REFERENCE TITLE: abortion; religious employers; contraception; repeal.

State of Arizona Senate Fifty-fifth Legislature First Regular Session 2021

SB 1346

Introduced by Senator Gabaldon

AN ACT

REPEALING SECTION 13-3603.02. ARIZONA REVISED STATUTES: AMENDING SECTIONS 20-121, 20-826, 20-1057.08, 20-1402, 20-1404, 20-2329 AND 32-1901, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 18, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1973.01; AMENDING TITLE 32, CHAPTER 32, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-3228; AMENDING SECTION 35-196.02, ARIZONA REVISED STATUTES; REPEALING SECTION 35-196.05, ARIZONA REVISED STATUTES; AMENDING SECTION 36-132, ARIZONA REVISED STATUTES; REPEALING SECTION 36-145, ARIZONA REVISED STATUTES; AMENDING SECTIONS 36-404, 36-449.01, 36-449.02, 36-449.03, 36-2151, 36-2152 AND 36-2153, ARIZONA REVISED STATUTES; REPEALING SECTIONS 36-2156, 36-2157, 36-2158 AND 36-2159, ARIZONA REVISED STATUTES; AMENDING SECTIONS 36-2161 AND 36-2162, ARIZONA REVISED STATUTES; REPEALING SECTION 36-2162.01, REVISED STATUTES: AMENDING SECTIONS 36-2163. 36-2301 36-2301.01, ARIZONA REVISED STATUTES; REPEALING SECTIONS 36-2930.03 AND 36-3604, ARIZONA REVISED STATUTES; AMENDING SECTIONS 38-612 AND 43-1088, ARIZONA REVISED STATUTES; REPEALING LAWS 2011, CHAPTER 9, SECTIONS 3, 4, 5 AND 6, LAWS 2011, CHAPTER 10, SECTIONS 8 AND 9, LAWS 2011, CHAPTER 55, SECTION 3, LAWS 2012, CHAPTER 250, SECTIONS 9, 10, 11 AND 12, LAWS 2012, CHAPTER 288, SECTIONS 2 AND 3, LAWS 2012, CHAPTER 337, SECTION 6, LAWS 2014, CHAPTER 33, SECTIONS 4, 5 AND 6, LAWS 2016, CHAPTER 267, SECTIONS 6 AND 7, LAWS 2017, CHAPTER 133, SECTIONS 6, 7 AND 8 AND LAWS 2018, CHAPTER 219, SECTION 5: RELATING TO ABORTION.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

Section 1. Repeal

Section 13-3603.02, Arizona Revised Statutes, is repealed.

Sec. 2. Section 20-121, Arizona Revised Statutes, is amended to read:

20-121. Health care; abortion coverage

- A. Consistent with the provisions of the patient protection and affordable care act (P.L. 111–148), any qualified health insurance policy, contract or plan offered through any health care exchange operating in this state shall not MAY provide coverage for abortions.
- B. Subsection A of this section does not apply to coverage for any abortion:
- 1. That is necessary to save the life of the woman having the abortion.
- 2. That is necessary to avert substantial and irreversible impairment of a major bodily function of the woman having the abortion.
 - 3. When the pregnancy is the result of rape or incest.
- Sec. 3. Section 20-826, Arizona Revised Statutes, is amended to read:

20-826. <u>Subscription contracts; definitions</u>

- A. A contract between a corporation and its subscribers shall not be issued unless the form of such contract is approved in writing by the director.
- B. Each contract shall plainly state the services to which the subscriber is entitled and those to which the subscriber is not entitled under the plan, and shall constitute a direct obligation of the providers of services with which the corporation has contracted for hospital, medical, dental or optometric services.
- C. Each contract, except for dental services or optometric services, shall be so written that the corporation shall pay benefits for each of the following:
- 1. Performance of any surgical service that is covered by the terms of such contract, regardless of the place of service.
- 2. Any home health services that are performed by a licensed home health agency and that a physician has prescribed in lieu of hospital services, as defined by the director, providing the hospital services would have been covered.
- 3. Any diagnostic service that a physician has performed outside a hospital in lieu of inpatient service, providing the inpatient service would have been covered.
- 4. Any service performed in a hospital's outpatient department or in a freestanding surgical facility, if such service would have been covered if performed as an inpatient service.

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- D. Each contract for dental or optometric services shall be so written that the corporation shall pay benefits for contracted dental or optometric services provided by dentists or optometrists.
- E. Any contract, except accidental death and dismemberment, applied for that provides family coverage, as to such coverage of family members, shall also provide that the benefits applicable for children shall be payable with respect to a newly born child of the insured from the instant of such child's birth, to a child adopted by the insured, regardless of the age at which the child was adopted, and to a child who has been placed for adoption with the insured and for whom the application and approval procedures for adoption pursuant to section 8–105 or 8–108 have been completed to the same extent that such coverage applies to other members of the family. The coverage for newly born or adopted children or children placed for adoption shall include coverage of injury or sickness, including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific premium is required to provide coverage for a child, the contract may require that notification of birth, adoption or adoption placement of the child and payment of the required premium must be furnished to the insurer within thirty-one days after the date of birth, adoption or adoption placement in order to have the coverage continue beyond the thirty-one day period.
- F. Each contract that is delivered or issued for delivery in this state after December 25, 1977 and that provides that coverage of a dependent child shall terminate on attainment of the limiting age for dependent children specified in the contract shall also provide in substance that attainment of such limiting age shall not operate to terminate the coverage of such child while the child is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent on the subscriber for support and maintenance. Proof of such incapacity and dependency shall be furnished to the corporation by the subscriber within thirty-one days of the child's attainment of the limiting age and subsequently as may be required by the corporation, but not more frequently than annually after the two-year period following the child's attainment of the limiting age.
- G. No corporation may cancel or refuse to renew any subscriber's contract without giving notice of such cancellation or nonrenewal to the subscriber under such contract. A notice by the corporation to the subscriber of cancellation or nonrenewal of a subscription contract shall be mailed to the named subscriber at least forty-five days before the effective date of such cancellation or nonrenewal. The notice shall include or be accompanied by a statement in writing of the reasons for such action by the corporation. Failure of the corporation to comply with this subsection shall invalidate any cancellation or nonrenewal except a cancellation or nonrenewal for nonpayment of premium.

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- H. A contract that provides coverage for surgical services for a mastectomy shall also provide coverage incidental to the patient's covered mastectomy for surgical services for reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, treatment of physical complications for all stages of the mastectomy, including lymphedemas, and at least two external postoperative prostheses subject to all of the terms and conditions of the policy.
- I. A contract that provides coverage for surgical services for a mastectomy shall also provide coverage for mammography screening performed on dedicated equipment for diagnostic purposes on referral by a patient's physician, subject to all of the terms and conditions of the policy and according to the following guidelines:
- 1. A baseline mammogram for a woman from age thirty-five to thirty-nine.
- 2. A mammogram for a woman from age forty to forty-nine every two years or more frequently based on the recommendation of the woman's physician.
 - 3. A mammogram every year for a woman fifty years of age and over.
- J. Any contract that is issued to the insured and that provides coverage for maternity benefits shall also provide that the maternity benefits apply to the costs of the birth of any child legally adopted by the insured if all of the following are true:
 - 1. The child is adopted within one year of birth.
 - 2. The insured is legally obligated to pay the costs of birth.
- 3. All preexisting conditions and other limitations have been met by the insured.
- 4. The insured has notified the insurer of the insured's acceptability to adopt children pursuant to section 8-105, within sixty days after such approval or within sixty days after a change in insurance policies, plans or companies.
- K. The coverage prescribed by subsection J of this section is excess to any other coverage the natural mother may have for maternity benefits except coverage made available to persons pursuant to title 36, chapter 29 but not including coverage made available to persons defined as eligible under section 36-2901, paragraph 6, subdivisions (b), (c), (d) and (e). If such other coverage exists, the agency, attorney or individual arranging the adoption shall make arrangements for the insurance to pay those costs that may be covered under that policy and shall advise the adopting parent in writing of the existence and extent of the coverage without disclosing any confidential information such as the identity of the natural parent. The insured adopting parents shall notify their insurer of the existence and extent of the other coverage.

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- L. The director may disapprove any contract if the benefits provided in the form of such contract are unreasonable in relation to the premium charged.
- M. The director shall adopt emergency rules applicable to persons who are leaving active service in the armed forces of the United States and returning to civilian status including:
 - 1. Conditions of eligibility.
 - 2. Coverage of dependents.
 - 3. Preexisting conditions.
 - 4. Termination of insurance.
 - 5. Probationary periods.
 - 6. Limitations.
 - 7. Exceptions.
 - 8. Reductions.
 - 9. Elimination periods.
 - 10. Requirements for replacement.
 - 11. Any other condition of subscription contracts.
- N. Any contract that provides maternity benefits shall not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than forty-eight hours following a normal vaginal delivery or ninety-six hours following a cesarean section. The contract shall not require the provider to obtain authorization from the corporation for prescribing the minimum length of stay required by this subsection. The contract may provide that an attending provider in consultation with the mother may discharge the mother or the newborn child before the expiration of the minimum length of stay required by this subsection. The corporation shall not:
- 1. Deny the mother or the newborn child eligibility or continued eligibility to enroll or to renew coverage under the terms of the contract solely for the purpose of avoiding the requirements of this subsection.
- 2. Provide monetary payments or rebates to mothers to encourage those mothers to accept less than the minimum protections available pursuant to this subsection.
- 3. Penalize or otherwise reduce or limit the reimbursement of an attending provider because that provider provided care to any insured under the contract in accordance with this subsection.
- 4. Provide monetary or other incentives to an attending provider to induce that provider to provide care to an insured under the contract in a manner that is inconsistent with this subsection.
- 5. Except as described in subsection 0 of this section, restrict benefits for any portion of a period within the minimum length of stay in a manner that is less favorable than the benefits provided for any preceding portion of that stay.

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- O. Nothing in subsection N of this section:
- 1. Requires a mother to give birth in a hospital or to stay in the hospital for a fixed period of time following the birth of the child.
- 2. Prevents a corporation from imposing deductibles, coinsurance or other cost sharing in relation to benefits for hospital lengths of stay in connection with childbirth for a mother or a newborn child under the contract, except that any coinsurance or other cost sharing for any portion of a period within a hospital length of stay required pursuant to subsection N of this section shall not be greater than the coinsurance or cost sharing for any preceding portion of that stay.
- 3. Prevents a corporation from negotiating the level and type of reimbursement with a provider for care provided in accordance with subsection N of this section.
- P. Any contract that provides coverage for diabetes shall also provide coverage for equipment and supplies that are medically necessary and that are prescribed by a health care provider, including:
 - 1. Blood glucose monitors.
 - 2. Blood glucose monitors for the legally blind.
- 3. Test strips for glucose monitors and visual reading and urine testing strips.
 - 4. Insulin preparations and glucagon.
 - 5. Insulin cartridges.
 - 6. Drawing up devices and monitors for the visually impaired.
 - 7. Injection aids.
 - 8. Insulin cartridges for the legally blind.
 - 9. Syringes and lancets, including automatic lancing devices.
- 10. Prescribed oral agents for controlling blood sugar that are included on the plan formulary.
- 11. To the extent coverage is required under medicare, podiatric appliances for prevention of complications associated with diabetes.
- 12. Any other device, medication, equipment or supply for which coverage is required under medicare from and after January 1, 1999. The coverage required in this paragraph is effective six months after the coverage is required under medicare.
- Q. Nothing in subsection P of this section prohibits a medical service corporation, a hospital service corporation or a hospital, medical, dental and optometric service corporation from imposing deductibles, coinsurance or other cost sharing in relation to benefits for equipment or supplies for the treatment of diabetes.
- R. Any hospital or medical service contract that provides coverage for prescription drugs shall not limit or exclude coverage for any prescription drug prescribed for the treatment of cancer on the basis that the prescription drug has not been approved by the United States food and drug administration for the treatment of the specific type of cancer for which the prescription drug has been prescribed, if the prescription drug

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has been recognized as safe and effective for treatment of that specific type of cancer in one or more of the standard medical reference compendia prescribed in subsection S of this section or medical literature that meets the criteria prescribed in subsection S of this section. The coverage required under this subsection includes covered medically necessary services associated with the administration of the prescription drug. This subsection does not:

- 1. Require coverage of any prescription drug used in the treatment of a type of cancer if the United States food and drug administration has determined that the prescription drug is contraindicated for that type of cancer.
- 2. Require coverage for any experimental prescription drug that is not approved for any indication by the United States food and drug administration.
- 3. Alter any law with regard to provisions that limit the coverage of prescription drugs that have not been approved by the United States food and drug administration.
- 4. Notwithstanding section 20-841.05, require reimbursement or coverage for any prescription drug that is not included in the drug formulary or list of covered prescription drugs specified in the contract.
- 5. Notwithstanding section 20-841.05, prohibit a contract from limiting or excluding coverage of a prescription drug, if the decision to limit or exclude coverage of the prescription drug is not based primarily on the coverage of prescription drugs required by this section.
- 6. Prohibit the use of deductibles, coinsurance, copayments or other cost sharing in relation to drug benefits and related medical benefits offered.
 - S. For the purposes of subsection R of this section:
- 1. The acceptable standard medical reference compendia are the following:
- (a) The American hospital formulary service drug information, a publication of the American society of health system pharmacists.
- (b) The national comprehensive cancer network drugs and biologics compendium.
 - (c) Thomson Micromedex compendium DrugDex.
 - (d) Elsevier gold standard's clinical pharmacology compendium.
- (e) Other authoritative compendia as identified by the secretary of the United States department of health and human services.
- 2. Medical literature may be accepted if all of the following apply:
- (a) At least two articles from major peer reviewed professional medical journals have recognized, based on scientific or medical criteria, the drug's safety and effectiveness for treatment of the indication for which the drug has been prescribed.

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- (b) No article from a major peer reviewed professional medical journal has concluded, based on scientific or medical criteria, that the drug is unsafe or ineffective or that the drug's safety and effectiveness cannot be determined for the treatment of the indication for which the drug has been prescribed.
- (c) The literature meets the uniform requirements for manuscripts submitted to biomedical journals established by the international committee of medical journal editors or is published in a journal specified by the United States department of health and human services as acceptable peer reviewed medical literature pursuant to section 186(t)(2)(B) of the social security act (42 United States Code section 1395x(t)(2)(B)).
- T. A corporation shall not issue or deliver any advertising matter or sales material to any person in this state until the corporation files the advertising matter or sales material with the director. This subsection does not require a corporation to have the prior approval of the director to issue or deliver the advertising matter or sales material. If the director finds that the advertising matter or sales material, in whole or in part, is false, deceptive or misleading, the director may issue an order disapproving the advertising matter or sales material, directing the corporation to cease and desist from issuing, circulating, displaying or using the advertising matter or sales material within a period of time specified by the director but not less than ten days and imposing any penalties prescribed in this title. At least five days before issuing an order pursuant to this subsection, the director shall provide the corporation with a written notice of the basis of the order to provide the corporation with an opportunity to cure the alleged deficiency in the advertising matter or sales material within a single five day FIVE-DAY period for the particular advertising matter or sales material at issue. The corporation may appeal the director's order pursuant to title 41, chapter 6, article 10. Except as otherwise provided in this subsection, a corporation may obtain a stay of the effectiveness of the order as prescribed in section 20-162. If the director certifies in the order and provides a detailed explanation of the reasons in support of the certification that continued use of the advertising matter or sales material poses a threat to the health, safety or welfare of the public, the order may be entered immediately without opportunity for cure and the effectiveness of the order is not stayed pending the hearing on the notice of appeal but the hearing shall be promptly instituted and determined.
- U. Any contract that is offered by a hospital service corporation or medical service corporation and that contains a prescription drug benefit shall provide coverage of medical foods to treat inherited metabolic disorders as provided by this section.
- V. The metabolic disorders triggering medical foods coverage under this section shall:

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- 1. Be part of the newborn screening program prescribed in section 36-694.
 - 2. Involve amino acid, carbohydrate or fat metabolism.
- 3. Have medically standard methods of diagnosis, treatment and monitoring, including quantification of metabolites in blood, urine or spinal fluid or enzyme or DNA confirmation in tissues.
- 4. Require specially processed or treated medical foods that are generally available only under the supervision and direction of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15, that must be consumed throughout life and without which the person may suffer serious mental or physical impairment.
- W. Medical foods eligible for coverage under this section shall be prescribed or ordered under the supervision of a physician licensed pursuant to title 32, chapter 13 or 17 as medically necessary for the therapeutic treatment of an inherited metabolic disease.
- X. A hospital service corporation or medical service corporation shall cover at least fifty per cent PERCENT of the cost of medical foods prescribed to treat inherited metabolic disorders and covered pursuant to this section. A hospital service corporation or medical service corporation may limit the maximum annual benefit for medical foods under this section to five thousand dollars \$5,000, which applies to the cost of all prescribed modified low protein foods and metabolic formula.
- Y. Any contract between a corporation and its subscribers is subject to the following:
- 1. If the contract provides coverage for prescription drugs, the contract shall provide coverage for any prescribed drug or device that is approved by the United States food and drug administration for use as a contraceptive. A corporation may use a drug formulary, multitiered drug formulary or list but that formulary or list shall include oral, implant and injectable contraceptive drugs, intrauterine devices and prescription methods if the corporation does not impose deductibles. coinsurance. copayments or other cost containment measures contraceptive drugs that are greater than the deductibles, coinsurance, copayments or other cost containment measures for other drugs on the same level of the formulary or list.
- 2. If the contract provides coverage for outpatient health care services, the contract shall provide coverage for outpatient contraceptive services. For the purposes of this paragraph, "outpatient contraceptive services" means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of approved United States food and drug administration prescription contraceptive methods to prevent unintended pregnancies.
- 3. This subsection does not apply to contracts issued to individuals on a nongroup basis.

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Z. Notwithstanding subsection Y of this section, a religiously affiliated employer may require that the corporation provide a contract without coverage for specific items or services required under subsection Y of this section because providing or paying for coverage of the specific items or services is contrary to the religious beliefs of the religiously affiliated employer offering the plan. If a religiously affiliated employer objects to providing coverage for specific items or services required under subsection Y of this section, a written affidavit shall be filed with the corporation stating the objection. On receipt of the affidavit, the corporation shall issue to the religiously affiliated employer a contract that excludes coverage for specific items or services required under subsection Y of this section. The corporation shall retain the affidavit for the duration of the contract and any renewals of the contract. This subsection shall not exclude coverage for prescription contraceptive methods ordered by a health care provider with prescriptive authority for medical indications other than for contraceptive, abortifacient, abortion or sterilization purposes. A religiously affiliated employer offering the plan may state religious beliefs in its affidavit and may require the subscriber to first pay for the prescription and then submit a claim to the hospital service corporation, medical service corporation or hospital, medical, dental and optometric service corporation along with evidence that the prescription is not for a purpose covered by the objection. A hospital service corporation, medical service corporation or hospital, medical, dental and optometric service corporation may charge an administrative fee for handling these claims.

AA. Subsection Z of this section does not authorize a religiously affiliated employer to obtain an employee's protected health information or to violate the health insurance portability and accountability act of 1996 (P.L. 104-191; 110 Stat. 1936) or any federal regulations adopted pursuant to that act.

BB. Subsection Z of this section shall not be construed to restrict or limit any protections against employment discrimination that are prescribed in federal or state law.

Z. NOTWITHSTANDING SUBSECTION Y OF THIS SECTION, A RELIGIOUS EMPLOYER WHOSE RELIGIOUS TENETS PROHIBIT THE USE OF PRESCRIBED CONTRACEPTIVE METHODS MAY REQUIRE THAT THE CORPORATION PROVIDE A CONTRACT WITHOUT COVERAGE FOR ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS. THE RELIGIOUS EMPLOYER SHALL SUBMIT A WRITTEN AFFIDAVIT TO THE CORPORATION STATING THAT IT IS A RELIGIOUS EMPLOYER. ON RECEIPT OF THE AFFIDAVIT, THE CORPORATION SHALL ISSUE TO THE RELIGIOUS EMPLOYER A CONTRACT THAT EXCLUDES COVERAGE OF PRESCRIPTION CONTRACEPTIVE METHODS. THE CORPORATION SHALL RETAIN THE AFFIDAVIT FOR THE DURATION OF THE CONTRACT AND ANY RENEWALS OF THE CONTRACT. BEFORE ENROLLMENT IN THE PLAN, EACH RELIGIOUS EMPLOYER THAT INVOKES THIS EXEMPTION SHALL PROVIDE PROSPECTIVE SUBSCRIBERS WITH WRITTEN

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 NOTICE THAT THE RELIGIOUS EMPLOYER REFUSES TO COVER ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS FOR RELIGIOUS REASONS. THIS SUBSECTION DOES NOT EXCLUDE COVERAGE FOR PRESCRIPTION CONTRACEPTIVE METHODS ORDERED BY A HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY FOR MEDICAL INDICATIONS OTHER THAN TO PREVENT AN UNINTENDED PREGNANCY. THE CORPORATION MAY REQUIRE THE SUBSCRIBER TO FIRST PAY FOR THE PRESCRIPTION AND THEN SUBMIT A CLAIM TO THE CORPORATION ALONG WITH EVIDENCE THAT THE PRESCRIPTION IS FOR A NONCONTRACEPTIVE PURPOSE. THE CORPORATION MAY CHARGE AN ADMINISTRATIVE FEE FOR HANDLING THESE CLAIMS. A RELIGIOUS EMPLOYER MAY NOT DISCRIMINATE AGAINST AN EMPLOYEE WHO INDEPENDENTLY CHOOSES TO OBTAIN INSURANCE COVERAGE OR PRESCRIPTIONS FOR CONTRACEPTIVES FROM ANOTHER SOURCE.

