House Engrossed Senate Bill

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

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

CHAPTER 241

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)

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 sections 32-1979.04, 32-1979.05 and 32-1979.06, to read:

32-1979.04. Pharmacists; statewide written protocol; independent testing; treatment; health conditions; notification and insurance 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 TWELVE 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. 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. PHARMACIST TRAINING AND 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 PEDIATRICS COMMITTEE ON INFECTIOUS DISEASE OR ANOTHER CLINICALLY RECOGNIZED RECOMMENDATION THAT ALIGNS WITH STANDARDS OF CARE IN PROVIDING PATIENT TREATMENT PURSUANT TO SUBSECTION A OF THIS SECTION.

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

1. PATIENT INCLUSION AND EXCLUSION CRITERIA.

2. EXPLICIT MEDICAL REFERRAL CRITERIA.

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

1. IS NOT ELIGIBLE FOR TREATMENT PURSUANT TO THIS SECTION AND PRESENTS WITH SYMPTOMS.

2. DOES NOT RESPOND TO THE INITIAL TREATMENT PROVIDED PURSUANT TO THIS SECTION.

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

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

(a) CHECKING PHARMACY RECORDS.

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

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

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

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

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

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

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

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

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

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

A. THE BOARD SHALL ESTABLISH THE INDEPENDENT TESTING AND TREATMENT 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 SECTIONS 32-1979.04 AND 32-1979.06. THE ADVISORY COMMITTEE SHALL ALSO MAKE RECOMMENDATIONS TO THE BOARD REGARDING THE STATEWIDE WRITTEN PROTOCOLS REQUIRED PURSUANT TO THAT SECTION.

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

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

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

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 CHAPTER 15 OF THIS TITLE, WHO SPECIALIZES IN PRIMARY CARE OR EMERGENCY MEDICINE, WHO IS ABLE TO PRESCRIBE MEDICATION AND WHO IS APPOINTED BY THE ARIZONA STATE BOARD OF NURSING.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. MAY DISPENSE NOT MORE THAN A THIRTY-DAY SUPPLY OF PREEXPOSURE PROPHYLAXIS.

2. MAY DISPENSE A COMPLETE TWENTY-EIGHT-DAY COURSE OF POSTEXPOSURE PROPHYLAXIS.

3. SHALL PROVIDE COUNSELING REGARDING MEDICATION ADHERENCE, POTENTIAL SIDE EFFECTS AND PREVENTION MEASURES.

4. SHALL PROVIDE THE PATIENT WITH A WRITTEN REFERRAL TO A PRIMARY CARE PROVIDER OR OTHER APPROPRIATE HEALTH CARE PROVIDER FOR FOLLOW-UP CARE.

5. SHALL NOTIFY THE PATIENT'S PRIMARY CARE PROVIDER OF THE SERVICES PROVIDED IF THE PATIENT CONSENTS TO THE NOTIFICATION.

E. THE STATEWIDE WRITTEN PROTOCOL APPROVED BY THE BOARD SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

1. MINIMUM TRAINING REQUIREMENTS FOR PHARMACISTS WHO INITIATE THERAPY PURSUANT TO THIS SECTION.

2. DOCUMENTATION AND RECORDS RETENTION REQUIREMENTS.

3. STATEWIDE WRITTEN PROTOCOL STANDARDS THAT ARE CONSISTENT WITH THE CURRENT GUIDELINES OF THE UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION OR THE INFECTIOUS DISEASES SOCIETY OF AMERICA OR ANOTHER CLINICALLY RECOGNIZED RECOMMENDATION.

F. FOR THE PURPOSES OF THIS SECTION:

1. "POSTEXPOSURE PROPHYLAXIS" MEANS A MEDICATION REGIMEN THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND THAT IS INITIATED AFTER POTENTIAL EXPOSURE TO THE HUMAN IMMUNODEFICIENCY VIRUS TO PREVENT INFECTION.

2. "PREEXPOSURE PROPHYLAXIS" MEANS A MEDICATION REGIMEN THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO PREVENT HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN PERSONS WHO ARE AT RISK.

APPROVED BY THE GOVERNOR JUNE 22, 2026.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JUNE 22, 2026.