

REFERENCE TITLE: **abortion; waiting period; authorized providers**

State of Arizona  
Senate  
Fifty-seventh Legislature  
First Regular Session  
2025

## **SB 1398**

Introduced by  
Senators Burch: Alston, Epstein, Fernandez, Gabaldón, Kuby

### **AN ACT**

AMENDING SECTIONS 32-1606, 32-2501, 32-2531, 32-2532, 36-449.01, 36-449.02, 36-449.03, 36-2151, 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)

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

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

4 32-1606. Powers and duties of board

5 A. The board may:

6 1. Adopt and revise rules necessary to carry into effect this  
7 chapter.

8 2. Publish advisory opinions regarding registered and practical  
9 nursing practice and nursing education.

10 3. Issue limited licenses or certificates if it determines that an  
11 applicant or licensee cannot function safely in a specific setting or  
12 within the full scope of practice.

13 4. Refer criminal violations of this chapter to the appropriate law  
14 enforcement agency.

15 5. Establish a confidential program for monitoring licensees who  
16 are chemically dependent and who enroll in rehabilitation programs that  
17 meet the criteria established by the board. The board may take further  
18 action if the licensee refuses to enter into a stipulated agreement or  
19 fails to comply with its terms. In order to protect the public health and  
20 safety, the confidentiality requirements of this paragraph do not apply if  
21 the licensee does not comply with the stipulated agreement.

22 6. On the applicant's or regulated party's request, establish a  
23 payment schedule with the applicant or regulated party.

24 7. Provide education regarding board functions.

25 8. Collect or assist in collecting workforce data.

26 9. Adopt rules to conduct pilot programs consistent with public  
27 safety for innovative applications in nursing practice, education and  
28 regulation.

29 10. Grant retirement status on request to retired nurses who are or  
30 were licensed under this chapter, who have no open complaint or  
31 investigation pending against them and who are not subject to discipline.

32 11. Accept and spend federal monies and private grants, gifts,  
33 contributions and devises to assist in carrying out the purposes of this  
34 chapter. These monies do not revert to the state general fund at the end  
35 of the fiscal year.

36 B. The board shall:

37 1. Approve regulated training and educational programs that meet  
38 the requirements of this chapter and rules adopted by the board.

39 2. By rule, establish approval and reapproval processes for nursing  
40 and nursing assistant training programs that meet the requirements of this  
41 chapter and board rules.

42 3. Prepare and maintain a list of approved nursing programs to  
43 prepare registered nurses and practical nurses whose graduates are  
44 eligible for licensing under this chapter as registered nurses or as

1 practical nurses if they satisfy the other requirements of this chapter  
2 and board rules.

3 4. Examine qualified registered nurse and practical nurse  
4 applicants.

5 5. License and renew the licenses of qualified registered nurse and  
6 practical nurse applicants and licensed nursing assistants who are not  
7 qualified to be licensed by the executive director.

8 6. Adopt a seal, which the executive director shall keep.

9 7. Keep a record of all proceedings.

10 8. For proper cause, deny or rescind approval of a regulated  
11 training or educational program for failure to comply with this chapter or  
12 the rules of the board.

13 9. Adopt rules to approve credential evaluation services that  
14 evaluate the qualifications of applicants who graduated from an  
15 international nursing program.

16 10. Determine and administer appropriate disciplinary action  
17 against all regulated parties who are found guilty of violating this  
18 chapter or rules adopted by the board.

19 11. Perform functions necessary to carry out the requirements of  
20 the nursing assistant and nurse aide training and competency evaluation  
21 program as set forth in the omnibus budget reconciliation act of 1987  
22 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic  
23 coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall  
24 include:

25 (a) Testing and registering certified nursing assistants.

26 (b) Testing and licensing licensed nursing assistants.

27 (c) Maintaining a list of board-approved training programs.

28 (d) Maintaining a registry of nursing assistants for all certified  
29 nursing assistants and licensed nursing assistants.

30 (e) Assessing fees.

31 12. Adopt rules establishing acts that may be performed by a  
32 registered nurse practitioner or certified nurse midwife, ~~except that the~~  
33 ~~board does not have authority to decide scope of practice relating to~~  
34 ~~abortion as defined in section 36-2151.~~

35 13. Adopt rules that prohibit registered nurse practitioners,  
36 clinical nurse specialists or certified nurse midwives from dispensing a  
37 schedule II controlled substance that is an opioid, except for an  
38 implantable device or an opioid that is for medication-assisted treatment  
39 for substance use disorders or as provided in section 32-3248.03.

40 14. Adopt rules establishing educational requirements to certify  
41 school nurses.

42 15. Publish copies of board rules and distribute these copies on  
43 request.

44 16. Require each applicant for initial licensure or certification  
45 to submit a full set of fingerprints to the board for the purpose of

1 obtaining a state and federal criminal records check pursuant to section  
2 41-1750 and Public Law 92-544. The department of public safety may  
3 exchange this fingerprint data with the federal bureau of investigation.

4 17. Except for a licensee who has been convicted of a felony that  
5 has been designated a misdemeanor pursuant to section 13-604, revoke a  
6 license of a person, revoke the multistate licensure privilege of a person  
7 pursuant to section 32-1669 or not issue a license or renewal to an  
8 applicant who has one or more felony convictions and who has not received  
9 an absolute discharge from the sentences for all felony convictions three  
10 or more years before the date of filing an application pursuant to this  
11 chapter.

12 18. Establish standards to approve and reapprove registered nurse  
13 practitioner and clinical nurse specialist programs and provide for  
14 surveys of registered nurse practitioner and clinical nurse specialist  
15 programs as the board deems necessary.

16 19. Provide the licensing authorities of health care institutions,  
17 facilities and homes with any information the board receives regarding  
18 practices that place a patient's health at risk.

19 20. Limit the multistate licensure privilege of any person who  
20 holds or applies for a license in this state pursuant to section 32-1668.

21 21. Adopt rules to establish competency standards for obtaining and  
22 maintaining a license.

23 22. Adopt rules to qualify and certify clinical nurse specialists.

24 23. Adopt rules to approve and reapprove refresher courses for  
25 nurses who are not currently practicing.

26 24. Maintain a list of approved medication assistant training  
27 programs.

28 25. Test and certify medication assistants.

29 26. Maintain a registry and disciplinary record of medication  
30 assistants who are certified pursuant to this chapter.

31 27. Adopt rules to establish the requirements for a clinical nurse  
32 specialist to prescribe and dispense drugs and devices consistent with  
33 section 32-1651 and within the clinical nurse specialist's population or  
34 disease focus.

35 28. Issue registrations to administer general anesthesia and  
36 sedation in dental offices and dental clinics pursuant to section 32-1272  
37 to certified registered nurse anesthetists who have national board  
38 certification in anesthesiology.

39 C. The board may conduct an investigation on receipt of information  
40 that indicates that a person or regulated party may have violated this  
41 chapter or a rule adopted pursuant to this chapter. Following the  
42 investigation, the board may take disciplinary action pursuant to this  
43 chapter.

44 D. The board may limit, revoke or suspend the privilege of a nurse  
45 to practice in this state granted pursuant to section 32-1668.

1 E. Failure to comply with any final order of the board, including  
2 an order of censure or probation, is cause for suspension or revocation of  
3 a license or a certificate.

4 F. The president or a member of the board designated by the  
5 president may administer oaths in transacting the business of the board.

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

8 32-2501. Definitions

9 In this chapter, unless the context otherwise requires:

10 1. "Active license" means a regular license issued pursuant to this  
11 chapter.

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

18 3. "Advisory letter" means a nondisciplinary letter to notify a  
19 physician assistant that either:

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

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

25 (c) While the licensee has demonstrated substantial compliance  
26 through rehabilitation or remediation that has mitigated the need for  
27 disciplinary action, the board believes that repetition of the activities  
28 that led to the investigation may result in further board action against  
29 the licensee.

30 4. "Approved program" means a physician assistant educational  
31 program accredited by the accreditation review commission on education for  
32 physician assistants, or one of its predecessor agencies, the committee on  
33 allied health education and accreditation or the commission on the  
34 accreditation of allied health educational programs.

35 5. "Board" means the Arizona regulatory board of physician  
36 assistants.

37 6. "Collaborating physician or entity" means a physician, physician  
38 group practice, physician private practice or licensed health care  
39 institution that employs or collaborates with a physician assistant who  
40 has at least eight thousand hours of clinical practice as certified by the  
41 board pursuant to section 32-2536 and does not require a supervision  
42 agreement and that designates one or more physicians by name or position  
43 who ~~is~~ ARE responsible for the oversight of the physician assistant.

1           7. "Completed application" means an application for which the  
2 applicant has supplied all required fees, information and correspondence  
3 requested by the board on forms and in a manner acceptable to the board.

4           8. "Immediate family" means the spouse, natural or adopted  
5 children, father, mother, brothers and sisters of the physician assistant  
6 and the natural or adopted children, father, mother, brothers and sisters  
7 of the physician assistant's spouse.

8           9. "Letter of reprimand" means a disciplinary letter that is issued  
9 by the board and that informs the physician assistant that the physician  
10 assistant's conduct violates state or federal law and may require the  
11 board to monitor the physician assistant.

12          10. "Limit" means a nondisciplinary action that is taken by the  
13 board and that alters a physician assistant's practice or medical  
14 activities if there is evidence that the physician assistant is or may be  
15 mentally or physically unable to safely engage in health care tasks.

