

House Engrossed Senate Bill

~~AHCCCS; procurement; contracting~~  
(now: independent testing; treatment; pharmacists)

State of Arizona  
Senate  
Fifty-seventh Legislature  
Second Regular Session  
2026

# SENATE BILL 1713

AN ACT

AMENDING TITLE 32, CHAPTER 18, ARTICLE 3, ARIZONA REVISED STATUTES, BY  
ADDING SECTIONS 32-1979.04, 32-1979.05 AND 32-1979.06; RELATING TO THE  
STATE BOARD OF PHARMACY.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Title 32, chapter 18, article 3, Arizona Revised  
3 Statutes, is amended by adding sections 32-1979.04, 32-1979.05 and  
4 32-1979.06, to read:

5 32-1979.04. Pharmacists; statewide written protocol;  
6 independent testing; treatment; health  
7 conditions; notification and insurance  
8 requirements

9 A. PURSUANT TO A STATEWIDE WRITTEN PROTOCOL APPROVED BY THE BOARD,  
10 A PHARMACIST MAY INDEPENDENTLY ORDER, PERFORM AND INTERPRET TESTS THAT ARE  
11 AUTHORIZED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND WAIVED  
12 UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 (P.L.  
13 100-578; 102 STAT. 2903; 42 UNITED STATES CODE SECTION 201). A PHARMACIST  
14 MAY INDEPENDENTLY INITIATE TREATMENT TO ELIGIBLE PERSONS WHO ARE AT LEAST  
15 TWELVE YEARS OF AGE OR THE AGE AUTHORIZED BY THE TREATMENT, WHICHEVER AGE  
16 IS OLDER, AND WHO HAVE TEST RESULTS THAT INDICATE THE NEED FOR TREATMENT,  
17 BY A TEST THAT IS AUTHORIZED BY THE UNITED STATES FOOD AND DRUG  
18 ADMINISTRATION AND WAIVED UNDER THE CLINICAL LABORATORY IMPROVEMENT  
19 AMENDMENTS OF 1988, FOR ANY OF THE FOLLOWING:

- 20 1. INFLUENZA.
- 21 2. GROUP A STREPTOCOCCUS PHARYNGITIS.
- 22 3. SARS-COV-2 OR ANY OTHER CORONAVIRUS RESPIRATORY ILLNESS.
- 23 4. A CONDITION RELATED TO AN EMERGING OR EXISTING PUBLIC HEALTH  
24 THREAT IDENTIFIED BY THE DEPARTMENT OF HEALTH SERVICES FOR WHICH A  
25 STATEWIDE STANDING ORDER, RULE OR EXECUTIVE ORDER IS ISSUED.

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

- 28 1. DOCUMENTATION.
- 29 2. RECORDS RETENTION.
- 30 3. REFERRALS.
- 31 4. PATIENT SCREENING REQUIREMENTS AND OBTAINING RELEVANT MEDICAL  
32 HISTORY.
- 33 5. EXCLUSION CRITERIA.
- 34 6. TREATMENT INSTRUCTIONS BASED ON THE PATIENT'S AGE AND MEDICAL  
35 HISTORY.
- 36 7. FOLLOW-UP MAINTENANCE AND CARE PLANS.
- 37 8. PHARMACIST TRAINING AND CERTIFICATION REQUIREMENTS.

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

1 D. A PHARMACIST SHALL USE EVIDENCE-BASED CLINICAL GUIDELINES  
2 PUBLISHED BY THE UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION  
3 OR THE INFECTIOUS DISEASES SOCIETY OF AMERICA, THE AMERICAN ACADEMY OF  
4 PEDIATRICS COMMITTEE ON INFECTIOUS DISEASE OR ANOTHER CLINICALLY  
5 RECOGNIZED RECOMMENDATION THAT ALIGNS WITH STANDARDS OF CARE IN PROVIDING  
6 PATIENT TREATMENT PURSUANT TO SUBSECTION A OF THIS SECTION.

