 21. Adopt rules to establish competency standards for obtaining and maintaining a license.
  - 22. Adopt rules to qualify and certify clinical nurse specialists.
- 23. Adopt rules to approve and reapprove refresher courses for nurses who are not currently practicing.
- 24. Maintain a list of approved medication assistant training programs.
  - 25. Test and certify medication assistants.
- 26. Maintain a registry and disciplinary record of medication assistants who are certified pursuant to this chapter.
- 27. Adopt rules to establish the requirements for a clinical nurse specialist to prescribe and dispense drugs and devices consistent with section 32-1651 and within the clinical nurse specialist's population or disease focus.
- C. The board may conduct an investigation on receipt of information that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter. Following the investigation, the board may take disciplinary action pursuant to this chapter.
- D. The board may limit, revoke or suspend the privilege of a nurse to practice in this state granted pursuant to section 32-1668.
- E. Failure to comply with any final order of the board, including an order of censure or probation, is cause for suspension or revocation of a license or a certificate.
- F. The president or a member of the board designated by the president may administer oaths in transacting the business of the board.

- 3 -

Sec. 2. Section 32-2501, Arizona Revised Statutes, is amended to read:

#### 32-2501. <u>Definitions</u>

In this chapter, unless the context otherwise requires:

- 1. "Active license" means a regular license issued pursuant to this chapter.
- 2. "Adequate records" means legible medical records 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 physician assistant 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 program" means a physician assistant educational program accredited by the accreditation review commission on education for physician assistants, or one of its predecessor agencies, the committee on allied health education and accreditation or the commission on the accreditation of allied health educational programs.
- 5. "Board" means the Arizona regulatory board of physician assistants.
- 6. "Completed application" means an application for which the applicant has supplied all required fees, information and correspondence requested by the board on forms and in a manner acceptable to the board.
- 7. "Immediate family" means the spouse, natural or adopted children, father, mother, brothers and sisters of the physician assistant and the natural or adopted children, father, mother, brothers and sisters of the physician assistant's spouse.
- 8. "Letter of reprimand" means a disciplinary letter that is issued by the board and that informs the physician assistant that the physician assistant's conduct violates state or federal law and may require the board to monitor the physician assistant.
- 9. "Limit" means a nondisciplinary action that is taken by the board and that alters a physician assistant's practice or medical

- 4 -

activities if there is evidence that the physician assistant is or may be mentally or physically unable to safely engage in health care tasks.

- 10. "Medically incompetent" means that a physician assistant lacks sufficient medical knowledge or skills, or both, in performing delegated health care tasks to a degree likely to endanger the health or safety of patients.
- 11. "Minor surgery" means those invasive procedures that may be delegated to a physician assistant by a supervising physician, that are consistent with the training and experience of the physician assistant, that are normally taught in courses of training approved by the board and that have been approved by the board as falling within a scope of practice of a physician assistant. Minor surgery does not include a surgical abortion.
- 12. "Physician" means a physician who is licensed pursuant to chapter 13 or 17 of this title.
- 13. "Physician assistant" means a person who is licensed pursuant to this chapter and who practices medicine with physician supervision.
- 14. "Regular license" means a valid and existing license that is issued pursuant to section 32-2521 to perform health care tasks.
- 15. "Restrict" means a disciplinary action that is taken by the board and that alters a physician assistant's practice or medical activities if there is evidence that the physician assistant is or may be medically incompetent or guilty of unprofessional conduct.
- 16. "Supervising physician" means a physician who holds a current unrestricted license, who supervises a physician assistant and who assumes legal responsibility for health care tasks performed by the physician assistant.
- 17. "Supervision" means a physician's opportunity or ability to provide or exercise direction and control over the services of a physician assistant. Supervision does not require a physician's constant physical presence if the supervising physician is or can be easily in contact with the physician assistant by telecommunication.
- 18. "Unprofessional conduct" includes the following acts by a physician assistant that occur in this state or elsewhere:
- (a) Violating any federal or state law or rule that applies to the performance of health care tasks as a physician assistant. Conviction in any court of competent jurisdiction is conclusive evidence of a violation.
- (b) Claiming to be a physician or knowingly permitting ALLOWING another person to represent that person as a physician.
- (c) Performing health care tasks that have not been delegated by the supervising physician.
- (d) Exhibiting a pattern of using or being under the influence of alcohol or drugs or a similar substance while performing health care tasks or to the extent that judgment may be impaired and the ability to perform health care tasks detrimentally affected.

- 5 -

- (e) Signing a blank, undated or predated prescription form.
- (f) Committing gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
- (g) Representing that a manifestly incurable disease or infirmity can be permanently cured or that a disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if this is not true.
- (h) 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.
- (i) Prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter.
- (j) Committing any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.
- (k) Violating a formal order, probation or stipulation issued by the board.
- (1) Failing to clearly disclose the person's identity as a physician assistant in the course of the physician assistant's employment.
- (m) Failing to use and affix the initials "P.A." or "P.A.-C." after the physician assistant's name or signature on charts, prescriptions or professional correspondence.
- (n) Procuring or attempting to procure a physician assistant license by fraud, misrepresentation or knowingly taking advantage of the mistake of another.
- (o) Having professional connection with or lending the physician assistant's name to an illegal practitioner of any of the healing arts.
  - (p) Failing or refusing to maintain adequate records on a patient.
- (q) Using controlled substances that have not been prescribed by a physician, physician assistant, dentist or nurse practitioner for use during a prescribed course of treatment.
- (r) Prescribing or dispensing controlled substances to members of the physician assistant's immediate family.
- (s) Prescribing, dispensing or administering any controlled substance or prescription-only drug for other than accepted therapeutic purposes.
- (t) Dispensing a schedule II controlled substance that is an opioid, except as provided in section 32-2532.
- (u) Knowingly making any written or oral false or fraudulent statement in connection with the performance of health care tasks or when applying for privileges or renewing an application for privileges at a health care institution.
- (v) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by

- 6 -

a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.

- (w) Having a certification or license refused, revoked, suspended, limited or restricted by any other licensing jurisdiction for the inability to safely and skillfully perform health care tasks or for unprofessional conduct as defined by that jurisdiction that directly or indirectly corresponds to any act of unprofessional conduct as prescribed by this paragraph.
- (x) Having sanctions including restriction, suspension or removal from practice imposed by an agency of the federal government.
- (y) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate a provision of this chapter.
- (z) Using the term "doctor" or the abbreviation "Dr." on a name tag or in a way that leads the public to believe that the physician assistant is licensed to practice as an allopathic or an osteopathic physician in this state.
- (aa) Failing to furnish legally requested information to the board or its investigator in a timely manner.
- (bb) Failing to allow properly authorized board personnel to examine on demand documents, reports and records of any kind relating to the physician assistant's performance of health care tasks.
- (cc) Knowingly making a false or misleading statement on a form required by the board or in written correspondence or attachments furnished to the board.
- (dd) Failing to submit to a body fluid examination and other examinations known to detect the presence of alcohol or other drugs pursuant to an agreement with the board or an order of the board.
- (ee) Violating a formal order, probation agreement or stipulation issued or entered into by the board or its executive director.
- (ff) Except as otherwise required by law, intentionally betraying a professional secret or intentionally violating a privileged communication.
- (gg) Allowing the use of the licensee's name in any way to enhance or permit ALLOW the continuance of the activities of, or maintaining a professional connection with, an illegal practitioner of medicine or the performance of health care tasks by a person who is not licensed pursuant to this chapter.
- (hh) Committing false, fraudulent, deceptive or misleading advertising by a physician assistant or the physician assistant's staff or representative.
- (ii) 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 licensee has a direct financial interest in a

- 7 -

 separate diagnostic or treatment agency or in nonroutine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one physician assistant to another physician assistant or to a doctor of medicine or a doctor of osteopathic medicine within a group working together.

