

# **Health & Human Services Committee**

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# HEALTH & HUMAN SERVICES COMMITTEE

## LEGISLATION ENACTED

scope of practice; process; repeal (S.B. 1021) – Chapter 75

Repeals the requirement for regulated health professions seeking an expanded scope of practice to complete a statutory sunrise review. Prescribes factors for the Legislature to consider when considering proposed legislation to expand the scope of practice of a health professional group. Within 10 days of the introduction of proposed legislation for scope of practice expansion, a health professional group must provide written notification to the health profession's regulatory entity. The Legislature reserves the right to reinstate the sunrise review process at any time if the elimination demonstrably lessens the quality of health care in Arizona.

social work compact (S.B. 1036) – Chapter 227

Adopts the Social Work Licensure Compact (Compact), which allows licensed social workers to obtain licensure in other Compact states. Outlines Compact privilege terms, requirements for state inclusion in the Compact, procedures for obtaining multistate licensure and procedures for Compact states to impose adverse actions against licensees that violate the terms of the license or Compact. Prescribes requirements for oversight, dispute resolution and enforcement.

Establishes the Compact Commission (Commission) as an instrumentality of the Compact states and grants the Commission rulemaking authority as outlined. Outlines Commission: 1) membership, powers, duties and financing; 2) public meeting, rulemaking and recordkeeping requirements; 3) utilization and development of a coordinated data system; and 4) requirements for qualified immunity, defense and indemnification.

Outlines Compact withdrawal and amendment procedures and becomes effective on the date on which the Compact is adopted by a seventh member state.

child fatality review teams; duties (S.B. 1048) – Chapter 104

Modifies the membership and duties of the State Child Fatality Review Team (State CFR Team) and local child fatality review teams (local review teams). Requires, rather than allows, the establishment of local review teams. The chairperson of the State CFR Team or a local review team may access all information and records from a person or institution providing care regarding a child fatality or near fatality under review. The State CFR Team Chairperson must establish a process for approving engagement of a family member by a board member prior to contact.

Beginning January 1, 2025, the State CFR Team must conduct an annual statistical report on the incidence and causes of child fatalities and near fatalities identified by the Department of Child Safety within the past year. A copy of the report and recommendations must be submitted to the Governor and Legislature by November 15 of each year. Any recommendations made to a state agency, board or commission must require a response within 60 days indicating whether the agency, board or commission is capable of implementing the recommendations within its existing authority and resources.

behavioral health professionals; addiction counseling (S.B. 1062) – Chapter 169

Redefines *substance abuse counseling* as *addiction counseling* and expands the practice of addiction counseling to include treatment for all forms of addiction. At the time of license renewal, a person licensed as a *substance abuse technician, associate substance abuse counselor or independent substance abuse counselor* must update the licensure designation to reflect that the person is a licensed addiction, rather than substance abuse, professional. A person seeking licensure through endorsement by the Arizona State Board of Behavioral Health Examiners (AzBBHE) must be licensed for one, rather than three, years in the area and practice level for which the person seeks licensure in at least one other state or federal jurisdiction. Exempts the AzBBHE from rulemaking requirements for one year.

DCS; group homes; investigations (S.B. 1067) – Chapter 47

Includes, in the definition of *abuse*, the physical injury or emotional damage of a child by an employee of a child welfare agency contracted with the Department of Child Safety (DCS), for the purposes of DCS investigations into allegations of abuse and neglect of a child. A DCS hotline worker must prepare a DCS report if: 1) a person suspected of child abuse is an employee of a child welfare agency; 2) the child victim is placed with the child welfare agency; and 3) the child welfare agency is licensed by and contracted with DCS. The DCS report must include the employee's name, address and other location or contact information.

virtual credit cards; payment method (S.B. 1070) – Chapter 48

[SEE THE FINANCE & COMMERCE COMMITTEE.](#)

peer support teams; information; disclosure (S.B. 1071) – Chapter 171

[SEE THE MILITARY AFFAIRS, PUBLIC SAFETY & BORDER SECURITY COMMITTEE.](#)

~~technical correction; home health agencies~~ (NOW: dentists; restricted permits; continuing education) (S.B. 1159) – Chapter 229

Allows a dentist who holds a license in another U.S. state, territory or possession to apply for a restricted dental permit if the person will be practicing dentistry for educational purposes in connection with and while enrolled in a continuing dental education program recognized by the Arizona Board of Dental Examiners (BODEX). Within 30 days of application, BODEX must issue a restricted permit to any applicant that meets all prescribed requirements. A restricted permittee enrolled in a continuing dental education program may only practice dentistry in connection with and while enrolled in the program and may not provide dental care to a person who is: 1) physically unable to safely receive the dental care or services; or 2) not mentally competent to knowingly and voluntarily consent to the dental care or services. A restricted permittee is subject to BODEX jurisdiction and discipline.