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

- 9 1. PATIENT INCLUSION AND EXCLUSION CRITERIA.  
10 2. EXPLICIT MEDICAL REFERRAL CRITERIA.

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

- 14 1. IS NOT ELIGIBLE FOR TREATMENT PURSUANT TO THIS SECTION AND  
15 PRESENTS WITH SYMPTOMS.  
16 2. DOES NOT RESPOND TO THE INITIAL TREATMENT PROVIDED PURSUANT TO  
17 THIS SECTION.

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

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

- 26 (a) CHECKING PHARMACY RECORDS.  
27 (b) REQUESTING THE INFORMATION FROM THE PATIENT OR, FOR A PATIENT  
28 UNDER EIGHTEEN YEARS OF AGE, THE PATIENT'S PARENT OR GUARDIAN.

29 2. MAINTAIN FOR AT LEAST SEVEN YEARS A RECORD OF THE RESULTS OF ANY  
30 TESTING OR SCREENING FOR WHICH A TREATMENT IS INITIATED PURSUANT TO THIS  
31 SECTION, INCLUDING A SUMMARY OF THE VISIT, PATIENT ASSESSMENT INFORMATION,  
32 HISTORY OF ILLNESS, EXAMINATION FINDINGS, VITALS AND PLAN OF CARE.

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

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

41 H. A PHARMACIST MAY DELEGATE THE TASK OF PERFORMING A TEST WAIVED  
42 BY THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 TO A LICENSED  
43 MEMBER OF THE PHARMACY STAFF WHO IS UNDER THE SUPERVISION OF THE  
44 PHARMACIST. A PHARMACIST MAY NOT DELEGATE ANY TASKS THAT INCLUDE CLINICAL

1 JUDGMENT OR TREATMENT AND MAY DELEGATE ONLY ANCILLARY DUTIES AS ALLOWED BY  
2 BOARD RULES.

3 I. THIS SECTION DOES NOT REQUIRE A PHARMACIST TO PROVIDE THE  
4 SERVICES AUTHORIZED BY THIS SECTION. PURSUANT TO SECTION 32-1901.01,  
5 SUBSECTION A, PARAGRAPH 21, AN EMPLOYER MAY NOT OVERRULE A PHARMACIST'S  
6 DECISION TO NOT PROVIDE SERVICES THAT ARE AUTHORIZED BY THIS SECTION.

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

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

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

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

21 N. EACH PHARMACY WHERE TESTING AND TREATMENT SERVICES ARE PROVIDED  
22 PURSUANT TO THIS SECTION SHALL ENSURE THAT THERE IS AN AREA THAT PROVIDES  
23 PRIVACY TO PATIENTS FOR THE TESTING AND TREATMENT SERVICES.

24 O. A PHARMACIST SHALL MAINTAIN PROFESSIONAL LIABILITY INSURANCE IF  
25 PERFORMING SERVICES THAT ARE AUTHORIZED UNDER THIS SECTION.

26 32-1979.05. Independent testing and treatment advisory  
27 committee; duties; members

28 A. THE BOARD SHALL ESTABLISH THE INDEPENDENT TESTING AND TREATMENT  
29 ADVISORY COMMITTEE TO ASSIST THE BOARD IN DEVELOPING THIS STATE'S WRITTEN  
30 PROTOCOLS RELATING TO PHARMACISTS' INDEPENDENT AUTHORITY TO ORDER TESTING  
31 AND INITIATE TREATMENTS PURSUANT TO SECTIONS 32-1979.04 AND 32-1979.06.  
32 THE ADVISORY COMMITTEE SHALL ALSO MAKE RECOMMENDATIONS TO THE BOARD  
33 REGARDING THE STATEWIDE WRITTEN PROTOCOLS REQUIRED PURSUANT TO THAT  
34 SECTION.

35 B. THE ADVISORY COMMITTEE SHALL INCLUDE AT LEAST THE FOLLOWING:

36 1. TWO PHARMACISTS WHO ARE LICENSED PURSUANT TO THIS CHAPTER AND  
37 WHO ARE APPOINTED BY THE BOARD.

