

PROPOSED  
HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1713  
(Reference to Senate engrossed bill)

1 Strike everything after the enacting clause and insert:

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

1 THAT MAY GUIDE CLINICAL DECISION-MAKING FOR WHICH A WAIVER HAS BEEN  
2 OBTAINED UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988, OR  
3 THE FEDERAL RULES ADOPTED THEREUNDER, OR ANY SCREENING PROCEDURE THAT IS  
4 ESTABLISHED BY THE STATEWIDE WRITTEN PROTOCOL.

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

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

- 13 1. PATIENT INCLUSION AND EXCLUSION CRITERIA.
- 14 2. EXPLICIT MEDICAL REFERRAL CRITERIA.

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

- 18 1. IS NOT ELIGIBLE FOR TREATMENT PURSUANT TO THIS SECTION AND  
19 PRESENTS WITH SYMPTOMS.
- 20 2. DOES NOT RESPOND TO THE INITIAL TREATMENT PROVIDED PURSUANT TO  
21 THIS SECTION.

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

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

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

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

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

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

45 H. A PHARMACIST MAY DELEGATE THE TASK OF PERFORMING A TEST WAIVED  
46 BY THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 TO A LICENSED  
47 MEMBER OF THE PHARMACY STAFF WHO IS UNDER THE SUPERVISION OF THE  
48 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. A PHARMACIST SHALL MAINTAIN PROFESSIONAL LIABILITY INSURANCE IF  
22 PERFORMING SERVICES THAT ARE AUTHORIZED UNDER THIS SECTION.

23 32-1979.05. Independent testing and treatment advisory  
24 committee; duties; members

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

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

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

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

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

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

46 C. ADVISORY COMMITTEE MEMBERS ARE NOT ELIGIBLE FOR COMPENSATION OR  
47 REIMBURSEMENT OF EXPENSES.

48 D. THE ADVISORY COMMITTEE SHALL REVIEW THE STATEWIDE PROTOCOLS  
49 ANNUALLY AND UPDATE WHEN NECESSARY.

1           32-1979.06. Human immunodeficiency virus prevention;  
2                           preexposure prophylaxis; postexposure  
3                           prophylaxis; definitions

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

9           B. BEFORE INITIATING A PREEXPOSURE PROPHYLAXIS, A PHARMACIST SHALL:  
10           1. CONDUCT OR OBTAIN A CLINICAL LABORATORY IMPROVEMENT  
11 AMENDMENTS-WAIVED HUMAN IMMUNODEFICIENCY VIRUS TEST AND CONFIRM A NEGATIVE  
12 TEST RESULT.

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

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

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

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

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

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

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

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

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

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

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

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

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

41           2. DOCUMENTATION AND RECORDS RETENTION REQUIREMENTS.

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

46           F. FOR THE PURPOSES OF THIS SECTION:

47           1. "POSTEXPOSURE PROPHYLAXIS" MEANS A MEDICATION REGIMEN THAT IS  
48 APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND THAT IS

1 INITIATED AFTER POTENTIAL EXPOSURE TO THE HUMAN IMMUNODEFICIENCY VIRUS TO  
2 PREVENT INFECTION.  
3 2. "PREEXPOSURE PROPHYLAXIS" MEANS A MEDICATION REGIMEN THAT IS  
4 APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO PREVENT  
5 HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN PERSONS WHO ARE AT RISK."  
6 Amend title to conform

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