- (jj) 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 or without conforming to generally accepted experimental criteria including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee, or without approval by the United States food and drug administration or its successor agency.
- (kk) Prescribing, dispensing or administering anabolic or androgenic steroids for other than therapeutic purposes.
- (11) 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 examination of that person or has previously established a professional relationship with the person. This subdivision does not apply to:
- (i) A physician assistant who provides temporary patient care on behalf of 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 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 assistant.
- (mm) 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 professional 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 other verbal conduct or physical contact of a sexual nature with a patient.
- (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.

- 8 -

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(nn) Performing health care tasks under a false or assumed name in this state.
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Sec. 3. Section 32-2531, Arizona Revised Statutes, is amended to read:

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32-2531. <u>Physician assistant scope of practice; health care</u> tasks; supervising physician duties; civil penalty
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A. A supervising physician may delegate health care tasks to a physician assistant.

B. A physician assistant shall not perform surgical abortions as defined in section 36-2151.

 $rac{ extbf{c.}}{ extbf{c.}}$  B. The physician assistant may perform those duties and responsibilities, including the ordering, prescribing, dispensing and administration of ADMINISTERING drugs and medical devices, that are delegated by the supervising physician.

D. C. The physician assistant may provide any medical service that is delegated by the supervising physician if the service is within the physician assistant's skills, is within the physician's scope of practice and is supervised by the physician.

E. D. The physician assistant may pronounce death and, if delegated, may authenticate by the physician assistant's signature any form that may be authenticated by a physician's signature.

F. E. The physician assistant is the agent of the physician assistant's supervising physician in the performance of PERFORMING all practice related activities, including the ordering of diagnostic, therapeutic and other medical services.

6. F. The physician assistant may perform health care tasks in any setting authorized by the supervising physician, including physician offices, clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care institutions. These tasks may include:

- 1. Obtaining patient histories.
- 2. Performing physical examinations.
- 3. Ordering and performing diagnostic and therapeutic procedures.
- 4. Formulating a diagnostic impression.
- 5. Developing and implementing a treatment plan.
- 6. Monitoring the effectiveness of therapeutic interventions.
- 7. Assisting in surgery.
- 8. Offering counseling and education to meet patient needs.
- 9. Making appropriate referrals.

10. Prescribing schedule IV or V controlled substances as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) and prescription-only medications.

- 11. Prescribing schedule II and III controlled substances as defined in the federal controlled substances act of 1970.
  - 12. Performing minor surgery as defined in section 32-2501.

- 9 -

13. Performing other nonsurgical health care tasks that are normally taught in courses of training approved by the board, that are consistent with the training and experience of the physician assistant and that have been properly delegated by the supervising physician.

H. G. The supervising physician shall:

- 1. Meet the requirements established by the board for supervising a physician assistant.
- 2. Accept responsibility for all tasks and duties the physician delegates to a physician assistant.
- 3. Notify the board and the physician assistant in writing if the physician assistant exceeds the scope of the delegated health care tasks.
- 4. Maintain a written agreement with the physician assistant. The agreement must state that the physician will exercise supervision over the physician assistant and retains professional and legal responsibility for the care rendered by the physician assistant. The agreement must be signed by the supervising physician and the physician assistant and updated annually. The agreement must be kept on file at the practice site and made available to the board on request. Each year the board shall randomly audit at least five per cent PERCENT of these agreements for compliance.
- I. H. A physician's ability to supervise a physician assistant is not affected by restrictions imposed by the board on a physician assistant pursuant to disciplinary action taken by the board.
- J. I. Supervision must be continuous but does not require the personal presence of the physician at the place where health care tasks are performed if the physician assistant is in contact with the supervising physician by telecommunication. If the physician assistant practices in a location where a supervising physician is not routinely present, the physician assistant must meet in person or by telecommunication with a supervising physician at least once each week to ensure ongoing direction and oversight of the physician assistant's work. The board by order may require the personal presence of a supervising physician when designated health care tasks are performed.
- $\mathsf{K.}$  J. At all times while a physician assistant is on duty, the physician assistant shall wear a name tag with the designation "physician assistant" on it.
- t. K. The board by rule may prescribe a civil penalty for a violation of this article. The penalty shall not exceed fifty dollars \$50 for each violation. The board shall deposit, pursuant to sections 35-146 and 35-147, all monies it receives from this penalty in the state general fund. A physician assistant and the supervising physician may contest the imposition of this penalty pursuant to board rule. The imposition of a civil penalty is public information, and the board may use this information in any future disciplinary actions.

- 10 -

Sec. 4. Section 32-2532, Arizona Revised Statutes, is amended to read:

32-2532. <u>Prescribing, administering and dispensing drugs;</u>
<u>limits and requirements; notice</u>

- A. Except as provided in subsection F of this section, a physician assistant shall not prescribe, dispense or administer:
- 1. A schedule II or schedule III controlled substance as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) without delegation by the supervising physician, board approval and United States drug enforcement administration registration.
- 2. A schedule IV or schedule V controlled substance as defined in the federal controlled substances act of 1970 without United States drug enforcement administration registration and delegation by the supervising physician.
- 3. Prescription-only medication without delegation by the supervising physician.
- 4. Prescription medication intended to perform or induce an abortion.
- B. All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the physician assistant. A physician assistant shall issue prescription orders for controlled substances under the physician assistant's own United States drug enforcement administration registration number.
- C. If certified for prescription privileges pursuant to section 32-2504, subsection A, initial prescriptions for schedule II controlled substances that are opioids are subject to the limits prescribed in sections 32-3248 and 32-3248.01 if the physician assistant has been delegated to prescribe schedule II controlled substances by the supervising physician pursuant to this section. For each schedule IV or schedule V controlled substance, the physician assistant may not prescribe the controlled substance more than five times in a six-month period for each patient.
- D. A prescription for a schedule III controlled substance that is an opioid or benzodiazepine is not refillable without the written consent of the supervising physician.
- E. Prescription-only drugs shall not be dispensed, prescribed or refillable for a period exceeding one year.
- F. Except in an emergency, a physician assistant may dispense schedule II or schedule III controlled substances for a period of use of not to exceed seventy-two hours with board approval or any other controlled substance for a period of use of not to exceed ninety days and may administer controlled substances without board approval if it is medically indicated in an emergency dealing with potential loss of life or limb or major acute traumatic pain. Notwithstanding the authority granted

- 11 -

in this subsection, a physician assistant may not dispense a schedule II controlled substance that is an opioid, except for an implantable device or an opioid that is for medication-assisted treatment for substance use disorders.