16          11. "Medically incompetent" means that a physician assistant lacks  
17 sufficient medical knowledge or skills, or both, in performing delegated  
18 health care tasks to a degree likely to endanger the health or safety of  
19 patients.

20          12. "Minor surgery":~~—~~

21          ~~(a)~~ means those invasive procedures that may be performed by a  
22 physician assistant, that are consistent with the training and experience  
23 of the physician assistant, that are normally taught in courses of  
24 training approved by the board, that have been approved by the board as  
25 falling within the scope of practice of a physician assistant and that are  
26 consistent with the practice setting requirements of the physician  
27 assistant.

28          ~~(b) Does not include a surgical abortion.~~

29          13. "Physician" means a physician who is licensed pursuant to  
30 chapter 13 or 17 of this title.

31          14. "Physician assistant" means a person who is licensed pursuant  
32 to this chapter.

33          15. "Regular license" means a valid and existing license that is  
34 issued pursuant to section 32-2521 to perform health care tasks.

35          16. "Restrict" means a disciplinary action that is taken by the  
36 board and that alters a physician assistant's practice or medical  
37 activities if there is evidence that the physician assistant is or may be  
38 medically incompetent or guilty of unprofessional conduct.

39          17. "Supervising physician" means a physician who holds a current  
40 unrestricted license, who supervises a physician assistant who has less  
41 than eight thousand hours of clinical practice and who assumes legal  
42 responsibility for health care tasks performed by the physician assistant.

43          18. "Supervision" means a physician's opportunity or ability to  
44 provide or exercise direction and control over the services of a physician  
45 assistant. Supervision does not require a physician's constant physical

1 presence if the supervising physician is or can be easily in contact with  
2 the physician assistant by telecommunication.

3 19. "Supervision agreement" means a written or electronic signed  
4 agreement that both:

5 (a) Describes the scope of practice for a physician assistant who  
6 has less than eight thousand hours of clinical practice.

7 (b) Is between the physician assistant and a physician or the  
8 physician assistant's employer that employs or has on medical staff at  
9 least one physician who may provide oversight, as applicable, and who  
10 holds a current unrestricted license. For the purposes of this  
11 subdivision, "employer" means a physician, physician group practice,  
12 physician private practice or licensed health care institution.

13 20. "Unprofessional conduct" includes the following acts by a  
14 physician assistant that occur in this state or elsewhere:

15 (a) Violating any federal or state law or rule that applies to the  
16 performance of health care tasks as a physician assistant. Conviction in  
17 any court of competent jurisdiction is conclusive evidence of a violation.

18 (b) Claiming to be a physician or knowingly allowing another person  
19 to represent that person as a physician.

20 (c) Performing health care tasks that do not meet the supervision  
21 or collaboration requirements, as applicable, pursuant to section 32-2531.

22 (d) Exhibiting a pattern of using or being under the influence of  
23 alcohol or drugs or a similar substance while performing health care tasks  
24 or to the extent that judgment may be impaired and the ability to perform  
25 health care tasks detrimentally affected.

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

27 (f) Committing gross malpractice, repeated malpractice or any  
28 malpractice resulting in the death of a patient.

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

33 (h) Refusing to divulge to the board on demand the means, method,  
34 procedure, modality of treatment or medicine used in treating a disease,  
35 injury, ailment or infirmity.

36 (i) Prescribing or dispensing controlled substances or  
37 prescription-only drugs for which the physician assistant is not approved  
38 or in excess of the amount authorized pursuant to this chapter.

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

41 (k) Violating a formal order, probation or stipulation issued by  
42 the board.

43 (l) Failing to clearly disclose the person's identity as a  
44 physician assistant in the course of the physician assistant's employment.

1 (m) Failing to use and affix the initials "P.A." or "P.A.-C." after  
2 the physician assistant's name or signature on charts, prescriptions or  
3 professional correspondence.

4 (n) Procuring or attempting to procure a physician assistant  
5 license by fraud, misrepresentation or knowingly taking advantage of the  
6 mistake of another.

7 (o) Having professional connection with or lending the physician  
8 assistant's name to an illegal practitioner of any of the healing arts.

9 (p) Failing or refusing to maintain adequate records for a patient.

10 (q) Using controlled substances that have not been prescribed by a  
11 physician, physician assistant, dentist or nurse practitioner for use  
12 during a prescribed course of treatment.

13 (r) Prescribing or dispensing controlled substances to members of  
14 the physician assistant's immediate family.

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

18 (t) Dispensing a schedule II controlled substance that is an  
19 opioid, except as provided in section 32-2532.

20 (u) Knowingly making any written or oral false or fraudulent  
21 statement in connection with the performance of health care tasks or when  
22 applying for privileges or renewing an application for privileges at a  
23 health care institution.

24 (v) Committing a felony, whether or not involving moral turpitude,  
25 or a misdemeanor involving moral turpitude. In either case, conviction by  
26 a court of competent jurisdiction or a plea of no contest is conclusive  
27 evidence of the commission.

28 (w) Having a certification or license refused, revoked, suspended,  
29 limited or restricted by any other licensing jurisdiction for the  
30 inability to safely and skillfully perform health care tasks or for  
31 unprofessional conduct as defined by that jurisdiction that directly or  
32 indirectly corresponds to any act of unprofessional conduct as prescribed  
33 by this paragraph.

34 (x) Having sanctions including restriction, suspension or removal  
35 from practice imposed by an agency of the federal government.

36 (y) Violating or attempting to violate, directly or indirectly, or  
37 assisting in or abetting the violation of or conspiring to violate a  
38 provision of this chapter.

39 (z) Using the term "doctor" or the abbreviation "Dr." on a name tag  
40 or in a way that leads the public to believe that the physician assistant  
41 is licensed to practice as an allopathic or osteopathic physician in this  
42 state.

43 (aa) Failing to furnish legally requested information to the board  
44 or its investigator in a timely manner.



1 (bb) Failing to allow properly authorized board personnel to  
2 examine on demand documents, reports and records of any kind relating to  
3 the physician assistant's performance of health care tasks.

4 (cc) Knowingly making a false or misleading statement on a form  
5 required by the board or in written correspondence or attachments  
6 furnished to the board.

7 (dd) Failing to submit to a body fluid examination and other  
8 examinations known to detect the presence of alcohol or other drugs  
9 pursuant to an agreement with the board or an order of the board.

10 (ee) Violating a formal order, probation agreement or stipulation  
11 issued or entered into by the board or its executive director.

12 (ff) Except as otherwise required by law, intentionally betraying a  
13 professional secret or intentionally violating a privileged communication.

14 (gg) Allowing the use of the licensee's name in any way to enhance  
15 or allow the continuance of the activities of, or maintaining a  
16 professional connection with, an illegal practitioner of medicine or the  
17 performance of health care tasks by a person who is not licensed pursuant  
18 to this chapter.

19 (hh) Committing false, fraudulent, deceptive or misleading  
20 advertising by a physician assistant or the physician assistant's staff or  
21 representative.

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

32 (jj) With the exception of heavy metal poisoning, using chelation  
33 therapy in the treatment of arteriosclerosis or as any other form of  
34 therapy without adequate informed patient consent or without conforming to  
35 generally accepted experimental criteria, including protocols, detailed  
36 records, periodic analysis of results and periodic review by a medical  
37 peer review committee, or without approval by the United States food and  
38 drug administration or its successor agency.

39 (kk) Prescribing, dispensing or administering anabolic or  
40 androgenic steroids for other than therapeutic purposes.

41 (ll) Prescribing, dispensing or furnishing a prescription  
42 medication or a prescription-only device as defined in section 32-1901 to  
43 a person unless the licensee first conducts a physical examination of that  
44 person or has previously established a professional relationship with the  
45 person. This subdivision does not apply to:

1 (i) A physician assistant who provides temporary patient care on  
2 behalf of the patient's regular treating licensed health care  
3 professional.

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

5 (iii) Prescriptions written to prepare a patient for a medical  
6 examination.

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

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

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

20 (ii) Making sexual advances, requesting sexual favors or engaging  
21 in other verbal conduct or physical contact of a sexual nature with a  
22 patient.

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

26 (nn) Performing health care tasks under a false or assumed name in  
27 this state.

28 Sec. 3. Section 32-2531, Arizona Revised Statutes, is amended to  
29 read:

30 32-2531. Physician assistant scope of practice; health care  
31 tasks; supervision agreements; supervising  
32 physician duties; civil penalty

33 A. Except as prohibited in subsection E of this section, a  
34 physician assistant may provide any legal medical service for which the  
35 physician assistant has been prepared by education, training and  
36 experience and that the physician assistant is competent to perform,  
37 including:

38 1. Obtaining comprehensive health histories and performing physical  
39 examinations.

40 2. Evaluating and diagnosing patients and managing and providing  
41 medical treatment and therapeutic interventions.

42 3. Ordering, performing and interpreting diagnostic studies and  
43 therapeutic procedures.

44 4. Educating patients on health promotion and disease prevention  
45 and providing counseling and education to meet patient needs.