CC. AA. For the purposes of:

- 1. This section:
- (a) "Inherited metabolic disorder" means a disease caused by an inherited abnormality of body chemistry and includes a disease tested under the newborn screening program prescribed in section 36-694.
- (b) "Medical foods" means modified low protein foods and metabolic formula.
 - (c) "Metabolic formula" means foods that are all of the following:
- (i) Formulated to be consumed or administered enterally under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17.
- (ii) Processed or formulated to be deficient in one or more of the nutrients present in typical foodstuffs.
- (iii) Administered for the medical and nutritional management of a person who has limited capacity to metabolize foodstuffs or certain nutrients contained in the foodstuffs or who has other specific nutrient requirements as established by medical evaluation.
- (iv) Essential to a person's optimal growth, health and metabolic homeostasis.
- (d) "Modified low protein foods" means foods that are all of the following:
- (i) Formulated to be consumed or administered enterally under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17.
- (ii) Processed or formulated to contain less than one gram of protein per unit of serving, but does not include a natural food that is naturally low in protein.
- (iii) Administered for the medical and nutritional management of a person who has limited capacity to metabolize foodstuffs or certain nutrients contained in the foodstuffs or who has other specific nutrient requirements as established by medical evaluation.
- (iv) Essential to a person's optimal growth, health and metabolic homeostasis.

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- 2. Subsection E of this section, "child", for purposes of initial coverage of an adopted child or a child placed for adoption but not for purposes of termination of coverage of such child, means a person under eighteen years of age.
- 3. Subsections SUBSECTION Z and AA of this section, "religiously affiliated RELIGIOUS employer" means either:

(a) an entity for TO which all of the following apply:

(i) (a) The entity primarily employs persons who share the religious tenets of the entity.

(ii) (b) The entity primarily serves persons who share the religious tenets of the entity.

(iii) (c) The entity is a nonprofit organization as described in section 6033(a)(3)(A)(i) or (iii) of the internal revenue code of 1986, as amended.

(b) An entity whose articles of incorporation clearly state that it is a religiously motivated organization and whose religious beliefs are central to the organization's operating principles.

Sec. 4. Section 20-1057.08, Arizona Revised Statutes, is amended to read:

20-1057.08. <u>Prescription contraceptive drugs and devices;</u> <u>definition</u>

- A. If a health care services organization issues evidence of coverage that provides coverage for:
- 1. Prescription drugs, the evidence of coverage shall provide coverage for any prescribed drug or device that is approved by the United States food and drug administration for use as a contraceptive. A health care services organization may use a drug formulary, multitiered drug formulary or list but that formulary or list shall include oral, implant and injectable contraceptive drugs, intrauterine devices and prescription barrier methods if the health care services organization does not impose deductibles, coinsurance, copayments or other cost containment measures for contraceptive drugs that are greater than the deductibles, coinsurance, copayments or other cost containment measures for other drugs on the same level of the formulary or list.
- 2. Outpatient health care services, the evidence of coverage shall provide coverage for outpatient contraceptive services. For the purposes of this paragraph, "outpatient contraceptive services" means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of APPROVED United States food and drug ADMINISTRATION prescription contraceptive methods to prevent unintended pregnancies.
- B. Notwithstanding subsection A of this section, a religiously affiliated RELIGIOUS employer WHOSE RELIGIOUS TENETS PROHIBIT THE USE OF PRESCRIBED CONTRACEPTIVE METHODS may require that the health care services organization provide an evidence of coverage without coverage for specific

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44 45 items or services required under subsection A of this section because providing or paying for coverage of the specific items or services is contrary to the religious beliefs of the religiously affiliated employer offering the plan. If a religiously affiliated THAT EXCLUDES ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS. THE RELIGIOUS employer objects to providing coverage for specific items or services required under subsection A of this section, SHALL SUBMIT a written affidavit shall be filed with TO the health care services organization stating the objection THAT IT IS A RELIGIOUS EMPLOYER. On receipt of the affidavit, the health care services organization shall issue to the religiously affiliated PROVIDE COVERAGE TO THE RELIGIOUS employer an evidence of coverage that excludes coverage for specific items or services required under subsection A of this section OF PRESCRIPTION CONTRACEPTIVE METHODS. The health care services organization shall retain the affidavit for the duration of the coverage and any renewals of the coverage.

C. BEFORE ENROLLMENT IN THE HEALTH CARE PLAN, EACH RELIGIOUS EMPLOYER THAT INVOKES THE EXEMPTION PRESCRIBED IN SUBSECTION B OF THIS SECTION SHALL PROVIDE PROSPECTIVE ENROLLEES WITH WRITTEN NOTICE THAT THE RELIGIOUS EMPLOYER REFUSES TO COVER ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS FOR RELIGIOUS REASONS.

C. D. Subsection B of this section does not exclude coverage for prescription contraceptive methods ordered by a health care provider with prescriptive authority for medical indications other contraceptive, abortifacient, abortion or sterilization purposes. A religiously affiliated employer offering the plan may state religious beliefs in its affidavit and TO PREVENT AN UNINTENDED PREGNANCY. A HEALTH CARE SERVICES ORGANIZATION may require the enrollee to first pay for the prescription and then submit a claim to the health care services organization along with evidence that the prescription is not for a NONCONTRACEPTIVE purpose covered by the objection. A health care services organization may charge an administrative fee for handling claims under this subsection.

D. Subsections B and C of this section do not authorize a religiously affiliated employer to obtain an employee's protected health information or to violate the health insurance portability and accountability act of 1996 (P.L. 104-191; 110 Stat. 1936) or any federal regulations adopted pursuant to that act.

E. Subsections B and C of this section shall not be construed to restrict or limit any protections against employment discrimination that are prescribed in federal or state law.

E. A RELIGIOUS EMPLOYER MAY NOT DISCRIMINATE AGAINST AN EMPLOYEE WHO INDEPENDENTLY CHOOSES TO OBTAIN INSURANCE COVERAGE OR PRESCRIPTIONS FOR CONTRACEPTIVES FROM ANOTHER SOURCE.

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- F. This section does not apply to evidences of coverage issued to individuals on a nongroup basis.
- G. For the purposes of this section, "religiously affiliated RELIGIOUS employer" means either:
 - 1. an entity for TO which all of the following apply:
- $\frac{\text{(a)}}{\text{1}}$ 1. The entity primarily employs persons who share the religious tenets of the entity.
- (b) 2. The entity serves primarily persons who share the religious tenets of the entity.
- (c) 3. The entity is a nonprofit organization as described in section 6033(a)(3)(A)(i) or (iii) of the internal revenue code of 1986, as amended.
- 2. An entity whose articles of incorporation clearly state that it is a religiously motivated organization and whose religious beliefs are central to the organization's operating principles.
- Sec. 5. Section 20-1402, Arizona Revised Statutes, is amended to read:
 - 20-1402. Provisions of group disability policies: definitions
- A. Each group disability policy shall contain in substance the following provisions:
- 1. A provision that, in the absence of fraud, all statements made by the policyholder or by any insured person shall be deemed representations and not warranties, and that no statement made for the purpose of effecting insurance shall avoid such insurance or reduce benefits unless contained in a written instrument signed by the policyholder or the insured person, a copy of which has been furnished to the policyholder or to the person or beneficiary.
- 2. A provision that the insurer will furnish to the policyholder, for delivery to each employee or member of the insured group, an individual certificate setting forth in summary form a statement of the essential features of the insurance coverage of the employee or member and to whom benefits are payable. If dependents or family members are included in the coverage additional certificates need not be issued for delivery to the dependents or family members. Any policy, except accidental death and dismemberment, applied for that provides family coverage, as to such coverage of family members, shall also provide that the benefits applicable for children shall be payable with respect to a newly born child of the insured from the instant of such child's birth, to a child adopted by the insured, regardless of the age at which the child was adopted, and to a child who has been placed for adoption with the insured and for whom the application and approval procedures for adoption pursuant to section 8-105 or 8-108 have been completed to the same extent that such coverage applies to other members of the family. The coverage for newly born or adopted children or children placed for adoption shall include coverage of injury or sickness including the necessary care and

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treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific premium is required to provide coverage for a child, the policy may require that notification of birth, adoption or adoption placement of the child and payment of the required premium must be furnished to the insurer within thirty-one days after the date of birth, adoption or adoption placement in order to have the coverage continue beyond such thirty-one day period.

- 3. A provision that to the group originally insured may be added from time to time eligible new employees or members or dependents, as the case may be, in accordance with the terms of the policy.
- 4. Each contract shall be so written that the corporation shall pay benefits:
- (a) For performance of any surgical service that is covered by the terms of such contract, regardless of the place of service.
- (b) For any home health services that are performed by a licensed home health agency and that a physician has prescribed in lieu of hospital services, as defined by the director, providing the hospital services would have been covered.
- (c) For any diagnostic service that a physician has performed outside a hospital in lieu of inpatient service, providing the inpatient service would have been covered.
- (d) For any service performed in a hospital's outpatient department or in a freestanding surgical facility, providing such service would have been covered if performed as an inpatient service.
- 5. A group disability insurance policy that provides coverage for the surgical expense of a mastectomy shall also provide coverage incidental to the patient's covered mastectomy for the expense of reconstructive surgery of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, treatment of physical complications for all stages of the mastectomy, including lymphedemas, and at least two external postoperative prostheses subject to all of the terms and conditions of the policy.
- 6. A contract, except a supplemental contract covering a specified disease or other limited benefits, that provides coverage for surgical services for a mastectomy shall also provide coverage for mammography screening performed on dedicated equipment for diagnostic purposes on referral by a patient's physician, subject to all of the terms and conditions of the policy and according to the following guidelines:
- (a) A baseline mammogram for a woman from age thirty-five to thirty-nine.
- (b) A mammogram for a woman from age forty to forty-nine every two years or more frequently based on the recommendation of the woman's physician.
 - (c) A mammogram every year for a woman fifty years of age and over.

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- 7. Any contract that is issued to the insured and that provides coverage for maternity benefits shall also provide that the maternity benefits apply to the costs of the birth of any child legally adopted by the insured if all the following are true:
 - (a) The child is adopted within one year of birth.
 - (b) The insured is legally obligated to pay the costs of birth.
- (c) All preexisting conditions and other limitations have been met by the insured.
- (d) The insured has notified the insurer of the insured's acceptability to adopt children pursuant to section 8-105, within sixty days after such approval or within sixty days after a change in insurance policies, plans or companies.
- 8. The coverage prescribed by paragraph 7 of this subsection is excess to any other coverage the natural mother may have for maternity benefits except coverage made available to persons pursuant to title 36, chapter 29, but not including coverage made available to persons defined as eligible under section 36-2901, paragraph 6, subdivisions (b), (c), (d) and (e). If such other coverage exists the agency, attorney or individual arranging the adoption shall make arrangements for the insurance to pay those costs that may be covered under that policy and shall advise the adopting parent in writing of the existence and extent of the coverage without disclosing any confidential information such as the identity of the natural parent. The insured adopting parents shall notify their insurer of the existence and extent of the other coverage.
- B. Any policy that provides maternity benefits shall not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than forty-eight hours following a normal vaginal delivery or ninety-six hours following a cesarean section. The policy shall not require the provider to obtain authorization from the insurer for prescribing the minimum length of stay required by this subsection. The policy may provide that an attending provider in consultation with the mother may discharge the mother or the newborn child before the expiration of the minimum length of stay required by this subsection. The insurer shall not:
- 1. Deny the mother or the newborn child eligibility or continued eligibility to enroll or to renew coverage under the terms of the policy solely for the purpose of avoiding the requirements of this subsection.
- 2. Provide monetary payments or rebates to mothers to encourage those mothers to accept less than the minimum protections available pursuant to this subsection.
- 3. Penalize or otherwise reduce or limit the reimbursement of an attending provider because that provider provided care to any insured under the policy in accordance with this subsection.

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- 4. Provide monetary or other incentives to an attending provider to induce that provider to provide care to an insured under the policy in a manner that is inconsistent with this subsection.
- 5. Except as described in subsection C of this section, restrict benefits for any portion of a period within the minimum length of stay in a manner that is less favorable than the benefits provided for any preceding portion of that stay.
 - C. Nothing in subsection B of this section:
- 1. Requires a mother to give birth in a hospital or to stay in the hospital for a fixed period of time following the birth of the child.
- 2. Prevents an insurer from imposing deductibles, coinsurance or other cost sharing in relation to benefits for hospital lengths of stay in connection with childbirth for a mother or a newborn child under the policy, except that any coinsurance or other cost sharing for any portion of a period within a hospital length of stay required pursuant to subsection B of this section shall not be greater than the coinsurance or cost sharing for any preceding portion of that stay.
- 3. Prevents an insurer from negotiating the level and type of reimbursement with a provider for care provided in accordance with subsection B of this section.
- D. Any contract that provides coverage for diabetes shall also provide coverage for equipment and supplies that are medically necessary and that are prescribed by a health care provider including:
 - 1. Blood glucose monitors.
 - 2. Blood glucose monitors for the legally blind.
- 3. Test strips for glucose monitors and visual reading and urine testing strips.
 - 4. Insulin preparations and glucagon.
 - 5. Insulin cartridges.
 - 6. Drawing up devices and monitors for the visually impaired.
 - 7. Injection aids.
 - 8. Insulin cartridges for the legally blind.
 - 9. Syringes and lancets including automatic lancing devices.
- 10. Prescribed oral agents for controlling blood sugar that are included on the plan formulary.
- 11. To the extent coverage is required under medicare, podiatric appliances for prevention of complications associated with diabetes.
- 12. Any other device, medication, equipment or supply for which coverage is required under medicare from and after January 1, 1999. The coverage required in this paragraph is effective six months after the coverage is required under medicare.
- E. Nothing in subsection D of this section prohibits a group disability insurer from imposing deductibles, coinsurance or other cost sharing in relation to benefits for equipment or supplies for the treatment of diabetes.

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- F. Any contract that provides coverage for prescription drugs shall not limit or exclude coverage for any prescription drug prescribed for the treatment of cancer on the basis that the prescription drug has not been approved by the United States food and drug administration for the treatment of the specific type of cancer for which the prescription drug has been prescribed, if the prescription drug has been recognized as safe and effective for treatment of that specific type of cancer in one or more of the standard medical reference compendia prescribed in subsection G of this section or medical literature that meets the criteria prescribed in subsection G of this section. The coverage required under this subsection includes covered medically necessary services associated with the administration of the prescription drug. This subsection does not:
- 1. Require coverage of any prescription drug used in the treatment of a type of cancer if the United States food and drug administration has determined that the prescription drug is contraindicated for that type of cancer.
- 2. Require coverage for any experimental prescription drug that is not approved for any indication by the United States food and drug administration.
- 3. Alter any law with regard to provisions that limit the coverage of prescription drugs that have not been approved by the United States food and drug administration.
- 4. Require reimbursement or coverage for any prescription drug that is not included in the drug formulary or list of covered prescription drugs specified in the contract.
- 5. Prohibit a contract from limiting or excluding coverage of a prescription drug, if the decision to limit or exclude coverage of the prescription drug is not based primarily on the coverage of prescription drugs required by this section.
- 6. Prohibit the use of deductibles, coinsurance, copayments or other cost sharing in relation to drug benefits and related medical benefits offered.
 - G. For the purposes of subsection F of this section:
- 1. The acceptable standard medical reference compendia are the following:
- (a) The American hospital formulary service drug information, a publication of the American society of health system pharmacists.
- (b) The national comprehensive cancer network drugs and biologics compendium.
 - (c) Thomson Micromedex compendium DrugDex.
 - (d) Elsevier gold standard's clinical pharmacology compendium.
- (e) Other authoritative compendia as identified by the secretary of the United States department of health and human services.

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- 2. Medical literature may be accepted if all of the following apply:
- (a) At least two articles from major peer reviewed professional medical journals have recognized, based on scientific or medical criteria, the drug's safety and effectiveness for treatment of the indication for which the drug has been prescribed.
- (b) No article from a major peer reviewed professional medical journal has concluded, based on scientific or medical criteria, that the drug is unsafe or ineffective or that the drug's safety and effectiveness cannot be determined for the treatment of the indication for which the drug has been prescribed.
- (c) The literature meets the uniform requirements for manuscripts submitted to biomedical journals established by the international committee of medical journal editors or is published in a journal specified by the United States department of health and human services as acceptable peer reviewed medical literature pursuant to section 186(t)(2)(B) of the social security act (42 United States Code section 1395x(t)(2)(B)).
- H. Any contract that is offered by a group disability insurer and that contains a prescription drug benefit shall provide coverage of medical foods to treat inherited metabolic disorders as provided by this section.
- I. The metabolic disorders triggering medical foods coverage under this section shall:
- 1. Be part of the newborn screening program prescribed in section 36-694.
 - 2. Involve amino acid, carbohydrate or fat metabolism.
- 3. Have medically standard methods of diagnosis, treatment and monitoring including quantification of metabolites in blood, urine or spinal fluid or enzyme or DNA confirmation in tissues.
- 4. Require specially processed or treated medical foods that are generally available only under the supervision and direction of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15, that must be consumed throughout life and without which the person may suffer serious mental or physical impairment.
- J. Medical foods eligible for coverage under this section shall be prescribed or ordered under the supervision of a physician licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15 as medically necessary for the therapeutic treatment of an inherited metabolic disease.
- K. An insurer shall cover at least fifty per cent PERCENT of the cost of medical foods prescribed to treat inherited metabolic disorders and covered pursuant to this section. An insurer may limit the maximum annual benefit for medical foods under this section to five thousand

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44 45 dollars \$5,000, which applies to the cost of all prescribed modified low protein foods and metabolic formula.

- L. Any group disability policy that provides coverage for:
- 1. Prescription drugs shall also provide coverage for any prescribed drug or device that is approved by the United States food and drug administration for use as a contraceptive. A group disability insurer may use a drug formulary, multitiered drug formulary or list but that formulary or list shall include oral, implant and injectable contraceptive drugs, intrauterine devices and prescription barrier methods if the group disability insurer does not impose deductibles, coinsurance, copayments or other cost containment measures for contraceptive drugs that are greater than the deductibles, coinsurance, copayments or other cost containment measures for other drugs on the same level of the formulary or list.
- 2. Outpatient health care services shall also provide coverage for outpatient contraceptive services. For the purposes of this paragraph, "outpatient contraceptive services" means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of approved United States food and drug administration prescription contraceptive methods to prevent unintended pregnancies.
- M. Notwithstanding subsection L of this section, a religiously affiliated RELIGIOUS employer WHOSE RELIGIOUS TENETS PROHIBIT THE USE OF PRESCRIBED CONTRACEPTIVE METHODS may require that the insurer provide a group disability policy without coverage for specific items or services required under subsection L of this section because providing or paying for coverage of the specific items or services is contrary to the religious beliefs of the religiously affiliated employer offering the plan. If a religiously affiliated ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS. THE RELIGIOUS employer objects to providing coverage for specific items or services required under subsection L of this section, SHALL SUBMIT a written affidavit shall be filed with TO the insurer stating the objection THAT IT IS A RELIGIOUS EMPLOYER. On receipt of the affidavit, the insurer shall issue to the religiously affiliated RELIGIOUS employer a group disability policy that excludes coverage for specific items or services required under subsection L of this section OF PRESCRIPTION CONTRACEPTIVE METHODS. The insurer shall retain the affidavit for the duration of the group disability policy and any renewals of the policy. BEFORE A POLICY IS ISSUED, EACH RELIGIOUS EMPLOYER THAT INVOKES THIS EXEMPTION SHALL PROVIDE PROSPECTIVE INSUREDS WITH WRITTEN NOTICE THAT THE RELIGIOUS EMPLOYER REFUSES TO COVER ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS FOR RELIGIOUS REASONS. This subsection shall DOES not exclude coverage for prescription contraceptive methods ordered by a health care provider with prescriptive authority for medical indications other than for contraceptive, abortifacient, abortion or

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sterilization purposes. A religiously affiliated employer offering the policy may state religious beliefs in its affidavit and TO PREVENT AN UNINTENDED PREGNANCY. AN INSURER may require the insured to first pay for the prescription and then submit a claim to the insurer along with evidence that the prescription is not for a NONCONTRACEPTIVE purpose covered by the objection. An insurer may charge an administrative fee for handling these claims. A RELIGIOUS EMPLOYER MAY NOT DISCRIMINATE AGAINST AN EMPLOYEE WHO INDEPENDENTLY CHOOSES TO OBTAIN INSURANCE COVERAGE OR PRESCRIPTIONS FOR CONTRACEPTIVES FROM ANOTHER SOURCE.

N. Subsection M of this section does not authorize a religiously affiliated employer to obtain an employee's protected health information or to violate the health insurance portability and accountability act of 1996 (P.L. 104-191; 110 Stat. 1936) or any federal regulations adopted pursuant to that act.

O. Subsection M of this section shall not be construed to restrict or limit any protections against employment discrimination that are prescribed in federal or state law.

