

House Engrossed

pharmacists; independent testing; treatment

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

HOUSE BILL 2444

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
ARIZONA 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. 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.

1 C. ADVISORY COMMITTEE MEMBERS ARE NOT ELIGIBLE FOR COMPENSATION OR
2 REIMBURSEMENT OF EXPENSES.

3 D. THE ADVISORY COMMITTEE SHALL REVIEW THE STATEWIDE PROTOCOLS
4 ANNUALLY AND UPDATE WHEN NECESSARY.

5 32-1979.06. Human immunodeficiency virus prevention;
6 preexposure prophylaxis; postexposure
7 prophylaxis; definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

45 2. DOCUMENTATION AND RECORDS RETENTION REQUIREMENTS.

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

5 F. FOR THE PURPOSES OF THIS SECTION:

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

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