- 1           5. Providing consultation on request.
- 2           6. Writing medical orders.
- 3           7. Obtaining informed consent.
- 4           8. Assisting in surgery.
- 5           9. Delegating and assigning therapeutic and diagnostic measures to
- 6 and supervising licensed or unlicensed personnel.
- 7           10. Making appropriate referrals.
- 8           11. Ordering, prescribing, dispensing and administering drugs and
- 9 medical devices.
- 10          12. Prescribing prescription-only medications.
- 11          13. Prescribing schedule IV or schedule V controlled substances as
- 12 defined in the controlled substances act (P.L. 91-513; 84 Stat. 1242; 21
- 13 United States Code section 802).
- 14          14. Prescribing schedule II and schedule III controlled substances
- 15 as defined in the controlled substances act.
- 16          15. Performing minor surgery.
- 17          16. Performing nonsurgical health care tasks that are normally
- 18 taught in courses of training approved by the board and that are
- 19 consistent with the physician assistant's education, training and
- 20 experience.
- 21          17. Certifying the health or disability of a patient as required by
- 22 any local, state or federal program.
- 23          18. Ordering home health services.
- 24          B. Pursuant to the requirements of this chapter and the standard of
- 25 care, a physician assistant who has at least eight thousand hours of
- 26 clinical practice certified by the board pursuant to section 32-2536 is
- 27 not required to practice pursuant to a supervision agreement but shall
- 28 continue to collaborate with, consult with or refer to the appropriate
- 29 health care professional as indicated by the patient's condition and by
- 30 the physician assistant's education, experience and competencies. The
- 31 level of collaboration required by this subsection is determined by the
- 32 policies of the practice setting at which the physician assistant is
- 33 employed, including a physician employer, physician group practice or
- 34 health care institution. Collaboration, consultation or a referral
- 35 pursuant to this subsection may occur through electronic means and does
- 36 not require the physical presence of the appropriate health care
- 37 professional at the time or place the physician assistant provides medical
- 38 services. This subsection does not prohibit a physician assistant who has
- 39 at least eight thousand hours of clinical practice certified by the board
- 40 pursuant to section 32-2536 from practicing pursuant to a supervision
- 41 agreement.
- 42          C. A physician assistant who has less than eight thousand hours of
- 43 clinical practice certified by the board shall work in accordance with a
- 44 supervision agreement that describes the physician assistant's scope of
- 45 practice. A physician assistant may not perform health care tasks until

1 the physician assistant has completed and signed a supervision agreement.  
 2 Under a supervision agreement, supervision may occur through electronic  
 3 means and does not require the physical presence of the supervising  
 4 physician at the time or place the physician assistant provides medical  
 5 services. The supervision agreement must be kept on file at the main  
 6 location of the physician assistant's practice and, on request, be made  
 7 available to the board or the board's representative. On receipt of board  
 8 certification of the physician assistant's completion of at least eight  
 9 thousand hours of clinical practice, a physician assistant is no longer  
 10 subject to the requirements of this subsection. The board may count  
 11 practice hours earned in another jurisdiction toward the hours of clinical  
 12 practice required by this subsection.

13 D. A physician assistant who does not practice pursuant to a  
 14 supervision agreement is legally responsible for the health care services  
 15 performed by the physician assistant.

16 ~~E. A physician assistant shall not perform surgical abortions as~~  
 17 ~~defined in section 36-2151.~~

18 ~~F.~~ E. A physician assistant may pronounce death and may  
 19 authenticate, by the physician assistant's signature, certification,  
 20 stamp, verification, affidavit or endorsement, any form that may be  
 21 authenticated by a physician's signature, certification, stamp,  
 22 verification, affidavit or endorsement.

23 ~~G.~~ F. The board by rule may prescribe a civil penalty for a  
 24 violation of this article. The penalty shall not exceed \$50 for each  
 25 violation. The board shall deposit, pursuant to sections 35-146 and  
 26 35-147, all monies it receives from this penalty in the state general  
 27 fund. A physician assistant and the supervising physician or  
 28 collaborating physician or entity may contest the imposition of this  
 29 penalty pursuant to board rule. The imposition of a civil penalty is  
 30 public information, and the board may use this information in any future  
 31 disciplinary actions.

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

34 32-2532. Prescribing, administering and dispensing drugs;  
 35 limits and requirements; notice

36 A. Except as provided in subsection G of this section, a physician  
 37 assistant shall not prescribe, dispense or administer:

38 1. A schedule II or schedule III controlled substance as defined in  
 39 the controlled substances act (P.L. 91-513; 84 Stat. 1242; 21 United  
 40 States Code section 802) without board approval and United States drug  
 41 enforcement administration registration. If the physician assistant has  
 42 less than eight thousand clinical practice hours, the supervision  
 43 agreement shall specify the physician assistant's ability to prescribe,  
 44 dispense or administer a schedule II or schedule III controlled substance.

2. A schedule IV or schedule V controlled substance as defined in the controlled substances act without United States drug enforcement administration registration. If the physician assistant has less than eight thousand clinical practice hours, the supervision agreement shall specify the physician assistant's ability to prescribe, dispense or administer a schedule IV or schedule V controlled substance.

~~3. Prescription medication intended to perform or induce an abortion.~~

B. If the physician assistant has less than eight thousand clinical practice hours, the supervision agreement shall specify the physician assistant's ability to prescribe, dispense or administer prescription-only medication.

C. 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.

D. If the physician assistant is certified for prescription privileges pursuant to section 32-2504, subsection A, initial prescriptions by the physician assistant for schedule II controlled substances that are opioids are subject to the limits prescribed in sections 32-3248 and 32-3248.01. 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.

E. A prescription by a physician assistant for a schedule III controlled substance that is an opioid or benzodiazepine is not refillable without the written consent of a physician.

F. A physician assistant may not dispense, prescribe or refill prescription-only drugs for a period exceeding one year for each patient.

G. 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 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 or as provided in section 32-3248.03.

H. Except for samples provided by manufacturers, all drugs dispensed by a physician assistant shall be labeled to show the name of the physician assistant.

I. A physician assistant shall not obtain a drug from any source other than a physician or a pharmacist. A physician assistant may receive manufacturers' samples.

J. 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.

K. 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.

L. 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 36-449.01, Arizona Revised Statutes, is amended to read:

36-449.01. Definitions

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.

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. "Bodily remains" has the same meaning prescribed in section 36-2151.

~~4. "Director" means the director of the department of health services.~~

~~5.~~ 4. "Final disposition" has the same meaning prescribed in section 36-301.

5. "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.

6. "Medication abortion" means the use of any medication, drug or other substance that is intended to cause or induce an abortion.

7. "Perform" includes the initial administration of any medication, drug or other substance intended to cause or induce an abortion.

1           8. "Surgical abortion" has the same meaning prescribed in section  
2 36-2151.

3           9. "Viable fetus" has the same meaning prescribed in section  
4 36-2301.01.

5           Sec. 6. Section 36-449.02, Arizona Revised Statutes, is amended to  
6 read:

7           36-449.02. Abortion clinics; licensure requirements; rules;  
8                               inspections; standing to intervene; legal  
9                               counsel

10           A. Beginning on April 1, 2000, an abortion clinic shall meet the  
11 same licensure requirements as prescribed in article 2 of this chapter for  
12 health care institutions. At the time of licensure, an abortion clinic  
13 shall submit to the director all documentation required by this  
14 article, ~~including verification that the clinic's physicians who are~~  
15 ~~required to be available have admitting privileges at a health care~~  
16 ~~institution as required by section 36-449.03, subsection C, paragraph 3.~~

17           B. On or before the anniversary of the issue date of an abortion  
18 clinic's license, the abortion clinic shall submit to the director all  
19 documentation required by this article.

20           C. Beginning on April 1, 2000, abortion clinics shall comply with  
21 department requirements for abortion clinics and department rules that  
22 govern abortion clinics.

23           D. If the director determines that there is reasonable cause to  
24 believe an abortion clinic is not adhering to the licensing requirements  
25 of this article or any other law or rule concerning abortion, the director  
26 and any duly designated employee or agent of the director, including  
27 county health representatives and county or municipal fire inspectors,  
28 consistent with standard medical practices, may enter on and into the  
29 premises of the abortion clinic that is licensed or required to be  
30 licensed pursuant to this article during regular business hours of the  
31 abortion clinic to determine compliance with this article, rules adopted  
32 pursuant to this article, local fire ordinances or rules and any other law  
33 or rule relating to abortion.

34           E. An application for licensure pursuant to this article  
35 constitutes permission for, and complete acquiescence in, an entry or  
36 inspection of the premises during the pendency of the application and, if  
37 licensed, while the abortion clinic is licensed.

38           F. If an inspection conducted pursuant to this section reveals that  
39 an abortion clinic is not adhering to the licensing requirements  
40 prescribed pursuant to this article or any other law or rule concerning  
41 abortion, the director may take action authorized by this article.

42           G. An abortion clinic whose license has been suspended or revoked  
43 pursuant to this article or section 36-424 is subject to inspection on  
44 application for relicensure or reinstatement of the license.

H. In any proceeding in which the constitutionality, legality or application of this section is challenged, the attorney general or any county or city attorney who wishes to defend the law has the right to intervene as a party and is deemed to have proper standing in the matter. The only objection that may be raised to a motion to intervene as of right pursuant to this subsection is that the proposed intervenor does not have a good faith intention to defend the law. Any party or proposed intervenor may raise this objection. Notwithstanding section 41-192, the department may employ legal counsel and make an expenditure or incur an indebtedness for legal services for the purposes of defending this section.

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 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:

1. Prescribe required equipment and supplies, including medications, required to conduct, in an appropriate fashion, any abortion procedure that the medical staff of the clinic anticipates performing and 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 ensure sufficient quantities of



1 clean and sterilized durable equipment and supplies to meet the needs of  
2 each patient.

3 3. Prescribe required equipment, supplies and medications that  
4 shall be available and ready for immediate use in an emergency and  
5 requirements for written protocols and procedures to be followed by staff  
6 in an emergency, such as the loss of electrical power.