- P. N. For the purposes of:
- 1. This section:
- (a) "Inherited metabolic disorder" means a disease caused by an inherited abnormality of body chemistry and includes a disease tested under the newborn screening program prescribed in section 36-694.
- (b) "Medical foods" means modified low protein foods and metabolic formula.
 - (c) "Metabolic formula" means foods that are all of the following:
- (i) Formulated to be consumed or administered enterally under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15.
- (ii) Processed or formulated to be deficient in one or more of the nutrients present in typical foodstuffs.
- (iii) Administered for the medical and nutritional management of a person who has limited capacity to metabolize foodstuffs or certain nutrients contained in the foodstuffs or who has other specific nutrient requirements as established by medical evaluation.
- (iv) Essential to a person's optimal growth, health and metabolic homeostasis.
- (d) "Modified low protein foods" means foods that are all of the following:
- (i) Formulated to be consumed or administered enterally under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15.

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- (ii) Processed or formulated to contain less than one gram of protein per unit of serving, but does not include a natural food that is naturally low in protein.
- (iii) Administered for the medical and nutritional management of a person who has limited capacity to metabolize foodstuffs or certain nutrients contained in the foodstuffs or who has other specific nutrient requirements as established by medical evaluation.
- (iv) Essential to a person's optimal growth, health and metabolic homeostasis.
- 2. Subsection A of this section, the term "child", for purposes of initial coverage of an adopted child or a child placed for adoption but not for purposes of termination of coverage of such child, means a person under the age of eighteen years.
- 3. Subsections SUBSECTION M and N of this section, "religiously affiliated RELIGIOUS employer" means either:
 - (a) an entity for TO which all of the following apply:
- (i) (a) The entity primarily employs persons who share the religious tenets of the entity.
- (ii) (b) The entity serves primarily persons who share the religious tenets of the entity.
- (iii) (c) The entity is a nonprofit organization as described in section 6033(a)(3)(A)(i) or (iii) of the internal revenue code of 1986, as amended.
- (b) An entity whose articles of incorporation clearly state that it is a religiously motivated organization and whose religious beliefs are central to the organization's operating principles.
- Sec. 6. Section 20-1404, Arizona Revised Statutes, is amended to read:
 - 20-1404. Blanket disability insurance; definitions
- A. Blanket disability insurance is that form of disability insurance covering special groups of persons as enumerated in one of the following paragraphs:
- 1. Under a policy or contract issued to any common carrier or to any operator, owner or lessee of a means of transportation, which shall be deemed the policyholder, covering a group defined as all persons who may become passengers on such common carrier or means of transportation.
- 2. Under a policy or contract issued to an employer, who shall be deemed the policyholder, covering all employees or any group of employees defined by reference to hazards incident to an activity or activities or operations of the policyholder. Dependents of the employees and guests of the employer or employees may also be included where exposed to the same hazards.
- 3. Under a policy or contract issued to a college, school or other institution of learning or to the head or principal thereof, who or which

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shall be deemed the policyholder, covering students, teachers, employees or volunteers.

- 4. Under a policy or contract issued in the name of any volunteer fire department or any first aid, civil defense or other such volunteer group, or agency having jurisdiction thereof, which shall be deemed the policyholder, covering all or any group of the members, participants or volunteers of the fire department or first aid, civil defense or other group.
- 5. Under a policy or contract issued to a creditor, who shall be deemed the policyholder, to insure debtors of the creditor.
- 6. Under a policy or contract issued to a sports team or to a camp or sponsor thereof, which team or camp or sponsor thereof shall be deemed the policyholder, covering members, campers, employees, officials, supervisors or volunteers.
- 7. Under a policy or contract issued to an incorporated or unincorporated religious, charitable, recreational, educational or civic organization, or branch thereof, which organization shall be deemed the policyholder, covering any group of members, participants or volunteers defined by reference to hazards incident to an activity or activities or operations sponsored or supervised by or on the premises of the policyholder.
- 8. Under a policy or contract issued to a newspaper or other publisher, which shall be deemed the policyholder, covering its carriers.
- 9. Under a policy or contract issued to a restaurant, hotel, motel, resort, innkeeper or other group with a high degree of potential customer liability, which shall be deemed the policyholder, covering patrons or guests.
- 10. Under a policy or contract issued to a health care provider or other arranger of health services, which shall be deemed the policyholder, covering patients, donors or surrogates provided that the coverage is not made a condition of receiving care.
- 11. Under a policy or contract issued to a bank, financial vendor or other financial institution, or to a parent holding company or to the trustee, trustees or agent designated by one or more banks, financial vendors or other financial institutions, which shall be deemed the policyholder, covering account holders, debtors, guarantors or purchasers.
- 12. Under a policy or contract issued to an incorporated or unincorporated association of persons having a common interest or calling, which association shall be deemed the policyholder, formed for purposes other than obtaining insurance, covering members of such association.
- 13. Under a policy or contract issued to a travel agency or other organization that provides travel-related services, which agency or organization shall be deemed the policyholder, to cover all persons for whom travel-related services are provided.

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- 14. Under a policy or contract issued to a qualified marketplace platform, which is deemed the policyholder, covering qualified marketplace contractors that have executed a written contract with the qualified marketplace platform. For the purposes of this paragraph, "qualified marketplace contractor" and "qualified marketplace platform" have the same meanings prescribed in section 20-485.
- 15. Under a policy or contract that is issued to any other substantially similar group and that, in the discretion of the director, may be subject to the issuance of a blanket disability policy or contract. The director may exercise discretion on an individual risk basis or class of risks, or both.
- B. An individual application need not be required from a person covered under a blanket disability policy or contract, nor shall it be necessary for the insurer to furnish each person with a certificate.
- C. All benefits under any blanket disability policy shall be payable to the person insured, or to the insured's designated beneficiary or beneficiaries, or to the insured's estate, except that if the person insured is a minor, such benefits may be made payable to the insured's parent or guardian or any other person actually supporting the insured, and except that the policy may provide that all or any portion of any indemnities provided by any such policy on account of hospital, nursing, medical or surgical services, at the insurer's option, may be paid directly to the hospital or person rendering such services, but the policy may not require that the service be rendered by a particular hospital or person. Payment so made shall discharge the insurer's obligation with respect to the amount of insurance so paid.
- D. Nothing contained in this section shall be deemed to affect the legal liability of policyholders for the death of or injury to any member of the group.
- contract, E. Any policy or except accidental death and dismemberment, applied for that provides family coverage, as to such coverage of family members, shall also provide that the benefits applicable for children shall be payable with respect to a newly born child of the insured from the instant of such child's birth, to a child adopted by the insured, regardless of the age at which the child was adopted, and to a child who has been placed for adoption with the insured and for whom the application and approval procedures for adoption pursuant to section 8–105 or 8–108 have been completed to the same extent that such coverage applies to other members of the family. The coverage for newly born or adopted children or children placed for adoption shall include coverage of injury or sickness including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific premium is required to provide coverage for a child, the policy or contract may require that notification of birth, adoption or adoption placement of the child and payment of the required premium must

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 be furnished to the insurer within thirty-one days after the date of birth, adoption or adoption placement in order to have the coverage continue beyond the thirty-one day period.

- F. Each policy or contract shall be so written that the insurer shall pay benefits:
- 1. For performance of any surgical service that is covered by the terms of such contract, regardless of the place of service.
- 2. For any home health services that are performed by a licensed home health agency and that a physician has prescribed in lieu of hospital services, as defined by the director, providing the hospital services would have been covered.
- 3. For any diagnostic service that a physician has performed outside a hospital in lieu of inpatient service, providing the inpatient service would have been covered.
- 4. For any service performed in a hospital's outpatient department or in a freestanding surgical facility, providing such service would have been covered if performed as an inpatient service.
- G. A blanket disability insurance policy that provides coverage for the surgical expense of a mastectomy shall also provide coverage incidental to the patient's covered mastectomy for the expense of reconstructive surgery of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, treatment of physical complications for all stages of the mastectomy, including lymphedemas, and at least two external postoperative prostheses subject to all of the terms and conditions of the policy.
- H. A contract that provides coverage for surgical services for a mastectomy shall also provide coverage for mammography screening performed on dedicated equipment for diagnostic purposes on referral by a patient's physician, subject to all of the terms and conditions of the policy and according to the following guidelines:
- 1. A baseline mammogram for a woman from age thirty-five to thirty-nine.
- 2. A mammogram for a woman from age forty to forty-nine every two years or more frequently based on the recommendation of the woman's physician.
 - 3. A mammogram every year for a woman fifty years of age and over.
- I. Any contract that is issued to the insured and that provides coverage for maternity benefits shall also provide that the maternity benefits apply to the costs of the birth of any child legally adopted by the insured if all the following are true:
 - 1. The child is adopted within one year of birth.
 - 2. The insured is legally obligated to pay the costs of birth.
- 3. All preexisting conditions and other limitations have been met by the insured.

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- 4. The insured has notified the insurer of his acceptability to adopt children pursuant to section 8-105, within sixty days after such approval or within sixty days after a change in insurance policies, plans or companies.
- J. The coverage prescribed by subsection I of this section is excess to any other coverage the natural mother may have for maternity benefits except coverage made available to persons pursuant to title 36, chapter 29. If such other coverage exists the agency, attorney or individual arranging the adoption shall make arrangements for the insurance to pay those costs that may be covered under that policy and shall advise the adopting parent in writing of the existence and extent of the coverage without disclosing any confidential information such as the identity of the natural parent. The insured adopting parents shall notify their insurer of the existence and extent of the other coverage.
- K. Any contract that provides maternity benefits shall not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than forty-eight hours following a normal vaginal delivery or ninety-six hours following a cesarean section. The contract shall not require the provider to obtain authorization from the insurer for prescribing the minimum length of stay required by this subsection. The contract may provide that an attending provider in consultation with the mother may discharge the mother or the newborn child before the expiration of the minimum length of stay required by this subsection. The insurer shall not:
- 1. Deny the mother or the newborn child eligibility or continued eligibility to enroll or to renew coverage under the terms of the contract solely for the purpose of avoiding the requirements of this subsection.
- 2. Provide monetary payments or rebates to mothers to encourage those mothers to accept less than the minimum protections available pursuant to this subsection.
- 3. Penalize or otherwise reduce or limit the reimbursement of an attending provider because that provider provided care to any insured under the contract in accordance with this subsection.
- 4. Provide monetary or other incentives to an attending provider to induce that provider to provide care to an insured under the contract in a manner that is inconsistent with this subsection.
- 5. Except as described in subsection L of this section, restrict benefits for any portion of a period within the minimum length of stay in a manner that is less favorable than the benefits provided for any preceding portion of that stay.
 - L. Nothing in subsection K of this section:
- 1. Requires a mother to give birth in a hospital or to stay in the hospital for a fixed period of time following the birth of the child.

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- 2. Prevents an insurer from imposing deductibles, coinsurance or other cost sharing in relation to benefits for hospital lengths of stay in connection with childbirth for a mother or a newborn child under the contract, except that any coinsurance or other cost sharing for any portion of a period within a hospital length of stay required pursuant to subsection K of this section shall not be greater than the coinsurance or cost sharing for any preceding portion of that stay.
- 3. Prevents an insurer from negotiating the level and type of reimbursement with a provider for care provided in accordance with subsection K of this section.
- M. Any contract that provides coverage for diabetes shall also provide coverage for equipment and supplies that are medically necessary and that are prescribed by a health care provider including:
 - 1. Blood glucose monitors.
 - 2. Blood glucose monitors for the legally blind.
- 3. Test strips for glucose monitors and visual reading and urine testing strips.
 - 4. Insulin preparations and glucagon.
 - 5. Insulin cartridges.
 - 6. Drawing up devices and monitors for the visually impaired.
 - 7. Injection aids.
 - 8. Insulin cartridges for the legally blind.
 - 9. Syringes and lancets including automatic lancing devices.
- $10.\ \mbox{Prescribed}$ oral agents for controlling blood sugar that are included on the plan formulary.
- 11. To the extent coverage is required under medicare, podiatric appliances for prevention of complications associated with diabetes.
- 12. Any other device, medication, equipment or supply for which coverage is required under medicare from and after January 1, 1999. The coverage required in this paragraph is effective six months after the coverage is required under medicare.
- N. Nothing in subsection M of this section prohibits a blanket disability insurer from imposing deductibles, coinsurance or other cost sharing in relation to benefits for equipment or supplies for the treatment of diabetes.
- O. Any contract that provides coverage for prescription drugs shall not limit or exclude coverage for any prescription drug prescribed for the treatment of cancer on the basis that the prescription drug has not been approved by the United States food and drug administration for the treatment of the specific type of cancer for which the prescription drug has been prescribed, if the prescription drug has been recognized as safe and effective for treatment of that specific type of cancer in one or more of the standard medical reference compendia prescribed in subsection P of this section or medical literature that meets the criteria prescribed in subsection P of this section. The coverage required under this subsection

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includes covered medically necessary services associated with the administration of the prescription drug. This subsection does not:

- 1. Require coverage of any prescription drug used in the treatment of a type of cancer if the United States food and drug administration has determined that the prescription drug is contraindicated for that type of cancer.
- 2. Require coverage for any experimental prescription drug that is not approved for any indication by the United States food and drug administration.
- 3. Alter any law with regard to provisions that limit the coverage of prescription drugs that have not been approved by the United States food and drug administration.
- 4. Require reimbursement or coverage for any prescription drug that is not included in the drug formulary or list of covered prescription drugs specified in the contract.
- 5. Prohibit a contract from limiting or excluding coverage of a prescription drug, if the decision to limit or exclude coverage of the prescription drug is not based primarily on the coverage of prescription drugs required by this section.
- 6. Prohibit the use of deductibles, coinsurance, copayments or other cost sharing in relation to drug benefits and related medical benefits offered.
 - P. For the purposes of subsection 0 of this section:
- 1. The acceptable standard medical reference compendia are the following: $\ensuremath{\mathsf{T}}$
- (a) The American hospital formulary service drug information, a publication of the American society of health system pharmacists.
- (b) The national comprehensive cancer network drugs and biologics compendium.
 - (c) Thomson Micromedex compendium DrugDex.
 - (d) Elsevier gold standard's clinical pharmacology compendium.
- (e) Other authoritative compendia as identified by the secretary of the United States department of health and human services.
- 2. Medical literature may be accepted if all of the following apply:
- (a) At least two articles from major peer reviewed professional medical journals have recognized, based on scientific or medical criteria, the drug's safety and effectiveness for treatment of the indication for which the drug has been prescribed.

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- (b) No article from a major peer reviewed professional medical journal has concluded, based on scientific or medical criteria, that the drug is unsafe or ineffective or that the drug's safety and effectiveness cannot be determined for the treatment of the indication for which the drug has been prescribed.
- (c) The literature meets the uniform requirements for manuscripts submitted to biomedical journals established by the international committee of medical journal editors or is published in a journal specified by the United States department of health and human services as acceptable peer reviewed medical literature pursuant to section 186(t)(2)(B) of the social security act (42 United States Code section 1395x(t)(2)(B)).
- Q. Any contract that is offered by a blanket disability insurer and that contains a prescription drug benefit shall provide coverage of medical foods to treat inherited metabolic disorders as provided by this section.
- R. The metabolic disorders triggering medical foods coverage under this section shall:
- 1. Be part of the newborn screening program prescribed in section 36-694.
 - 2. Involve amino acid, carbohydrate or fat metabolism.
- 3. Have medically standard methods of diagnosis, treatment and monitoring including quantification of metabolites in blood, urine or spinal fluid or enzyme or DNA confirmation in tissues.
- 4. Require specially processed or treated medical foods that are generally available only under the supervision and direction of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15, that must be consumed throughout life and without which the person may suffer serious mental or physical impairment.
- S. Medical foods eligible for coverage under this section shall be prescribed or ordered under the supervision of a physician licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15 as medically necessary for the therapeutic treatment of an inherited metabolic disease.
- T. An insurer shall cover at least fifty percent of the cost of medical foods prescribed to treat inherited metabolic disorders and covered pursuant to this section. An insurer may limit the maximum annual benefit for medical foods under this section to \$5,000, which applies to the cost of all prescribed modified low protein foods and metabolic formula.
 - U. Any blanket disability policy that provides coverage for:
- 1. Prescription drugs shall also provide coverage for any prescribed drug or device that is approved by the United States food and drug administration for use as a contraceptive. A blanket disability

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insurer may use a drug formulary, multitiered drug formulary or list but that formulary or list shall include oral, implant and injectable contraceptive drugs, intrauterine devices and prescription barrier methods disability does blanket insurer not impose deductibles. other cost containment coinsurance, copayments or measures contraceptive drugs that are greater than the deductibles, coinsurance, copayments or other cost containment measures for other drugs on the same level of the formulary or list.

- 2. Outpatient health care services shall also provide coverage for outpatient contraceptive services. For the purposes of this paragraph, "outpatient contraceptive services" means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of approved United States food and drug administration prescription contraceptive methods to prevent unintended pregnancies.
- V. Notwithstanding subsection U of this section, a religiously affiliated RELIGIOUS employer WHOSE RELIGIOUS TENETS PROHIBIT THE USE OF PRESCRIBED CONTRACEPTIVE METHODS may require that the insurer provide a blanket disability policy without coverage for specific items or services required under subsection U of this section because providing or paying for coverage of the specific items or services is contrary to the religious beliefs of the religiously affiliated employer offering the plan. If a religiously affiliated ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS. THE RELIGIOUS employer objects to providing coverage for specific items or services required under subsection U of this section, SHALL SUBMIT a written affidavit shall be filed with TO the insurer stating the objection THAT IT IS A RELIGIOUS EMPLOYER. On receipt of the affidavit, the insurer shall issue to the religiously affiliated RELIGIOUS employer disability policy that excludes coverage for specific items or services required under subsection U of this section OF PRESCRIPTION CONTRACEPTIVE The insurer shall retain the affidavit for the duration of the blanket disability policy and any renewals of the policy. BEFORE A POLICY IS ISSUED, EACH RELIGIOUS EMPLOYER THAT INVOKES THIS EXEMPTION SHALL PROVIDE PROSPECTIVE INSUREDS WITH WRITTEN NOTICE THAT THE RELIGIOUS EMPLOYER REFUSES TO COVER ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE **METHODS** F₀R RELIGIOUS REASONS. This subsection shall DOES not exclude coverage for prescription contraceptive methods ordered by a health care provider with prescriptive authority for medical indications other than for contraceptive, abortifacient, abortion <u>sterilization</u> or purposes. A religiously affiliated employer offering the policy may state religious beliefs in its affidavit and TO PREVENT AN UNINTENDED PREGNANCY. AN INSURER may require the insured to first pay for the prescription and then submit a claim to the insurer along with evidence that the prescription is not for a NONCONTRACEPTIVE purpose covered by the objection. An insurer may charge

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 an administrative fee for handling these claims under this subsection. A RELIGIOUS EMPLOYER MAY NOT DISCRIMINATE AGAINST AN EMPLOYEE WHO INDEPENDENTLY CHOOSES TO OBTAIN INSURANCE COVERAGE OR PRESCRIPTIONS FOR CONTRACEPTIVES FROM ANOTHER SOURCE.

W. Subsection V of this section does not authorize a religiously affiliated employer to obtain an employee's protected health information or to violate the health insurance portability and accountability act of 1996 (P.L. 104-191; 110 Stat. 1936) or any federal regulations adopted pursuant to that act.

X. Subsection V of this section shall not be construed to restrict or limit any protections against employment discrimination that are prescribed in federal or state law.

Y. W. For the purposes of:

- 1. This section:
- (a) "Inherited metabolic disorder" means a disease caused by an inherited abnormality of body chemistry and includes a disease tested under the newborn screening program prescribed in section 36-694.
- (b) "Medical foods" means modified low protein foods and metabolic formula.
 - (c) "Metabolic formula" means foods that are all of the following:
- (i) Formulated to be consumed or administered enterally under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15.
- (ii) Processed or formulated to be deficient in one or more of the nutrients present in typical foodstuffs.
- (iii) Administered for the medical and nutritional management of a person who has limited capacity to metabolize foodstuffs or certain nutrients contained in the foodstuffs or who has other specific nutrient requirements as established by medical evaluation.
- (iv) Essential to a person's optimal growth, health and metabolic homeostasis.
- (d) "Modified low protein foods" means foods that are all of the following:
- (i) Formulated to be consumed or administered enterally under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15.
- (ii) Processed or formulated to contain less than one gram of protein per unit of serving, but does not include a natural food that is naturally low in protein.
- (iii) Administered for the medical and nutritional management of a person who has limited capacity to metabolize foodstuffs or certain nutrients contained in the foodstuffs or who has other specific nutrient requirements as established by medical evaluation.

