

REFERENCE TITLE: pharmacists; independent testing; treatment

State of Arizona
House of Representatives
Fifty-seventh Legislature
Second Regular Session
2026

HB 2444

Introduced by
Representatives Lopez: Wilmeth

AN ACT

AMENDING TITLE 32, CHAPTER 18, ARTICLE 3, ARIZONA REVISED STATUTES, BY
ADDING SECTION 32-1979.04; RELATING TO THE ARIZONA STATE BOARD OF
PHARMACY.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

Section 1. Title 32, chapter 18, article 3, Arizona Revised Statutes, is amended by adding section 32-1979.04, to read:

32-1979.04. Pharmacists; statewide written protocol; independent testing; treatment; health conditions; notification requirements

A. PURSUANT TO A STATEWIDE WRITTEN PROTOCOL APPROVED BY THE BOARD, A PHARMACIST MAY INDEPENDENTLY ORDER, PERFORM AND INTERPRET TESTS THAT ARE AUTHORIZED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND WAIVED UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 (P.L. 100-578; 102 STAT. 2903; 42 UNITED STATES CODE SECTION 201). A PHARMACIST MAY INDEPENDENTLY INITIATE TREATMENT TO ELIGIBLE PERSONS WHO ARE AT LEAST SIX YEARS OF AGE OR THE AGE AUTHORIZED BY THE TREATMENT, WHICHEVER AGE IS OLDER, AND WHO HAVE TEST RESULTS THAT INDICATE THE NEED FOR TREATMENT, BY A TEST THAT IS AUTHORIZED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND WAIVED UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988, FOR ANY OF THE FOLLOWING:

1. INFLUENZA.
2. GROUP A STREPTOCOCCUS PHARYNGITIS.
3. SARS-COV-2 OR ANY OTHER CORONAVIRUS RESPIRATORY ILLNESS.
4. HUMAN IMMUNODEFICIENCY VIRUS PREEXPOSURE PROPHYLAXIS OR POSTEXPOSURE PROPHYLAXIS.

5. A CONDITION RELATED TO AN EMERGING OR EXISTING PUBLIC HEALTH THREAT IDENTIFIED BY THE DEPARTMENT OF HEALTH SERVICES FOR WHICH A STATEWIDE STANDING ORDER, RULE OR EXECUTIVE ORDER IS ISSUED.

B. WHEN DEVELOPING THE STATEWIDE WRITTEN PROTOCOL, THE BOARD SHALL ADDRESS AT A MINIMUM THE FOLLOWING:

1. DOCUMENTATION.
2. RECORDS RETENTION.
3. REFERRALS.
4. PATIENT SCREENING REQUIREMENTS AND OBTAINING RELEVANT MEDICAL HISTORY.
5. EXCLUSION CRITERIA.
6. TREATMENT INSTRUCTIONS BASED ON THE PATIENT'S AGE AND MEDICAL HISTORY.
7. FOLLOW-UP MAINTENANCE AND CARE PLANS.
8. ANY NECESSARY PHARMACIST TRAINING OR CERTIFICATION REQUIREMENTS.

C. A PHARMACIST WHO ORDERS OR CONDUCTS TESTING OR TREATS HEALTH CONDITIONS PURSUANT TO SUBSECTION A OF THIS SECTION SHALL USE ANY TEST THAT MAY GUIDE CLINICAL DECISION-MAKING FOR WHICH A WAIVER HAS BEEN OBTAINED UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988, OR THE FEDERAL RULES ADOPTED THEREUNDER, OR ANY SCREENING PROCEDURE THAT IS ESTABLISHED BY THE STATEWIDE WRITTEN PROTOCOL.

D. A PHARMACIST SHALL USE EVIDENCE-BASED CLINICAL GUIDELINES PUBLISHED BY THE UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION OR THE INFECTIOUS DISEASES SOCIETY OF AMERICA, THE AMERICAN ACADEMY OF

1 PEDIATRICS COMMITTEE ON INFECTIOUS DISEASE OR ANOTHER CLINICALLY
2 RECOGNIZED RECOMMENDATION IN PROVIDING PATIENT TREATMENT PURSUANT TO
3 SUBSECTION A OF THIS SECTION.

4 E. AN ELIGIBLE PERSON MUST MEET CRITERIA FOR TREATMENT BASED ON THE
5 STATEWIDE WRITTEN PROTOCOL THAT SPECIFIES THE FOLLOWING:

- 6 1. PATIENT INCLUSION AND EXCLUSION CRITERIA.
- 7 2. EXPLICIT MEDICAL REFERRAL CRITERIA.

8 F. A PHARMACIST SHALL REFER A PATIENT TO THE PATIENT'S PRIMARY CARE
9 PROVIDER, IF ONE IS IDENTIFIED, OR RECOMMEND FOLLOW UP WITH A PRIMARY CARE
10 PROVIDER, IF THE PATIENT EITHER:

- 11 1. IS NOT ELIGIBLE FOR TREATMENT PURSUANT TO THIS SECTION AND
12 PRESENTS WITH SYMPTOMS.
- 13 2. DOES NOT RESPOND TO THE INITIAL TREATMENT PROVIDED PURSUANT TO
14 THIS SECTION.