- G. Except for samples provided by manufacturers, all drugs dispensed by a physician assistant shall be labeled to show the name of the physician assistant.
- H. A physician assistant shall not obtain a drug from any source other than the supervising physician or a pharmacist. A physician assistant may receive manufacturers' samples if delegated to do so by the supervising physician.
- I. If a physician assistant is approved by the board to prescribe, administer or dispense schedule II and schedule III controlled substances, the physician assistant shall maintain an up-to-date and complete log of all schedule II and schedule III controlled substances the physician assistant administers or dispenses. The board may not grant a physician assistant the authority to dispense schedule II controlled substances that are opioids, except for implantable devices or opioids that are for medication-assisted treatment for substance use disorders.
- J. The ARIZONA REGULATORY board OF PHYSICIAN ASSISTANTS shall advise the Arizona state board of pharmacy and the United States drug enforcement administration of all physician assistants who are authorized to prescribe or dispense drugs and any modification of their authority.
- K. The Arizona state board of pharmacy shall notify all pharmacies at least quarterly of physician assistants who are authorized to prescribe or dispense drugs.
- Sec. 5. Section 32-2534, Arizona Revised Statutes, is amended to read:

## 32-2534. <u>Initiation of practice</u>

A physician assistant may not perform health care tasks until the physician assistant has completed and signed a written agreement with a supervising physician pursuant to section 32-2531, subsection H G, paragraph 4.

Sec. 6. Section 36-449.01, Arizona Revised Statutes, is amended to read:

# 36-449.01. <u>Definitions</u>

In this article, unless the context otherwise requires:

1. "Abortion" means the use of any means with the intent to terminate a woman's pregnancy for reasons other than to increase the probability of a live birth, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus. Abortion does not include birth control devices or oral contraceptives.

- 12 -

- 2. "Abortion clinic" means a facility, other than a hospital, in which five or more first trimester abortions in any month or any second or third trimester abortions are performed.
- 3. "Director" means the director of the department of health services.
- 3. "HEALTH CARE PROVIDER" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17, A PHYSICIAN ASSISTANT WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 25 OR A NURSE PRACTITIONER WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 15.
- 4. "Medication abortion" means the use of any medication, drug or other substance that is intended to cause or induce an abortion.
- 5. "Perform" includes the initial administration of any medication, drug or other substance intended to cause or induce an abortion.
- 6. "Surgical abortion" has the same meaning prescribed in section 36-2151.
- 7. "Viable fetus" has the same meaning prescribed in section 36-2301.01.
- Sec. 7. Section 36-449.03, Arizona Revised Statutes, is amended to read:

# 36-449.03. Abortion clinics; rules; civil penalties

- A. The director shall adopt rules for an abortion clinic's physical facilities. At a minimum these rules shall prescribe standards for:
- 1. Adequate private space that is specifically designated for interviewing, counseling and medical evaluations.
  - 2. Dressing rooms for staff and patients.
  - 3. Appropriate lavatory areas.
  - 4. Areas for preprocedure hand washing.
  - 5. Private procedure rooms.
  - 6. Adequate lighting and ventilation for abortion procedures.
- 7. Surgical or gynecologic examination tables and other fixed equipment.
- 8. Postprocedure recovery rooms that are supervised, staffed and equipped to meet the patients' needs.
  - 9. Emergency exits to accommodate a stretcher or gurney.
  - 10. Areas for cleaning and sterilizing instruments.
- 11. Adequate areas for the secure storage of TO SECURELY STORE medical records and necessary equipment and supplies.
- 12. The display in the abortion clinic, in a place that is conspicuous to all patients, of the clinic's current license issued by the department.
- B. The director shall adopt rules to prescribe abortion clinic supplies and equipment standards, including supplies and equipment that are required to be immediately available for use or in an emergency. At a minimum these rules shall:

- 13 -

- 1. Prescribe required equipment and supplies, including medications, required for the TO conduct, in an appropriate fashion, of any abortion procedure that the medical staff of the clinic anticipates performing and for monitoring TO MONITOR the progress of each patient throughout the procedure and recovery period.
- 2. Require that the number or amount of equipment and supplies at the clinic is adequate at all times to assure ENSURE sufficient quantities of clean and sterilized durable equipment and supplies to meet the needs of each patient.
- 3. Prescribe required equipment, supplies and medications that shall be available and ready for immediate use in an emergency and requirements for written protocols and procedures to be followed by staff in an emergency, such as the loss of electrical power.
- 4. Prescribe required equipment and supplies for required laboratory tests and requirements for protocols to calibrate and maintain laboratory equipment at the abortion clinic or operated by clinic staff.
  - 5. Require ultrasound equipment.
- 6. Require that all equipment is safe for the patient and the staff, meets applicable federal standards and is checked annually to ensure safety and appropriate calibration.
- C. The director shall adopt rules relating to abortion clinic personnel. At a minimum these rules shall require that:
- 1. The abortion clinic designate a medical director of the abortion clinic who is licensed pursuant to title 32, chapter 13, 17 or 29.
- 2. Physicians HEALTH CARE PROVIDERS performing abortions are licensed pursuant to title 32, chapter 13 or 17, demonstrate competence in the procedure involved and are acceptable to the medical director of the abortion clinic.
  - 3. A physician is available:
- (a) For a surgical abortion who has admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B and that is within thirty miles of the abortion clinic.
- (b) For a medication abortion who has admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B.
- 4. If a physician is not present, a registered nurse, nurse practitioner, licensed practical nurse or physician assistant is present and remains at the clinic when abortions are performed to provide postoperative monitoring and care, or monitoring and care after inducing a medication abortion, until each patient who had an abortion that day is discharged.
- 5. Surgical assistants receive training in counseling, patient advocacy and the specific responsibilities of the services the surgical assistants provide.

- 14 -

- 6. Volunteers receive training in the specific responsibilities of the services the volunteers provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.
- D. The director shall adopt rules relating to the medical MEDICALLY screening and evaluation of EVALUATING each abortion clinic patient. At a minimum these rules shall require:
  - 1. A medical history, including the following:
- (a) Reported allergies to medications, antiseptic solutions or latex.
  - (b) Obstetric and gynecologic history.
  - (c) Past surgeries.
- 2. A physical examination, including a bimanual examination estimating uterine size and palpation of the adnexa.
  - 3. The appropriate laboratory tests, including:
- (a) Urine or blood tests for pregnancy performed before the abortion procedure.
  - (b) A test for anemia.
- (c) Rh typing, unless reliable written documentation of blood type is available.
  - (d) Other tests as indicated from the physical examination.
- 4. An ultrasound evaluation for all patients. The rules shall require that if a person who is not a physician performs an ultrasound examination, that person shall have documented evidence that the person completed a course in the operation of OPERATING ultrasound equipment as prescribed in rule. The physician or other health care professional shall review, at the request of the patient, the ultrasound evaluation results with the patient before the abortion procedure is performed, including the probable gestational age of the fetus.
- 5. That the A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT is responsible for estimating the gestational age of the fetus based on the ultrasound examination and obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule and shall write the estimate in the patient's medical history. The physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT shall keep original prints of each ultrasound examination of a patient in the patient's medical history file.
- E. The director shall adopt rules relating to the abortion procedure. At a minimum these rules shall require:
- 1. That medical personnel is available to all patients throughout the abortion procedure.
- 2. Standards for the safe conduct of abortion procedures that conform to obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule.