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- (iv) Essential to a person's optimal growth, health and metabolic homeostasis.
- 2. Subsection E of this section, the term "child", for purposes of initial coverage of an adopted child or a child placed for adoption but not for purposes of termination of coverage of such child, means a person under eighteen years of age.
- 3. Subsections SUBSECTION V and W of this section, "religiously affiliated RELIGIOUS employer" means either:
 - (a) an entity for TO which all of the following apply:
- $\stackrel{\mbox{\scriptsize (i)}}{\mbox{\scriptsize (a)}}$ (a) The entity primarily employs persons who share the religious tenets of the entity.
- (ii) (b) The entity serves primarily persons who share the religious tenets of the entity.
- (iii) (c) The entity is a nonprofit organization as described in section 6033(a)(3)(A)(i) or (iii) of the internal revenue code of 1986, as amended.
- (b) An entity whose articles of incorporation clearly state that it is a religiously motivated organization and whose religious beliefs are central to the organization's operating principles.
- Sec. 7. Section 20-2329, Arizona Revised Statutes, is amended to read:

20-2329. <u>Prescription contraceptive drugs and devices;</u> <u>definition</u>

- A. An accountable health plan that provides a health benefits plan that provides coverage for:
- 1. Prescription drugs shall also provide coverage for any prescribed drug or device that is approved by the United States food and drug administration for use as a contraceptive. An accountable health plan may use a drug formulary, multitiered drug formulary or list but that formulary or list shall include oral, implant and injectable contraceptive drugs, intrauterine devices and prescription barrier methods if the accountable health plan does not impose deductibles, coinsurance, copayments or other cost containment measures for contraceptive drugs that are greater than the deductibles, coinsurance, copayments or other cost containment measures for other drugs on the same level of the formulary or list.
- 2. Outpatient health care services shall also provide coverage for outpatient contraceptive services. For the purposes of this paragraph, "outpatient contraceptive services" means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of APPROVED United States food and drug ADMINISTRATION prescription contraceptive methods to prevent unintended pregnancies.
- B. Notwithstanding subsection A of this section, a religiously affiliated RELIGIOUS employer WHOSE RELIGIOUS TENETS PROHIBIT THE USE OF PRESCRIBED CONTRACEPTIVE METHODS may require that the accountable health

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plan provide a health benefits plan without coverage for specific items or services required under subsection A of this section because providing or paying for coverage of the specific items or services is contrary to the religious beliefs of the religiously affiliated employer offering the plan. If a religiously affiliated ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS. THE RELIGIOUS employer objects to providing coverage for specific items or services required under subsection A of this section, SHALL SUBMIT a written affidavit shall be filed with TO the accountable health plan stating the objection THAT IT IS A RELIGIOUS EMPLOYER. On receipt of the affidavit, the accountable health plan shall issue to the religiously affiliated RELIGIOUS employer a health benefits plan that excludes coverage for specific items or services required under subsection A of this section OF PRESCRIPTION CONTRACEPTIVE METHODS. The accountable health plan shall retain the affidavit for the duration of the health benefits plan and any renewals of the plan.

C. BEFORE ENROLLMENT IN THE PLAN, EACH RELIGIOUS EMPLOYER THAT INVOKES THE EXEMPTION PRESCRIBED IN SUBSECTION B OF THIS SECTION SHALL PROVIDE PROSPECTIVE ENROLLEES WITH WRITTEN NOTICE THAT THE RELIGIOUS EMPLOYER REFUSES TO COVER ALL APPROVED UNITED STATES FOOD AND DRUG ADMINISTRATION PRESCRIPTION CONTRACEPTIVE METHODS FOR RELIGIOUS REASONS.

for prescription contraceptive methods ordered by a health care provider with prescriptive authority for medical indications other than for contraceptive, abortifacient, abortion or sterilization purposes. A religiously affiliated employer offering the plan may state religious beliefs in its affidavit and TO PREVENT AN UNINTENDED PREGNANCY. AN ACCOUNTABLE HEALTH PLAN may require the enrollee to first pay for the prescription and then submit a claim to the accountable health plan along with evidence that the prescription is not for a NONCONTRACEPTIVE purpose covered by the objection. An accountable health plan may charge an administrative fee for handling claims under this subsection. A RELIGIOUS EMPLOYER MAY NOT DISCRIMINATE AGAINST AN EMPLOYEE WHO INDEPENDENTLY CHOOSES TO OBTAIN INSURANCE COVERAGE OR PRESCRIPTIONS FOR CONTRACEPTIVES FROM ANOTHER SOURCE.

D. Subsections B and C of this section do not authorize a religiously affiliated employer to obtain an employee's protected health information or to violate the health insurance portability and accountability act of 1996 (P.L. 104-191; 110 Stat. 1936) or any federal regulations adopted pursuant to that act.

E. Subsections B and C of this section shall not be construed to restrict or limit any protections against employment discrimination that are prescribed in federal or state law.

F. E. For the purposes of this section, "religiously affiliated RELIGIOUS employer" means either:

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 1. an entity for TO which all of the following apply:

 $\frac{\text{(a)}}{\text{1.}}$ The entity primarily employs persons who share the religious tenets of the entity.

(b) 2. The entity serves primarily persons who share the religious tenets of the entity.

(c) 3. The entity is a nonprofit organization as described in section 6033(a)(3)(A)(i) or (iii) of the internal revenue code of 1986, as amended.

2. An entity whose articles of incorporation clearly state that it is a religiously motivated organization and whose religious beliefs are central to the organization's operating principles.

Sec. 8. Section 32–1901, Arizona Revised Statutes, is amended to read:

32-1901. <u>Definitions</u>

In this chapter, unless the context otherwise requires:

- 1. "Administer" means the direct application of DIRECTLY APPLYING a controlled substance, prescription-only drug, dangerous drug or narcotic drug, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by a practitioner or by the practitioner's authorized agent or the patient or research subject at the direction of the practitioner.
- 2. "Advertisement" means all representations THAT ARE disseminated in any manner or by any means, other than by labeling, for the purpose of inducing, or that are likely to induce, directly or indirectly, the purchase of drugs, devices, poisons or hazardous substances.
- 3. "Advisory letter" means a nondisciplinary letter to notify a licensee or permittee that either:
- (a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee or permittee.
- (b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
- (c) While the licensee or permittee has demonstrated substantial compliance through rehabilitation, remediation or reeducation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee or permittee.
- 4. "Antiseptic", if a drug is represented as such on its label, means a representation that it is a germicide, except in the case of a drug purporting to be, or represented as, an antiseptic for inhibitory use as a wet dressing, ointment or dusting powder or other use that involves prolonged contact with the body.
- 5. "Authorized officers of the law" means legally empowered peace officers, compliance officers of the board of pharmacy and agents of the

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 division of narcotics enforcement and criminal intelligence of the department of public safety.

- 6. "Automated prescription-dispensing kiosk" means a mechanical system that is operated as an extension of a pharmacy, that maintains all transaction information within the pharmacy operating system, that is separately permitted from the pharmacy and that performs operations that either:
- (a) Accept a prescription or refill order, store prepackaged or repackaged medications, label and dispense patient-specific prescriptions and provide counseling on new or refilled prescriptions.
- (b) Dispense or deliver a prescription or refill that has been prepared by or on behalf of the pharmacy that oversees the automated prescription-dispensing kiosk.
- 7. "Board" or "board of pharmacy" means the Arizona state board of pharmacy.
- 8. "Certificate of composition" means a list of a product's ingredients.
- 9. "Certificate of free sale" means a document that authenticates a product that is generally and freely sold in domestic or international channels of trade.
 - 10. "Color additive" means a material that either:
- (a) Is any dye, pigment or other substance THAT IS made by a process of synthesis or similar artifice, or THAT IS extracted, isolated or otherwise derived, with or without intermediate or final change of identity, from any vegetable, animal, mineral or other source.
- (b) If added or applied to a drug, or to the human body or any part of the human body, is capable of imparting color, except that color additive does not include any material that has been or may be exempted under the federal act. Color includes black, white and intermediate grays.
- 11. "Compounding" means the preparation PREPARING, mixing, assembling, packaging or labeling of a drug by a pharmacist or an intern or pharmacy technician under the pharmacist's supervision, for the purpose of dispensing to a patient based on a valid prescription order. Compounding includes the preparation of PREPARING drugs in anticipation of prescription orders prepared on routine, regularly observed prescribing patterns and the preparation of PREPARING drugs as an incident to research, teaching or chemical analysis or for administration by a medical practitioner to the medical practitioner's patient and not for sale or dispensing. Compounding does not include the preparation of PREPARING commercially available products from bulk compounds or the preparation of PREPARING drugs for sale to pharmacies, practitioners or entities for the purpose of dispensing or distribution.
- 12. "Compressed medical gas distributor" means a person $\overline{\text{who}}$ THAT holds a current permit issued by the board to distribute compressed

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medical gases pursuant to a compressed medical gas order to compressed medical gas suppliers and other entities that are registered, licensed or permitted to use, administer or distribute compressed medical gases.

- 13. "Compressed medical gases" means gases and liquid oxygen that a compressed medical gas distributor or manufacturer has labeled in compliance with federal law.
- 14. "Compressed medical gas order" means an order for compressed medical gases that is issued by a medical practitioner.
- 15. "Compressed medical gas supplier" means a person who THAT holds a current permit issued by the board to supply compressed medical gases pursuant to a compressed medical gas order and only to the consumer or the patient.
- 16. "Controlled substance" means a drug, substance or immediate precursor that is identified, defined or listed in title 36, chapter 27, article 2.
- 17. "Corrosive" means any substance that when it comes in contact with living tissue will cause destruction of $\overline{\text{THE}}$ tissue by chemical action.
- 18. "Counterfeit drug" means a drug that, or the container or labeling of which, without authorization, bears the trademark, trade name or other identifying mark, imprint, number or device, or any likeness of these, of a manufacturer, distributor or dispenser other than the person who THAT in fact manufactured, distributed or dispensed that drug.
- 19. "Dangerous drug" has the same meaning prescribed in section 13-3401.
 - 20. "Day" means a business day.
- 21. "Decree of censure" means an official action that is taken by the board and that may include a requirement for restitution of fees to a patient or consumer.
- 22. "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another whether or not there is an agency relationship.
- 23. "Deputy director" means a pharmacist who is employed by the board and selected by the executive director to perform duties as prescribed by the executive director.
- 24. "Device", except as used in paragraph 18 of this section, section 32-1965, paragraph 4 and section 32-1967, subsection A, paragraph 15 and subsection C, means instruments AN INSTRUMENT, apparatuses and contrivances APPARATUS OR CONTRIVANCE, including their ITS components, parts and accessories, including all such items under the federal act, THAT IS intended either:
- (a) For use in the diagnosis, cure, mitigation, treatment or prevention of DIAGNOSING, CURING, MITIGATING. TREATING OR PREVENTING disease in the human body or other animals.

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- (b) To affect the structure or any function of the human body or other animals.
- 25. "Director" means the director of the division of narcotics enforcement and criminal investigation of the department of public safety.
- 26. "Direct supervision of a pharmacist" means THAT the pharmacist is present. If relating to the sale of certain items, direct supervision of a pharmacist means that a pharmacist determines the legitimacy or advisability of a proposed purchase of those items.
- 27. "Dispense" means to deliver to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding AS necessary to prepare for that delivery.
 - 28. "Dispenser" means a practitioner who dispenses.
- 29. "Distribute" means to deliver, other than by administering or dispensing.
 - 30. "Distributor" means a person who distributes.
 - 31. "Drug" means:
- (a) Articles THAT ARE recognized, or for which standards or specifications are prescribed, in the official compendium.
- (b) Articles THAT ARE intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in the human body or other animals.
- (c) Articles other than food THAT ARE intended to affect the structure or any function of the human body or other animals.
- (d) Articles THAT ARE intended for use as a component of any articles specified in subdivision (a), (b) or (c) of this paragraph but does not include devices or their components, parts or accessories.
- 32. "Drug enforcement administration" means the drug enforcement administration of the United States department of justice or its successor agency.
- 33. "Drug or device manufacturing" means the production PRODUCING, preparation PREPARING, propagation PROPAGATING or processing of a drug or device, either directly or indirectly, by extraction from substances of natural origin or independently by means of chemical synthesis and includes any packaging or repackaging of substances or labeling or relabeling of its container and the promotion PROMOTING and marketing of the same. Drug or device manufacturing does not include compounding.
- 34. "Economic poison" means any substance that alone, in chemical combination with or in formulation with one or more other substances is a pesticide within the meaning of the laws of this state or the federal insecticide, fungicide and rodenticide act and that is used in the production PRODUCING, storage STORING or transportation of TRANSPORTING raw agricultural commodities.
- 35. "Enteral feeding" means nourishment THAT IS provided by means of a tube inserted into the stomach or intestine.

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- 36. "Established name", with respect to a drug or ingredient of a drug, means any of the following:
 - (a) The applicable official name.
- (b) If there is no such name and the drug or ingredient is an article recognized in an official compendium, the official title in an official compendium.
- (c) If neither subdivision (a) nor (b) of this paragraph applies, the common or usual name of the drug.
- 37. "Executive director" means the executive director of the board of pharmacy.
- 38. "Federal act" means the federal laws and regulations that pertain to drugs, devices, poisons and hazardous substances and that are official at the time any drug, device, poison or hazardous substance is affected by this chapter.
 - 39. "Full service wholesale permittee":
- (a) Means a permittee who may distribute prescription-only drugs and devices, controlled substances and over-the-counter drugs and devices to pharmacies or other legal outlets from a place devoted in whole or in part to wholesaling these items.
 - (b) Includes a virtual wholesaler as defined in rule by the board.
- 40. "Good manufacturing practice" means a system for ensuring that products are consistently produced and controlled according to quality standards and covering all aspects of design, monitoring and control of manufacturing processes and facilities to ensure that products do not pose any risk to the consumer or public.
- 41. "Highly toxic" means any substance that falls within any of the following categories:
- (a) Produces death within fourteen days in half or more than half of a group of ten or more laboratory white rats each weighing between two hundred and three hundred grams, at a single dose of fifty milligrams or less per kilogram of body weight, when orally administered.
- (b) Produces death within fourteen days in half or more than half of a group of ten or more laboratory white rats each weighing between two hundred and three hundred grams, if inhaled continuously for a period of one hour or less at an atmospheric concentration of two hundred parts per million by volume or less of gas or vapor or two milligrams per liter by volume or less of mist or dust, provided the concentration is likely to be encountered by humans if the substance is used in any reasonably foreseeable manner.
- (c) Produces death within fourteen days in half or more than half of a group of ten or more rabbits tested in a dosage of two hundred milligrams or less per kilogram of body weight, if administered by continuous contact with the bare skin for twenty-four hours or less.
- If the board finds that available data on human experience with any substance indicate results different from those obtained on animals in the

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dosages or concentrations prescribed in this paragraph, the human data shall take precedence.

- 42. "Hospital" means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by the department of health services.
 - 43. "Intern" means a pharmacy intern.
- 44. "Internship" means the practical, experiential, hands-on training of a pharmacy intern under the supervision of a preceptor.
- 45. "Irritant" means any substance, other than a corrosive, that on immediate, prolonged or repeated contact with normal living tissue will induce a local inflammatory reaction.
- 46. "Jurisprudence examination" means a board-approved pharmacy law examination that is written and administered in cooperation with the national association of boards of pharmacy or another board-approved pharmacy law examination.
- 47. "Label" means a display of written, printed or graphic matter on the immediate container of any article that, unless easily legible through the outside wrapper or container, also appears on the outside wrapper or container of the article's retail package. For the purposes of this paragraph, the immediate container does not include package liners.
- 48. "Labeling" means all labels and other written, printed or graphic matter THAT either:
 - (a) IS on any article or any of its containers or wrappers.
 - (b) Accompanying ACCOMPANIES that article.
- 49. "Letter of reprimand" means a disciplinary letter that is a public document issued by the board and that informs a licensee or permittee that the licensee's or permittee's conduct violates state or federal law and may require the board to monitor the licensee or permittee.
- 50. "Limited service pharmacy" means a pharmacy that is approved by the board to practice a limited segment of pharmacy as indicated by the permit issued by the board.
 - 51. "Manufacture" or "manufacturer":
- (a) Means every person who prepares, derives, produces, compounds, processes, packages or repackages or labels any drug in a place, other than a pharmacy, that is devoted to manufacturing the drug.
- (b) Includes a virtual manufacturer as defined in rule by the board.
 - 52. "Marijuana" has the same meaning prescribed in section 13-3401.
- 53. "Medical practitioner" means any medical doctor, doctor of osteopathic medicine, dentist, podiatrist, veterinarian or other person who is licensed and authorized by law to use and prescribe drugs and devices for the treatment of TO TREAT sick and injured human beings or animals or for the diagnosis TO DIAGNOSE or prevention of PREVENT sickness

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 in human beings or animals in this state or any state, territory or district of the United States.

- 54. "Medication order" means a written or verbal order from a medical practitioner or that person's authorized agent to administer a drug or device.
- 55. "Narcotic drug" has the same meaning prescribed in section 13-3401.
 - 56. "New drug" means either:
- (a) Any drug OF WHICH the composition of which is such that the drug is not generally recognized among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs as safe and effective for use under the conditions prescribed, recommended or suggested in the labeling.
- (b) Any drug OF WHICH the composition of which is such that the drug, as a result of investigations to determine its safety and effectiveness for use under such conditions, has become so recognized, but that has not, other than in the investigations, been used to a material extent or for a material time under those conditions.
- 57. "Nonprescription drug" or "over-the-counter drug" means any nonnarcotic medicine or drug that may be sold without a prescription and that is prepackaged and labeled for use by the consumer in accordance with the requirements of the laws of this state and federal law. Nonprescription drug does not include:
- (a) A drug that is primarily advertised and promoted professionally to medical practitioners and pharmacists by manufacturers or primary distributors.
 - (b) A controlled substance.
 - (c) A drug that is required to bear a label that states "Rx only".
 - (d) A drug that is intended for human use by hypodermic injection.
 - 58. "Nonprescription drug wholesale permittee":
- (a) Means a permittee who may distribute only over-the-counter drugs and devices to pharmacies or other lawful outlets from a place devoted in whole or in part to wholesaling these items.
 - (b) Includes a virtual wholesaler as defined in rule by the board.
- 59. "Notice" means personal service or the mailing of a copy of the notice by certified mail addressed either to the person at the person's latest address of record in the board office or to the person's attorney.
- 60. "Nutritional supplementation" means vitamins, minerals and caloric supplementation. Nutritional supplementation does not include medication or drugs.
- 61. "Official compendium" means the latest revision of the United States pharmacopeia and the national formulary or any current supplement.
- 62. "Other jurisdiction" means one of the other forty-nine states, the District of Columbia, the Commonwealth of Puerto Rico or a territory of the United States of America.

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- 63. "Package" means a receptacle THAT IS defined or described in the United States pharmacopeia and the national formulary as adopted by the board.
- 64. "Packaging" means the act or process of placing a drug item or device in a container for the purpose or intent of dispensing or distributing the item or device to another.
- 65. "Parenteral nutrition" means intravenous feeding that provides a person AN INDIVIDUAL with fluids and essential nutrients the person INDIVIDUAL needs while the person INDIVIDUAL is unable to receive adequate fluids or feedings by mouth or by enteral feeding.
- 66. "Person" means an individual, partnership, corporation and association, and their duly authorized agents.
- 67. "Pharmaceutical care" means the provision of drug therapy and other pharmaceutical patient care services.
- 68. "Pharmacist" means an individual who is currently licensed by the board to practice the profession of pharmacy in this state.
- 69. "Pharmacist in charge" means the pharmacist who is responsible to the board for a licensed establishment's compliance with the laws and administrative rules of this state and of the federal government pertaining to the practice of pharmacy, the manufacturing of drugs and the distribution of drugs and devices.
- 70. "Pharmacist licensure examination" means a board-approved examination that is written and administered in cooperation with the national association of boards of pharmacy or any other board-approved pharmacist licensure examination.
 - 71. "Pharmacy":
 - (a) Means:
- (i) Any place where drugs, devices, poisons or related hazardous substances are offered for sale at retail.
- (ii) Any place in which the profession of pharmacy is practiced or where prescription orders are compounded and dispensed.
- (iii) Any place that has displayed on it or in it the words "pharmacist", "pharmaceutical chemist", "apothecary", "druggist", "pharmacy", "drugstore", "drugs" or "drug sundries" or any of these words or combinations of these words, or words of similar import either in English or any other language, or that is advertised by any sign containing any of these words.
- (iv) Any place where the characteristic symbols of pharmacy or the characteristic prescription sign "Rx" is exhibited.
- (v) Any place or a portion of any building or structure that is leased, used or controlled by the permittee to conduct the business authorized by the board at the address for which the permit was issued and that is enclosed and secured when a pharmacist is not in attendance.

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- (vi) A remote dispensing site pharmacy where a pharmacy technician or pharmacy intern prepares, compounds or dispenses prescription medications under remote supervision by a pharmacist.
 - (b) Includes a satellite pharmacy.
- 72. "Pharmacy intern" means a person who has all of the qualifications and experience prescribed in section 32-1923.
- 73. "Pharmacy technician" means a person who is licensed pursuant to this chapter.
- 74. "Pharmacy technician trainee" means a person who is licensed pursuant to this chapter.
- 75. "Poison" or "hazardous substance" includes, but is not limited to, any of the following if intended and suitable for household use or use by children:
- (a) Any substance that, according to standard works on medicine, pharmacology, pharmacognosy or toxicology, if applied to, introduced into or developed within the body in relatively small quantities by its inherent action uniformly produces serious bodily injury, disease or death.
 - (b) A toxic substance.
 - (c) A highly toxic substance.
 - (d) A corrosive substance.
 - (e) An irritant.
 - (f) A strong sensitizer.
- (g) A mixture of any of the substances described in this paragraph, if the substance or mixture of substances may cause substantial personal injury or substantial illness during or as a proximate result of any customary or reasonably foreseeable handling or use, including reasonably foreseeable ingestion by children.
- (h) A substance that is designated by the board to be a poison or hazardous substance. This subdivision does not apply to radioactive substances, economic poisons subject to the federal insecticide, fungicide and rodenticide act or the state pesticide act, foods, drugs and cosmetics subject to state laws or the federal act or substances intended for use as fuels when stored in containers and used in the heating, cooking or refrigeration system of a house. This subdivision applies to any substance or article that is not itself an economic poison within the meaning of the federal insecticide, fungicide and rodenticide act or the state pesticide act, but that is a poison or hazardous substance within the meaning of this paragraph by reason of bearing or containing an economic poison or hazardous substance.
 - 76. "Practice of pharmacy":
- (a) means furnishing the following health care services as a medical professional:
- (i) (a) Interpreting, evaluating and dispensing prescription orders in the patient's best interests.