homeopathic medicine; integrated medicine; qualifications (NOW: homeopathic medicine; qualifications) (S.B. 1163) – Chapter 106

Establishes a pathway for an acupuncturist, physical therapist, naturopath, chiropractor, individual trained by the U.S. Armed Forces in emergency medical care and individual who complete an approved training program to become a licensed homeopathic physician. Requires the Director and Staff of the Acupuncture Board of Examiners (Board) to carry out the executive and administrative responsibilities of the Board of Homeopathic and Integrated Medicine Examiners. Prescribes requirements for the Board relating to staffing, rulemaking and licensing and outlines licensee education and licensure requirements.

Practicing as a homeopathic practitioner without being licensed or exempt from licensure is a class 5 felony and using the title of *osteopathic medicine (homeopathic)* or *homeopathic practitioner* without being licensed is a class 2 misdemeanor.

pharmacy audit; procedures; prohibition (S.B. 1165) – Chapter 51

Prohibits an entity that audits pharmacy drug claims adjudicated by pharmacies (auditing entity) from retroactively reducing a claim payment to a pharmacist or pharmacy after the prescription drug claim adjudication, with certain exceptions. Outlines requirements for an auditing entity when conducting a wholesale invoice pharmacy audit, including documentation requirements and a requirement to reverse a discrepancy finding if the pharmacist or pharmacy dispensed the correct quantity of a drug using a subunit or multiple of the drug.

licensed professional counselors; compact (S.B. 1173) – Chapter 77

Adopts the Licensed Professional Counselor Compact (Compact), which allows licensed professional counselors to obtain licensure in other Compact states. Outlines Compact privilege terms, requirements for state inclusion in the Compact, procedures for obtaining multistate licensure and procedures for Compact states to impose adverse actions against licensees that violate the terms of the license or Compact. Prescribes requirements for oversight, dispute resolution and Compact enforcement. Outlines Compact withdrawal and amendment procedures.

Establishes the Counseling Compact Commission (Commission) as an instrumentality of the Compact states and grants the Commission rulemaking authority as outlined. Outlines Commission: 1) membership, powers, duties and financing; 2) public meeting, rulemaking and recordkeeping requirements; 3) utilization of a coordinated database and reporting system; 4) requirements for qualified immunity, defense and indemnification; and 5) procedures for member state default, technical assistance and termination.

pharmacists; prescribing; naloxone; reporting (S.B. 1211) – Chapter 232 E

An emergency measure effective June 21, 2024, that removes the specification that a standing prescription order must be signed before a pharmacist may dispense naloxone hydrochloride or any other opioid antagonist approved by the U.S. Food and Drug Administration. Repeals the requirement to report on the dispensing of opioid antagonists and the requirement that

the Arizona State Board of Pharmacy (Board) must establish rules and procedures for dispensing opioid antagonists.

Allows the Executive Director of the Board to transfer up to \$1,000,000 annually from the Board Fund to a poison and drug information center that serves Maricopa County.

pharmacy board; virtual manufacturers (S.B. 1234) – Chapter 234

Defines *virtual manufacturer* as an entity that contracts for the physical manufacture of a prescription drug or device and meets outlined conditions. A virtual manufacturer that is located in Arizona, or that is responsible for shipping prescription drugs or devices into Arizona, must contract with an Arizona-permitted physical manufacturer and make reasonable efforts to ensure the physical manufacturer complies with federal Current Good Manufacturing Practice regulations.

maltreatment oversight committee; establishment (NOW: DCS; child fatality review team) (S.B. 1235) – Chapter 53

Establishes the Department of Child Safety Fatality and Near Fatality Review Team (DCS Review Team) to review all reports of child fatalities and near fatalities made to DCS's child abuse hotline. Outlines DCS Review Team membership, powers and duties, including requirements to identify systemic trends and recommend changes to DCS policy and practice. Requires DCS to produce an annual report of specified death, abuse and neglect information and present that information in a public meeting, as prescribed.

Requires the Joint Legislative Oversight Committee on DCS to review systemic factors related to alleged child maltreatment fatalities and near fatalities.

AHCCCS; claims (S.B. 1250) – Chapter 54

Prohibits a health care insurer contracted with the Arizona Health Care Cost Containment System (AHCCCS) from denying a payment claim submitted by the state based on a lack of prior authorization, if AHCCCS authorized the item or service. A health care insurer must respond within 60 days to any inquiries from the Director of AHCCCS (Director) regarding a timely submitted payment claim. Removes the requirement for the Director to submit health care insurer compliance reports to the Director of the Arizona State Library, Archives and Public Records.

nursing care; assisted living; continuation (S.B. 1254) – Chapter 159

Continues the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers (NCIA Board) for eight years, until July 1, 2032, retroactive to July 1, 2024.