- 15 -

- 3. Appropriate use of local anesthesia, analgesia and sedation if ordered by the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT.
- 4. The use of appropriate precautions, such as the establishment of ESTABLISHING intravenous access at least for patients undergoing second or third trimester abortions.
- 5. The use of appropriate monitoring of the vital signs and other defined signs and markers of the patient's status throughout the abortion procedure and during the recovery period until the patient's condition is deemed to be stable in the recovery room.
- 6. For abortion clinics performing or inducing an abortion for a woman whose unborn child is the gestational age of twenty weeks or more, minimum equipment standards to assist the physician in complying with section 36-2301. For the purposes of this paragraph, "abortion" and "gestational age" have the same meanings prescribed in section 36-2151.
- F. The director shall adopt rules that prescribe minimum recovery room standards. At a minimum these rules shall require that:
- 1. For a surgical abortion, immediate postprocedure care, or care provided after inducing a medication abortion, consists of observation in a supervised recovery room for as long as the patient's condition warrants.
- 2. The clinic arrange hospitalization if any complication beyond the management capability of the staff occurs or is suspected.
- 3. A licensed health professional who is trained in the management of MANAGING the recovery area and WHO is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remains on the premises of the abortion clinic until all patients are discharged.
- 4. For a surgical abortion, a physician with admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B and that is within thirty miles of the abortion clinic remains on the premises of the abortion clinic until all patients are stable and are ready to leave the recovery room and to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT shall sign the discharge order and be readily accessible and available until the last patient is discharged.
- 5. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT discusses RhO(d) immune globulin with each patient for whom it is indicated and assures ENSURES THAT it is offered to the patient in the immediate postoperative period or that it will be available to her within seventy-two hours after completion of the abortion procedure. If the patient refuses, a refusal form approved by the department shall be signed by the patient and a witness and included in the medical record.
- 6. Written instructions with regard to postabortion coitus, signs of possible problems and general aftercare are given to each patient.

- 16 -

Each patient shall have specific instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies.

- 7. There is a specified minimum length of time that a patient remains in the recovery room by type of abortion procedure and duration of gestation.
- 8. The physician, assures NURSE PRACTITIONER OR PHYSICIAN ASSISTANT ENSURES that a licensed health professional from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within twenty-four hours after a surgical abortion to assess the patient's recovery.
- 9. Equipment and services are located in the recovery room to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or viable fetus to the hospital.
- G. The director shall adopt rules that prescribe standards for follow-up visits. At a minimum these rules shall require that:
- 1. For a surgical abortion, a postabortion medical visit is offered and, if requested, scheduled for three weeks after the abortion, including a medical examination and a review of the results of all laboratory tests. For a medication abortion, the rules shall require that a postabortion medical visit is scheduled between one week and three weeks after the initial dose for a medication abortion to confirm the pregnancy is completely terminated and to assess the degree of bleeding.
- 2. A urine pregnancy test is obtained at the time of the follow-up visit to rule out continuing pregnancy. If a continuing pregnancy is suspected, the patient shall be evaluated and a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who performs abortions shall be consulted.
- H. The director shall adopt rules to prescribe minimum abortion clinic incident reporting. At a minimum these rules shall require that:
- 1. The abortion clinic records each incident resulting in a patient's or viable fetus' serious injury occurring at an abortion clinic and shall report them in writing to the department within ten days after the incident. For the purposes of this paragraph, "serious injury" means an injury that occurs at an abortion clinic and that creates a serious risk of substantial impairment of a major body organ and includes any injury or condition that requires ambulance transportation of the patient.
- 2. If a patient's death occurs, other than a fetal death properly reported pursuant to law, the abortion clinic reports it to the department not later than the next department work day.
- 3. Incident reports are filed with the department and appropriate professional regulatory boards.
- I. The director shall adopt rules relating to enforcement of this article. At a minimum, these rules shall require that:

- 17 -

- 1. For an abortion clinic that is not in substantial compliance with this article and the rules adopted pursuant to this article and section 36-2301 or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the department of any deficiencies that are listed on the department's statement of deficiency, the department may do any of the following:
  - (a) Assess a civil penalty pursuant to section 36-431.01.
  - (b) Impose an intermediate sanction pursuant to section 36-427.
  - (c) Suspend or revoke a license pursuant to section 36-427.
  - (d) Deny a license.
  - (e) Bring an action for an injunction pursuant to section 36-430.
- 2. In determining the appropriate enforcement action, the department consider the threat to the health, safety and welfare of the abortion clinic's patients or the general public, including:
- (a) Whether the abortion clinic has repeated violations of statutes or rules.
- (b) Whether the abortion clinic has engaged in a pattern of noncompliance.
  - (c) The type, severity and number of violations.
- J. The department shall not release personally identifiable patient or physician HEALTH CARE PROVIDER information.
- K. The rules adopted by the director pursuant to this section do not limit the ability of a physician or other health professional to advise a patient on any health issue.
- Sec. 8. Section 36-2152, Arizona Revised Statutes, is amended to read:

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36-2152. <u>Parental consent: exception: hearings: time limits: violations: classification: civil relief: statute of limitations</u>
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- A. In addition to the other requirements of this chapter, a person shall not knowingly perform an abortion on a pregnant unemancipated minor unless the attending physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT has secured the written and notarized consent from one of the minor's parents or the minor's guardian or conservator or unless a judge of the superior court authorizes the physician to perform the abortion pursuant to subsection B of this section. Notwithstanding section 41-319, the notarized statement of parental consent and the description of the document or notarial act recorded in the notary journal are confidential and are not public records.
- B. A judge of the superior court, on petition or motion, and after an appropriate hearing, shall authorize a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT to perform the abortion if the judge determines that the pregnant minor is mature and capable of giving informed consent to the proposed abortion. If the judge determines that the pregnant minor is not mature or if the pregnant minor does not claim to be mature, the judge

- 18 -

 shall determine whether the performance of an abortion on her without the consent from one of her parents or her guardian or conservator would be in her best interests and shall authorize a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT to perform the abortion without consent if the judge concludes that the pregnant minor's best interests would be served.