38 2. TWO PHYSICIANS WHO ARE LICENSED PURSUANT TO THIS TITLE, ONE WHO  
39 SPECIALIZES IN PRIMARY CARE AND ONE WHO PRACTICES IN AN EMERGENCY MEDICINE  
40 SETTING, AND WHO ARE APPOINTED BY THE ARIZONA MEDICAL BOARD OR THE ARIZONA  
41 BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY. AT LEAST ONE OF  
42 THESE MEMBERS MUST HAVE A PATIENT POPULATION THAT IS SUBSTANTIALLY  
43 COMPOSED OF CHILDREN AND ADOLESCENTS.

44 3. ONE PERSON WHO REPRESENTS A NONPROFIT PATIENT ADVOCACY  
45 ORGANIZATION AND WHO IS APPOINTED BY THE GOVERNOR.

1           4. ONE NURSE PRACTITIONER WHO IS LICENSED PURSUANT TO CHAPTER 15 OF  
2 THIS TITLE, WHO SPECIALIZES IN PRIMARY CARE OR EMERGENCY MEDICINE, WHO IS  
3 ABLE TO PRESCRIBE MEDICATION AND WHO IS APPOINTED BY THE ARIZONA STATE  
4 BOARD OF NURSING.

5           C. ALL ADVISORY COMMITTEE MEMBERS SHALL BE APPOINTED WITHIN SIXTY  
6 DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION. IF A MEMBER OR MEMBERS ARE  
7 NOT APPOINTED TO THE ADVISORY COMMITTEE WITHIN THAT TIME FRAME, THE OTHER  
8 MEMBERS OF THE ADVISORY COMMITTEE MAY MEET AND MAKE RECOMMENDATIONS TO THE  
9 BOARD RELATING TO THE STATEWIDE WRITTEN PROTOCOLS WITHOUT THE ADDITIONAL  
10 MEMBER OR MEMBERS.

11           D. ADVISORY COMMITTEE MEMBERS ARE NOT ELIGIBLE FOR COMPENSATION OR  
12 REIMBURSEMENT OF EXPENSES.

13           E. THE ADVISORY COMMITTEE SHALL REVIEW THE STATEWIDE WRITTEN  
14 PROTOCOLS ANNUALLY AND UPDATE WHEN NECESSARY.

15           F. THE BOARD SHALL PROVIDE A COPY OF THE STATEWIDE WRITTEN  
16 PROTOCOLS TO THE CHAIRPERSONS OF THE HEALTH AND HUMAN SERVICES COMMITTEES  
17 OF THE HOUSE OF REPRESENTATIVES AND THE SENATE, OR THEIR SUCCESSOR  
18 COMMITTEES, AND SHALL POST THE STATEWIDE WRITTEN PROTOCOLS ON THE BOARD'S  
19 PUBLIC WEBSITE.

20           32-1979.06. Human immunodeficiency virus prevention;  
21                                   preexposure prophylaxis; postexposure  
22                                   prophylaxis; definitions

23           A. IN ADDITION TO THE AUTHORITY PROVIDED IN SECTION 32-1979.04, A  
24 PHARMACIST WHO IS LICENSED PURSUANT TO THIS CHAPTER MAY INITIATE AND  
25 DISPENSE HUMAN IMMUNODEFICIENCY VIRUS PREEXPOSURE PROPHYLAXIS AND  
26 POSTEXPOSURE PROPHYLAXIS PURSUANT TO THE STATEWIDE WRITTEN PROTOCOL  
27 APPROVED BY THE BOARD.

28           B. BEFORE INITIATING A PREEXPOSURE PROPHYLAXIS, A PHARMACIST SHALL:

29           1. CONDUCT OR OBTAIN A CLINICAL LABORATORY IMPROVEMENT  
30 AMENDMENTS-WAIVED HUMAN IMMUNODEFICIENCY VIRUS TEST AND CONFIRM A NEGATIVE  
31 TEST RESULT.