By June 15, 2026, the NCIA Board, the Department of Health Services and the Arizona Health Care Cost Containment System must collaborate to update training standards and programs for caregivers, assisted living facility managers and nursing care institution administrators.

physical therapy board; continuation (S.B. 1255) – Chapter 160

Continues the Arizona State Board of Physical Therapy for eight years, until July 1, 2032, retroactive to July 1, 2024.

pioneers' home; miners' hospital; continuation (S.B. 1256) – Chapter 161

Continues the Arizona Pioneers' Home and the State Hospital for Miners with Disabilities for eight years, until July 1, 2032, retroactive to July 1, 2024.

foster care review board; continuation (S.B. 1258) – Chapter 162

Continues the Arizona Foster Care Review Board (FCRB) for four years, until July 1, 2028, retroactive to July 1, 2024. By November 1, the FCRB must submit an annual report to outlined officials containing the: 1) number of times the FCRB failed to submit reports to a juvenile court within a time frame that allows sufficient time for judicial review before a dependency hearing; 2) FCRB's progress in facilitating and increasing parent and foster parent attendance at local board reviews; and 3) number of times the FCRB failed to timely and accurately enter data about child dependency cases and local board reviews into the FCRB data system.

physical therapy assistants; students; supervision (S.B. 1267) – Chapter 236

Requires the Arizona State of Board of Physical Therapy to license, rather than certify, physical therapy assistants and to issue the license on the physical therapist assistant's certification renewal date. Specifies that a physical therapist is responsible for patient care provided by student physical therapists and student physical therapist assistants and adds supervision provided through telehealth to the definition of *general supervision*. Removes the specification that imaging ordered under the practice of physical therapy be limited to musculoskeletal imaging consisting of plain film radiographs.

child abduction from state agency (S.B. 1302) – Chapter 108

[SEE THE JUDICIARY COMMITTEE.](#)

mental health evaluations; information; consent. (S.B. 1309) – Chapter 182

Expands the information that must be included in an application or petition for a court-ordered behavioral health evaluation to include additional information about the proposed patient. Requires a screening and evaluation agency to accept and consider the proposed patient's relevant past and present behavioral health history from persons who have a significant relationship with the proposed patient. An evaluation agency may not decline to process a petition or application for court-ordered evaluation due to a lack of persons who witnessed the behavior that prompted the petition or application. Specifies which individuals may provide informed consent for a voluntary evaluation on behalf of a proposed patient.

mental health; oversight; data; documentation. (S.B. 1311) – Chapter 163

Declares the Arizona Health Care Cost Containment System (AHCCCS) responsible for monitoring, overseeing and evaluating its contractors and contracted agencies that provide mental health services to ensure that services are provided in a timely, clinically effective and efficient manner. Requires AHCCCS and its contractors to monitor the performance of contracted agencies providing mental health services and take corrective action when necessary.

By October 1, 2025, AHCCCS must collect and analyze prescribed data semi-annually from each contractor and contracted agency and annually report the information to the Governor and Legislature. Requires the Director of AHCCCS, under advisement by a group of prescribed stakeholders, to develop recommendations on opportunities to improve the availability and transparency of information related to AHCCCS members with a serious mental illness designation.

If it is determined in a court ordered evaluation and prepetition process that a proposed patient does not need evaluation, the medical director of the screening agency must make a written statement of the reasons why the proposed patient does not need an evaluation and retain the application together with the medical director's statement and any relevant records or reports. A screening agency must consider whether a proposed patient is a danger to self or others as a result of a mental disorder. A screening agency that denies an evaluation must state the denial in writing on the application form and include confirmation by the agency's medical director. If a proposed patient meets certain conditions, a screening agency must assist the proposed patient with finding available evaluation or treatment services, including direct referrals.

DCS; discharge from care; housing (S.B. 1313) – Chapter 164

[SEE THE TRANSPORTATION, TECHNOLOGY & MISSING CHILDREN COMMITTEE.](#)

health care; costs; reimbursement (S.B. 1402) – Chapter 184

[SEE THE FINANCE & COMMERCE COMMITTEE.](#)

~~housing trust fund; rural areas (NOW: marijuana; licensing; delivery) (S.B. 1410) – Chapter 238 RFEIR~~

Subject to the requirements for enactment for initiatives and referendums (Proposition 105), which requires the affirmative vote of at least three-fourths of the members of each house of the Legislature, prohibits Department of Health Services rules regulating the delivery of marijuana or marijuana products by marijuana establishments from limiting either the distance between a delivery location and a marijuana establishment's originating designated retail location or the number of vehicles that a marijuana establishment may use for delivery.

aggravated assault; developmental disability; exception (S.B. 1594) – Chapter 113

Exempts, from the aggravated assault criminal classification, an assault committed against a health care worker by a person who is unable to form a culpable mental state due to a developmental or cognitive disability.