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(ii) (b) Compounding drugs pursuant to or in anticipation of a prescription order.
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- (iii) (c) Labeling drugs and devices in compliance with state and federal requirements.
- (iv) (d) Participating in drug selection and drug utilization reviews, drug administration, drug or drug-related research and drug therapy monitoring or management.
- $\ensuremath{\overline{\text{(v)}}}$ (e) Providing patient counseling necessary to provide pharmaceutical care.
- (vi) (f) Properly and safely storing drugs and devices in anticipation of dispensing.
 - (viii) (g) Maintaining required records of drugs and devices.
- (viii) (h) Offering or performing acts, services, operations or transactions THAT ARE necessary in the TO conduct, operation OPERATE, management MANAGE and control of a pharmacy.
- (ix) (i) Initiating, monitoring and modifying drug therapy pursuant to a protocol-based drug therapy agreement with a provider as outlined in section 32-1970.
- (x) (j) Initiating and administering immunizations or vaccines pursuant to section 32-1974.
- (b) Does not include initiating a prescription order for any medication, drug or other substance used to induce or cause a medication abortion as defined in section 36-2151.
- 77. "Practitioner" means any physician, dentist, veterinarian, scientific investigator or other person who is licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer a controlled substance in the course of professional practice or research in this state, or any pharmacy, hospital or other institution that is licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer a controlled substance in the course of professional practice or research in this state.
- 78. "Preceptor" means a pharmacist who is serving as the practical instructor of an intern and WHO complies with section 32-1923.
 - 79. "Precursor chemical" means a substance that is:
- (a) The principal compound that is commonly used or that is produced primarily for use and that is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.
 - (b) Listed in section 13-3401, paragraph 26 or 27.
- 80. "Prescription" means either a prescription order or a prescription medication.

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- 81. "Prescription medication" means any drug, including label and container according to context, that is dispensed pursuant to a prescription order.
 - 82. "Prescription-only device" includes:
- (a) Any device that is limited by the federal act to use under the supervision of a medical practitioner.
- (b) Any device required by the federal act to bear on its label essentially the legend "Rx only".
- 83. "Prescription-only drug" does not include a controlled substance but does include:
- (a) Any drug that because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use is not generally recognized among experts, qualified by scientific training and experience to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner.
- (b) Any drug that is limited by an approved new drug application under the federal act or section 32-1962 to use under the supervision of a medical practitioner.
- (c) Every potentially harmful drug, the labeling of which does not bear or contain full and adequate directions for use by the consumer.
- (d) Any drug, other than a controlled substance, THAT IS required by the federal act to bear on its label the legend "Rx only".
 - 84. "Prescription order" means any of the following:
- (a) An order to a pharmacist for drugs or devices THAT IS issued and signed by a duly licensed medical practitioner in the authorized course of the practitioner's professional practice.
- (b) An order THAT IS transmitted to a pharmacist through word of mouth, telephone or other means of communication directed by that medical practitioner. Prescription orders received by word of mouth, telephone or other means of communication shall be maintained by the pharmacist pursuant to section 32-1964, and the record so made by the pharmacist constitutes the original prescription order to be dispensed by the pharmacist. This paragraph does not alter or affect laws of this state or any federal act requiring a written prescription order.
- (c) An order THAT IS initiated by a pharmacist pursuant to a protocol-based drug therapy agreement with a provider as outlined in section 32-1970, or immunizations or vaccines administered by a pharmacist pursuant to section 32-1974.
- (d) A diet order or an order for enteral feeding, nutritional supplementation or parenteral nutrition that is initiated by a registered dietitian or other qualified nutrition professional in a hospital pursuant to section 36-416.

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- 85. "Professionally incompetent" means:
- (a) Incompetence based on a variety of factors, including a lack of sufficient pharmaceutical knowledge or skills or experience to a degree likely to endanger the health of patients.
- (b) When considered with indications of professional other incompetence, a pharmacist or pharmacy intern who fails to obtain a passing score on a board-approved pharmacist licensure examination or a pharmacy technician or pharmacy technician trainee who fails to obtain a passing score on a board-approved pharmacy technician examination.
- 86. "Radioactive substance" means a substance that emits ionizing radiation.
- 87. "Remote dispensing site pharmacy" means a pharmacy where a pharmacy technician or pharmacy intern prepares, compounds or dispenses prescription medications under remote supervision by a pharmacist.
- 88. "Remote supervision by a pharmacist" means that a pharmacist directs and controls the actions of pharmacy technicians and pharmacy interns through the use of audio and visual technology.
- 89. "Revocation" or "revoke" means the official cancellation of a license, permit, registration or other approval authorized by the board for a period of two years unless otherwise specified by the board. A request or new application for reinstatement may be presented to the board for review before the conclusion of the specified revocation period $\frac{\text{upon}}{\text{ON}}$ review of the executive director.
- 90. "Safely engage in employment duties" means that a permittee or the permittee's employee is able to safely engage in employment duties related to the manufacture, sale, distribution or dispensing of drugs, devices, poisons, hazardous substances, controlled substances or precursor chemicals.
- 91. "Satellite pharmacy" means a work area located within a hospital or on a hospital campus that is not separated by other commercial property or residential property, that is under the direction of a pharmacist, that is a remote extension of a centrally licensed hospital pharmacy, and that is owned by and dependent on the centrally licensed hospital pharmacy for administrative control, staffing and drug procurement and that is not required to be separately permitted.
- 92. "Symbol" means the characteristic symbols that have historically identified pharmacy, including show globes and mortar and pestle, and the sign "Rx".
- 93. "Third-party logistics provider" means an entity that provides or coordinates warehousing or other logistics services for a prescription or over-the-counter dangerous drug or dangerous device in intrastate or interstate commerce on behalf of a manufacturer, wholesaler or dispenser of the prescription or over-the-counter dangerous drug or dangerous device but that does not take ownership of the prescription or over-the-counter

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- 94. "Toxic substance" means a substance, other than a radioactive substance, that has the capacity to produce injury or illness in humans through ingestion, inhalation or absorption through any body surface.
- 95. "Ultimate user" means a person who lawfully possesses a drug or controlled substance for that person's own use, for the use of a member of that person's household or for administering to an animal owned by that person or by a member of that person's household.
- Sec. 9. Title 32, chapter 18, article 3, Arizona Revised Statutes, is amended by adding section 32-1973.01, to read:

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32-1973.01. Pharmacies; duty to fill prescriptions; notification; accommodation; exceptions; definition
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- A. NOTWITHSTANDING ANY LAW TO THE CONTRARY, A PHARMACY THAT IS LICENSED PURSUANT TO THIS CHAPTER SHALL PROPERLY FILL A VALID PRESCRIPTION ORDER PRESENTED TO THE PHARMACY BY OR FOR A CUSTOMER.
- B. NOTWITHSTANDING ANY LAW TO THE CONTRARY, A PHARMACY THAT IS LICENSED PURSUANT TO THIS CHAPTER SHALL REQUIRE EACH EMPLOYEE TO NOTIFY THE PHARMACY IN WRITING OF ALL CATEGORIES OR TYPES OF PRESCRIPTION DRUGS AND DEVICES THAT THE EMPLOYEE WOULD DECLINE TO FILL BECAUSE OF THE RECEIVING EMPLOYEE'S SINCERELY HELD RELIGIOUS BELIEFS. ON THIS NOTIFICATION, THE PHARMACY SHALL ATTEMPT TO ACCOMMODATE THE EMPLOYEE IF THE ACCOMMODATION CAN BE MADE WITHOUT CAUSING UNDUE HARDSHIP TO THE CUSTOMERS. IN PHARMACY 0 R ITS DETERMINING WHETHER **PROPOSED** Α ACCOMMODATION WOULD CAUSE AN UNDUE HARDSHIP, THE PHARMACY MAY CONSIDER:
- 1. WHETHER THE PROPOSED ACCOMMODATION WOULD DELAY THE FILLING OF PRESCRIPTION ORDERS AND RESULT IN THE PHARMACY BEING UNABLE TO FILL CERTAIN PRESCRIPTIONS IN THE EQUIVALENT TIME AS THE PHARMACY IS FILLING OTHER PRESCRIPTIONS OF IN-STOCK DRUGS OR DEVICES AT THAT TIME.
- 2. THE PHARMACY'S ABILITY TO FILL A CUSTOMER'S PRESCRIPTION AT THAT PHARMACY LOCATION.
- 3. THE PHARMACY'S FINANCIAL COSTS IN IMPLEMENTING THE ACCOMMODATION.
- 4. THE DAMAGE TO THE PHARMACY'S REPUTATION OR GOODWILL IN THE COMMUNITY DUE TO ITS FAILURE TO PROVIDE TIMELY PRESCRIPTION-FILLING SERVICES.
- C. IF A CUSTOMER ASKS FOR A PRESCRIPTION DRUG OR DEVICE THAT IS NOT IN STOCK, THE PHARMACY SHALL OFFER THE CUSTOMER ALL OF THE FOLLOWING OPTIONS AND PERFORM THE CHOSEN OPTION WITHOUT DELAY:
- 1. OBTAIN THE DRUG OR DEVICE UNDER THE PHARMACY'S STANDARD PROCEDURES FOR EXPEDITED ORDERING OF ANY DRUG OR DEVICE THAT IS NOT IN STOCK.

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- 2. TRANSFER THE PRESCRIPTION ORDER TO ANOTHER LOCAL PHARMACY OF THE CUSTOMER'S CHOICE UNDER THE PHARMACY'S STANDARD PROCEDURES FOR TRANSFERRING PRESCRIPTION ORDERS FOR DRUGS OR DEVICES.
- 3. RETURN THE UNFILLED PRESCRIPTION ORDER TO THE CUSTOMER AND REFER THE CUSTOMER TO ANOTHER LOCAL PHARMACY. THE PHARMACY SHALL MAKE A REASONABLE EFFORT TO REFER THE CUSTOMER TO A PHARMACY THAT STOCKS THE DRUG OR DEVICE AND THAT IS NEAR ENOUGH TO THE REFERRING SITE TO ENSURE THAT THE CUSTOMER HAS TIMELY ACCESS TO THE DRUG OR DEVICE.
- D. THIS SECTION DOES NOT PROHIBIT A PHARMACY FROM REFUSING TO DISPENSE A PRESCRIPTION DRUG OR DEVICE IF THERE IS A VALID MEDICAL CONCERN THAT THE DRUG OR DEVICE WILL CAUSE A PROBLEM DUE TO A THERAPEUTIC DUPLICATION, A CONTRAINDICATION, A DRUG INTERACTION, INCORRECT DOSAGE OR DURATION OF DRUG TREATMENT OR ABUSE OR MISUSE.
- E. A PHARMACY SHALL TREAT EACH CUSTOMER WITH RESPECT AND DIGNITY, MAKE GOOD FAITH EFFORTS NOT TO EMBARRASS OR DEMEAN THE CUSTOMER AND ATTEMPT TO ENSURE A SEAMLESS DELIVERY OF PRESCRIPTION SERVICES, REGARDLESS OF WHETHER THE PHARMACY HAS MADE AN ACCOMMODATION FOR AN EMPLOYEE PURSUANT TO SUBSECTION B OF THIS SECTION.
- F. A PHARMACY THAT VIOLATES THIS SECTION COMMITS AN ACT OF UNPROFESSIONAL CONDUCT AND IS SUBJECT TO DISCIPLINARY ACTION PURSUANT TO THIS CHAPTER.
- G. THE BOARD SHALL INITIATE AN INVESTIGATION OF ANY ALLEGATION OF A VIOLATION OF THIS SECTION WITHIN SEVEN DAYS AFTER RECEIVING A COMPLAINT.
- H. FOR THE PURPOSES OF THIS SECTION, "EMPLOYEE" INCLUDES A CURRENT EMPLOYEE AND AN APPLICANT FOR EMPLOYMENT.
- Sec. 10. Title 32, chapter 32, article 1, Arizona Revised Statutes, is amended by adding section 32-3228, to read:

32-3228. Rape victims: emergency contraception: referral: definitions

- A. A HEALTH PROFESSIONAL WHO PROVIDES CARE TO A FEMALE PATIENT OF REPRODUCTIVE AGE WHO STATES THAT SHE IS THE VICTIM OF RAPE SHALL DO, AT A MINIMUM. ALL OF THE FOLLOWING:
- 1. PROVIDE THE PATIENT WITH MEDICAL INFORMATION ABOUT EMERGENCY CONTRACEPTION.
- 2. VERBALLY INFORM THE PATIENT THAT THE HEALTH PROFESSIONAL WILL PROVIDE OR PRESCRIBE EMERGENCY CONTRACEPTION AT THE PATIENT'S REQUEST.
- 3. PROVIDE OR PRESCRIBE EMERGENCY CONTRACEPTION AT THE PATIENT'S REQUEST. IF THE HEALTH PROFESSIONAL PROVIDES AN EMERGENCY CONTRACEPTION DRUG, THE HEALTH PROFESSIONAL SHALL PROVIDE THE PATIENT WITH AN INITIAL DOSE AND ANY FOLLOW-UP DOSES THAT THE PATIENT CAN SELF-ADMINISTER OR PRESCRIBE THE ENTIRE COURSE OF TREATMENT.
- B. A HEALTH PROFESSIONAL MAY SATISFY THE REQUIREMENTS OF SUBSECTION A OF THIS SECTION BY REFERRING THE PATIENT TO ANOTHER PROVIDER FOR FORENSIC MEDICAL CARE AND EMERGENCY CONTRACEPTION.

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- C. A HEALTH PROFESSIONAL WHOSE RELIGIOUS TENETS PROHIBIT THE USE OF CONTRACEPTIVE METHODS MAY SATISFY THE REQUIREMENTS OF SUBSECTION A OF THIS SECTION BY IMMEDIATELY REFERRING THE PATIENT TO ANOTHER HEALTH PROFESSIONAL WHO IS IMMEDIATELY AVAILABLE AND WHO WILL COMPLY WITH THE REQUIREMENTS OF THIS SECTION.
 - D. FOR THE PURPOSES OF THIS SECTION:
- 1. "CARE" MEANS MEDICAL EXAMINATIONS, PROCEDURES AND SERVICES PROVIDED TO A PATIENT WITHIN SEVENTY-TWO HOURS AFTER A RAPE.
- 2. "EMERGENCY CONTRACEPTION" MEANS A DRUG OR DEVICE THAT PREVENTS PREGNANCY AFTER SEXUAL INTERCOURSE.
- 3. "HEALTH PROFESSIONAL" MEANS A PERSON WHO IS LICENSED TO PRESCRIBE MEDICATION PURSUANT TO CHAPTER 13, 15, 17, 25 OR 29 OF THIS TITLE.
 - 4. "NONCONSENSUAL" MEANS THAT A PATIENT EITHER:
- (a) IS COERCED BY THE IMMEDIATE USE OR THREATENED USE OF FORCE AGAINST THE PATIENT.
- (b) IS INCAPABLE OF CONSENT BY REASON OF MENTAL DISORDER, MENTAL DEFECT, DRUGS, ALCOHOL, SLEEP OR ANY OTHER SIMILAR IMPAIRMENT OF COGNITION AND THE CONDITION IS KNOWN OR SHOULD REASONABLY HAVE BEEN KNOWN TO THE PERPETRATOR OF THE RAPE. FOR THE PURPOSES OF THIS SUBDIVISION, "MENTAL DEFECT" MEANS THE PATIENT IS UNABLE TO COMPREHEND THE DISTINCTLY SEXUAL NATURE OF THE CONDUCT OR IS INCAPABLE OF UNDERSTANDING OR EXERCISING THE RIGHT TO REFUSE TO ENGAGE IN THE CONDUCT WITH ANOTHER.
- 5. "RAPE" MEANS NONCONSENSUAL SEXUAL INTERCOURSE INVOLVING PENETRATION OF THE VULVA.
- Sec. 11. Section 35-196.02, Arizona Revised Statutes, is amended to read:

35-196.02. <u>Use of public monies or insurance for abortion prohibited; exception</u>

- A. Notwithstanding any provisions of law to the contrary, no public funds nor tax monies of this state or any political subdivision of this state nor any federal funds passing through the state treasury or the treasury of any political subdivision of this state may be expended for payment to any person or entity for the performance of any abortion unless an abortion is necessary to save the life of the woman having the abortion.
- B. Notwithstanding any other law, public monies or tax monies of this state or any political subdivision of this state shall not be expended directly or indirectly to pay the costs, premiums or charges associated with a health insurance policy, contract or plan that provides coverage, benefits or services related to the performance of any abortion unless an abortion is necessary to either:
 - 1. Save the life of the woman having the abortion.
- 2. Avert substantial and irreversible impairment of a major bodily function of the woman having the abortion.

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- C. Notwithstanding any other law, public monies or tax monies of this state or any political subdivision of this state or any federal funds passing through the state treasury or the treasury of any political subdivision of this state or monies paid by students as part of tuition or fees to a state university or a community college shall not be expended or allocated for training to perform abortions.
- $rac{ extsf{D.}}{ extsf{C.}}$ C. This section does not prohibit the state from complying with the requirements of federal law in title XIX and title XXI of the social security act.

Sec. 12. Repeal

Section 35-196.05, Arizona Revised Statutes, is repealed.

Sec. 13. Section 36-132, Arizona Revised Statutes, is amended to read:

36-132. Department of health services: functions: contracts

- A. The department, in addition to other powers and duties vested in it by law, shall:
 - 1. Protect the health of the people of the state.
- 2. Promote the development, maintenance, efficiency and effectiveness of local health departments or districts of sufficient population and area that they can be sustained with reasonable economy and efficient administration, provide technical consultation and assistance to local health departments or districts, provide financial assistance to local health departments or districts and services that meet minimum standards of personnel and performance and in accordance with a plan and budget submitted by the local health department or districts to the department for approval, and recommend the qualifications of all personnel.
- 3. Collect, preserve, tabulate and interpret all information required by law in reference to births, deaths and all vital facts, and obtain, collect and preserve information relating to the health of the people of this state and the prevention of diseases as may be useful in the discharge of functions of the department not in conflict with chapter 3 of this title and sections 36-693, 36-694 and 39-122.
- 4. Operate such sanitariums, hospitals or other facilities assigned to the department by law or by the governor.
- 5. Conduct a statewide program of health education THAT IS relevant to the powers and duties of the department OF HEALTH SERVICES, prepare educational materials and disseminate information as to conditions affecting health, including basic information for the promotion of TO PROMOTE good health on the part of individuals and communities, and prepare and disseminate technical information concerning public health to the health professions, local health officials and hospitals. In cooperation with the department of education, the department of health services shall prepare and disseminate materials and give technical assistance for the purpose of education of children in hygiene, sanitation

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and personal and public health, and provide consultation and assistance in community organization to counties, communities and groups of people.

- 6. Administer or supervise a program of public health nursing, prescribe the minimum qualifications of all public health nurses engaged in official public health work, and encourage and aid in coordinating local public health nursing services.
- 7. Encourage and aid in coordinating local programs concerning control of preventable diseases in accordance with statewide plans that shall be ARE formulated by the department.
- 8. Encourage and aid in coordinating local programs concerning maternal and child health, including midwifery, antepartum and postpartum care, infant and preschool health and the health of schoolchildren, including special fields such as the prevention of blindness and conservation of sight and hearing.
- 9. Encourage and aid in the coordination of local programs concerning nutrition of the people of this state.
- 10. Encourage, administer and provide dental health care services and aid in coordinating local programs concerning dental public health, in cooperation with the Arizona dental association. The department may bill and receive payment for costs associated with providing dental health care services and shall deposit the monies in the oral health fund established by section 36-138.
- 11. Establish and maintain adequate serological, bacteriological, parasitological, entomological and chemical laboratories with qualified assistants and facilities necessary for routine examinations and analyses and for investigations and research in matters affecting public health.
- 12. Supervise, inspect and enforce the rules concerning the operation of public bathing places and public and semipublic swimming pools adopted pursuant to section 36-136, subsection I, paragraph 10.
- 13. Take all actions necessary or appropriate to ensure that bottled water sold to the public and water used to process, store, handle, serve and transport food and drink are free from filth, disease-causing substances and organisms and unwholesome, poisonous, deleterious or other foreign substances. All state agencies and local health agencies involved with water quality shall provide to the department any assistance requested by the director to ensure that this paragraph is effectuated.
- 14. Enforce the state food, caustic alkali and acid laws in accordance with chapter 2, article 2 of this title, chapter 8, article 1 of this title and chapter 9, article 4 of this title, and collaborate in the enforcement of the federal food, drug, and cosmetic act (52 Stat. 1040; 21 United States Code sections 1 through 905).
- 15. Recruit and train personnel for state, local and district health departments.