7 4. Prescribe required equipment and supplies for required  
8 laboratory tests and requirements for protocols to calibrate and maintain  
9 laboratory equipment at the abortion clinic or operated by clinic staff.

10 5. Require ultrasound equipment.

11 6. Require that all equipment is safe for the patient and the  
12 staff, meets applicable federal standards and is checked annually to  
13 ensure safety and appropriate calibration.

14 C. The director shall adopt rules relating to abortion clinic  
15 personnel. At a minimum these rules shall require that:

16 1. The abortion clinic designate a medical director of the abortion  
17 clinic who is licensed pursuant to title 32, chapter 13, 17 or 29.

18 2. ~~Physicians~~ **HEALTH CARE PROVIDERS** performing abortions ~~are~~  
19 ~~licensed pursuant to title 32, chapter 13 or 17,~~ demonstrate competence in  
20 the procedure involved and are acceptable to the medical director of the  
21 abortion clinic.

22 ~~3. A physician is available:~~

23 ~~(a) For a surgical abortion who has admitting privileges at a~~  
24 ~~health care institution that is classified by the director as a hospital~~  
25 ~~pursuant to section 36-405, subsection B and that is within thirty miles~~  
26 ~~of the abortion clinic.~~

27 ~~(b) For a medication abortion who has admitting privileges at a~~  
28 ~~health care institution that is classified by the director as a hospital~~  
29 ~~pursuant to section 36-405, subsection B.~~

30 ~~4.~~ 3. If a physician is not present, a registered nurse, nurse  
31 practitioner, licensed practical nurse or physician assistant is present  
32 and remains at the clinic when abortions are performed to provide  
33 postoperative monitoring and care, or monitoring and care after inducing a  
34 medication abortion, until each patient who had an abortion that day is  
35 discharged.

36 ~~5.~~ 4. Surgical assistants receive training in counseling, patient  
37 advocacy and the specific responsibilities of the services the surgical  
38 assistants provide.

39 ~~6.~~ 5. Volunteers receive training in the specific responsibilities  
40 of the services the volunteers provide, including counseling and patient  
41 advocacy as provided in the rules adopted by the director for different  
42 types of volunteers based on their responsibilities.

43 D. The director shall adopt rules relating to the medical screening  
44 and evaluation of each abortion clinic patient. At a minimum these rules  
45 shall require:

1           1. A medical history, including the following:  
2           (a) Reported allergies to medications, antiseptic solutions or  
3 latex.  
4           (b) Obstetric and gynecologic history.  
5           (c) Past surgeries.  
6           2. A physical examination, including a bimanual examination  
7 estimating uterine size and palpation of the adnexa.  
8           3. The appropriate laboratory tests, including:  
9           (a) Urine or blood tests for pregnancy performed before the  
10 abortion procedure.  
11           (b) A test for anemia.  
12           (c) Rh typing, unless reliable written documentation of blood type  
13 is available.  
14           (d) Other tests as indicated from the physical examination.  
15           4. An ultrasound evaluation for all patients. The rules shall  
16 require that if a person who is not a physician performs an ultrasound  
17 examination, that person shall have documented evidence that the person  
18 completed a course in operating ultrasound equipment as prescribed in  
19 rule. The physician or other health care professional shall review, at  
20 the request of the patient, the ultrasound evaluation results with the  
21 patient before the abortion procedure is performed, including the probable  
22 gestational age of the fetus.  
23           5. That the physician, **NURSE PRACTITIONER OR PHYSICIAN ASSISTANT** is  
24 responsible for estimating the gestational age of the fetus based on the  
25 ultrasound examination and obstetric standards in keeping with established  
26 standards of care regarding the estimation of fetal age as defined in rule  
27 and shall write the estimate in the patient's medical history. The  
28 physician, **NURSE PRACTITIONER OR PHYSICIAN ASSISTANT** shall keep original  
29 prints of each ultrasound examination of a patient in the patient's  
30 medical history file.  
31           E. The director shall adopt rules relating to the abortion  
32 procedure. At a minimum these rules shall require:  
33           1. That medical personnel is available to all patients throughout  
34 the abortion procedure.  
35           2. Standards for the safe conduct of abortion procedures that  
36 conform to obstetric standards in keeping with established standards of  
37 care regarding the estimation of fetal age as defined in rule.  
38           3. Appropriate use of local anesthesia, analgesia and sedation if  
39 ordered by the physician, **NURSE PRACTITIONER OR PHYSICIAN ASSISTANT**.  
40           4. The use of appropriate precautions, such as establishing  
41 intravenous access at least for patients undergoing second or third  
42 trimester abortions.  
43           5. The use of appropriate monitoring of the vital signs and other  
44 defined signs and markers of the patient's status throughout the abortion

1 procedure and during the recovery period until the patient's condition is  
2 deemed to be stable in the recovery room.

3 6. For abortion clinics performing or inducing an abortion for a  
4 woman whose unborn child is the gestational age of twenty weeks or more,  
5 minimum equipment standards to assist the physician in complying with  
6 section 36-2301. For the purposes of this paragraph, "abortion" and  
7 "gestational age" have the same meanings prescribed in section 36-2151.

8 F. The director shall adopt rules relating to the final disposition  
9 of bodily remains. At a minimum these rules shall require that:

10 1. The final disposition of bodily remains from a surgical abortion  
11 be by cremation or interment.

12 2. For a surgical abortion, the woman on whom the abortion is  
13 performed has the right to determine the method and location for final  
14 disposition of bodily remains.

15 G. The director shall adopt rules that prescribe minimum recovery  
16 room standards. At a minimum these rules shall require that:

17 1. For a surgical abortion, immediate postprocedure care, or care  
18 provided after inducing a medication abortion, consists of observation in  
19 a supervised recovery room for as long as the patient's condition  
20 warrants.

21 2. The clinic arrange hospitalization if any complication beyond  
22 the management capability of the staff occurs or is suspected.

23 3. A licensed health professional who is trained in managing the  
24 recovery area and who is capable of providing basic cardiopulmonary  
25 resuscitation and related emergency procedures remains on the premises of  
26 the abortion clinic until all patients are discharged.

27 4. ~~For a surgical abortion, a physician with admitting privileges~~  
28 ~~at a health care institution that is classified by the director as a~~  
29 ~~hospital pursuant to section 36-405, subsection B and that is within~~  
30 ~~thirty miles of the abortion clinic remains on the premises of the~~  
31 ~~abortion clinic until all patients are stable and are ready to leave the~~  
32 ~~recovery room and to facilitate the transfer of emergency cases if~~  
33 ~~hospitalization of the patient or viable fetus is necessary.~~ A physician,  
34 ~~shall sign~~ NURSE PRACTITIONER OR PHYSICIAN ASSISTANT SIGNS the discharge  
35 order and ~~be~~ IS readily accessible and available until the last patient is  
36 discharged.

37 5. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT discusses  
38 RhO(d) immune globulin with each patient for whom it is indicated and  
39 ensures that it is offered to the patient in the immediate postoperative  
40 period or that it will be available to her within seventy-two hours after  
41 completion of the abortion procedure. If the patient refuses, a refusal  
42 form approved by the department shall be signed by the patient and a  
43 witness and included in the medical record.

1           6. Written instructions with regard to postabortion coitus, signs  
2 of possible problems and general aftercare are given to each patient.  
3 Each patient shall have specific instructions regarding access to medical  
4 care for complications, including a telephone number to call for medical  
5 emergencies.

6           7. There is a specified minimum length of time that a patient  
7 remains in the recovery room by type of abortion procedure and duration of  
8 gestation.

9           8. The physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT ensures  
10 that a licensed health professional from the abortion clinic makes a good  
11 faith effort to contact the patient by telephone, with the patient's  
12 consent, within twenty-four hours after a surgical abortion to assess the  
13 patient's recovery.

14           9. Equipment and services are located in the recovery room to  
15 provide appropriate emergency resuscitative and life support procedures  
16 pending the transfer of the patient or viable fetus to the hospital.

17           H. The director shall adopt rules that prescribe standards for  
18 follow-up visits. At a minimum these rules shall require that:

19           1. For a surgical abortion, a postabortion medical visit is offered  
20 and, if requested, scheduled for three weeks after the abortion, including  
21 a medical examination and a review of the results of all laboratory tests.  
22 For a medication abortion, the rules shall require that a postabortion  
23 medical visit is scheduled between one week and three weeks after the  
24 initial dose for a medication abortion to confirm the pregnancy is  
25 completely terminated and to assess the degree of bleeding.

26           2. A urine pregnancy test is obtained at the time of the follow-up  
27 visit to rule out continuing pregnancy. If a continuing pregnancy is  
28 suspected, the patient shall be evaluated and a physician, NURSE  
29 PRACTITIONER OR PHYSICIAN ASSISTANT who performs abortions shall be  
30 consulted.

31           I. The director shall adopt rules to prescribe minimum abortion  
32 clinic incident reporting. At a minimum these rules shall require that:

33           1. The abortion clinic records each incident resulting in a  
34 patient's or viable fetus' serious injury occurring at an abortion clinic  
35 and shall report them in writing to the department within ten days after  
36 the incident. For the purposes of this paragraph, "serious injury" means  
37 an injury that occurs at an abortion clinic and that creates a serious  
38 risk of substantial impairment of a major body organ and includes any  
39 injury or condition that requires ambulance transportation of the patient.

40           2. If a patient's death occurs, other than a fetal death properly  
41 reported pursuant to law, the abortion clinic reports it to the department  
42 not later than the next department work day.