- If the pregnant minor claims to be mature at a proceeding held pursuant to subsection B of this section, the minor must prove by clear and convincing evidence that she is sufficiently mature and capable of giving informed consent without consulting her parent or legal guardian based on her experience level, perspective and judgment. In assessing the pregnant minor's experience level, the court may consider, among other relevant factors, the minor's age and experiences working outside the home, living away from home, traveling on her own, handling personal and making other significant decisions. In assessing the finances pregnant minor's perspective, the court may consider, among other relevant factors, what steps the minor took to explore her options and the extent to which she considered and weighed the potential consequences of each option. In assessing the pregnant minor's judgment, the court may consider, among other relevant factors, the minor's conduct since learning of her pregnancy and her intellectual ability to understand her options and to make an informed decision.
- D. The pregnant minor may participate in the court proceedings on her own behalf. The court shall appoint a guardian ad litem for her. The court shall advise her that she has the right to court appointed COURT-APPOINTED counsel and, on her request, shall provide her with counsel unless she appears through private counsel or she knowingly and intelligently waives her right to counsel.
- E. Proceedings in the court under this section are confidential and have precedence over other pending matters. Members of the public shall not inspect, obtain copies of or otherwise have access to records of court proceedings under this section unless authorized by law. A judge who conducts proceedings under this section shall make in writing specific factual findings and legal conclusions supporting the decision and shall order a confidential record of the evidence to be maintained, including the judge's own findings and conclusions. The minor may file the petition using a fictitious name. For THE purposes of this subsection, public does not include judges, clerks, administrators, professionals or other persons employed by or working under the supervision of the court or employees of other public agencies who are authorized by state or federal rule or law to inspect and copy closed court records.
- F. The court shall hold the hearing and shall issue a ruling within forty-eight hours, excluding weekends and holidays, after the petition is filed. If the court fails to issue a ruling within this time period, the petition is deemed to have been granted and the consent requirement is waived.

- 19 -

- G. An expedited confidential appeal is available to a pregnant minor for whom the court denies an order authorizing an abortion without parental consent. The appellate court shall hold the hearing and issue a ruling within forty-eight hours, excluding weekends and holidays, after the petition for appellate review is filed. Filing fees are not required of the pregnant minor at either the trial or the appellate level.
- H. Parental consent or judicial authorization is not required under this section if either:
- 1. The pregnant minor certifies to the attending physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT that the pregnancy resulted from sexual conduct with a minor by the minor's parent, stepparent, uncle, grandparent, sibling, adoptive parent, legal guardian or foster parent or by a person who lives in the same household with the minor and the minor's mother. The physician HEALTH CARE PROVIDER performing the abortion shall report the sexual conduct with a minor to the proper law enforcement officials pursuant to section 13-3620 and shall preserve and forward a sample of the fetal tissue to these officials for use in a criminal investigation.
- 2. The attending physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT certifies in the pregnant minor's medical record that, on the basis of the physician's HEALTH CARE PROVIDER'S good faith clinical judgment, the pregnant minor has a condition that so complicates her medical condition as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of major bodily function.
- I. A person who performs an abortion in violation of this section is guilty of a class 1 misdemeanor. A person who intentionally causes, aids or assists a minor in obtaining an abortion in violation of this section is guilty of a class 1 misdemeanor. A person is not subject to any liability under this section if the person establishes by written evidence that the person relied on evidence sufficient to convince a careful and prudent person that the representations of the pregnant minor regarding information necessary to comply with this section are true.
- J. In addition to other remedies available under the common or statutory law of this state, one or both of the minor's parents or the minor's guardian may bring a civil action in the superior court in the county in which the parents or the guardian resides to obtain appropriate relief for a violation of this section, unless the pregnancy resulted from the criminal conduct of the parent or guardian. The civil action may be based on a claim that failure to obtain consent was a result of simple negligence, gross negligence, wantonness, wilfulness, intention or any other legal standard of care. The civil action may be brought against the person who performs the abortion in violation of this section and any person who causes, aids or assists a minor to obtain an abortion without

- 20 -

 meeting the requirements of this section. Relief pursuant to this subsection includes the following:

- 1. Money damages for all psychological, emotional and physical injuries that result from the violation of this section.
- 2. Statutory damages in an amount equal to five thousand dollars \$5,000 or three times the cost of the abortion, whichever is greater.
  - 3. Reasonable attorney fees and costs.
- K. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.
- 1. List the possible medical risks that may occur with any surgical, medical or diagnostic procedure, including the potential for infection, blood clots, hemorrhage, allergic reactions and death.
- 2. List the possible medical risks that may occur with a surgical abortion, including hemorrhage, uterine perforation, sterility, injury to the bowel or bladder, a possible hysterectomy as a result of a complication or injury during the procedure and failure to remove all products of conception that may result in an additional procedure.
- 3. List the possible medical risks that may occur with a medication abortion, including hemorrhage, infection, failure to remove all products of conception that may result in an additional procedure, sterility and the possible continuation of the pregnancy.
- 4. Require the pregnant minor's and the pregnant minor's parent's initials on each page of the form and a full signature on the final page of the form.
- 5. Include a space for the notary's signature and seal on the final page of the form.
- M. The physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT must maintain the form in the pregnant minor's records for seven years after the date of the procedure or five years after the date of the minor's maturity, whichever is longer.
- Sec. 9. Section 36-2153, Arizona Revised Statutes, is amended to read:

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36-2153. <u>Informed consent: requirements: information:</u>
website: signage: violation: civil relief: statute
    of limitations
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- A. An abortion shall not be performed or induced without the voluntary and informed consent of the woman on whom the abortion is to be performed or induced. Except in the case of a medical emergency and in addition to the other requirements of this chapter, consent to an abortion is voluntary and informed only if all of the following are true:
- 1. At least twenty-four hours Before the abortion, the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion

- 21 -

or the referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT has informed the woman, orally and in person, of:

- (a) The name of the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who will perform the abortion.
  - (b) The nature of the proposed procedure or treatment.
- (c) The immediate and long-term medical risks associated with the procedure that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.
- (d) Alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.
- (e) The probable gestational age of the unborn child at the time the abortion is to be performed.
- (f) The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed.
  - (g) The medical risks associated with carrying the child to term.
- 2. At least twenty-four hours Before the abortion, the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion, the referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT or a qualified physician, physician assistant, nurse, psychologist or licensed behavioral health professional to whom the responsibility has been delegated by either physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT has informed the woman, orally and in person, that:
- (a) Medical assistance benefits may be available for prenatal care, childbirth and neonatal care.
- (b) The father of the unborn child is liable to assist in the support of the child, even if he has offered to pay for the abortion. In the case of rape or incest, this information may be omitted.
- (c) Public and private agencies and services are available to assist the woman during her pregnancy and after the birth of her child if she chooses not to have an abortion, whether she chooses to keep the child or place the child for adoption.
- (d) It is unlawful for any person to coerce a woman to undergo an abortion.
- (e) The woman is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled.
- (f) The department of health services maintains a website that describes the unborn child and lists the agencies that offer alternatives to abortion.
- (g) The woman has a right to review the website and that a printed copy of the materials on the website will be provided to her free of charge if she chooses to review these materials.