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- 16. Conduct continuing evaluations of state, local and district public health programs, study and appraise state health problems and develop broad plans for use by the department and for recommendation to other agencies, professions and local health departments for the best solution of these problems.
- 17. License and regulate health care institutions according to chapter 4 of this title.
- 18. Issue or direct the issuance of licenses and permits required by law.
- 19. Participate in the state civil defense program and develop the necessary organization and facilities to meet wartime or other disasters.
- 20. Subject to the availability of monies, develop and administer programs in perinatal health care, including:
- (a) Screening in early pregnancy for detecting high-risk conditions.
 - (b) Comprehensive prenatal health care.
 - (c) Maternity, delivery and postpartum care.
- (d) Perinatal consultation, including transportation of the pregnant woman to a perinatal care center when medically indicated.
- (e) Perinatal education oriented toward professionals and consumers, focusing on early detection and adequate intervention to avert premature labor and delivery.
- 21. License and regulate the health and safety of group homes for persons with developmental disabilities. The department shall issue a license to an accredited facility for a period of the accreditation, except that no A licensing period shall NOT be longer than three years. The department is authorized to MAY conduct an inspection of an accredited facility to ensure that the facility meets health and safety licensure standards. The results of the accreditation survey shall be ARE public information. A copy of the final accreditation report shall be filed with the department of health services. For the purposes of this paragraph, "accredited" means accredited by a nationally recognized accreditation organization.
- 22. SUBJECT TO THE AVAILABILITY OF MONIES, INCLUDING FEDERAL MONIES THAT ARE AVAILABLE FOR TEENAGER PREGNANCY PREVENTION PROGRAMS, ADMINISTER OR SUPERVISE A PROGRAM TO REDUCE THE RISKS OF UNINTENDED PREGNANCY BY IMPROVING AWARENESS OF EMERGENCY CONTRACEPTION. THE DEPARTMENT SHALL PROVIDE INFORMATION ON ITS WEBSITE AND SOCIAL NETWORKING SITES ABOUT THE PROGRAM, INCLUDING PURPOSE, RISKS AND AVAILABILITY OF EMERGENCY CONTRACEPTION.
- B. The department may accept from the state or federal government, or any agency of the state or federal government, and from private donors, trusts, foundations or eleemosynary corporations or organizations grants or donations for or in aid of the construction or maintenance of any program, project, research or facility authorized by this title, or in aid

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of the extension or enforcement of any program, project or facility authorized, regulated or prohibited by this title, and enter into contracts with the federal government, or an agency of the federal government, and with private donors, trusts, foundations or eleemosynary corporations or organizations, to carry out such purposes. All monies made available under this section are special project grants. The department may also expend these monies to further applicable scientific research within this state.

- C. The department, in establishing fees authorized by this section, shall comply with title 41, chapter 6. The department shall not set a fee at more than the department's cost of providing the service for which the fee is charged. State agencies are exempt from all fees imposed pursuant to this section.
- D. The department may enter into contracts with organizations that perform nonrenal organ transplant operations and organizations that primarily assist in the management of end-stage renal disease and related problems to provide, as payors of last resort, prescription medications necessary to supplement treatment and transportation to and from treatment facilities. The contracts may provide for department payment of administrative costs it specifically authorizes.

Sec. 14. Repeal

Section 36-145, Arizona Revised Statutes, is repealed.

Sec. 15. Section 36-404, Arizona Revised Statutes, is amended to read:

36-404. Disclosure of information; limit; confidentiality

- A. Information received and records kept by the department for the purpose of administering this chapter are available to the public except:
- 1. Information obtained for THE purposes of articles 4 and 5 of this chapter.
- 2. Personally identifiable medical information or any information from which a patient or the patient's family might be identified.
- 3. Sources of information that cause the department to believe that an inspection of an institution is needed to determine the extent of compliance with this chapter and rules adopted pursuant to this chapter.
- 4. Personally identifiable information of a physician that is received and any records kept regarding the physician's admitting privileges pursuant to section 36-449.02.
- B. The department may release information listed under subsection A of this section to an officer of the court pursuant to a court order, a department or agency of this state or the federal government, a law enforcement agency or a county medical examiner if the release of this information is necessary and pertinent to an investigation or proceeding, unless the release of this information is prohibited by federal or state law. The recipient shall maintain patient and source name confidentiality.

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Sec. 16. Section 36-449.01, Arizona Revised Statutes, is amended to read:

36-449.01. Definitions

In this article, unless the context otherwise requires:

- 1. "Abortion" means the use of any means A SURGICAL INSTRUMENT OR A MACHINE with the intent to terminate a woman's pregnancy for reasons other than to increase the probability of a live birth, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus. Abortion does not include birth control devices or oral contraceptives.
- 2. "Abortion clinic" means a facility, other than $\frac{1}{a}$ AN ACCREDITED hospital, in which five or more first trimester abortions in any month or any second or third trimester FIRST, SECOND OR THIRD TRIMESTER abortions are performed.
- 3. "Director" means the director of the department of health services:
- 4. "Medication abortion" means the use of any medication, drug or other substance that is intended to cause or induce an abortion.
- 5. "Perform" includes the initial administration of any medication, drug or other substance intended to cause or induce an abortion.
- 6. "Surgical abortion" has the same meaning prescribed in section 36-2151.
- 7. 3. "Viable fetus" has the same meaning prescribed in section 36-2301.01.
- Sec. 17. Section 36-449.02, Arizona Revised Statutes, is amended to read:

36-449.02. Abortion clinics: licensure requirements: rules

- A. Beginning on April 1, 2000, an abortion clinic shall meet the same licensure requirements as prescribed in article 2 of this chapter for health care institutions. At the time of licensure, an abortion clinic shall submit to the director all documentation required by this article, including verification that the clinic's physicians who are required to be available have admitting privileges at a health care institution as required by section 36-449.03, subsection C, paragraph 3.
- B. On or before the anniversary of the issue date of an abortion clinic's license, the abortion clinic shall submit to the director all documentation required by this article.
- C. Beginning on April 1, 2000, abortion clinics shall comply with department requirements for abortion clinics and department rules that govern abortion clinics.
- D. If the director determines that there is reasonable cause to believe an abortion clinic is not adhering to the licensing requirements of this article or any other law or rule concerning abortion, the director and any duly designated employee or agent of the director, including county health representatives and county or municipal fire inspectors,

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 consistent with standard medical practices, may enter on and into the premises of the abortion clinic that is licensed or required to be licensed pursuant to this article during regular business hours of the abortion clinic to determine compliance with this article, rules adopted pursuant to this article, local fire ordinances or rules and any other law or rule relating to abortion.

- E. An application for licensure pursuant to this article constitutes permission for, and complete acquiescence in, an entry or inspection of the premises during the pendency of the application and, if licensed, while the abortion clinic is licensed.
- F. If an inspection conducted pursuant to this section reveals that an abortion clinic is not adhering to the licensing requirements prescribed pursuant to this article or any other law or rule concerning abortion, the director may take action authorized by this article.
- G. An abortion clinic whose license has been suspended or revoked pursuant to this article or section 36-424 is subject to inspection on application for relicensure or reinstatement of the license.
- H. In any proceeding in which the constitutionality, legality or application of this section is challenged, the attorney general or any county or city attorney who wishes to defend the law has the right to intervene as a party and is deemed to have proper standing in the matter. The only objection that may be raised to a motion to intervene as of right pursuant to this subsection is that the proposed intervenor does not have a good faith intention to defend the law. Any party or proposed intervenor may raise this objection. Notwithstanding section 41-192, the department may employ legal counsel and make an expenditure or incur an indebtedness for legal services for the purposes of defending this section.
- Sec. 18. Section 36-449.03, Arizona Revised Statutes, is amended to read:

36-449.03. Abortion clinics; rules; confidentiality

- A. The director shall adopt rules for an abortion clinic's physical facilities. At a minimum these rules shall prescribe standards for:
- 1. Adequate private space that is specifically designated for interviewing, counseling and medical evaluations.
 - 2. Dressing rooms for staff and patients.
 - 3. Appropriate lavatory areas.
 - 4. Areas for preprocedure hand washing.
 - 5. Private procedure rooms.
 - 6. Adequate lighting and ventilation for abortion procedures.
- 7. Surgical or gynecologic examination tables and other fixed equipment.
- 8. Postprocedure recovery rooms that are supervised, staffed and equipped to meet the patients' needs.
 - 9. Emergency exits to accommodate a stretcher or gurney.

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- 10. Areas for cleaning and sterilizing instruments.
- 11. Adequate areas for the secure storage of TO SECURELY STORE medical records and necessary equipment and supplies.
- 12. The display in the abortion clinic, in a place that is conspicuous to all patients, of the clinic's current license issued by the department.
- B. The director shall adopt rules to prescribe abortion clinic supplies and equipment standards, including supplies and equipment that are required to be immediately available for use or in an emergency. At a minimum these rules shall:
- 1. Prescribe required equipment and supplies, including medications, required for the TO conduct, in an appropriate fashion, of any abortion procedure that the medical staff of the clinic anticipates performing and for monitoring TO MONITOR the progress of each patient throughout the procedure and recovery period.
- 2. Require that the number or amount of equipment and supplies at the clinic is adequate at all times to assure ENSURE sufficient quantities of clean and sterilized durable equipment and supplies to meet the needs of each patient.
- 3. Prescribe required equipment, supplies and medications that shall be available and ready for immediate use in an emergency and requirements for written protocols and procedures to be followed by staff in an emergency, such as the loss of electrical power.
- 4. Prescribe required equipment and supplies for required laboratory tests and requirements for protocols to calibrate and maintain laboratory equipment at the abortion clinic or operated by clinic staff.
 - 5. Require ultrasound equipment.
- 6. Require that all equipment is safe for the patient and the staff, meets applicable federal standards and is checked annually to ensure safety and appropriate calibration.
- C. The director shall adopt rules relating to abortion clinic personnel. At a minimum these rules shall require that:
- 1. The abortion clinic designate a medical director of the abortion clinic who is licensed pursuant to title 32, chapter 13, 17 or 29.
- 2. Physicians performing abortions SURGERY are licensed pursuant to title 32, chapter 13 or 17, demonstrate competence in the procedure involved and are acceptable to the medical director of the abortion clinic.
- 3. A physician WITH ADMITTING PRIVILEGES AT AN ACCREDITED HOSPITAL IN THIS STATE is available. :
- (a) For a surgical abortion who has admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B and that is within thirty miles of the abortion clinic.

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- (b) For a medication abortion who has admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B.
- 4. If a physician is not present, a registered nurse, nurse practitioner, licensed practical nurse or physician assistant is present and remains at the clinic when abortions are performed to provide postoperative monitoring and care, or monitoring and care after inducing a medication abortion, until each patient who had an abortion that day is discharged.
- 5. Surgical assistants receive training in counseling, patient advocacy and the specific responsibilities of the services the surgical assistants provide.
- 6. Volunteers receive training in the specific responsibilities of the services the volunteers provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.
- D. The director shall adopt rules relating to the medical screening and evaluation of each abortion clinic patient. At a minimum these rules shall require:
 - 1. A medical history, including the following:
- (a) Reported allergies to medications, antiseptic solutions or latex.
 - (b) Obstetric and gynecologic history.
 - (c) Past surgeries.
- 2. A physical examination, including a bimanual examination estimating uterine size and palpation of the adnexa.
 - 3. The appropriate laboratory tests, including:
- (a) FOR AN ABORTION IN WHICH AN ULTRASOUND EXAMINATION IS NOT PERFORMED BEFORE THE ABORTION PROCEDURE, urine or blood tests for pregnancy performed before the abortion procedure.
 - (b) A test for anemia.
- (c) Rh typing, unless reliable written documentation of blood type is available.
 - (d) Other tests as indicated from the physical examination.
- 4. An ultrasound evaluation for all patients WHO ELECT TO HAVE AN ABORTION AFTER TWELVE WEEKS' GESTATION. The rules shall require that if a person who is not a physician performs an ultrasound examination, that person shall have documented evidence that the person completed a course in the operation of OPERATING ultrasound equipment as prescribed in rule. The physician or other health care professional shall review, at the request of the patient, the ultrasound evaluation results with the patient before the abortion procedure is performed, including the probable gestational age of the fetus.
- 5. That the physician is responsible for estimating the gestational age of the fetus based on the ultrasound examination and obstetric

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 standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule and shall write the estimate in the patient's medical history. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file.

- E. The director shall adopt rules relating to the abortion procedure. At a minimum these rules shall require:
- 1. That medical personnel is available to all patients throughout the abortion procedure.
- 2. Standards for the safe conduct of abortion procedures that conform to obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule.
- 3. Appropriate use of local anesthesia, analgesia and sedation if ordered by the physician.
- 4. The use of appropriate precautions, such as the establishment of ESTABLISHING intravenous access at least for patients undergoing second or third trimester abortions.
- 5. The use of appropriate monitoring of the vital signs and other defined signs and markers of the patient's status throughout the abortion procedure and during the recovery period until the patient's condition is deemed to be stable in the recovery room.
- 6. For abortion clinics performing or inducing an abortion for a woman whose unborn child is the gestational age of twenty weeks or more, minimum equipment standards to assist the physician in complying with section 36-2301. For the purposes of this paragraph, "abortion" and "gestational age" have the same meanings prescribed in section 36-2151.
- F. The director shall adopt rules that prescribe minimum recovery room standards. At a minimum these rules shall require that:
- 1. For a surgical abortion, Immediate postprocedure care, or care provided after inducing a medication abortion, consists of observation in a supervised recovery room for as long as the patient's condition warrants.
- 2. The clinic arrange hospitalization if any complication beyond the management capability of the staff occurs or is suspected.
- 3. A licensed health professional who is trained in the management of MANAGING the recovery area and WHO is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remains on the premises of the abortion clinic until all patients are discharged.
- 4. For a surgical abortion, A physician with admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B and that is within thirty miles of the abortion clinic AN ACCREDITED HOSPITAL IN THIS STATE remains on the premises of the abortion clinic until all patients are stable and are ready to leave the recovery room and to facilitate FACILITATES the transfer of emergency cases if hospitalization of the

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 patient or viable fetus is necessary. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged.

- 5. A physician discusses RhO(d) immune globulin with each patient for whom it is indicated and assures ENSURES THAT it is offered to the patient in the immediate postoperative period or that it will be available to her within seventy-two hours after completion of the abortion procedure. If the patient refuses, a refusal form approved by the department shall be signed by the patient and a witness and included in the medical record.
- 6. Written instructions with regard to postabortion coitus, signs of possible problems and general aftercare are given to each patient. Each patient shall have specific instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies.
- 7. There is a specified minimum length of time that a patient remains in the recovery room by type of abortion procedure and duration of gestation.
- 8. The physician assures ENSURES that a licensed health professional from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within twenty-four hours after a surgical abortion SURGERY to assess the patient's recovery.
- 9. Equipment and services are located in the recovery room to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or viable fetus to the hospital.
- G. The director shall adopt rules that prescribe standards for follow-up visits. At a minimum these rules shall require that:
- 1. For a surgical abortion, A postabortion medical visit is offered and, if requested, scheduled for three weeks after the abortion, including a medical examination and a review of the results of all laboratory tests. For a medication abortion, the rules shall require that a postabortion medical visit is scheduled between one week and three weeks after the initial dose for a medication abortion to confirm the pregnancy is completely terminated and to assess the degree of bleeding.
- 2. A urine pregnancy test is obtained at the time of the follow-up visit to rule out continuing pregnancy. If a continuing pregnancy is suspected, the patient shall be evaluated and a physician who performs abortions shall be consulted.
- H. The director shall adopt rules to prescribe minimum abortion clinic incident reporting. At a minimum these rules shall require that:
- 1. The abortion clinic records each incident resulting in a patient's or viable fetus' FETUS'S serious injury occurring at an abortion clinic and shall report them in writing to the department within ten days after the incident. For the purposes of this paragraph, "serious injury" means an injury that occurs at an abortion clinic and that creates a

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 serious risk of substantial impairment of a major body organ and includes any injury or condition that requires ambulance transportation of the patient.

- 2. If a patient's death occurs, other than a fetal death properly reported pursuant to law, the abortion clinic reports it to the department not later than the next department work day.
- 3. Incident reports are filed with the department and appropriate professional regulatory boards.

I. The director shall adopt rules relating to enforcement of this article. At a minimum, these rules shall require that:

1. For an abortion clinic that is not in substantial compliance with this article and the rules adopted pursuant to this article and section 36-2301 or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the department of any deficiencies that are listed on the department's statement of deficiency, the department may do any of the following:

- (a) Assess a civil penalty pursuant to section 36-431.01.
- (b) Impose an intermediate sanction pursuant to section 36-427.
- (c) Suspend or revoke a license pursuant to section 36-427.
- (d) Deny a license.
- (e) Bring an action for an injunction pursuant to section 36-430.
- 2. In determining the appropriate enforcement action, the department consider the threat to the health, safety and welfare of the abortion clinic's patients or the general public, including:
- (a) Whether the abortion clinic has repeated violations of statutes or rules.
- (b) Whether the abortion clinic has engaged in a pattern of noncompliance.
 - (c) The type, severity and number of violations.
- $rac{ extsf{J.}}{ extsf{I.}}$ I. The department shall not release personally identifiable patient or physician information.
- $\mathsf{K.}$ J. The rules adopted by the director pursuant to this section do not limit the ability of a physician or other health professional to advise a patient on any health issue.
- Sec. 19. Section 36-2151, Arizona Revised Statutes, is amended to read:

36-2151. Definitions

In this article, unless the context otherwise requires:

1. "Abortion" means the use of any means to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child. Abortion does not include birth control devices, oral contraceptives used to inhibit or prevent ovulation, conception or the implantation of a fertilized ovum in the uterus or the use of any means to save the life or preserve the health of the unborn

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thild INCREASE THE PROBABILITY OF A LIVE BIRTH, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus.

- 2. "Auscultation" means the act of listening for sounds made by internal organs of the unborn child, specifically for a heartbeat, using an ultrasound transducer and fetal heart rate monitor.
- 3. 2. "Conception" means the fusion of a human spermatozoon with a human ovum.
- 4. 3. "Gestational age" means the age of the unborn child as calculated from the first day of the last menstrual period of the pregnant woman.
- 5. 4. "Health professional" has the same meaning prescribed in section 32-3201.
- 6. 5. "Medical emergency" means a condition that, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.
- 7. "Medication abortion" means the use of any medication, drug or other substance that is intended to cause or induce an abortion.
- 8. 6. "Physician" means a person who is licensed pursuant to title 32, chapter 13 or 17.
- 9. 7. "Pregnant" or "pregnancy" means a female reproductive condition of having a developing unborn child in the body and that begins with conception.
- 10.8. "Probable gestational age" means the gestational age of the unborn child at the time the abortion is planned to be performed and as determined with reasonable probability by the attending physician.
- 11. 9. "Surgical abortion" means the use of a surgical instrument or a machine to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child. Surgical abortion does not include the use of any means to increase the probability of a live birth, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus. Surgical abortion does not include patient care incidental to the procedure.
- 12. "Ultrasound" means the use of ultrasonic waves for diagnostic or therapeutic purposes to monitor a developing unborn child.
- $\frac{13.}{10.}$ "Unborn child" means the offspring of human beings from conception until birth.

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 Sec. 20. Section 36-2152, Arizona Revised Statutes, is amended to read:

36-2152. <u>Parental consent; exception; hearings; time limits; confidentiality; violations; classification; civil relief; statute of limitations</u>

- A. In addition to the other requirements of this chapter SECTION 36-2153, a person shall not knowingly perform an abortion on a pregnant unemancipated minor unless the attending physician has secured the written and notarized consent from one of the minor's parents or the minor's guardian or conservator or unless a judge of the superior court authorizes the physician to perform the abortion pursuant to subsection B of this section. Notwithstanding section 41-319, the notarized statement of parental consent and the description of the document or notarial act recorded in the notary journal are confidential and are not public records.
- B. A judge of the superior court, on petition or motion, and after an appropriate hearing, shall authorize a physician to perform the abortion if the judge determines that the pregnant minor is mature and capable of giving informed consent to the proposed abortion. If the judge determines that the pregnant minor is not mature or if the pregnant minor does not claim to be mature, the judge shall determine whether the performance of an abortion on her without the consent from one of her parents or her guardian or conservator would be in her best interests and shall authorize a physician to perform the abortion without consent if the judge concludes that the pregnant minor's best interests would be served.
- C. If the pregnant minor claims to be mature at a proceeding held pursuant to subsection B of this section, the minor must prove by clear and convincing evidence that she is sufficiently mature and capable of giving informed consent without consulting her parent or legal guardian based on her experience level, perspective and judgment. In assessing the pregnant minor's experience level, the court may consider, among other relevant factors, the minor's age and experiences working outside the home, living away from home, traveling on her own, handling personal finances and making other significant decisions. In assessing the pregnant minor's perspective, the court may consider, among other relevant factors, what steps the minor took to explore her options and the extent to which she considered and weighed the potential consequences of each option. In assessing the pregnant minor's judgment, the court may consider, among other relevant factors, the minor's conduct since learning of her pregnancy and her intellectual ability to understand her options and to make an informed decision.
- D. The pregnant minor may participate in the court proceedings on her own behalf. The court shall MAY appoint a guardian ad litem for her. The court shall advise her that she has the right to court appointed COURT-APPOINTED counsel and, on her request, shall provide her with

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counsel unless she appears through private counsel or she knowingly and intelligently waives her right to counsel.