43           3. Incident reports are filed with the department and appropriate  
44 professional regulatory boards.

1 J. The director shall adopt rules relating to enforcement of this  
2 article. At a minimum, these rules shall require that:

3 1. For an abortion clinic that is not in substantial compliance  
4 with this article and the rules adopted pursuant to this article and  
5 section 36-2301 or that is in substantial compliance but refuses to carry  
6 out a plan of correction acceptable to the department of any deficiencies  
7 that are listed on the department's statement of deficiency, the  
8 department may do any of the following:

- 9 (a) Assess a civil penalty pursuant to section 36-431.01.  
10 (b) Impose an intermediate sanction pursuant to section 36-427.  
11 (c) Suspend or revoke a license pursuant to section 36-427.  
12 (d) Deny a license.  
13 (e) Bring an action for an injunction pursuant to section 36-430.

14 2. In determining the appropriate enforcement action, the  
15 department consider the threat to the health, safety and welfare of the  
16 abortion clinic's patients or the general public, including:

- 17 (a) Whether the abortion clinic has repeated violations of statutes  
18 or rules.  
19 (b) Whether the abortion clinic has engaged in a pattern of  
20 noncompliance.  
21 (c) The type, severity and number of violations.

22 K. The department shall not release personally identifiable patient  
23 or ~~physician~~ HEALTH CARE PROVIDER information.

24 L. The rules adopted by the director pursuant to this section do  
25 not limit the ability of a physician or other health professional to  
26 advise a patient on any health issue.

27 Sec. 8. Section 36-2151, Arizona Revised Statutes, is amended to  
28 read:

29 36-2151. Definitions

30 In this article, unless the context otherwise requires:

31 1. "Abortion" means the use of any means to terminate the  
32 clinically diagnosable pregnancy of a woman with knowledge that the  
33 termination by those means will cause, with reasonable likelihood, the  
34 death of the unborn child. Abortion does not include birth control  
35 devices, oral contraceptives used to inhibit or prevent ovulation,  
36 conception or the implantation of a fertilized ovum in the uterus or the  
37 use of any means to save the life or preserve the health of the unborn  
38 child, to preserve the life or health of the child after a live birth, to  
39 terminate an ectopic pregnancy or to remove a dead fetus.

40 2. "Auscultation" means the act of listening for sounds made by  
41 internal organs of the unborn child, specifically for a heartbeat, using  
42 an ultrasound transducer and fetal heart rate monitor.

43 3. "Bodily remains" means the physical remains, corpse or body  
44 parts of an unborn child who has been expelled or extracted from his or  
45 her mother through abortion.

1           4. "Conception" means the fusion of a human spermatozoon with a  
2 human ovum.

3           5. "Final disposition" has the same meaning prescribed in section  
4 36-301.

5           6. "Genetic abnormality" has the same meaning prescribed in section  
6 13-3603.02.

7           7. "Gestational age" means the age of the unborn child as  
8 calculated from the first day of the last menstrual period of the pregnant  
9 woman.

10          8. "HEALTH CARE PROVIDER" MEANS A PHYSICIAN, A PHYSICIAN ASSISTANT  
11 WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 25 OR A NURSE PRACTITIONER  
12 WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 15.

13          ~~8-~~ 9. "Health professional" has the same meaning prescribed in  
14 section 32-3201.

15          ~~9-~~ 10. "Medical emergency" means a condition that, on the basis of  
16 the physician's good faith clinical judgment, so complicates the medical  
17 condition of a pregnant woman as to necessitate the immediate abortion of  
18 her pregnancy to avert her death or for which a delay will create serious  
19 risk of substantial and irreversible impairment of a major bodily  
20 function.

21          ~~10-~~ 11. "Medication abortion" means the use of any medication,  
22 drug or other substance that is intended to cause or induce an abortion.

23          ~~11-~~ 12. "Physician" means a person who is licensed pursuant to  
24 title 32, chapter 13 or 17.

25          ~~12-~~ 13. "Pregnant" or "pregnancy" means a female reproductive  
26 condition of having a developing unborn child in the body and that begins  
27 with conception.

28          ~~13-~~ 14. "Probable gestational age" means the gestational age of  
29 the unborn child at the time the abortion is planned to be performed and  
30 as determined with reasonable probability by the attending physician.

31          ~~14-~~ 15. "Surgical abortion" means the use of a surgical instrument  
32 or a machine to terminate the clinically diagnosable pregnancy of a woman  
33 with knowledge that the termination by those means will cause, with  
34 reasonable likelihood, the death of the unborn child. Surgical abortion  
35 does not include the use of any means to increase the probability of a  
36 live birth, to preserve the life or health of the child after a live  
37 birth, to terminate an ectopic pregnancy or to remove a dead fetus.  
38 Surgical abortion does not include patient care incidental to the  
39 procedure.

40          ~~15-~~ 16. "Ultrasound" means the use of ultrasonic waves for  
41 diagnostic or therapeutic purposes to monitor a developing unborn child.

42          ~~16-~~ 17. "Unborn child" means the offspring of human beings from  
43 conception until birth.

1           Sec. 9. Section 36-2152, Arizona Revised Statutes, is amended to  
2 read:

3           36-2152. Parental consent; exceptions; hearings; time limits;  
4                               violations; classification; civil relief; statute  
5                               of limitations

6           A. In addition to the other requirements of this chapter, a person  
7 shall not knowingly perform an abortion on a pregnant unemancipated minor  
8 unless the attending physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT  
9 has secured the written and notarized consent from one of the minor's  
10 parents or the minor's guardian or conservator or unless a judge of the  
11 superior court authorizes the physician, NURSE PRACTITIONER OR PHYSICIAN  
12 ASSISTANT to perform the abortion pursuant to subsection B of this  
13 section. Notwithstanding section 41-319, the notarized statement of  
14 parental consent and the description of the document or notarial act  
15 recorded in the notary journal are confidential and are not public  
16 records.

17          B. A judge of the superior court, on petition or motion, and after  
18 an appropriate hearing, shall authorize a physician, NURSE PRACTITIONER OR  
19 PHYSICIAN ASSISTANT to perform the abortion if the judge determines that  
20 the pregnant minor is mature and capable of giving informed consent to the  
21 proposed abortion. If the judge determines that the pregnant minor is not  
22 mature or if the pregnant minor does not claim to be mature, the judge  
23 shall determine whether the performance of an abortion on her without the  
24 consent from one of her parents or her guardian or conservator would be in  
25 her best interests and shall authorize a physician, NURSE PRACTITIONER OR  
26 PHYSICIAN ASSISTANT to perform the abortion without consent if the judge  
27 concludes that the pregnant minor's best interests would be served.

28          C. If the pregnant minor claims to be mature at a proceeding held  
29 pursuant to subsection B of this section, the minor must prove by clear  
30 and convincing evidence that she is sufficiently mature and capable of  
31 giving informed consent without consulting her parent or legal guardian  
32 based on her experience level, perspective and judgment. In assessing the  
33 pregnant minor's experience level, the court may consider, among other  
34 relevant factors, the minor's age and experiences working outside the  
35 home, living away from home, traveling on her own, handling personal  
36 finances and making other significant decisions. In assessing the  
37 pregnant minor's perspective, the court may consider, among other relevant  
38 factors, what steps the minor took to explore her options and the extent  
39 to which she considered and weighed the potential consequences of each  
40 option. In assessing the pregnant minor's judgment, the court may  
41 consider, among other relevant factors, the minor's conduct since learning  
42 of her pregnancy and her intellectual ability to understand her options  
43 and to make an informed decision.

44          D. The pregnant minor may participate in the court proceedings on  
45 her own behalf. The court shall appoint a guardian ad litem for her. The

1 court shall advise her that she has the right to court-appointed counsel  
2 and, on her request, shall provide her with counsel unless she appears  
3 through private counsel or she knowingly and intelligently waives her  
4 right to counsel.

5 E. Proceedings in the court under this section are confidential and  
6 have precedence over other pending matters. Members of the public shall  
7 not inspect, obtain copies of or otherwise have access to records of court  
8 proceedings under this section unless authorized by law. A judge who  
9 conducts proceedings under this section shall make in writing specific  
10 factual findings and legal conclusions supporting the decision and shall  
11 order a confidential record of the evidence to be maintained, including  
12 the judge's own findings and conclusions. The minor may file the petition  
13 using a fictitious name. For the purposes of this subsection, public does  
14 not include judges, clerks, administrators, professionals or other persons  
15 employed by or working under the supervision of the court or employees of  
16 other public agencies who are authorized by state or federal rule or law  
17 to inspect and copy closed court records.

18 F. The court shall hold the hearing and shall issue a ruling within  
19 forty-eight hours, excluding weekends and holidays, after the petition is  
20 filed. If the court fails to issue a ruling within this time period, the  
21 petition is deemed to have been granted and the consent requirement is  
22 waived.

23 G. An expedited confidential appeal is available to a pregnant  
24 minor for whom the court denies an order authorizing an abortion without  
25 parental consent. The appellate court shall hold the hearing and issue a  
26 ruling within forty-eight hours, excluding weekends and holidays, after  
27 the petition for appellate review is filed. Filing fees are not required  
28 of the pregnant minor at either the trial or the appellate level.