15 G. A PHARMACIST WHO INITIATES A TREATMENT UNDER THIS SECTION SHALL:

16 1. NOTIFY THE PATIENT'S PRIMARY CARE PROVIDER, IF ONE IS
17 IDENTIFIED, WITHIN SEVENTY-TWO HOURS AFTER INITIATING TREATMENT PURSUANT
18 TO THIS SECTION. THE NOTICE SHALL INCLUDE THE PATIENT'S NAME, THE
19 TREATMENT INITIATED AND THE DATE OF TREATMENT AND MAY BE SUBMITTED BY
20 ENTRY INTO AN ELECTRONIC HEALTH RECORD OR BY TELEPHONE, FAX, MAIL OR
21 EMAIL. THE PHARMACIST SHALL MAKE A REASONABLE EFFORT TO IDENTIFY THE
22 PATIENT'S PRIMARY CARE PROVIDER BY AT LEAST ONE OF THE FOLLOWING METHODS:

23 (a) CHECKING PHARMACY RECORDS.

24 (b) REQUESTING THE INFORMATION FROM THE PATIENT OR, FOR A PATIENT
25 UNDER EIGHTEEN YEARS OF AGE, THE PATIENT'S PARENT OR GUARDIAN.

26 2. MAINTAIN A RECORD OF THE RESULTS OF ANY TESTING OR SCREENING FOR
27 WHICH A TREATMENT IS INITIATED PURSUANT TO THIS SECTION, INCLUDING A
28 SUMMARY OF THE VISIT AND PATIENT ASSESSMENT INFORMATION, FOR A PERIOD OF
29 SEVEN YEARS.

30 3. NOTIFY THE PATIENT'S PRIMARY CARE PROVIDER, IF ONE IS
31 IDENTIFIED, WITHIN FORTY-EIGHT HOURS AFTER THE OCCURRENCE OF ANY ADVERSE
32 REACTION THAT IS REPORTED TO OR WITNESSED BY THE PHARMACIST AS A RESULT OF
33 THE TREATMENT PROVIDED PURSUANT TO THIS SECTION.

34 4. PROVIDE INFORMATIONAL MATERIALS TO THE PATIENT REQUESTING
35 TREATMENT OR, FOR A PATIENT UNDER EIGHTEEN YEARS OF AGE, TO THE PATIENT'S
36 PARENT OR GUARDIAN ABOUT THE IMPORTANCE OF PEDIATRIC PREVENTIVE HEALTH
37 CARE VISITS AS RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS.

38 H. A PHARMACIST MAY DELEGATE THE TASK OF PERFORMING A TEST WAIVED
39 BY THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 TO A LICENSED
40 MEMBER OF THE PHARMACY STAFF WHO IS UNDER THE SUPERVISION OF THE
41 PHARMACIST. A PHARMACIST MAY NOT DELEGATE ANY TASKS THAT INCLUDE CLINICAL
42 JUDGMENT OR TREATMENT AND MAY DELEGATE ONLY ANCILLARY DUTIES AS ALLOWED BY
43 BOARD RULES.

44 I. THIS SECTION DOES NOT REQUIRE A PHARMACIST TO PROVIDE THE
45 SERVICES AUTHORIZED BY THIS SECTION.

J. THIS SECTION DOES NOT ESTABLISH A CAUSE OF ACTION AGAINST A PATIENT'S PRIMARY CARE PROVIDER FOR ANY ADVERSE REACTION, COMPLICATION OR NEGATIVE OUTCOME ARISING FROM ANY TREATMENT INITIATED BY A PHARMACIST PURSUANT TO THIS SECTION.

K. A PHARMACIST MAY NOT INDEPENDENTLY INITIATE A TREATMENT USING OPIOIDS FOR A PATIENT.

L. A PHARMACIST MAY NOT INDEPENDENTLY ORDER A TEST OR SCREENING OR TREAT A MINOR WITHOUT THE WRITTEN CONSENT OF THE MINOR'S PARENT OR GUARDIAN.

M. A PHARMACY SHALL EITHER DISPLAY A NOTICE OR INCLUDE IN A PATIENT'S CONSENT PAPERWORK THAT THE TESTING AND TREATMENT BEING PERFORMED PURSUANT TO THIS SECTION ARE BEING PERFORMED BY A PHARMACIST WITHOUT CONSULTATION WITH OR OVERSIGHT BY A PHYSICIAN AND THAT THE PATIENT SHOULD CONSULT WITH A PRIMARY CARE PROVIDER IF SYMPTOMS CONTINUE.

Sec. 2. Independent testing and treatment advisory committee; duties; members; delayed repeal

A. The Arizona state board of pharmacy shall convene an advisory committee to assist the board in developing this state's written protocols relating to pharmacists' independent authority to order testing and initiate treatments pursuant to section 32-1979.04, Arizona Revised Statutes, as added by this act. The advisory committee shall also make recommendations to the Arizona state board of pharmacy regarding the protocols required pursuant to that section.

B. The advisory committee shall include at least the following:

1. Two pharmacists who are licensed pursuant to title 32, chapter 18, Arizona Revised Statutes, and who are appointed by the Arizona state board of pharmacy.

2. Two physicians who are licensed pursuant to title 32, chapter 13 or 17, Arizona Revised Statutes, who specialize in primary care, at least one of whom has a patient population that is substantially composed of children and adolescents, and who are appointed by the Arizona medical board or the Arizona board of osteopathic examiners in medicine and surgery.

3. One person who represents a nonprofit patient advocacy organization and who is appointed by the governor.

4. One nurse practitioner who is licensed pursuant to title 32, chapter 15, Arizona Revised Statutes, who specializes in primary care and who is able to prescribe medication and who is appointed by the Arizona state board of nursing.

C. Advisory committee members are not eligible for compensation or reimbursement of expenses.

D. This section is repealed from and after December 31, 2027.