32           2. ASSESS THE PATIENT FOR CONTRAINDICATIONS, DRUG INTERACTIONS AND  
33 CLINICAL ELIGIBILITY CONSISTENT WITH THE CURRENT GUIDELINES OF THE UNITED  
34 STATES CENTERS FOR DISEASE CONTROL AND PREVENTION.

35           C. BEFORE INITIATING A POSTEXPOSURE PROPHYLAXIS, A PHARMACIST  
36 SHALL:

37           1. DETERMINE THAT THE PATIENT PRESENTS WITHIN SEVENTY-TWO HOURS  
38 AFTER A POTENTIAL EXPOSURE TO THE HUMAN IMMUNODEFICIENCY VIRUS.

39           2. CONDUCT OR OBTAIN A HUMAN IMMUNODEFICIENCY VIRUS TEST IF  
40 FEASIBLE UNDER THE STATEWIDE WRITTEN PROTOCOL.

41           3. ASSESS THE PATIENT FOR CONTRAINDICATIONS, DRUG INTERACTIONS AND  
42 CLINICAL ELIGIBILITY CONSISTENT WITH THE CURRENT GUIDELINES OF THE UNITED  
43 STATES CENTERS FOR DISEASE CONTROL AND PREVENTION.

44           D. A PHARMACIST WHO INITIATES THERAPY PURSUANT TO THIS SECTION:

- 1           1. MAY DISPENSE NOT MORE THAN A THIRTY-DAY SUPPLY OF PREEXPOSURE  
2    PROPHYLAXIS.
- 3           2. MAY DISPENSE A COMPLETE TWENTY-EIGHT-DAY COURSE OF POSTEXPOSURE  
4    PROPHYLAXIS.
- 5           3. SHALL PROVIDE COUNSELING REGARDING MEDICATION ADHERENCE,  
6    POTENTIAL SIDE EFFECTS AND PREVENTION MEASURES.
- 7           4. SHALL PROVIDE THE PATIENT WITH A WRITTEN REFERRAL TO A PRIMARY  
8    CARE PROVIDER OR OTHER APPROPRIATE HEALTH CARE PROVIDER FOR FOLLOW-UP  
9    CARE.
- 10          5. SHALL NOTIFY THE PATIENT'S PRIMARY CARE PROVIDER OF THE SERVICES  
11    PROVIDED IF THE PATIENT CONSENTS TO THE NOTIFICATION.
- 12          E. THE STATEWIDE WRITTEN PROTOCOL APPROVED BY THE BOARD SHALL  
13    ADDRESS, AT A MINIMUM, THE FOLLOWING:
  - 14           1. MINIMUM TRAINING REQUIREMENTS FOR PHARMACISTS WHO INITIATE  
15    THERAPY PURSUANT TO THIS SECTION.
  - 16           2. DOCUMENTATION AND RECORDS RETENTION REQUIREMENTS.
  - 17           3. STATEWIDE WRITTEN PROTOCOL STANDARDS THAT ARE CONSISTENT WITH  
18    THE CURRENT GUIDELINES OF THE UNITED STATES CENTERS FOR DISEASE CONTROL  
19    AND PREVENTION OR THE INFECTIOUS DISEASES SOCIETY OF AMERICA OR ANOTHER  
20    CLINICALLY RECOGNIZED RECOMMENDATION.
- 21          F. FOR THE PURPOSES OF THIS SECTION:
  - 22           1. "POSTEXPOSURE PROPHYLAXIS" MEANS A MEDICATION REGIMEN THAT IS  
23    APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND THAT IS  
24    INITIATED AFTER POTENTIAL EXPOSURE TO THE HUMAN IMMUNODEFICIENCY VIRUS TO  
25    PREVENT INFECTION.
  - 26           2. "PREEXPOSURE PROPHYLAXIS" MEANS A MEDICATION REGIMEN THAT IS  
27    APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO PREVENT  
28    HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN PERSONS WHO ARE AT RISK.