AHCCCS; personal health information (NOW: behavioral health; AHCCCS; health facilities) (S.B. 1609) – Chapter 200

Requires a health care institution that provides inpatient behavioral health services to a patient with a serious mental illness (SMI) designation by the Arizona Health Care Cost Containment System (AHCCCS) to provide an accurate list of the patient's necessary medications upon discharge. The discharging health care institution must provide the medication list to the patient or the patient's representative and to a designated person from the residential care institution or health care institution that will provide outpatient behavioral health services to the patient. AHCCCS must establish requirements to discharge SMI-designated members from inpatient psychiatric facilities as outlined.

Directs AHCCCS to require its contracted housing program administrators to review and minimize duplicative paperwork requirements and limit the number of contractors and entities that unnecessarily receive personal health information of SMI-designated members receiving services.

By January 31, 2025, AHCCCS must: 1) study the implementation of developing and distributing a real-time automated survey to SMI-designated members to collect feedback, identify quality of care issues and respond to the needs of members; and 2) submit a report outlining the development and implementation costs of the survey to the Joint Legislative Budget Committee and specified legislators.

Requires AHCCCS to develop and implement processes to monitor its contractors' oversight of peer specialists to ensure that peer specialists meet qualifications and receive required supervision. Beginning October 1, 2025, peer specialists must complete AHCCCS-developed training that includes psychosis-specific content. Beginning November 1, 2024, AHCCCS must submit an annual report to the Governor and Legislature regarding the development and implementation of the peer specialist monitoring requirements.

DCS; tiered central registry; hearings (S.B. 1664) – Chapter 127

Requires the Department of Child Safety (DCS) to establish a tiered system within the central registry of abuse and neglect for the placement of persons who commit child abuse or neglect as determined by a court. DCS must adopt rules to implement the tiered system by September 15, 2025, and when adopting the rules DCS must: 1) consider the severity of the abuse or neglect committed and the risk a person who commits abuse or neglect may pose if that person is in a setting that involves the care or substantial contact with children; 2) determine which acts of abuse or neglect require a person to be placed on the central registry; 3) designate tiers and timeframes that a person is maintained on the central registry based on outlined factors; and 4) include early removal procedures. All entries in the central registry must be conformed to the tiered system by May 15, 2026, and be purged monthly.

DCS must record a finding of child abuse or neglect if the finding is supported by a preponderance of evidence, rather than if probable cause exists. Notice for a dependency hearing must include a statement that, contingent on the result of the proceedings, the parent or guardian may be placed on the central registry. A person subject to an allegation of child abuse or neglect must disclose the allegation only if the allegation is entered into the central registry prior to employment in a position that provides direct services to vulnerable adults or children.



~~department of health services; rulemaking~~ (NOW: ambulance attendants; services) ([H.B. 2033](#)) – Chapter 128

[SEE THE MILITARY AFFAIRS, PUBLIC SAFETY & BORDER SECURITY COMMITTEE.](#)

joint training; surveyors; providers ([H.B. 2051](#)) – Chapter 20

Requires the Department of Health Services (DHS) to hold an annual joint training session between skilled nursing and assisted living providers and DHS compliance personnel to report changes to the long-term care facility survey process and educate providers on how compliance with the changes will be determined. DHS may receive and spend gifts, grants or donations to pay for the annual joint training.

dentists; registration; civil penalty; repeal ([H.B. 2071](#)) – Chapter 21

Eliminates the civil penalty for and the prohibition against a dentist dispensing drugs for profit without being registered to dispense by the Arizona State Board of Dental Examiners.

food handler certificate; volunteers; limits ([H.B. 2079](#)) – Chapter 87

[SEE THE GOVERNMENT COMMITTEE.](#)

cremation. ([H.B. 2081](#)) – Chapter 22

[SEE THE FINANCE & COMMERCE COMMITTEE.](#)

emergency services; prudent layperson; definition ([H.B. 2093](#)) – Chapter 24

Includes, in the definition of *emergency services* for the purposes of emergency health care insurance coverage, health care services provided to a health insurance enrollee: 1) for the treatment of severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in harm, impairment or dysfunction; and 2) for symptoms of sufficient severity that, without immediate medical attention, could result in serious jeopardy to the patient's mental health or harm to the patient or others.

medical assistants; scope of practice ([H.B. 2113](#)) – Chapter 26

Expands the scope of practice of a medical assistant who is not under direct supervision of a doctor of medicine (MD), physician assistant (PA) or nurse practitioner (NP) to include: 1) communicating medical advice, documented interpretation of test results and documented orders from an MD, PA or NP; and 2) obtaining, processing and communicating medication or procedure prior authorization as documented and ordered by an MD, PA or NP.

fatality review; information; access (H.B. 2116) – Chapter 130

Requires the State Child Fatality Review Team (State CFR Team) and Maternal Mortality Review Program (MMR Program) to establish procedures for approving any contact, interview or request before any State CFR Team, local review team or MMR Program member engages the close contact or family member of a child or mother who dies within their jurisdiction. The procedures must include a requirement for individuals who engage with family members to be trained in trauma informed interview techniques and educated on available support services.