- 22 -

- 3. The information in paragraphs 1 and 2 of this subsection is provided to the woman individually and in a private room to protect her privacy and to ensure that the information focuses on her individual circumstances and that she has adequate opportunity to ask questions.
- 4. The woman certifies in writing before the abortion that the information required to be provided pursuant to paragraphs 1 and 2 of this subsection has been provided.
- B. If a woman has taken mifepristone as part of a two-drug regimen to terminate her pregnancy, has not yet taken the second drug and consults an abortion clinic questioning her decision to terminate her pregnancy or seeking information regarding the health of her fetus or the efficacy of mifepristone alone to terminate a pregnancy, the abortion clinic staff shall inform the woman that the use of mifepristone alone to end a pregnancy is not always effective and that she should immediately consult a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT if she would like more information.
- C. If a medical emergency compels the performance of an abortion, the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT shall inform the woman, before the abortion if possible, of the medical indications supporting the physician's, NURSE PRACTITIONER'S OR PHYSICIAN ASSISTANT'S judgment that an abortion is necessary to avert the woman's death or to avert substantial and irreversible impairment of a major bodily function.
- D. The department of health services shall establish and shall annually update a website that includes a link to a printable version of all materials listed on the website. The materials must be written in an easily understood manner and printed in a typeface that is large enough to be clearly legible. The website must include all of the following materials:
- 1. Information that is organized geographically by location and that is designed to inform the woman about public and private agencies and services that are available to assist a woman through pregnancy, at childbirth and while her child is dependent, including adoption agencies. The materials shall include a comprehensive list of the agencies, a description of the services they offer and the manner in which these agencies may be contacted, including the agencies' telephone numbers and website addresses.
- 2. Information on the availability of medical assistance benefits for prenatal care, childbirth and neonatal care.
- 3. A statement that it is unlawful for any person to coerce a woman to undergo an abortion.
- 4. A statement that any physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who performs an abortion on a woman without obtaining the woman's voluntary and informed consent or without affording her a private medical consultation may be liable to the woman for damages in a civil action.

- 23 -

- 5. A statement that the father of a child is liable to assist in the support of that child, even if the father has offered to pay for an abortion, and that the law allows adoptive parents to pay costs of prenatal care, childbirth and neonatal care.
- 6. Information that is designed to inform the woman of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from fertilization to full term, including pictures or drawings representing the development of unborn children at two-week gestational increments and any relevant information on the possibility of the unborn child's survival. The pictures or drawings must contain the dimensions of the unborn child and must be realistic and appropriate for each stage of pregnancy. The information provided pursuant to this paragraph must be objective, nonjudgmental and designed to convey only accurate scientific information about the unborn child at the various gestational ages.
- 7. Objective information that describes the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental psychological effects of abortion and the medical risks commonly associated with carrying a child to term.
- 8. Information explaining the efficacy of mifepristone taken alone, without a follow-up drug as part of a two-drug regimen, to terminate a pregnancy and advising a woman to immediately contact a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT if the woman has taken only mifepristone and questions her decision to terminate her pregnancy or seeks information regarding the health of her fetus.
- E. An individual who is not a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT shall not perform a surgical abortion.
- F. A person shall not write or communicate a prescription for a drug or drugs to induce an abortion or require or obtain payment for a service provided to a patient who has inquired about an abortion or scheduled an abortion until the expiration of the twenty-four-hour reflection period required by subsection A of this section.
- G. F. A person shall not intimidate or coerce in any way any person to obtain an abortion. A parent, a guardian or any other person shall not coerce a minor to obtain an abortion. If a minor is denied financial support by the minor's parents, guardians or custodian due to the minor's refusal to have an abortion performed, the minor is deemed emancipated for the purposes of eligibility for public assistance benefits, except that the emancipated minor may not use these benefits to obtain an abortion.
- H. G. An abortion clinic as defined in section 36-449.01 shall conspicuously post signs that are visible to all who enter the abortion clinic, that are clearly readable and that state it is unlawful for any person to force a woman to have an abortion and a woman who is being forced to have an abortion has the right to contact any local or state law

- 24 -

enforcement or social service agency to receive protection from any actual or threatened physical, emotional or psychological abuse. The signs shall be posted in the waiting room, consultation rooms and procedure rooms.

- I. H. A person shall not require a woman to obtain an abortion as a provision in a contract or as a condition of employment.
- J. I. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who knowingly violates this section commits an act of unprofessional conduct and is subject to license suspension or revocation pursuant to title 32, chapter 13 or 17 BY THAT HEALTH CARE PROVIDER'S REGULATORY BOARD.
- $\kappa$ . J. In addition to other remedies available under the common or statutory law of this state, any of the following may file a civil action to obtain appropriate relief for a violation of this section:
- 1. A woman on whom an abortion has been performed without her informed consent as required by this section.
- 2. The father of the unborn child if the father was married to the mother at the time she received the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.
- 3. The A maternal grandparents GRANDPARENT of the unborn child if the mother was not at least eighteen years of age at the time of the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.
- t. K. A civil action filed pursuant to subsection  $\mathsf{K}$  J of this section shall be brought in the superior court in the county in which the woman on whom the abortion was performed resides and may be based on a claim that failure to obtain informed consent was a result of simple negligence, gross negligence, wantonness, wilfulness, intention or any other legal standard of care. Relief pursuant to subsection  $\mathsf{K}$  J of this section includes the following:
- 1. Money damages for all psychological, emotional and physical injuries resulting from the violation of this section.
- 2. Statutory damages in an amount equal to five thousand dollars \$5,000 or three times the cost of the abortion, whichever is greater.
  - 3. Reasonable attorney fees and costs.
- M. L. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.
- Sec. 10. Section 36-2155, Arizona Revised Statutes, is amended to read:
  - 36-2155. <u>Performance of an abortion by individual who is not a health care provider; prohibition; definitions</u>
- A. An individual who is not a physician HEALTH CARE PROVIDER shall not perform a surgical abortion.
  - B. For the purposes of this section:
- 1. "Physician" means a person who is "HEALTH CARE PROVIDER" MEANS A PHYSICIAN WHO IS licensed pursuant to title 32, chapter 13 or 17, A NURSE

- 25 -

 PRACTITIONER WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 15 OR A PHYSICIAN ASSISTANT WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 25.

- 2. "Surgical abortion":
- (a) Means the use of a surgical instrument or a machine to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child. Surgical abortion
  - (b) Does not include:
- (i) The use of any means to increase the probability of a live birth, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus. Surgical abortion does not include
  - (ii) Patient care incidental to the procedure.
- Sec. 11. Section 36-2156, Arizona Revised Statutes, is amended to read:

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36-2156. <u>Informed consent; ultrasound required; violation;</u> civil relief; statute of limitations
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- A. An abortion shall not be performed or induced without the voluntary and informed consent of the woman on whom the abortion is to be performed or induced. Except in the case of a medical emergency and in addition to the other requirements of this chapter, consent to an abortion is voluntary and informed only if both of the following are true:
- 1. At least twenty-four hours Before the woman having any part of an abortion performed or induced, and before the administration of any anesthesia or medication in preparation for the abortion on the woman, the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion, the referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT or a qualified person working in conjunction with either physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT shall:
- (a) Perform fetal ultrasound imaging and auscultation of fetal heart tone services on the woman undergoing the abortion.
- (b) Offer to provide the woman with an opportunity to view the active ultrasound image of the unborn child and hear the heartbeat of the unborn child if the heartbeat is audible. The active ultrasound image must be of a quality consistent with standard medical practice in the community, contain the dimensions of the unborn child and accurately portray the presence of external members and internal organs, if present or viewable, of the unborn child. The auscultation of fetal heart tone must be of a quality consistent with standard medical practice in the community.
- (c) Offer to provide the woman with a simultaneous explanation of what the ultrasound is depicting, including the presence and location of the unborn child within the uterus, the number of unborn children depicted, the dimensions of the unborn child and the presence of any external members and internal organs, if present or viewable.