29 H. Parental consent or judicial authorization is not required under  
30 this section if either:

31 1. The pregnant minor certifies to the attending physician, **NURSE**  
32 **PRACTITIONER OR PHYSICIAN ASSISTANT** that the pregnancy resulted from  
33 sexual conduct with ~~a~~ **THE** minor by the minor's parent, stepparent, uncle,  
34 grandparent, sibling, adoptive parent, legal guardian or foster parent or  
35 by a person who lives in the same household with the minor and the minor's  
36 mother. The ~~physician~~ **HEALTH CARE PROVIDER** performing the abortion shall  
37 report the sexual conduct with ~~a~~ **THE** minor to the proper law enforcement  
38 officials pursuant to section 13-3620 and shall preserve and forward a  
39 sample of the fetal tissue to these officials for use in a criminal  
40 investigation.

41 2. The attending physician, **NURSE PRACTITIONER OR PHYSICIAN**  
42 **ASSISTANT** certifies in the pregnant minor's medical record that, on the  
43 basis of the ~~physician's~~ **HEALTH CARE PROVIDER'S** good faith clinical  
44 judgment, the pregnant minor has a condition that so complicates her  
45 medical condition as to necessitate the immediate abortion of her



1 pregnancy to avert her death or for which a delay will create serious risk  
2 of substantial and irreversible impairment of major bodily function.

3 I. A person who performs an abortion in violation of this section  
4 is guilty of a class 1 misdemeanor. A person who intentionally causes,  
5 aids or assists a minor in obtaining an abortion in violation of this  
6 section is guilty of a class 1 misdemeanor. A person is not subject to  
7 any liability under this section if the person establishes by written  
8 evidence that the person relied on evidence sufficient to convince a  
9 careful and prudent person that the representations of the pregnant minor  
10 regarding information necessary to comply with this section are true.

11 J. In addition to other remedies available under the common or  
12 statutory law of this state, one or both of the minor's parents or the  
13 minor's guardian may bring a civil action in the superior court in the  
14 county in which the parents or the guardian resides to obtain appropriate  
15 relief for a violation of this section, unless the pregnancy resulted from  
16 the criminal conduct of the parent or guardian. The civil action may be  
17 based on a claim that failure to obtain consent was a result of simple  
18 negligence, gross negligence, wantonness, wilfulness, intention or any  
19 other legal standard of care. The civil action may be brought against the  
20 person who performs the abortion in violation of this section and any  
21 person who causes, aids or assists a minor to obtain an abortion without  
22 meeting the requirements of this section. Relief pursuant to this  
23 subsection includes the following:

24 1. Money damages for all psychological, emotional and physical  
25 injuries that result from the violation of this section.

26 2. Statutory damages in an amount equal to \$5,000 or three times  
27 the cost of the abortion, whichever is greater.

28 3. Reasonable attorney fees and costs.

29 K. A civil action brought pursuant to this section must be  
30 initiated within six years after the violation occurred.

31 L. The consent required by this section must be obtained on a form  
32 prescribed by the department of health services. At a minimum, the form  
33 must:

34 1. List the possible medical risks that may occur with any  
35 surgical, medical or diagnostic procedure, including the potential for  
36 infection, blood clots, hemorrhage, allergic reactions and death.

37 2. List the possible medical risks that may occur with a surgical  
38 abortion, including hemorrhage, uterine perforation, sterility, injury to  
39 the bowel or bladder, a possible hysterectomy as a result of a  
40 complication or injury during the procedure and failure to remove the  
41 unborn child that may result in an additional procedure.

42 3. List the possible medical risks that may occur with a medication  
43 abortion, including hemorrhage, infection, failure to remove the unborn  
44 child that may result in an additional procedure, sterility and the  
45 possible continuation of the pregnancy.

1           4. Require the pregnant minor's and the pregnant minor's parent's  
2 initials on each page of the form and a full signature on the final page  
3 of the form.

4           5. Include a space for the notary's signature and seal on the final  
5 page of the form.

6           M. The physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT must  
7 maintain the form in the pregnant minor's records for seven years after  
8 the date of the procedure or five years after the date of the minor's  
9 maturity, whichever is longer.

10          Sec. 10. Section 36-2153, Arizona Revised Statutes, is amended to  
11 read:

12           36-2153. Informed consent; requirements; information;  
13 website; signage; violation; civil relief; statute  
14 of limitations

15           A. An abortion shall not be performed or induced without the  
16 voluntary and informed consent of the woman on whom the abortion is to be  
17 performed or induced. Except in the case of a medical emergency and in  
18 addition to the other requirements of this chapter, consent to an abortion  
19 is voluntary and informed only if all of the following are true:

20           1. ~~At least twenty-four hours~~ Before the abortion, the physician,  
21 NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion  
22 or the referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT has  
23 informed the woman, orally and in person, of:

24           (a) The name of the physician, NURSE PRACTITIONER OR PHYSICIAN  
25 ASSISTANT who will perform the abortion.

26           (b) The nature of the proposed procedure or treatment.

27           (c) The immediate and long-term medical risks associated with the  
28 procedure that a reasonable patient would consider material to the  
29 decision of whether or not to undergo the abortion.

30           (d) Alternatives to the procedure or treatment that a reasonable  
31 patient would consider material to the decision of whether or not to  
32 undergo the abortion.

33           (e) The probable gestational age of the unborn child at the time  
34 the abortion is to be performed.

35           (f) The probable anatomical and physiological characteristics of  
36 the unborn child at the time the abortion is to be performed.

37           (g) The medical risks associated with carrying the child to term.

38           2. ~~At least twenty-four hours~~ Before the abortion, the physician,  
39 NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion,  
40 the referring physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT or a  
41 qualified physician, physician assistant, nurse, psychologist or licensed  
42 behavioral health professional to whom the responsibility has been  
43 delegated by either physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT  
44 has informed the woman, orally and in person, that:

1 (a) Medical assistance benefits may be available for prenatal care,  
2 childbirth and neonatal care.

3 (b) The father of the unborn child is liable to assist in the  
4 support of the child, even if he has offered to pay for the abortion. In  
5 the case of rape or incest, this information may be omitted.

6 (c) Public and private agencies and services are available to  
7 assist the woman during her pregnancy and after the birth of her child if  
8 she chooses not to have an abortion, whether she chooses to keep the child  
9 or place the child for adoption.

10 (d) It is unlawful for any person to coerce a woman to undergo an  
11 abortion.

12 (e) The woman is free to withhold or withdraw her consent to the  
13 abortion at any time without affecting her right to future care or  
14 treatment and without the loss of any state or federally funded benefits  
15 to which she might otherwise be entitled.

16 (f) The department of health services maintains a website that  
17 describes the unborn child and lists the agencies that offer alternatives  
18 to abortion.

19 (g) The woman has the right to review the website and that a  
20 printed copy of the materials on the website will be provided to her free  
21 of charge if she chooses to review these materials.

22 (h) In the case of a surgical abortion, the woman has the right to  
23 determine final disposition of bodily remains and to be informed of the  
24 available options for locations and methods for disposition of bodily  
25 remains.

26 3. The information in paragraphs 1 and 2 of this subsection is  
27 provided to the woman individually and in a private room to protect her  
28 privacy and to ensure that the information focuses on her individual  
29 circumstances and that she has adequate opportunity to ask questions.

30 4. The woman certifies in writing before the abortion that the  
31 information required to be provided pursuant to paragraphs 1 and 2 of this  
32 subsection has been provided.

33 5. In the case of a surgical abortion, if the woman desires to  
34 exercise her right to determine final disposition of bodily remains, the  
35 woman indicates in writing her choice for the location and method of final  
36 disposition of bodily remains.

37 B. If a woman has taken mifepristone as part of a two-drug regimen  
38 to terminate her pregnancy, has not yet taken the second drug and consults  
39 an abortion clinic questioning her decision to terminate her pregnancy or  
40 seeking information regarding the health of her fetus or the efficacy of  
41 mifepristone alone to terminate a pregnancy, the abortion clinic staff  
42 shall inform the woman that the use of mifepristone alone to end a  
43 pregnancy is not always effective and that she should immediately consult  
44 a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT if she would like  
45 more information.

1 C. If a medical emergency compels the performance of an abortion,  
 2 the physician, **NURSE PRACTITIONER OR PHYSICIAN ASSISTANT** shall inform the  
 3 woman, before the abortion if possible, of the medical indications  
 4 supporting the ~~physician's~~ **HEALTH CARE PROVIDER'S** judgment that an  
 5 abortion is necessary to avert the woman's death or to avert substantial  
 6 and irreversible impairment of a major bodily function.

7 D. The department of health services shall establish and shall  
 8 annually update a website that includes a link to a printable version of  
 9 all materials listed on the website. The materials must be written in an  
 10 easily understood manner and printed in a typeface that is large enough to  
 11 be clearly legible. The website must include all of the following  
 12 materials:

13 1. Information that is organized geographically by location and  
 14 that is designed to inform the woman about public and private agencies and  
 15 services that are available to assist a woman through pregnancy, at  
 16 childbirth and while her child is dependent, including adoption agencies.  
 17 The materials shall include a comprehensive list of the agencies, a  
 18 description of the services they offer and the manner in which these  
 19 agencies may be contacted, including the agencies' telephone numbers and  
 20 website addresses.

21 2. Information on the availability of medical assistance benefits  
 22 for prenatal care, childbirth and neonatal care.

23 3. A statement that it is unlawful for any person to coerce a woman  
 24 to undergo an abortion.

25 4. A statement that any physician, **NURSE PRACTITIONER OR PHYSICIAN**  
 26 **ASSISTANT** who performs an abortion on a woman without obtaining the  
 27 woman's voluntary and informed consent or without affording her a private  
 28 medical consultation may be liable to the woman for damages in a civil  
 29 action.