Applies the State CFR Team and local review team fatality information confidentiality requirements to the MMR Program. MMR Program meetings are closed to the public if individual maternal fatalities associated with pregnancy are under review.

A law enforcement agency may withhold the release of any investigative records relating to a child or maternal death that might interfere with a pending criminal action with the approval of the prosecuting attorney.

~~infants; toddlers; developmental delays~~ (NOW: developmental delays; infants; toddlers) (H.B. 2137) – Chapter 132

Requires the Department of Economic Security (DES) to provide families that participate in the Arizona Early Intervention Program (AzEIP) with information on the identified priorities, needs and outcomes for the infant or toddler, including additional community resources that are not covered under the federal Individuals with Disabilities Education Act. Directs DES to create a community resource guide available to families by electronic and paper format and prescribes community resource guide procedures and requirements.

An AzEIP intergovernmental agreement that is developed and implemented by DES must include a process to allow parents to choose a natural environment, to the maximum extent appropriate, for infants and toddlers with disabilities to participate in services, including the home and community-based settings in which children without disabilities participate. A family with an infant or toddler identified with hearing impairment may engage an audiologist in the initial or a subsequent family service plan meeting.

funeral services; alkaline hydrolysis (H.B. 2140) – Chapter 133

[SEE THE FINANCE & COMMERCE COMMITTEE.](#)

licensed health aides (H.B. 2424) – Chapter 95

Expands the definition of *licensed health aide* to include family members, by affinity or consanguinity, of the Arizona Long-Term Care System member receiving services who may provide licensed health aide services only to that member. A licensed health aide must operate under the supervision and direction of a licensed nursing staff member and may perform routine ventilator care. An applicant for health aide licensure may authorize a prospective employer to discuss the applicant's licensure application with the Arizona Board of Nursing.

grievance process; payment methods; report (H.B. 2444) – Chapter 72

Requires, by August 1, the Director of the Department of Insurance and Financial Institutions (DIFI) to annually post a report on DIFI's website that includes insurance grievance information for the prior fiscal year, including the: 1) total number of grievances received; 2) average time to resolve a grievance; and 3) percentage of grievances where a health care insurer's decision was overturned.

Includes, in the definition of insurance *grievance*, any delay in the timeliness of claim adjudication that results in a delay of payment or a clean claim. A health insurer must accept tangible checks as a form of payment. If a health care provider opts out of a payment method, that decision remains in effect until either the provider opts back into the prior payment method or a new contract is executed between the insurer and provider.

Statutory requirements relating to the timely payment of insurance claims do not preclude a health care provider, with the written informed consent of a patient, from collecting monies for a medical service that is: 1) not covered under the insurance policy; or 2) medically necessary and a payment on the claim was not made due to a denial or disallowance based on frequency.

~~department of child safety; continuation~~ (NOW: child safety; department continuation; procedures) (H.B. 2447) – Chapter 143

Continues the Department of Child Safety (DCS) for four years, until July 1, 2028, retroactive to July 1, 2024. The DCS Inspections Bureau must submit a report that justifies any proposed change in a standardized hotline assessment tool that is not the result of legislative action or an adopted administrative rule to the Joint Legislative Oversight Committee on DCS at least 30 days before the proposed change is implemented.

In cases of suspected neglect and prenatal cannabis exposure that are reported to DCS's centralized hotline, DCS must investigate and determine if a mother is a qualifying medical cannabis patient.

Before increasing the child placement rate for a child welfare agency or group foster home, DCS must submit the proposed rate change to the Joint Legislative Budget Committee (JLBC) at least 90 days before the proposed rate increase takes effect. By November 1, 2024, DCS must submit a report to JLBC detailing all requests for increases in the child placement rate for a child welfare agency or group foster home that DCS received as of January 1, 2023, including DCS's justification for approving or denying the requests.