- 26 -

- (d) Offer to provide the patient with a physical picture of the ultrasound image of the unborn child.
- 2. The woman certifies in writing before the abortion that she has been given the opportunity to view the active ultrasound image and hear the heartbeat of the unborn child if the heartbeat is audible and that she opted to view or not view the active ultrasound image and hear or not hear the heartbeat of the unborn child.
- B. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who knowingly violates this section commits an act of unprofessional conduct and is subject to license suspension or revocation pursuant to title 32, chapter 13 or 17 BY THAT HEALTH CARE PROVIDER'S REGULATORY BOARD.
- C. In addition to other remedies available under the common or statutory law of this state, any of the following may file a civil action to obtain appropriate relief for a violation of this section:
- 1. A woman on whom an abortion has been performed without her informed consent as required by this section.
- 2. The father of the unborn child if THE FATHER WAS married to the mother at the time she received the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.
- 3. The A maternal grandparents GRANDPARENT of the unborn child if the mother was not at least eighteen years of age at the time of the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.
- D. A civil action filed pursuant to subsection C of this section shall be brought in the superior court in the county in which the woman on whom the abortion was performed resides and may be based on a claim that failure to obtain informed consent was a result of simple negligence, gross negligence, wantonness, wilfulness, intention or any other legal standard of care. Relief pursuant to subsection C of this section includes any of the following:
- 1. Money damages for all psychological, emotional and physical injuries resulting from the violation of this section.
- 2. Statutory damages in an amount equal to five thousand dollars \$5,000 or three times the cost of the abortion, whichever is greater.
  - 3. Reasonable attorney fees and costs.
- $\sf E.$  A civil action brought pursuant to this section must be initiated within six years after the violation occurred.
- Sec. 12. Section 36-2158, Arizona Revised Statutes, is amended to read:

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36-2158. <u>Informed consent; fetal condition; website;</u>
<u>unprofessional conduct; civil relief; statute of</u>
limitations; definitions
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A. A person shall not perform or induce an abortion without first obtaining the voluntary and informed consent of the woman on whom the abortion is to be performed or induced. Except in the case of a medical

- 27 -

 emergency and in addition to the other requirements of this chapter, consent to an abortion is voluntary and informed only if all of the following occur:

- 1. In the case of a woman seeking an abortion of her unborn child diagnosed with a lethal fetal condition, at least twenty-four hours before the abortion the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion or the referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT has informed the woman, orally and in person, that:
- (a) Perinatal hospice services are available and the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT has offered this care as an alternative to abortion.
- (b) The department of health services maintains a website that lists perinatal hospice programs that are available both in this state and nationally and that are organized geographically by location.
- (c) The woman has a right to review the website and that a printed copy of the materials on the website will be provided to her free of charge if she chooses to review these materials.
- 2. In the case of a woman seeking an abortion of her unborn child diagnosed with a nonlethal fetal condition, at least twenty-four hours before the abortion the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion or the referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT has informed the woman, orally and in person:
- (a) Of up-to-date, evidence-based information concerning the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational and psychosocial outcomes.
- (b) That the department of health services maintains a website that lists information regarding support services, hotlines, resource centers or clearinghouses, national and local peer support groups and other education and support programs available to assist the woman and her unborn child, any national or local registries of families willing to adopt newborns with the nonlethal fetal condition and contact information for adoption agencies willing to place newborns with the nonlethal fetal condition with families willing to adopt.
- (c) That the woman has a right to review the website and that a printed copy of the materials on the website will be provided to her free of charge if she chooses to review these materials.
- 3. The woman certifies in writing before the abortion that the information required to be provided pursuant to this subsection has been provided.
- B. The department of health services shall establish a website within ninety days after the effective date of this section and shall annually update the website, . The website WHICH shall include the information prescribed in subsection A, paragraph 1, subdivision (b) and paragraph 2, subdivision (b) of this section.

- 28 -

- C. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who knowingly violates this section commits an act of unprofessional conduct and is subject to license suspension or revocation pursuant to title 32, chapter 13 or 17 BY THAT HEALTH CARE PROVIDER'S REGULATORY BOARD.
- D. In addition to other remedies available under the common or statutory law of this state, any of the following individuals may file a civil action to obtain appropriate relief for a violation of this section:
- 2. The father of the unborn child if the father is WAS married to the mother at the time she received the abortion, unless the pregnancy resulted from the father's criminal conduct.
- 3. The A maternal grandparents GRANDPARENT of the unborn child if the mother was not at least eighteen years of age at the time of the abortion, unless the pregnancy resulted from either of the maternal grandparent's criminal conduct.
- E. A civil action filed pursuant to subsection D of this section shall be brought in the superior court in the county in which the woman on whom the abortion was performed resides and may be based on a claim that failure to obtain informed consent was a result of simple negligence, gross negligence, wantonness, wilfulness, intention or any other legal standard of care. Relief pursuant to this subsection includes the following:
- 1. Money damages for all psychological, emotional and physical injuries resulting from the violation of this section.
- 2. Statutory damages in an amount equal to five thousand dollars \$5,000 or three times the cost of the abortion, whichever is greater.
  - 3. Reasonable attorney fees and costs.
- F. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.
  - G. For the purposes of this section:
- 1. "Lethal fetal condition" means a fetal condition that is diagnosed before birth and that will result, with reasonable certainty, in the death of the unborn child within three months after birth.
- 2. "Nonlethal fetal condition" means a fetal condition that is diagnosed before birth and that will not result in the death of the unborn child within three months after birth but may result in physical or mental disability or abnormality.
- 3. "Perinatal hospice" means comprehensive support to the pregnant woman and her family that includes supportive care from the time of diagnosis through the time of birth and death of the infant and through the postpartum period. Supportive care may include counseling and medical care by maternal-fetal medical specialists, obstetricians, neonatologists, anesthesia specialists, clergy, social workers and specialty nurses who are focused on alleviating fear and ensuring that the woman and her family

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experience the life and death of the child in a comfortable and supportive environment.

Sec. 13. Section 36-2161, Arizona Revised Statutes, is amended to read:

#### 36-2161. Abortions; reporting requirements

- A. A hospital or facility in this state where abortions are performed must submit to the department of health services on a form prescribed by the department a report of each abortion performed in the hospital or facility. The report shall not identify the individual patient by name or include any other information or identifier that would make it possible to identify, in any manner or under any circumstances, a woman who has obtained or sought to obtain an abortion. The report must include the following information:
- 1. The name and address of the facility where the abortion was performed.
  - 2. The type of facility where the abortion was performed.
  - 3. The county where the abortion was performed.
  - 4. The woman's age.
- 5. The woman's educational background by highest grade completed and, if applicable, level of college completed.
  - 6. The county and state in which the woman resides.
  - 7. The woman's race and ethnicity.
  - 8. The woman's marital status.
- 9. The number of prior pregnancies and prior abortions of the  $\ensuremath{\mathsf{woman}}\xspace$  .
- 10. The number of previous spontaneous terminations of pregnancy of the woman.
- 11. The gestational age of the unborn child at the time of the abortion.
- 12. The reason for the abortion, including at least one of the following:
  - (a) The abortion is elective.
- (b) The abortion is due to maternal health considerations, including one of the following:
  - (i) A premature rupture of membranes.
  - (ii) An anatomical abnormality.
  - (iii) Chorioamnionitis.
  - (iv) Preeclampsia.
  - (v) Other.
- (c) The abortion is due to fetal health considerations, including the fetus being diagnosed with at least one of the following:
  - (i) A lethal anomaly.
  - (ii) A central nervous system anomaly.
- 44 (iii) Trisomy 18.