- E. Proceedings in the court under this section are confidential and have precedence over other pending matters. Members of the public shall not inspect, obtain copies of or otherwise have access to records of court proceedings under this section unless authorized by law. A judge who conducts proceedings under this section shall make in writing specific factual findings and legal conclusions supporting the decision and shall order a confidential record of the evidence to be maintained, including the judge's own findings and conclusions. The minor may file the petition using a fictitious name. For THE purposes of this subsection, public does not include judges, clerks, administrators, professionals or other persons employed by or working under the supervision of the court or employees of other public agencies who are authorized by state or federal rule or law to inspect and copy closed court records.
- F. The court shall hold the hearing and shall issue a ruling within forty-eight hours, excluding weekends and holidays, after the petition is filed. If the court fails to issue a ruling within this time period, the petition is deemed to have been granted and the consent requirement is waived.
- G. An expedited confidential appeal is available to a pregnant minor for whom the court denies an order authorizing an abortion without parental consent. The appellate court shall hold the hearing and issue a ruling within forty-eight hours, excluding weekends and holidays, after the petition for appellate review is filed. Filing fees are not required of the pregnant minor at either the trial or the appellate level.
- H. Parental consent or judicial authorization is not required under this section if either:
- 1. The pregnant minor certifies to the attending physician that the pregnancy resulted from sexual conduct with a minor by the minor's parent, stepparent, uncle, grandparent, sibling, adoptive parent, legal guardian or foster parent or by a person who lives in the same household with the minor and the minor's mother. The physician performing the abortion shall report the sexual conduct with a minor to the proper law enforcement officials pursuant to section 13-3620 and shall preserve and forward a sample of the fetal tissue to these officials for use in a criminal investigation.
- 2. The attending physician certifies in the pregnant minor's medical record that, on the basis of the physician's good faith clinical judgment, the pregnant minor has a condition that so complicates her medical condition as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of major bodily function.
- I. A person who performs an abortion in violation of this section is guilty of a class 1 misdemeanor. A person who intentionally causes,

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aids or assists a minor in obtaining an abortion in violation of this section is guilty of a class 1 misdemeanor. A person is not subject to any liability under this section if the person establishes by written evidence that the person relied on evidence sufficient to convince a careful and prudent person that the representations of the pregnant minor regarding information necessary to comply with this section are true.

- J. In addition to other remedies available under the common or statutory law of this state, one or both of the minor's parents or the minor's guardian may bring a civil action in the superior court in the county in which the parents or the guardian resides to obtain appropriate relief for a violation of this section, unless the pregnancy resulted from the criminal conduct of the parent or guardian. The civil action may be based on a claim that failure to obtain consent was a result of simple negligence, gross negligence, wantonness, wilfulness, intention or any other legal standard of care. The civil action may be brought against the person who performs the abortion in violation of this section and any person who causes, aids or assists a minor to obtain an abortion without meeting the requirements of this section. Relief pursuant to this subsection includes the following:
- 1. Money damages for all psychological, emotional and physical injuries that result from the violation of this section.
- 2. Statutory damages in an amount equal to five thousand dollars \$5,000 or three times the cost of the abortion, whichever is greater.
 - 3. Reasonable attorney fees and costs.
- K. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.
- t. The consent required by this section must be obtained on a form prescribed by the department of health services. At a minimum, the form must:
- 1. List the possible medical risks that may occur with any surgical, medical or diagnostic procedure, including the potential for infection, blood clots, hemorrhage, allergic reactions and death.
- 2. List the possible medical risks that may occur with a surgical abortion, including hemorrhage, uterine perforation, sterility, injury to the bowel or bladder, a possible hysterectomy as a result of a complication or injury during the procedure and failure to remove all products of conception that may result in an additional procedure.
- 3. List the possible medical risks that may occur with a medication abortion, including hemorrhage, infection, failure to remove all products of conception that may result in an additional procedure, sterility and the possible continuation of the pregnancy.
- 4. Require the pregnant minor's and the pregnant minor's parent's initials on each page of the form and a full signature on the final page of the form.

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5. Include a space for the notary's signature and seal on the final page of the form.

M. The physician must maintain the form in the pregnant minor's records for seven years after the date of the procedure or five years after the date of the minor's maturity, whichever is longer.

Sec. 21. Section 36-2153, Arizona Revised Statutes, is amended to read:

36-2153. <u>Informed consent; requirements; information; violation; civil relief; statute of limitations</u>

- A. An abortion shall not be performed or induced without the voluntary and informed consent of the woman on whom the abortion is to be performed or induced. Except in the case of a medical emergency and in addition to the other requirements of this chapter, consent to an abortion is voluntary and informed only if all of the following are true:
- 1. At least twenty-four hours before the abortion, the physician who is to perform the abortion or the referring physician has informed the woman, orally and in person, of:
 - (a) The name of the physician who will perform the abortion.
 - (b) The nature of the proposed procedure or treatment.
- (c) The immediate and long-term medical risks associated with the procedure that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.
- (d) Alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.
- (e) The probable gestational age of the unborn child at the time the abortion is to be performed.
- (f) The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed.
 - (g) The medical risks associated with carrying the child to term.
- 2. At least twenty-four hours before the abortion, the physician who is to perform the abortion, the referring physician or a qualified physician, physician assistant, nurse, psychologist or licensed behavioral health professional to whom the responsibility has been delegated by either physician has informed the woman, orally and in person, that:
- (a) Medical assistance benefits may be available for prenatal care, childbirth and neonatal care.
- (b) The father of the unborn child is liable to assist in the support of the child, even if he has offered to pay for the abortion. In the case of rape or incest, this information may be omitted.
- (c) Public and private agencies and services are available to assist the woman during her pregnancy and after the birth of her child if she chooses not to have an abortion, whether she chooses to keep the child or place the child for adoption.

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- (d) It is unlawful for any person to coerce a woman to undergo an abortion.
- (e) The woman is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled.
- (f) The department of health services maintains a website that describes the unborn child and lists the agencies that offer alternatives to abortion.
- (g) The woman has a right to review the website and that a printed copy of the materials on the website will be provided to her free of charge if she chooses to review these materials.
- 3. The information in paragraphs 1 and 2 of this subsection is provided to the woman individually and in a private room to protect her privacy and to ensure that the information focuses on her individual circumstances and that she has adequate opportunity to ask questions.
- 4. The woman certifies in writing before the abortion that the information required to be provided pursuant to paragraphs 1 and 2 of this subsection has been provided.
- B. If a woman has taken mifepristone as part of a two-drug regimen to terminate her pregnancy, has not yet taken the second drug and consults an abortion clinic questioning her decision to terminate her pregnancy or seeking information regarding the health of her fetus or the efficacy of mifepristone alone to terminate a pregnancy, the abortion clinic staff shall inform the woman that the use of mifepristone alone to end a pregnancy is not always effective and that she should immediately consult a physician if she would like more information.
- c. B. If a medical emergency compels the performance of an abortion, the physician shall inform the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert the woman's death or to avert substantial and irreversible impairment of a major bodily function.
- D. The department of health services shall establish and shall annually update a website that includes a link to a printable version of all materials listed on the website. The materials must be written in an easily understood manner and printed in a typeface that is large enough to be clearly legible. The website must include all of the following materials:
- 1. Information that is organized geographically by location and that is designed to inform the woman about public and private agencies and services that are available to assist a woman through pregnancy, at childbirth and while her child is dependent, including adoption agencies. The materials shall include a comprehensive list of the agencies, a description of the services they offer and the manner in which these

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 agencies may be contacted, including the agencies' telephone numbers and website addresses.

- 2. Information on the availability of medical assistance benefits for prenatal care, childbirth and neonatal care.
- 3. A statement that it is unlawful for any person to coerce a woman to undergo an abortion.
- 4. A statement that any physician who performs an abortion on a woman without obtaining the woman's voluntary and informed consent or without affording her a private medical consultation may be liable to the woman for damages in a civil action.
- 5. A statement that the father of a child is liable to assist in the support of that child, even if the father has offered to pay for an abortion, and that the law allows adoptive parents to pay costs of prenatal care, childbirth and neonatal care.
- 6. Information that is designed to inform the woman of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from fertilization to full term, including pictures or drawings representing the development of unborn children at two-week gestational increments and any relevant information on the possibility of the unborn child's survival. The pictures or drawings must contain the dimensions of the unborn child and must be realistic and appropriate for each stage of pregnancy. The information provided pursuant to this paragraph must be objective, nonjudgmental and designed to convey only accurate scientific information about the unborn child at the various gestational ages.
- 7. Objective information that describes the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental psychological effects of abortion and the medical risks commonly associated with carrying a child to term.
- 8. Information explaining the efficacy of mifepristone taken alone, without a follow-up drug as part of a two-drug regimen, to terminate a pregnancy and advising a woman to immediately contact a physician if the woman has taken only mifepristone and questions her decision to terminate her pregnancy or seeks information regarding the health of her fetus.
- $\overline{\mathbf{E}}$. C. An individual who is not a physician shall not perform a surgical abortion.
- ${\sf F.}$ D. A person shall not write or communicate a prescription for a drug or drugs to induce an abortion or require or obtain payment for a service provided to a patient who has inquired about an abortion or scheduled an abortion until the expiration of the twenty-four-hour reflection period required by subsection A of this section.
- 6. E. A person shall not intimidate or coerce in any way any person to obtain an abortion. A parent, a guardian or any other person shall not coerce a minor to obtain an abortion. If a minor is denied financial support by the minor's parents, guardians or custodian due to

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 the minor's refusal to have an abortion performed, the minor is deemed emancipated for the purposes of eligibility for public assistance benefits, except that the emancipated minor may not use these benefits to obtain an abortion.

H. An abortion clinic as defined in section 36-449.01 shall conspicuously post signs that are visible to all who enter the abortion clinic, that are clearly readable and that state it is unlawful for any person to force a woman to have an abortion and a woman who is being forced to have an abortion has the right to contact any local or state law enforcement or social service agency to receive protection from any actual or threatened physical, emotional or psychological abuse. The signs shall be posted in the waiting room, consultation rooms and procedure rooms.

I. A person shall not require a woman to obtain an abortion as a provision in a contract or as a condition of employment.

- J. F. A physician who knowingly violates this section commits an act of unprofessional conduct and is subject to license suspension or revocation pursuant to title 32, chapter 13 or 17.
- K. G. In addition to other remedies available under the common or statutory law of this state, any of the following may file a civil action to obtain appropriate relief for a violation of this section:
- 1. A woman on whom an abortion has been performed without her informed consent as required by this section.
- 2. The father of the unborn child if the father was married to the mother at the time she received the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.
- 3. The maternal grandparents of the unborn child if the mother was not at least eighteen years of age at the time of the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.
- t. H. A civil action filed pursuant to subsection K G of this section shall be brought in the superior court in the county in which the woman on whom the abortion was performed resides and may be based on a claim that failure to obtain informed consent was a result of simple negligence, gross negligence, wantonness, wilfulness, intention or any other legal standard of care. Relief pursuant to subsection K G of this section includes the following:
- 1. Money damages for all psychological, emotional and physical injuries resulting from the violation of this section.
- 2. Statutory damages in an amount equal to five thousand dollars \$5,000 or three times the cost of the abortion, whichever is greater.
 - 3. Reasonable attorney fees and costs.
- M. I. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.

Sec. 22. Repeal

Sections 36-2156, 36-2157, 36-2158 and 36-2159, Arizona Revised Statutes, are repealed.

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          Sec. 23. Section 36-2161, Arizona Revised Statutes, is amended to
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    read:
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          36-2161. Abortions; reporting requirements
          A. A hospital or facility in this state where abortions are
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    performed must submit to the department of health services on a form
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    prescribed by the department a report of each abortion performed in the
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    hospital or facility. The report shall not identify the individual
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    patient by name or include any other information or identifier that would
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    make it possible to identify, in any manner or under any circumstances, a
    woman who has obtained or sought to obtain an abortion. The report BUT
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    must include the following information:
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          1. The name and address of the facility where the abortion was
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    performed.
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          2. The type of facility where the abortion was performed.
          3. The county where the abortion was performed.
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          4. The woman's age.
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          5. The woman's educational background by highest grade completed
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    and, if applicable, level of college completed.
          6. The county and state in which the woman resides.
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          7.
             The woman's race and ethnicity.
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          8. The woman's marital status.
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          9. The number of prior pregnancies and prior abortions of the
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    woman.
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          10. The number of previous spontaneous terminations of pregnancy of
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    the woman.
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          11. The gestational age of the unborn child at the time of the
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    abortion.
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          12. The reason for the abortion, including at least one of the
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    following:
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          (a) WHETHER the abortion is elective.
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          (b) The abortion is OR due to maternal health considerations.
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      including one of the following:
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          (i) A premature rupture of membranes.
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          (ii) An anatomical abnormality.
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          (iii) Chorioamnionitis.
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          (iv) Preeclampsia.
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          (v) Other.
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          (c) The abortion is due to fetal health considerations, including
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    the fetus being diagnosed with at least one of the following:
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          (i) A lethal anomaly.
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          (ii) A central nervous system anomaly.
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          (iii) Trisomy 18.
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(iv) Trisomy 21.

(v) Triploidy.

(vi) Other.

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          (d) The pregnancy is the result of a sexual assault.
2
          (e) The pregnancy is the result of incest.
3
          (f) The woman is being coerced into obtaining an abortion.
4
          (g) The woman is a victim of sex trafficking.
5
          (h) The woman is a victim of domestic violence.
          (i) Other.
6
7
          (j) The woman declined to answer.
8
          13. The type of procedure performed or prescribed and the date of
9
    the abortion.
10
          14. Any preexisting medical conditions of the woman that would
11
     complicate pregnancy.
          15. AND any known medical complication that resulted from the
12
13
     abortion. , including at least one of the following:
14
          (a) Shock.
15
          (b) Uterine perforation.
16
          (c) Cervical laceration requiring suture or repair.
17
          (d) Heavy bleeding or hemorrhage with estimated blood loss of at
18
    least five hundred cubic centimeters.
19
          (e) Aspiration or allergic response.
20
          (f) Postprocedure infection.
          (g) Sepsis.
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          (h) Incomplete abortion retaining part of the fetus requiring
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    reevacuation.
24
          (i) Damage to the uterus.
25
          (j) Failed termination of pregnancy.
26
          (k) Death of the patient.
27
          (1) Other.
28
          (m) None.
29
          16. 15. The basis for any medical judgment that a medical
     emergency existed that excused the physician from compliance with the
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     requirements of this chapter.
          17. 16. The physician's statement if required pursuant to section
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    36-2301.01.
          18. 17. If applicable, the weight of the aborted fetus for any
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     abortion performed pursuant to section 36-2301.01.
36
          19. Whether a fetus or embryo was delivered alive as defined in
    section 36-2301 during or immediately after an attempted abortion and the
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    efforts made to promote, preserve and maintain the life of the fetus or
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    embryo pursuant to section 36-2301.
40
          20. Statements by the physician and all clinical staff who observed
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    the fetus or embryo during or immediately after the abortion certifying
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    under penalty of perjury that, to the best of their knowledge, the aborted
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     fetus or embryo was not delivered alive as defined in section 36-2301.
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          21. The medical specialty of the physician performing the abortion,
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    including one of the following:
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          (a) Obstetrics-gynecology.
4
          (b) General or family practice.
5
          (c) Emergency medicine.
6
          (d) Other.
7
          22. The type of admission for the patient, including whether the
8
    abortion was performed:
9
          (a) As an outpatient procedure in an abortion clinic.
10
          (b) As an outpatient procedure at a hospital.
11
          (c) As an inpatient procedure at a hospital.
12
          (d) As an outpatient procedure at a health care institution other
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    than an abortion clinic or hospital.
14
          23. Whether anesthesia was administered to the mother.
15
          24. Whether anesthesia was administered to the unborn child.
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          B. The hospital or facility shall request the information specified
    in subsection A, paragraph 12 of this section at the same time the
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    information pursuant to section 36-2153 is provided to the woman
    individually and in a private room to protect the woman's privacy. The
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    information requested pursuant to subsection A, paragraph 12 of this
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    section may be obtained on a medical form provided to the woman to
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    complete if the woman completes the form individually and in a private
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    room.
24
              If the woman who is seeking the abortion discloses that the
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    abortion is being sought because of a reason described in subsection A,
26
    paragraph 12, subdivision (d), (e), (f), (g) or (h) of this section, the
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    hospital or facility shall provide the woman with information regarding
28
    the woman's right to report a crime to law enforcement and resources
29
    available for assistance and services, including a national human
30
    trafficking resource hotline.
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          D. B. The report must be signed by the physician who performed the
    abortion or, if a health professional other than a physician is authorized
32
    by law to prescribe or administer abortion medication, the signature and
33
34
    title of the person who prescribed or administered the
    medication. The form may be signed electronically and shall indicate that
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    the person who signs the report is attesting that the information in the
    report is correct to the best of the person's knowledge. The hospital or
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38
    facility must transmit the report to the department within fifteen days
39
    after the last day of each reporting month.
40
          E. C. Any report filed pursuant to this section shall be filed
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electronically at an internet website that is designated by the department

unless the person required to file the report applies for a waiver from

electronic reporting by submitting a written request to the department.

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44 45 Sec. 24. Section 36-2162, Arizona Revised Statutes, is amended to read:

36-2162. <u>Complications</u>; reporting requirements

- A. A health professional who provides medical care or treatment to a woman who, in the good faith judgment of the health professional, is in need of medical care because of a complication or complications resulting from having undergone an abortion or attempted abortion must file a report with the department of health services on a form prescribed by the department. The report shall not identify the individual patient by name but must contain the following information and other information as the department may require:
 - 1. The date of the abortion.
 - 2. The woman's age.
- 3. The number of pregnancies the woman may have had before the abortion.
- 4. The number and type of abortions the woman may have had before this abortion.
- 5. The name and address of the facility where the abortion was performed.
- 6. The gestational age of the unborn child at the time of the abortion, if known.
 - 7. The type of abortion performed, if known.
- 8. The nature of the complication or complications. , including at least one of the following:
 - (a) Shock.
 - (b) Uterine perforation.
 - (c) Cervical laceration requiring suture or repair.
- (d) Heavy bleeding or hemorrhage with estimated blood loss of at least five hundred cubic centimeters.
 - (e) Aspiration or allergic response.
 - (f) Postprocedure infection.
 - (g) Sepsis.
 - (h) Incomplete abortion retaining part of the fetus requiring

34 reevacuation.

- (i) Damage to the uterus.
- (j) Failed termination of pregnancy.
- (k) Death of the patient.
- (1) Other.
 - 9. The medical treatment given.
- 10. The nature and extent, if known, of any permanent condition caused by the complication.
- B. The hospital or facility shall complete the complication report, which may be signed electronically, and shall indicate that the person who signs the report is attesting that the information in the report is correct to the best of that person's knowledge. The hospital or facility

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44 45 must transmit the report to the department within fifteen days after the last day of each reporting month.

C. Any report filed pursuant to this section shall be filed electronically at an internet website that is designated by the department unless the person required to file the report applies for a waiver from electronic reporting by submitting a written request to the department.

Sec. 25. Repeal

Section 36-2162.01, Arizona Revised Statutes, is repealed.

Sec. 26. Section 36-2163, Arizona Revised Statutes, is amended to read:

36-2163. Reports; confidentiality; comprehensive annual statistical report; violations; classification; unprofessional conduct; penalties

- A. A report required by this article shall not contain the name of the woman, common identifiers such as the woman's social security number, driver license number or insurance carrier identification numbers or any other information or identifiers that would make it possible to identify in any manner or under any circumstances an individual who has obtained or seeks to obtain an abortion.
- B. The department of health services shall collect all abortion reports, AND complication reports and informed consent reports and prepare a comprehensive annual statistical report based on the data gathered in the reports. The statistical report shall include a breakdown of the number of abortions by gestational age of the unborn child at the time of the abortion and the type of procedure performed or prescribed. The statistical report shall include a breakdown by month of the reasons for abortions pursuant to section 36-2161 and a breakdown by month of the number of abortions performed or prescribed by each hospital and facility pursuant to section 36-2161. All data included on the forms pursuant to sections 36-2161, 36-2162 and 36-2162.01 shall be included in the statistical report, except that the department shall confidentially maintain the data that alone or in combination may constitute information from which an individual performing or having an abortion may be identified using epidemiologic principles. The statistical report shall not lead to the disclosure of the identity of any person filing a report about whom a report is filed. The department shall make the statistical report available on its website and for public inspection and copying.
- C. The statistical report prepared by the department pursuant to subsection B of this section shall include statistics from the administrative office of the courts containing the following information:
- 1. The number of petitions filed pursuant to section 36-2152, subsection B.
- 2. Of the petitions filed pursuant to section 36-2152, subsection B, the number in which the judge appointed a guardian ad litem or

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 court-appointed counsel for the minor pursuant to section 36-2152, subsection D.