30 5. A statement that the father of a child is liable to assist in  
 31 the support of that child, even if the father has offered to pay for an  
 32 abortion, and that the law allows adoptive parents to pay costs of  
 33 prenatal care, childbirth and neonatal care.

34 6. Information that is designed to inform the woman of the probable  
 35 anatomical and physiological characteristics of the unborn child at  
 36 two-week gestational increments from fertilization to full term, including  
 37 pictures or drawings representing the development of unborn children at  
 38 two-week gestational increments and any relevant information on the  
 39 possibility of the unborn child's survival. The pictures or drawings must  
 40 contain the dimensions of the unborn child and must be realistic and  
 41 appropriate for each stage of pregnancy. The information provided  
 42 pursuant to this paragraph must be objective, nonjudgmental and designed  
 43 to convey only accurate scientific information about the unborn child at  
 44 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 twenty-four-hour reflection period required by subsection A of this section expires.~~

~~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 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.

~~K.~~ 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. A maternal 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.

~~K.~~ K. A civil action filed pursuant to subsection ~~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 ~~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 \$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. 11. Section 36-2155, Arizona Revised Statutes, is amended to read:

36-2155. Performance of abortion by individual who is not a health care provider; prohibition; definitions

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~~ "HEALTH CARE PROVIDER" MEANS A PHYSICIAN who is licensed pursuant to title 32, chapter 13 or 17, A NURSE 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.

1           Sec. 12. Section 36-2156, Arizona Revised Statutes, is amended to  
2 read:

3           36-2156. Informed consent; ultrasound required; violation;  
4                     civil relief; statute of limitations

5           A. An abortion shall not be performed or induced without the  
6 voluntary and informed consent of the woman on whom the abortion is to be  
7 performed or induced. Except in the case of a medical emergency and in  
8 addition to the other requirements of this chapter, consent to an abortion  
9 is voluntary and informed only if both of the following are true:

10          1. ~~At least twenty-four hours~~ Before the woman having any part of  
11 an abortion performed or induced, and before the administration of any  
12 anesthesia or medication in preparation for the abortion on the woman, the  
13 physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the  
14 abortion, the referring physician, NURSE PRACTITIONER OR PHYSICIAN  
15 ASSISTANT or a qualified person working in conjunction with either  
16 physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT shall:

17           (a) Perform fetal ultrasound imaging and auscultation of fetal  
18 heart tone services on the woman undergoing the abortion.

19           (b) Offer to provide the woman with an opportunity to view the  
20 active ultrasound image of the unborn child and hear the heartbeat of the  
21 unborn child if the heartbeat is audible. The active ultrasound image  
22 must be of a quality consistent with standard medical practice in the  
23 community, contain the dimensions of the unborn child and accurately  
24 portray the presence of external members and internal organs, if present  
25 or viewable, of the unborn child. The auscultation of fetal heart tone  
26 must be of a quality consistent with standard medical practice in the  
27 community.

28           (c) Offer to provide the woman with a simultaneous explanation of  
29 what the ultrasound is depicting, including the presence and location of  
30 the unborn child within the uterus, the number of unborn children  
31 depicted, the dimensions of the unborn child and the presence of any  
32 external members and internal organs, if present or viewable.

33           (d) Offer to provide the patient with a physical picture of the  
34 ultrasound image of the unborn child.

35          2. The woman certifies in writing before the abortion that she has  
36 been given the opportunity to view the active ultrasound image and hear  
37 the heartbeat of the unborn child if the heartbeat is audible and that she  
38 opted to view or not view the active ultrasound image and hear or not hear  
39 the heartbeat of the unborn child.

40          B. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who  
41 knowingly violates this section commits an act of unprofessional conduct  
42 and is subject to license suspension or revocation ~~pursuant to title 32,~~  
43 ~~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.

E. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.

Sec. 13. Section 36-2158, Arizona Revised Statutes, is amended to read:

36-2158. Informed consent; fetal condition; website; unprofessional conduct; civil relief; statute of limitations; definitions

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 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.



1 (b) The department of health services maintains a website that  
2 lists perinatal hospice programs that are available both in this state and  
3 nationally and that are organized geographically by location.

4 (c) The woman has a right to review the website and that a printed  
5 copy of the materials on the website will be provided to her free of  
6 charge if she chooses to review these materials.

7 2. In the case of a woman seeking an abortion of her unborn child  
8 diagnosed with a nonlethal fetal condition, ~~at least twenty-four hours~~  
9 before the abortion the physician, NURSE PRACTITIONER OR PHYSICIAN  
10 ASSISTANT who is to perform the abortion or the referring physician, NURSE  
11 PRACTITIONER OR PHYSICIAN ASSISTANT has informed the woman, orally and in  
12 person:

13 (a) Of up-to-date, evidence-based information concerning the range  
14 of outcomes for individuals living with the diagnosed condition, including  
15 physical, developmental, educational and psychosocial outcomes.

16 (b) That the department of health services maintains a website that  
17 lists information regarding support services, hotlines, resource centers  
18 or clearinghouses, national and local peer support groups and other  
19 education and support programs available to assist the woman and her  
20 unborn child, any national or local registries of families willing to  
21 adopt newborns with the nonlethal fetal condition and contact information  
22 for adoption agencies willing to place newborns with the nonlethal fetal  
23 condition with families willing to adopt.

24 (c) That the woman has a right to review the website and that a  
25 printed copy of the materials on the website will be provided to her free  
26 of charge if she chooses to review these materials.

27 (d) That section 13-3603.02 prohibits abortion because of the  
28 unborn child's sex or race or because of a genetic abnormality.

29 3. The woman certifies in writing before the abortion that the  
30 information required to be provided pursuant to this subsection has been  
31 provided.

32 B. The department of health services shall establish and annually  
33 update a website that includes the information prescribed in subsection A,  
34 paragraph 1, subdivision (b) and paragraph 2, subdivision (b) of this  
35 section.

36 C. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who  
37 knowingly violates this section commits an act of unprofessional conduct  
38 and is subject to license suspension or revocation ~~pursuant to title 32,~~  
39 ~~chapter 13 or 17~~ BY THAT HEALTH CARE PROVIDER'S REGULATORY BOARD.

40 D. In addition to other remedies available under the common or  
41 statutory law of this state, any of the following individuals may file a  
42 civil action to obtain appropriate relief for a violation of this section:

43 1. A woman on whom an abortion has been performed without her  
44 informed consent as required by this section.

1           2. The father of the unborn child if the father was married to the  
2 mother at the time she received the abortion, unless the pregnancy  
3 resulted from the father's criminal conduct.

4           3. A maternal grandparent of the unborn child if the mother was not  
5 at least eighteen years of age at the time of the abortion, unless the  
6 pregnancy resulted from the maternal grandparent's criminal conduct.

7           E. A civil action filed pursuant to subsection D of this section  
8 shall be brought in the superior court in the county in which the woman on  
9 whom the abortion was performed resides and may be based on a claim that  
10 failure to obtain informed consent was a result of simple negligence,  
11 gross negligence, wantonness, wilfulness, intention or any other legal  
12 standard of care. Relief pursuant to this subsection includes the  
13 following:

14           1. Money damages for all psychological, emotional and physical  
15 injuries resulting from the violation of this section.

16           2. Statutory damages in an amount equal to \$5,000 or three times  
17 the cost of the abortion, whichever is greater.

18           3. Reasonable attorney fees and costs.

19           F. A civil action brought pursuant to this section must be  
20 initiated within six years after the violation occurred.

21           G. For the purposes of this section:

22           1. "Lethal fetal condition" means a fetal condition that is  
23 diagnosed before birth and that will result, with reasonable certainty, in  
24 the death of the unborn child within three months after birth.

25           2. "Nonlethal fetal condition" means a fetal condition that is  
26 diagnosed before birth and that will not result in the death of the unborn  
27 child within three months after birth but may result in A physical or  
28 mental disability or abnormality.

29           3. "Perinatal hospice" means comprehensive support to the pregnant  
30 woman and her family that includes supportive care from the time of  
31 diagnosis through the time of birth and death of the infant and through  
32 the postpartum period. Supportive care may include counseling and medical  
33 care by maternal-fetal medical specialists, obstetricians, neonatologists,  
34 anesthesia specialists, clergy, social workers and specialty nurses who  
35 are focused on alleviating fear and ensuring that the woman and her family  
36 experience the life and death of the child in a comfortable and supportive  
37 environment.

38           Sec. 14. Section 36-2161, Arizona Revised Statutes, is amended to  
39 read:

40           36-2161. Abortions; reporting requirements

41           A. A hospital or facility in this state where abortions are  
42 performed must submit to the department of health services on a form  
43 prescribed by the department a report of each abortion performed in the  
44 hospital or facility. The report shall not identify the individual  
45 patient by name or include any other information or identifier that would

1 make it possible to identify, in any manner or under any circumstances, a  
2 woman who has obtained or sought to obtain an abortion. The report must  
3 include the following information:

4 1. The name and address of the facility where the abortion was  
5 performed.

6 2. The type of facility where the abortion was performed.

7 3. The county where the abortion was performed.

8 4. The woman's age.

9 5. The woman's educational background by highest grade completed  
10 and, if applicable, level of college completed.

11 6. The county and state in which the woman resides.

12 7. The woman's race and ethnicity.

13 8. The woman's marital status.

14 9. The number of prior pregnancies and prior abortions of the  
15 woman.