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1 (iv) Trisomy 21.
2 (v) Triploidy.
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- (vi) Other.
- (d) The pregnancy is the result of a sexual assault.
- (e) The pregnancy is the result of incest.
  - (f) The woman is being coerced into obtaining an abortion.
  - (g) The woman is a victim of sex trafficking.
  - (h) The woman is a victim of domestic violence.
  - (i) Other.
    - (j) The woman declined to answer.
- 13. The type of procedure performed or prescribed and the date of the abortion.
- 14. Any preexisting medical conditions of the woman that would complicate pregnancy.
- 15. Any known medical complication that resulted from the abortion, including at least one of the following:
  - (a) Shock.
  - (b) Uterine perforation.
  - (c) Cervical laceration requiring suture or repair.
- (d) Heavy bleeding or hemorrhage with estimated blood loss of at least five hundred cubic centimeters.
  - (e) Aspiration or allergic response.
  - (f) Postprocedure infection.
  - (g) Sepsis.
  - (h) Incomplete abortion retaining part of the fetus requiring reevacuation.
    - (i) Damage to the uterus.
    - (j) Failed termination of pregnancy.
    - (k) Death of the patient.
    - (1) Other.
      - (m) None.
  - 16. The basis for any medical judgment that a medical emergency existed that excused the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT from compliance with the requirements of this chapter.
  - 17. The physician's statement if required pursuant to section 36-2301.01.
  - 18. If applicable, the weight of the aborted fetus for any abortion performed pursuant to section 36-2301.01.
  - 19. Whether a fetus or embryo was delivered alive as defined in section 36-2301 during or immediately after an attempted abortion and the efforts made to promote, preserve and maintain the life of the fetus or embryo pursuant to section 36-2301.

- 31 -

- 20. Statements by the physician and all clinical staff who observed the fetus or embryo during or immediately after the abortion certifying under penalty of perjury that, to the best of their knowledge, the aborted fetus or embryo was not delivered alive as defined in section 36-2301.
- 21. The medical specialty of the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT performing the abortion, including one of the following:
  - (a) Obstetrics-gynecology.
  - (b) General or family practice.
  - (c) Emergency medicine.
  - (d) Other.
- 22. The type of admission for the patient, including whether the abortion was performed:
  - (a) As an outpatient procedure in an abortion clinic.
  - (b) As an outpatient procedure at a hospital.
  - (c) As an inpatient procedure at a hospital.
- (d) As an outpatient procedure at a health care institution other than an abortion clinic or hospital.
  - 23. Whether anesthesia was administered to the mother.
  - 24. Whether anesthesia was administered to the unborn child.
- B. The hospital or facility shall request the information specified in subsection A, paragraph 12 of this section at the same time the information pursuant to section 36-2153 is provided to the woman individually and in a private room to protect the woman's privacy. The information requested pursuant to subsection A, paragraph 12 of this section may be obtained on a medical form provided to the woman to complete if the woman completes the form individually and in a private room.
- C. If the woman who is seeking the abortion discloses that the abortion is being sought because of a reason described in subsection A, paragraph 12, subdivision (d), (e), (f), (g) or (h) of this section, the hospital or facility shall provide the woman with information regarding the woman's right to report a crime to law enforcement and resources available for assistance and services, including a national human trafficking resource hotline.
- D. The report must be signed by the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who performed the abortion or, if a health professional other than a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT is authorized by law to prescribe or administer abortion medication, the signature and title of the person who prescribed or administered the abortion medication. The form may be signed electronically and shall indicate that the person who signs the report is attesting that the information in the report is correct to the best of the person's knowledge. The hospital or facility must transmit the report to

- 32 -

the department within fifteen days after the last day of each reporting month.

E. Any report filed pursuant to this section shall be filed electronically at an internet website that is designated by the department unless the person required to file the report applies for a waiver from electronic reporting by submitting a written request to the department.

Sec. 14. Section 36-2162.01, Arizona Revised Statutes, is amended to read:

36-2162.01. <u>Informed consent; reporting requirements</u>

- A. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT in this state who provides informed consent information regarding abortion pursuant to section 36-2153 or performs fetal ultrasound imaging and auscultation of fetal heart tone services pursuant to section 36-2156 or who delegates to a person authorized by section 36-2153 or 36-2156 the duty to provide the information or services required by those sections shall submit to the department of health services on a form prescribed by the department a report that includes the following information:
- 1. The number of women to whom the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT provided the information described in section 36-2153, subsection A, paragraph 1, and, of those women, the number provided in the capacity of a referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT and the number provided in the capacity of a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion.
- 2. The number of women to whom the physician, physician assistant, nurse, psychologist or licensed behavioral health professional provided the information described in section 36-2153, subsection A, paragraph 2, and, of those women, the number provided in the capacity of a referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT and the number provided in the capacity of a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion, and, of each of those numbers, the number provided by the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT and the number provided by a physician assistant, nurse, psychologist or licensed behavioral health professional.
- 3. The number of women for whom the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT or qualified person working in conjunction with the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT performed fetal ultrasound imaging and auscultation of fetal heart tone services described in section 36-2156, subsection A, paragraph 1, and, of those numbers, the number provided in the capacity of a referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT and the number provided in the capacity of a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion, and, of each of those numbers, the number provided by the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT and the number provided by a qualified person working in conjunction with the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT.

- 33 -

- 4. The number of abortions performed by the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT in which information required by sections 36-2153 and 36-2156 to be provided at least twenty-four hours before the abortion was not provided because a medical emergency compelled the performance of an abortion to avert the woman's death and the number of abortions in which this required information was not provided because a medical emergency compelled the performance of an abortion to avert substantial and irreversible impairment of a major bodily function of the woman.
- B. The report may not identify the individual patient by name or include any other information or identifier that would make it possible to identify, in any manner or under any circumstances, a woman who has obtained or sought to obtain an abortion.
- C. The report shall be signed by the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who provided to the woman the information required by section 36-2153, subsection A, paragraph 1 or the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who delegated the duty to another person authorized by law to provide to the woman the information required by section 36-2153, subsection A, paragraph 2 or section 36-2156, subsection A, paragraph 1. The form may be signed electronically and shall indicate that the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who signs the report is attesting that the information in the report is correct to the best of the physician's HEALTH CARE PROVIDER'S knowledge. The physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT must transmit the report to the department within fifteen days after the last day of each reporting month.
- D. Any report filed pursuant to this section shall be filed electronically at an internet website that is designated by the department unless the person required to file the report applies for a waiver from electronic reporting by submitting a written request to the department.

Sec. 15. Repeal

Section 36-3604, Arizona Revised Statutes, is repealed.

- 34 -