- 3. Of the petitions filed pursuant to section 36-2152, subsection B, the number in which the judge issued an order authorizing an abortion without parental consent.
- 4. Of the petitions filed pursuant to section 36-2152, subsection B, the number in which the judge issued an order denying the petition.
- 5. Of the petitions denied, the number appealed to the court of appeals.
- 6. The number of those appeals that resulted in the denials being affirmed.
- 7. The number of those appeals that resulted in the denial being reversed.
- D. The statistical report prepared by the department pursuant to subsection B of this section shall include statistics from the Arizona health care cost containment system containing the following information:
- 1. The total number of abortions partially or fully paid for with state monies through the Arizona health care cost containment system.
- 2. The total amount of state monies used to pay for the abortions and expenses incidental to the abortions.
- 3. The total number of abortions, if any, paid for with state monies and performed out of state.
- E. D. Except for a THE statistical report as provided in subsection B of this section, a report filed pursuant to this article is not a public record and is not available for public inspection, except that disclosure may be made to law enforcement officials on an order of a court after application showing good cause. The court may condition disclosure of the information on any appropriate safeguards it may impose.
- F. E. Original copies of all reports filed pursuant to sections 36-2161 and 36-2162 shall be available to the Arizona medical board and the Arizona board of osteopathic examiners in medicine and surgery for TO use in the performance of PERFORMING their official duties. The Arizona medical board and the Arizona board of osteopathic examiners in medicine and surgery shall maintain the confidentiality of any reports obtained pursuant to this subsection.
- G. F. An employee, agent or contractor of the department who wilfully discloses any information obtained from reports filed pursuant to this article, other than disclosure authorized under subsections B, $\stackrel{\longleftarrow}{E}$ D and $\stackrel{\longleftarrow}{F}$ E of this section or as otherwise authorized by law, is guilty of a class 3 misdemeanor.
- H. G. A person who is required by this article to file a report, keep any records or supply any information and who wilfully fails to file that report, keep records or supply information as required by law is guilty of unprofessional conduct and is subject to discipline, including license suspension or revocation.

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f. H. A person who wilfully delivers or discloses to the department any report, record or information known by that person to be false commits a class 1 misdemeanor.

 $\frac{J.}{G.}$ I. In addition to the penalties prescribed by subsections F, G, AND H and I of this section, an organization or facility that wilfully violates the reporting requirements of this article is subject to discipline by the department, including the SAME civil penalties prescribed in section $\frac{36-431.01}{36-126}$. If an organization or facility that is licensed pursuant to chapter 4, article 10 of this title wilfully violates the reporting requirements of this article, the department may assess a civil penalty pursuant to section $\frac{36-431.01}{36-427}$, suspend or revoke a license pursuant to section $\frac{36-427}{36-427}$, deny a license or bring an action for an injunction pursuant to section $\frac{36-430}{36-430}$.

Sec. 27. Section 36-2301, Arizona Revised Statutes, is amended to read:

36-2301. <u>Duty to promote life of fetus or embryo delivered</u> alive

A. If an abortion is performed and a human fetus or embryo is delivered alive, it is the duty of any physician performing such an abortion and any additional physician in attendance as required by section 36-2301.01 to see that SHALL USE all available means and medical skills are used to promote, preserve and maintain the life of such a fetus or embryo.

B. If an abortion is performed and a human fetus or embryo is delivered alive, the physician performing the abortion shall document and report to the department of health services the measures the physician performed to maintain the life of the fetus or embryo. If an abortion is performed and a human fetus or embryo with a lethal fetal condition is delivered alive, the physician performing the abortion shall also document and report to the department of health services the specific lethal fetal condition that was diagnosed before the performance of the abortion and that was confirmed by an examination performed after the human embryo or fetus was delivered alive.

C. Before an abortion of a human fetus or embryo diagnosed with a lethal fetal condition, the physician performing the abortion must comply with the requirements of section 36-2158, subsection A and shall also inform the woman, orally and in person, that if the fetus or embryo is delivered alive, the diagnosis must be confirmed after the delivery and the standard of care required in subsection D of this section must be given.

D. The director of the department of health services shall prescribe rules requiring an abortion clinic or a hospital that performs or induces an abortion at or after twenty weeks' gestational age as defined in section 36-2151 to establish, document and implement policies

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and procedures to ensure compliance with this section. At a minimum, these policies and procedures shall require that:

- 1. In the case of an abortion clinic, a person is designated to contact emergency services immediately at the birth of a fetus or embryo delivered alive to arrange transfer to a hospital.
- 2. At least one person who is trained in neonatal resuscitation is present in the room where the abortion takes place for any abortion performed or induced at or after twenty weeks' gestational age.
- 3. Establish a protocol for rapid neonatal resuscitation of a fetus or embryo delivered alive, including assessing respiration and heart rate, clearing secretions, positioning the airway, providing warmth, drying and administering oxygen as needed.
- E. If an abortion is performed and a human fetus or embryo with a lethal fetal condition is delivered alive, and the protocol for rapid neonatal resuscitation of a fetus or embryo pursuant to subsection D of this section is complied with and any further treatment beyond what is prescribed pursuant to subsection D of this section will do no more than temporarily prolong the act of dying when death is imminent, no further treatment is required by this section.
- F. A hospital that is not in substantial compliance with the rules or policies and procedures adopted pursuant to this section may be subject to the penalties and sanctions specified in sections 36-427 and 36-431.01.
- G. An action to enforce this section shall be brought in the name of the state by the attorney general or the county attorney in the superior court in the county in which the violation occurred.
- H. In addition to other remedies available under the common or statutory law of this state, any of the following persons may file a civil action to obtain appropriate relief for a violation of this section:
 - 1. The mother of the human fetus or embryo delivered alive.
- 2. The father of the human fetus or embryo delivered alive, unless the pregnancy resulted from the plaintiff's criminal conduct.
- 3. A maternal grandparent of the human fetus or embryo delivered alive if the mother was not at least eighteen years of age at the time of the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.
- I. A civil action filed pursuant to subsection H of this section shall be brought in the superior court in the county in which the woman on whom the abortion was performed resides and may be based on a claim that the failure to see that all available means and medical skills were used to promote, preserve and maintain the life of the human fetus or embryo was a result of simple negligence, gross negligence or wanton, wilful or intentional misconduct or any other legal standard of care. Relief for a civil action filed pursuant to subsection H of this section may include any of the following:

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    Monetary damages for psychological, emotional and physical injuries resulting from the violation of this section.
    Statutory damages in an amount equal to five thousand dollars or three times the cost of the abortion, whichever is greater.
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J. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.

K. For the purposes of this section:

3. Reasonable attorney fees and costs.

1. "Abortion" has the same meaning prescribed in section 36-2151.

2. "Delivered alive" means the complete expulsion or extraction from the mother of a fetus or embryo, regardless of the state of gestational development, who, after expulsion or extraction, whether or not the umbilical cord has been cut or the placenta is attached, shows any evidence of life, including one or more of the following:

(a) Breathing.

(b) A heartbeat.

(c) Umbilical cord pulsation.

(d) Definite movement of voluntary muscles.

3. "Lethal fetal condition" has the same meaning prescribed in section 36-2158.

Sec. 28. Section 36-2301.01, Arizona Revised Statutes, is amended to read:

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36-2301.01. Abortion of viable fetus: requirements: definitions
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- A. A physician shall not knowingly perform an abortion of a viable fetus unless:
- 1. The physician states in writing before the abortion is performed that the abortion is necessary to preserve the life or health of the woman, specifying the medical indications for and the probable health consequences of the abortion. The physician shall attach a copy of this statement to any fetal death report filed pursuant to section 11-593 or fetal death registration filed pursuant to section 36-329.
- 2. The physician uses the available method or technique of abortion most likely to preserve the life and health of the fetus, unless the use of such method or technique would present a greater risk to the life or health of the woman than the use of another available method or technique.
- 3. The physician states in writing the available methods or techniques considered, the method or technique used and the reasons for choosing that method or technique. The physician shall attach a copy of this statement to any fetal death report filed pursuant to section 11-593 or fetal death registration filed pursuant to section 36-329.
- 4. In addition to the physician performing the abortion, there is another physician in attendance who shall take control of and provide immediate medical care for a living child born as a result of the abortion.

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- 5. The physician takes all reasonable steps during the performance of the abortion, consistent with the procedure used and in keeping with good medical practice, to preserve the life and health of the fetus, if these steps do not pose an increased risk to the life or health of the woman on whom the abortion is performed.
 - B. This section does not apply if there is a medical emergency.
 - C. For the purposes of this section and section 36-2301.02:
- 1. "Abortion" has the same meaning prescribed in section 36-2151 MEANS THE USE OF AN INSTRUMENT, MEDICINE OR DRUG OR ANOTHER SUBSTANCE OR DEVICE WITH THE INTENT TO TERMINATE A PREGNANCY FOR REASONS OTHER THAN TO INCREASE THE PROBABILITY OF A LIVE BIRTH, TO PRESERVE THE LIFE OR HEALTH OF THE CHILD AFTER LIVE BIRTH, TO TERMINATE AN ECTOPIC PREGNANCY OR TO REMOVE A DEAD FETUS. ABORTION DOES NOT INCLUDE BIRTH CONTROL DEVICES OR ORAL CONTRACEPTIVES.
- 2. "Medical emergency" means a condition that, on the basis of the physician's good faith clinical judgment, so complicates a pregnancy as to necessitate the immediate abortion of the pregnancy to avoid the woman's death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.
- 3. "Physician" means any person licensed under title 32, chapter 13 or 17.
- 4. "Viable fetus" means the unborn offspring of human beings that has reached a stage of fetal development so that, in the judgment of the attending physician on the particular facts of the case, there is a reasonable probability of the fetus' sustained survival outside the uterus, with or without artificial support.

Sec. 29. Repeal

Sections 36-2930.03 and 36-3604, Arizona Revised Statutes, are repealed.

Sec. 30. Section 38-612, Arizona Revised Statutes, is amended to read:

38-612. Administration of payroll salary deductions

- A. There shall be no Payroll salary deductions MAY NOT BE MADE from the compensation of state officers or employees except as specifically authorized by federal law or regulation or by a statute of this state. An administrative agency of this state may not authorize any other deduction.
- B. Notwithstanding subsection A of this section, reductions to retroactive payroll compensation are authorized pursuant to section 38-1106, subsection J, paragraph 5.
- C. In addition to those payroll salary deductions required by federal law or regulation or by statute, state officers or employees may authorize deductions to be made from their salaries or wages for the payment of:

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- 1. Premiums on any health benefits, disability plans or group life plans provided for by statute and any existing insurance programs already provided by payroll deduction.
- 2. Shares or obligations to any state or federally chartered credit union established primarily for the purpose of serving TO SERVE state officers and employees and their families.
- 3. Dues in a recognized association THAT IS composed principally of employees and former employees of agencies of this state, subject to the following criteria:
- (a) When THE ASSOCIATION IS composed of at least one thousand state employees other than employees of the state universities, the department of public safety and academic personnel of the Arizona state schools for the deaf and the blind.
- (b) $\frac{\text{When}}{\text{When}}$ THE ASSOCIATION IS composed of at least twenty-five percent of the academic personnel or of the nonacademic employees of any state university.
- (c) $\frac{\text{When}}{\text{When}}$ THE ASSOCIATION IS composed of at least twenty-five percent of the academic personnel of the Arizona state schools for the deaf and the blind.
- (d) When THE ASSOCIATION IS composed of at least four hundred state employees who are certified as peace officers by the Arizona peace officer standards and training board established by section 41-1821.
- (e) When THE ASSOCIATION IS composed of a combined total of at least eight hundred state employees described in subdivision (d) of this paragraph, state employees of the state department of corrections and state employees who are law enforcement officers.
- 4. Deferred compensation or tax sheltered annuity salary reductions when made under approved plans.
 - 5. Federal savings bond plans.
- 6. Recurrent fees, charges or other payments payable to a state agency under a collection plan approved by the director of the department of administration.
- 7. Except as provided in subsection G of this section, Contributions made to a charitable organization THAT IS:
- (a) Organized and operated exclusively for charitable purposes and selected by the presidents of the state universities. Employees of the state universities shall be advised by form of the charitable organizations to which the employees may contribute through payroll salary deductions. The advisory provided under this subdivision shall be substantially similar to the following and prominently printed:

"You may contribute to any charitable organization registered under internal revenue code section 501(c)(3), tax exempt status.

Charitable organization name"

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44 45 This subdivision applies only to academic personnel and nonacademic employees of the state universities.

- (b) Organized and operated exclusively for charitable purposes, provided IF a fund drive by such an organization shall be applicable APPLIES to all state agencies except the state universities covered under subdivision (a) of this paragraph and no state officer or employee of state agencies subject to this subdivision may authorize more than one deduction for charitable purposes to be in effect at the same time. This subdivision applies to all state agencies except the universities covered under subdivision (a) of this paragraph.
- 8. Contributions made for the purpose of contributing to a fund raising FUND-RAISING campaign for a university or a club for faculty or staff, or both, which THAT is recognized by the university president and authorized by the Arizona board of regents. This paragraph applies only to academic personnel and nonacademic employees of the state universities.
- 9. Charges payable for transportation expenses pursuant to section 41-710.01.
- 10. Payments ordered by courts of competent jurisdiction within this state.
 - 11. Automobile or homeowner's insurance premiums.
- 12. Premiums for the following state-sponsored group benefits that are established primarily for the purpose of serving state officers and employees and their families:
 - (a) Long-term care insurance.
 - (b) Critical care insurance.
 - (c) Prepaid legal services.
 - (d) Identity theft protection services.
- D. In order for the department of administration to establish and maintain a dues deduction pursuant to subsection C, paragraph 3 of this section, the department of administration may establish and maintain the deduction without the appropriation of any additional technological improvements. The department of administration shall track all personnel hours dedicated to dues deduction. The department of administration may charge a fee to a recognized association that qualifies under subsection C, paragraph 3 of this section for establishing the automatic dues deduction and anytime changes are needed in the automatic dues deduction system as a result of an increase or decrease in association dues. If the membership criteria of a recognized association falls FALL below the criteria set forth in subsection C, paragraph 3 of this section, the recognized association shall be on probation for one year. If the membership of a recognized association falls below the criteria set forth in subsection C, paragraph 3 of this section for more than one year, or if the members of the association engage in a work

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slowdown or work stoppage, the dues deduction authorized by this section shall immediately be discontinued.

- E. For those state officers and employees under payroll systems that are under the direction of the director of the department of administration, the director shall provide for the administration of payroll deductions for the purposes set forth in this section. other state officers and employees and for persons receiving allowances or benefits under other state payroll and retirement systems, the appropriate state officer shall provide for such THE administration of payroll administration deductions. Such shall operate without cost contribution from the THIS state other than the incidental expense of making the deductions and remittances to the payees. If any payee requests additional services, the director of the department of administration or any other appropriate state officer may require payment for the additional cost of providing such services.
- F. As a means of readily identifying the employee from whom payroll deductions are to be made, the state officer administering payroll deductions may request an employee to enter such THE employee's social security identification number on the payroll deduction authorization. Such THIS number shall not be used for any other purpose.
- G. There shall be no payroll salary deductions from the compensation of state officers or employees for contributions made to a charitable organization that performs a nonfederally qualified abortion or maintains or operates a facility where a nonfederally qualified abortion is performed for the provision of family planning services. For the purposes of this subsection, "nonfederally qualified abortion" has the same meaning prescribed in section 35-196.05.
- H. G. The THIS state, the director of the department of administration or any other appropriate state officer shall be IS relieved of any liability to employees authorizing deductions or organizations receiving deductions that may result from authorizations pursuant to this section.
- Sec. 31. Section 43-1088, Arizona Revised Statutes, is amended to read:

43-1088. <u>Credit for contribution to qualifying charitable organizations: definitions</u>

- A. Except as provided in subsections B and C of this section, a credit is allowed against the taxes imposed by this title for voluntary cash contributions by the taxpayer or on the taxpayer's behalf pursuant to section 43-401, subsection G during the taxable year to a qualifying charitable organization, other than a qualifying foster care charitable organization, not to exceed:
- 1. \$400 in any taxable year for a single individual or a head of household.

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- 2. \$800 in any taxable year for a married couple filing a joint return.
- B. A separate credit is allowed for voluntary cash contributions during the taxable year to a qualifying foster care charitable organization. A contribution to a qualifying foster care charitable organization does not qualify for, and shall not be included in, any credit amount under subsection A of this section. If the voluntary cash contribution by the taxpayer or on the taxpayer's behalf pursuant to section 43-401, subsection G is to a qualifying foster care charitable organization, the credit shall not exceed:
- 1. \$500 in any taxable year for a single individual or a head of household.
- 2. \$1,000 in any taxable year for a married couple filing a joint return.
- C. Subsections A and B of this section provide separate credits against taxes imposed by this title depending on the recipients of the contributions. A taxpayer, including a married couple filing a joint return, in the same taxable year, may either or both:
- 1. Contribute to a qualifying charitable organization, other than a qualifying foster care charitable organization, and claim a credit under subsection A of this section.
- 2. Contribute to a qualifying foster care charitable organization and claim a credit under subsection B of this section.
- D. A husband and wife who file separate returns for a taxable year in which they could have filed a joint return may each claim only one-half of the tax credit that would have been allowed for a joint return.
- E. For the purposes of this section, a contribution for which a credit is claimed and that is made on or before the fifteenth day of the fourth month following the close of the taxable year may be applied to either the current or preceding taxable year and is considered to have been made on the last day of that taxable year.
- F. If the allowable tax credit exceeds the taxes otherwise due under this title on the claimant's income, or if there are no taxes due under this title, the taxpayer may carry forward the amount of the claim not used to offset the taxes under this title for not more than five consecutive taxable years' income tax liability.
- G. The credit allowed by this section is in lieu of a deduction pursuant to section 170 of the internal revenue code and taken for state tax purposes.
- H. Taxpayers taking a credit authorized by this section shall provide the name of the qualifying charitable organization and the amount of the contribution to the department of revenue on forms provided by the department.

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- I. A qualifying charitable organization shall provide the department of revenue with a written certification that it meets all criteria to be considered a qualifying charitable organization. The organization shall also notify the department of any changes that may affect the qualifications under this section.
- J. The charitable organization's written certification must be signed by an officer of the organization under penalty of perjury. The written certification must include the following:
- 1. Verification of the organization's status under section 501(c)(3) of the internal revenue code or verification that the organization is a designated community action agency that receives community services block grant program monies pursuant to 42 United States Code section 9901.
- 2. Financial data indicating the organization's budget for the organization's prior operating year and the amount of that budget spent on services to residents of this state who either:
 - (a) Receive temporary assistance for needy families benefits.
 - (b) Are low-income residents.
- (c) Are individuals who have a chronic illness or physical disability.
- 3. A statement that the organization plans to continue spending at least fifty percent of its budget on services to residents of this state who receive temporary assistance for needy families benefits, who are low-income residents or who are individuals who have a chronic illness or physical disability.
- 4. A statement that the organization does not provide, pay for or provide coverage of abortions and does not financially support any other entity that provides, pays for or provides coverage of abortions.
- K. The department shall review each written certification and determine whether the organization meets all the criteria to be considered a qualifying charitable organization and notify the organization of its determination. The department may also periodically request recertification from the organization. The department shall compile and make available to the public a list of the qualifying charitable organizations.
 - L. For the purposes of this section:
- 1. "Individuals who have a chronic illness or physical disability" means individuals whose primary diagnosis is a severe physical condition that may require ongoing medical or surgical intervention.
- 2. "Low-income residents" means persons whose household income is less than one hundred fifty percent of the federal poverty level.
- 3. "Qualifying charitable organization" means a charitable organization that is exempt from federal income taxation under section 501(c)(3) of the internal revenue code or is a designated community action agency that receives community services block grant program monies

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pursuant to 42 United States Code section 9901. The organization must spend at least fifty percent of its budget on services to residents of this state who receive temporary assistance for needy families benefits, to low-income residents of this state and their households or to individuals who have a chronic illness or physical disability and who are residents of this state. Taxpayers choosing to make donations through an umbrella charitable organization that collects donations on behalf of member charities shall designate that the donation be directed to a member charitable organization that would qualify under this section on a stand-alone basis. Qualifying charitable organization does not include any entity that provides, pays for or provides coverage of abortions or that financially supports any other entity that provides, pays for or provides coverage of abortions.

- 4. "Qualifying foster care charitable organization" means a qualifying charitable organization that each operating year provides services to at least two hundred qualified individuals in this state and spends at least fifty percent of its budget on services to qualified individuals in this state. For the purposes of this paragraph, "qualified individual" means a foster child as defined in section 8-501 or a person who is under twenty-one years of age and who is participating in a transitional independent living program as prescribed by section 8-521.01.
- 5. "Services" means cash assistance, medical care, child care, food, clothing, shelter, job placement and job training services or any other assistance that is reasonably necessary to meet immediate basic needs and that is provided and used in this state.

Sec. 32. Repeal

The following are repealed:

- 1. Laws 2011, chapter 9, sections 3, 4, 5 and 6.
- 2. Laws 2011, chapter 10, sections 8 and 9.
- 3. Laws 2011, chapter 55, section 3.
- 31 4. Laws 2012, chapter 250, sections 9, 10, 11 and 12.
- 32 5. Laws 2012, chapter 288, sections 2 and 3.
- 33 6. Laws 2012, chapter 337, section 6.
- 7. Laws 2014, chapter 33, sections 4, 5 and 6.
 - 8. Laws 2016, chapter 267, sections 6 and 7.
- 36 9. Laws 2017, chapter 133, sections 6, 7 and 8.
- 37 10. Laws 2018, chapter 219, section 5.
- 38 Sec. 33. Short title
- This act may be cited as the "Women's Health Restoration Act".

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