Removes the requirement for a legislator to sign a confidentiality form before discussing requested DCS information with another legislator.

kinship foster care; hearings; reports (H.B. 2454) – Chapter 36

Clarifies that the requirement for the Department of Child Safety to file documentation with the court regarding attempts made to contact a child's kinship caregivers applies to each review and report hearing or permanency planning hearing.

licensure renewal; fee waiver (H.B. 2473) – Chapter 37

Requires the Arizona State Board of Behavioral Health Examiners to waive the renewal fee for an associate level license if a licensee submits a renewal application while an application for independent licensure is pending.

missing; abducted; runaway children (H.B. 2479) – Chapter 146

[SEE THE TRANSPORTATION, TECHNOLOGY & MISSING CHILDREN COMMITTEE.](#)

group homes; random drug screening (H.B. 2480) – Chapter 96

Requires the Department of Child Safety (DCS) to develop and implement policies and procedures to conduct random quarterly drug screening of group foster home employees. A group foster home employee may not have contact with any child living at the group foster home before an initial drug screening. If a group foster home employee is involved in an accident or incident in which a child that lives at the home is injured, DCS may conduct random drug screening of that employee. A group foster home must submit all random drug screenings results to DCS within 48 hours after receiving the results.

parent-child relationship; restoration (H.B. 2486) – Chapter 147

[SEE THE JUDICIARY COMMITTEE.](#)

community health centers; graduate education (H.B. 2520) – Chapter 40

Requires, beginning October 1, 2024, the Arizona Health Care Cost Containment System to annually distribute monies appropriated for primary care graduate medical education (GME) services to qualifying community health centers and rural health clinics for direct and indirect costs, rather than for the costs of primary care GME programs.

pharmacists; collaborative practice agreements (H.B. 2582) – Chapter 123

Expands the definition of *provider*, for the purposes of collaborative practice agreements between pharmacists and health care providers, to include certified nurse midwives and physician assistants.

health care appeals (H.B. 2599) – Chapter 178

Beginning January 1, 2025, modifies health care insurer and utilization review agent procedures and requirements relating to health care appeals.

Applies the requirements relating to informal reconsiderations to initial health care appeals and allows a member to request an initial appeal upon receiving an adverse determination, rather

than solely upon a service denial. A health insurer (insurer) may waive the internal appeal process. The initial appeal process must be performed by a licensed health care professional if the member's complaint involves an issue of medical appropriateness, including health care setting, level of care or effectiveness or a covered benefit, or if the complaint is experimental or investigational.

Replaces the formal health care appeals process with a voluntary internal appeal as an additional level of review after a determination of an initial appeal. Removes the authorization for an insurer to offer additional, nonprescribed levels of review and outlines determination timeline requirements for insurers that do or do not elect to offer an internal level of review. An insurer's determination must include the basis, criteria used, clinical reasons and rationale. If an insurer fails to comply with health care appeals statutes, the member is considered to have exhausted the insurer's internal levels of review and may simultaneously initiate an expedited external independent review. A minimum dollar amount may not be imposed on any claim that is the subject of an adverse determination for a member to pursue the applicable review process.

If a utilization review agent does not request an external independent review and at the conclusion of the initial appeal the agent denies the service or claim, the determination must include notice of the option to proceed to either the voluntary internal appeal process or the external independent review, as applicable.

Outlines procedures, timelines and requirements for initiating an external independent review. An acknowledgment of a request for external independent review must include notification to the appealing member that the member has five business days to submit additional evidence to the Director of the Department of Insurance and Financial Institutions (DIFI) for consideration. The Director of DIFI must provide a copy of any additional evidence to both the insurer and the independent review organization within one business day. When rendering determinations, independent review organizations must consider various factors, including medical records, provider recommendations, applicable guidelines and policy terms. For an adverse determination involving an experimental or investigational service, a member may make an oral request if the member's treating physician certifies in writing that the recommended service or treatment would be significantly less effective if not promptly initiated. Insurers and independent review organizations must retain all records related to internal and external appeals for at least three years after the appeals process is completed.

Allows a member facing an adverse determination to pursue an expedited medical review if the standard appeal time frame is likely to cause a significant negative change in the member's medical condition. If a member chooses to proceed with an expedited medical review and the member's complaint involves an issue of medical necessity or appropriateness, including health care setting, level of care or effectiveness of a covered benefit, or is experimental or investigational under the coverage document, the utilization review agent must select a health care provider to review the appeal and render the determination based on the utilization review plan adopted by the agent. Increases, from one business day to 72 hours, the time period within which a utilization review agent must make an expedited medical review determination after receiving certification and supporting documentation from a health care provider. If a member's complaint involves an issue of medical appropriateness or is experimental or investigational, the utilization review agent must consult with specified healthcare professionals before making a determination.

spirituous liquor; DHS; inspection; exemption (H.B. 2618) – Chapter 254

Adds spirituous liquor that is produced or imported by a state licensed producer or wholesaler to the list of spirituous liquors that are exempt from public health inspections by the Department of Health Services. The exemption applies to all commercially prepackaged spirituous liquor and all spirituous liquor poured at a licensed special event, festival or fair.