16 10. The number of previous spontaneous terminations of pregnancy of  
17 the woman.

18 11. The gestational age of the unborn child at the time of the  
19 abortion.

20 12. The reason for the abortion, including at least one of the  
21 following:

22 (a) The abortion is elective.

23 (b) The abortion is due to maternal health considerations,  
24 including one of the following:

25 (i) A premature rupture of membranes.

26 (ii) An anatomical abnormality.

27 (iii) Chorioamnionitis.

28 (iv) Preeclampsia.

29 (v) Other.

30 (c) The abortion is due to fetal health considerations, including  
31 the fetus being diagnosed with at least one of the following:

32 (i) A lethal anomaly.

33 (ii) A central nervous system anomaly.

34 (iii) Other.

35 (d) The pregnancy is the result of a sexual assault.

36 (e) The pregnancy is the result of incest.

37 (f) The woman is being coerced into obtaining an abortion.

38 (g) The woman is a victim of sex trafficking.

39 (h) The woman is a victim of domestic violence.

40 (i) Other.

41 (j) The woman declined to answer.

42 13. The type of procedure performed or prescribed and the date of  
43 the abortion.

1           14. Any preexisting medical conditions of the woman that would  
2     complicate pregnancy.

3           15. Any known medical complication that resulted from the abortion,  
4     including at least one of the following:

5           (a) Shock.

6           (b) Uterine perforation.

7           (c) Cervical laceration requiring suture or repair.

8           (d) Heavy bleeding or hemorrhage with estimated blood loss of at  
9     least five hundred cubic centimeters.

10          (e) Aspiration or allergic response.

11          (f) Postprocedure infection.

12          (g) Sepsis.

13          (h) Incomplete abortion retaining part of the fetus requiring  
14     reevacuation.

15          (i) Damage to the uterus.

16          (j) Failed termination of pregnancy.

17          (k) Death of the patient.

18          (l) Other.

19          (m) None.

20          16. The basis for any medical judgment that a medical emergency  
21     existed that excused the physician, **NURSE PRACTITIONER OR PHYSICIAN**  
22     **ASSISTANT** from compliance with the requirements of this chapter.

23          17. The physician's statement if required pursuant to section  
24     36-2301.01.

25          18. If applicable, the weight of the aborted fetus for any abortion  
26     performed pursuant to section 36-2301.01.

27          19. Whether a fetus or embryo was delivered alive as defined in  
28     section 36-2301 during or immediately after an attempted abortion and the  
29     efforts made to promote, preserve and maintain the life of the fetus or  
30     embryo pursuant to section 36-2301.

31          20. Statements by the physician and all clinical staff who observed  
32     the fetus or embryo during or immediately after the abortion certifying  
33     under penalty of perjury that, to the best of their knowledge, the aborted  
34     fetus or embryo was not delivered alive as defined in section 36-2301.

35          21. The medical specialty of the physician, **NURSE PRACTITIONER OR**  
36     **PHYSICIAN ASSISTANT** performing the abortion, including one of the  
37     following:

38           (a) Obstetrics-gynecology.

39           (b) General or family practice.

40           (c) Emergency medicine.

41           (d) Other.

42          22. The type of admission for the patient, including whether the  
43     abortion was performed:

44           (a) As an outpatient procedure in an abortion clinic.

45           (b) As an outpatient procedure at a hospital.

1 (c) As an inpatient procedure at a hospital.

2 (d) As an outpatient procedure at a health care institution other  
3 than an abortion clinic or hospital.

4 23. Whether anesthesia was administered to the mother.

5 24. Whether anesthesia was administered to the unborn child.

6 25. Whether any genetic abnormality of the unborn child was  
7 detected at or before the time of the abortion by genetic testing, such as  
8 maternal serum tests, or by ultrasound, such as nuchal translucency  
9 screening, or by other forms of testing.

10 26. If a surgical abortion was performed, the method of final  
11 disposition of bodily remains and whether the woman exercised her right to  
12 choose the final disposition of bodily remains.

13 B. The hospital or facility shall request the information specified  
14 in subsection A, paragraph 12 of this section at the same time the  
15 information pursuant to section 36-2153 is provided to the woman  
16 individually and in a private room to protect the woman's privacy. The  
17 information requested pursuant to subsection A, paragraph 12 of this  
18 section may be obtained on a medical form provided to the woman to  
19 complete if the woman completes the form individually and in a private  
20 room.

21 C. If the woman who is seeking the abortion discloses that the  
22 abortion is being sought because of a reason described in subsection A,  
23 paragraph 12, subdivision (d), (e), (f), (g) or (h) of this section, the  
24 hospital or facility shall provide the woman with information regarding  
25 the woman's right to report a crime to law enforcement and resources  
26 available for assistance and services, including a national human  
27 trafficking resource hotline.

28 D. The report must be signed by the physician, NURSE PRACTITIONER  
29 OR PHYSICIAN ASSISTANT who performed the abortion or, if a health  
30 professional other than a physician, NURSE PRACTITIONER OR PHYSICIAN  
31 ASSISTANT is authorized by law to prescribe or administer abortion  
32 medication, the signature and title of the person who prescribed or  
33 administered the abortion medication. The form may be signed  
34 electronically and shall indicate that the person who signs the report is  
35 attesting that the information in the report is correct to the best of the  
36 person's knowledge. The hospital or facility must transmit the report to  
37 the department within fifteen days after the last day of each reporting  
38 month.

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

1           Sec. 15. Section 36-2162.01, Arizona Revised Statutes, is amended  
2 to read:

3           36-2162.01. Informed consent; reporting requirements

4           A. A physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT in this  
5 state who provides informed consent information regarding abortion  
6 pursuant to section 36-2153 or performs fetal ultrasound imaging and  
7 auscultation of fetal heart tone services pursuant to section 36-2156 or  
8 who delegates to a person authorized by section 36-2153 or 36-2156 the  
9 duty to provide the information or services required by those sections  
10 shall submit to the department of health services on a form prescribed by  
11 the department a report that includes the following information:

12           1. The number of women to whom the physician, NURSE PRACTITIONER OR  
13 PHYSICIAN ASSISTANT provided the information described in section 36-2153,  
14 subsection A, paragraph 1, and, of those women, the number provided in the  
15 capacity of a referring physician, NURSE PRACTITIONER OR PHYSICIAN  
16 ASSISTANT and the number provided in the capacity of a physician, NURSE  
17 PRACTITIONER OR PHYSICIAN ASSISTANT who is to perform the abortion.

18           2. The number of women to whom the physician, physician assistant,  
19 nurse, psychologist or licensed behavioral health professional provided  
20 the information described in section 36-2153, subsection A, paragraph 2,  
21 and, of those women, the number provided in the capacity of a referring  
22 physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT and the number  
23 provided in the capacity of a physician, NURSE PRACTITIONER OR PHYSICIAN  
24 ASSISTANT who is to perform the abortion, and, of each of those numbers,  
25 the number provided by the physician, NURSE PRACTITIONER OR PHYSICIAN  
26 ASSISTANT and the number provided by a physician assistant, nurse,  
27 psychologist or licensed behavioral health professional.

28           3. The number of women for whom the physician, NURSE PRACTITIONER  
29 OR PHYSICIAN ASSISTANT or qualified person working in conjunction with the  
30 physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT performed fetal  
31 ultrasound imaging and auscultation of fetal heart tone services described  
32 in section 36-2156, subsection A, paragraph 1, and, of those numbers, the  
33 number provided in the capacity of a referring physician, NURSE  
34 PRACTITIONER OR PHYSICIAN ASSISTANT and the number provided in the  
35 capacity of a physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT who is  
36 to perform the abortion, and, of each of those numbers, the number  
37 provided by the physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT and  
38 the number provided by a qualified person working in conjunction with the  
39 physician, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT.

40           4. The number of abortions performed by the physician, NURSE  
41 PRACTITIONER OR PHYSICIAN ASSISTANT in which information required by  
42 sections 36-2153 and 36-2156 to be provided ~~at least twenty-four hours~~  
43 before the abortion was not provided because a medical emergency compelled  
44 the performance of an abortion to avert the woman's death and the number  
45 of abortions in which this required information was not provided because a

1 medical emergency compelled the performance of an abortion to avert  
2 substantial and irreversible impairment of a major bodily function of the  
3 woman.

4 B. The report may not identify the individual patient by name or  
5 include any other information or identifier that would make it possible to  
6 identify, in any manner or under any circumstances, a woman who has  
7 obtained or sought to obtain an abortion.

8 C. The report shall be signed by the physician, **NURSE PRACTITIONER**  
9 **OR PHYSICIAN ASSISTANT** who provided to the woman the information required  
10 by section 36-2153, subsection A, paragraph 1 or the physician, **NURSE**  
11 **PRACTITIONER OR PHYSICIAN ASSISTANT** who delegated the duty to another  
12 person authorized by law to provide to the woman the information required  
13 by section 36-2153, subsection A, paragraph 2 or section 36-2156,  
14 subsection A, paragraph 1. The form may be signed electronically and  
15 shall indicate that the physician, **NURSE PRACTITIONER OR PHYSICIAN**  
16 **ASSISTANT** who signs the report is attesting that the information in the  
17 report is correct to the best of the ~~physician's~~ **HEALTH CARE PROVIDER'S**  
18 knowledge. The physician, **NURSE PRACTITIONER OR PHYSICIAN ASSISTANT** must  
19 transmit the report to the department within fifteen days after the last  
20 day of each reporting month.

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

25 Sec. 16. Repeal

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