abortion ban; repeal (H.B. 2677/S.B. 1734) – Chapter 181

Repeals the criminal penalty of between two to five years imprisonment for any person who employs any means to procure the miscarriage of a pregnant woman when it is not necessary to save the woman's life.

foster youth permanency project team (NOW: foster youth permanency; pilot project) (H.B. 2704)  
– Chapter 256

Requires the Department of Child Safety (DCS) to establish a Foster Youth Permanency Pilot Project Team (Team) to: 1) develop a methodology to identify children believed to be at risk of exiting DCS custody without a permanency placement; and 2) implement solutions to barriers to permanency for children who are likely to be in DCS custody when the child turns 18 years old or to begin participating in the Extended Foster Care Program. Outlines Team membership, powers and duties, including contracting with child psychiatrists, attorneys and private investigators, and grants the Team access to all DCS documents and personnel necessary to perform Team duties. By July 1, 2026, DCS must submit a report to specified officials on Team outcomes, including recommendations on how DCS may improve and enhance the Team.

involuntary treatment; guardians; agents; rights (H.B. 2744) – Chapter 152

Outlines the rights of guardians and agents with prescribed decision-making authority for a patient in any proceeding involving court ordered treatment, including the: 1) right to provide the court with the guardian or agent's position and relevant information to assist the court in making a determination in any subsequent proceeding; and 2) right to participate, as appropriate, in treatment and discharge planning with inpatient or outpatient treatment providers. A patient's guardian may file a report with the court at any time that addresses whether the: 1) patient is complying with the terms of the order for treatment; 2) outpatient treatment plan is still appropriate; and 3) patient needs inpatient treatment.

When filing a petition for court ordered treatment, the petitioner must meet outlined notice and service requirements. A screening agency must follow prescribed procedures when denying an application for court-ordered evaluation or declining to file a petition for court-ordered evaluation, including notifying the applicant that the screening agency intends to release the proposed patient and providing the reason for the denial or decision not to file a petition.

long-term care; enforcement; memory care (H.B. 2764) – Chapter 100

Beginning July 1, 2025, requires the Director of the Department of Health Services (DHS) to establish by rule memory care services standards for assisted living facilities licensed to provide directed care services, including staff and contractor minimum training standards. The training

standards must meet specified criteria and are subject to approval by DHS. An assisted living facility licensed to provide directed care services must provide documentation of staff training during an investigation or compliance survey.

Requires the Director of DHS (Director) to establish a model, and fees, for on-site monitoring of health care institutions that are found to not be in substantial compliance with applicable licensure requirements. DHS may not charge a fee for a complaint or inspection if a health care institution is in compliance. DHS may provide, and establish fees for, in-service regulatory compliance training to requesting health care institutions.

Allows the Director to continue to pursue any court, administrative or enforcement action against a licensee even if the health care institution is in the process of being sold or has closed and authorizes DHS to deny a new health care institution license application that is in active enforcement action or if issuing the license would jeopardize patient safety. Increases the cap on civil penalties for violating health care institution statutes or rules from \$500 to \$1,000, which may be assessed for each resident or patient who DHS determines was impacted by a violation.

Establishes procedures for conducting Adult Protective Services (APS) registry checks for owners and employees of assisted living facilities. The Department of Economic Security and APS workers may access law enforcement records when performing duties related to an APS case.

Modifies the membership of the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers. Establishes the 25-member Vulnerable Adult System Study Committee (Study Committee), outlines Study Committee membership, duties and reporting requirements and terminates the Study Committee on January 1, 2026.

health care; 2024-2025 ([H.B. 2903/S.B. 1741](#)) – Chapter 215

[SEE THE APPROPRIATIONS COMMITTEE.](#)

human services; 2024-2025 ([H.B. 2905/S.B. 1743](#)) – Chapter 217

[SEE THE APPROPRIATIONS COMMITTEE.](#)

## **LEGISLATION VETOED**

informed consent; signatures ([S.B. 1509](#)) – VETOED

Requires, except in an emergency, informed consent for a surgical procedure that is obtained by a licensed physician, nurse practitioner (NP) or physician assistant (PA) to include the dated signatures of the patient, a witness and the physician, NP or PA performing the surgical procedure. If a patient or a patient's surrogate decision maker is physically unable to sign or mark an informed consent form for a surgical procedure, a witness must verify on the form that the patient directly indicated the intent to consent to the procedure.

The Governor indicates in her [veto message](#) that S.B. 1509 is unnecessary because receiving informed consent from patients prior to receiving care is already standard practice.

insurance; gender surgeries; documentation; reports (S.B. 1511) – VETOED

Prohibits, beginning January 1, 2025, a health insurer that provides coverage for gender transition procedures from denying coverage for gender detransition procedures and requires a health care services provider that performs gender transition procedures to agree to provide or pay for gender detransition procedures. Authorizes the Attorney General to investigate and bring action for gender detransition coverage violations.

A health insurer that provides coverage for gender transition services must submit a detransition service report, excluding any self-identifying information, to the Department of Insurance and Financial Institutions (DIFI) as prescribed. DIFI must prepare an annual statistical report that includes the received information and submit the report to the Governor, Legislature and Secretary of State.

The Governor indicates in her [veto message](#) that S.B. 1511 is unnecessary and will create a privacy risk for patients.

psilocybin services; regulation; licensure (S.B. 1570) – VETOED

Requires the Department of Health Services (DHS), by January 1, 2026, to begin licensing psychedelic-assisted therapy centers. Prescribes psychedelic-assisted therapy center licensure and staffing requirements and restrictions and outlines Board-approved training programs requirements. DHS must adopt applicable rules and process license applications and fees for psychedelic-assisted therapy centers. A psychedelic-assisted therapy center may not be located within 1,000 feet of a K-12 school, unless authorized by DHS.

Establishes the 12-member Arizona Psilocybin Advisory Board (Board) within DHS and outlines Board membership, duties and powers, including approving training programs for licensees to provide psilocybin services and advising and making recommendations to implement psychedelic-assisted therapy centers. Establishes the Psilocybin Control and Regulation Fund (Fund), consisting of fees and civil penalties collected through the regulation of psilocybin, and allows Fund monies to be used to provide grants for psilocybin clinical trials.

The Governor indicates in her [veto message](#) that the state's Psilocybin Research Advisory Board's annual report included a message that although psilocybin may be a promising treatment in the future, we do not yet have the evidence needed to support widespread clinical expansion. The Governor states that S.B. 1570 is estimated to have an ongoing annual cost of nearly \$400,000, which was not funded in the FY 2025 state budget.

sex-based terms; laws; rules; regulations (S.B. 1628) – VETOED

Requires any policy, program, rule or law that prohibits sex discrimination to also prohibit the unfair treatment of a female or male in relation to a similarly situated member of the opposite sex and requires the state to replace the stand-alone term *gender* with *sex* in all laws, rules, publications, orders, actions, programs, policies and signage when updates are necessary. Specifies that the term *sex*: 1) means a person's biological sex, either male or female, at birth; 2) only includes two sexes and every individual is either a male or female; 3) is objective and fixed; and 4) does



not include gender identity or any other term intended to convey a person's subjective sense of self and may not be used as a synonym or substitute for the term sex.

The state or a political subdivision may provide a separate single-sex environment for a male or female if the sexes are not similarly situated, particularly with respect to biology. Requires the state, state agencies, political subdivisions and public schools and school districts, in collecting vital statistics, to identify each natural person in a collected data set as either male or female.

The Governor indicates in her [veto message](#) that she will not sign legislation that attacks Arizonans.

#### parental rights; medical records (H.B. 2183) – VETOED

Requires a health care entity to provide a parent of a minor child access to any electronic portal and delivery platform for the minor's medical records throughout the child's minority. A parent's right to request, access and review a minor's written and electronic medical records includes medical records of services not requiring parental consent.

The Governor indicates in her [veto message](#) that H.B. 2183 may put the health and safety of vulnerable Arizonans at risk.

#### SNAP; mandatory employment; training (H.B. 2502) – VETOED

Requires the Department of Economic Security to require able-bodied adults under 60 years old who are receiving Supplemental Nutrition Assistance Program (SNAP) benefits to participate in a mandatory employment and training program, as prescribed by federal law, unless the recipient meets outlined criteria for exemption.

The Governor indicates in her [veto message](#) that H.B. 2502 would undermine Arizona's efforts to connect SNAP participants with high-quality training and job support services and that resources should be allocated towards the SNAP Career Advancement Network instead of the supports contemplated in H.B. 2502.

#### SNAP; waivers; exemptions (H.B. 2503) – VETOED

Prohibits the Department of Economic Security (DES) from seeking, applying for, accepting or renewing any waiver of work requirement under the Supplemental Nutrition Assistance Program (SNAP) for able-bodied adults without dependents unless required by federal law or authorized by state law. DES may not exercise Arizona's option to provide exemptions from the SNAP work requirement unless authorized by state law.

The Governor indicates in her [veto message](#) that H.B. 2503 would inhibit Arizona's ability to support Arizona families, retailers and farmers and place additional strain on food banks.

#### forced organ harvesting; insurance; prohibition (H.B. 2504) – VETOED

[SEE THE FINANCE & COMMERCE COMMITTEE.](#)