

Senate Engrossed

pharmacists; independent testing; treatment

State of Arizona
Senate
Fifty-seventh Legislature
First Regular Session
2025

SENATE BILL 1214

AN ACT

AMENDING TITLE 32, CHAPTER 18, ARTICLE 3, ARIZONA REVISED STATUTES, BY
ADDING SECTION 32-1979.04; RELATING TO THE ARIZONA STATE BOARD OF
PHARMACY.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Title 32, chapter 18, article 3, Arizona Revised
3 Statutes, is amended by adding section 32-1979.04, to read:

4 32-1979.04. Pharmacists; statewide protocol; independent
5 testing; treatment; health conditions;
6 notification requirements

7 A. PURSUANT TO A STATEWIDE WRITTEN PROTOCOL APPROVED BY THE ARIZONA
8 STATE BOARD OF PHARMACY, A PHARMACIST MAY INDEPENDENTLY ORDER, PERFORM AND
9 INTERPRET TESTS THAT ARE AUTHORIZED BY THE UNITED STATES FOOD AND DRUG
10 ADMINISTRATION AND WAIVED UNDER THE CLINICAL LABORATORY IMPROVEMENT
11 AMENDMENTS OF 1988 (P.L. 100-578; 102 STAT. 2903; 42 UNITED STATES CODE
12 SECTION 201). A PHARMACIST MAY INDEPENDENTLY INITIATE TREATMENT TO
13 ELIGIBLE PERSONS WHO ARE AT LEAST TWELVE YEARS OF AGE OR THE AGE
14 AUTHORIZED BY THE TREATMENT, WHICHEVER AGE IS OLDER, AND WHO HAVE TEST
15 RESULTS THAT INDICATE THE NEED FOR TREATMENT, BY A TEST THAT IS AUTHORIZED
16 BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND WAIVED UNDER THE
17 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988, FOR ANY OF THE
18 FOLLOWING HEALTH CONDITIONS:

- 19 1. INFLUENZA.
- 20 2. GROUP A STREPTOCOCCUS PHARYNGITIS.
- 21 3. SARS-COV-2 OR OTHER CORONAVIRUS RESPIRATORY ILLNESSES.
- 22 4. HUMAN IMMUNODEFICIENCY VIRUS PREEXPOSURE PROPHYLAXIS OR
- 23 POSTEXPOSURE PROPHYLAXIS.
- 24 5. A CONDITION RELATED TO AN EMERGING OR EXISTING PUBLIC HEALTH
- 25 THREAT IDENTIFIED BY THE DEPARTMENT OF HEALTH SERVICES FOR WHICH A
- 26 STATEWIDE STANDING ORDER, RULE OR EXECUTIVE ORDER IS ISSUED.

27 B. WHEN DEVELOPING THE STATEWIDE WRITTEN PROTOCOL, THE ARIZONA
28 STATE BOARD OF PHARMACY SHALL ADDRESS AT A MINIMUM THE FOLLOWING:

- 29 1. DOCUMENTATION.
- 30 2. RECORDS RETENTION.
- 31 3. REFERRALS.
- 32 4. PATIENT SCREENING REQUIREMENTS AND OBTAINING RELEVANT MEDICAL
- 33 HISTORY.
- 34 5. EXCLUSION CRITERIA.
- 35 6. TREATMENT INSTRUCTIONS BASED ON THE PATIENT'S AGE AND MEDICAL
- 36 HISTORY.
- 37 7. FOLLOW-UP MAINTENANCE AND CARE PLANS.
- 38 8. ANY NECESSARY PHARMACIST TRAINING OR CERTIFICATION REQUIREMENTS.

39 C. A PHARMACIST WHO ORDERS OR CONDUCTS TESTING OR TREATS HEALTH
40 CONDITIONS PURSUANT TO SUBSECTION A OF THIS SECTION SHALL USE ANY TEST
41 THAT MAY GUIDE CLINICAL DECISION-MAKING FOR WHICH A WAIVER HAS BEEN
42 OBTAINED UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988, OR
43 THE FEDERAL RULES ADOPTED THEREUNDER, OR ANY SCREENING PROCEDURE THAT IS
44 ESTABLISHED BY THE STATEWIDE WRITTEN PROTOCOL.

1 D. A PHARMACIST SHALL USE EVIDENCE-BASED CLINICAL GUIDELINES
2 PUBLISHED BY THE UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION
3 OR THE INFECTIOUS DISEASES SOCIETY OF AMERICA, THE AMERICAN ACADEMY OF
4 PEDIATRICS COMMITTEE ON INFECTIOUS DISEASE OR ANOTHER CLINICALLY
5 RECOGNIZED RECOMMENDATION IN PROVIDING PATIENT TREATMENT PURSUANT TO
6 SUBSECTION A OF THIS SECTION.

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

9 1. PATIENT INCLUSION AND EXCLUSION CRITERIA.

10 2. EXPLICIT MEDICAL REFERRAL CRITERIA.

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

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

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

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

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

26 (a) CHECKING PHARMACY RECORDS.

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

29 2. MAINTAIN A RECORD OF THE RESULTS OF ANY TESTING OR SCREENING FOR
30 WHICH A TREATMENT IS INITIATED PURSUANT TO THIS SECTION, INCLUDING A
31 SUMMARY OF THE VISIT AND PATIENT ASSESSMENT INFORMATION, FOR A PERIOD OF
32 SEVEN YEARS.

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

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

41 H. A PHARMACIST MAY DELEGATE THE TASK OF PERFORMING A TEST WAIVED
42 BY THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 TO A LICENSED
43 MEMBER OF THE PHARMACY STAFF WHO IS UNDER THE SUPERVISION OF THE
44 PHARMACIST. A PHARMACIST MAY NOT DELEGATE ANY TASKS THAT INCLUDE CLINICAL
45 JUDGMENT OR TREATMENT AND MAY DELEGATE ONLY ANCILLARY DUTIES AS ALLOWED BY
46 BOARD RULES.

1 I. THIS SECTION DOES NOT ESTABLISH A CAUSE OF ACTION AGAINST A
2 PATIENT'S PRIMARY CARE PROVIDER FOR ANY ADVERSE REACTION, COMPLICATION OR
3 NEGATIVE OUTCOME ARISING FROM ANY TREATMENT INITIATED BY A PHARMACIST
4 PURSUANT TO THIS SECTION.

5 J. A PHARMACIST MAY NOT INDEPENDENTLY INITIATE A TREATMENT USING
6 OPIOIDS FOR A PATIENT.

7 K. A PHARMACIST MAY NOT INDEPENDENTLY ORDER A TEST OR SCREENING OR
8 TREAT A MINOR WITHOUT THE WRITTEN CONSENT OF THE MINOR'S PARENT OR
9 GUARDIAN.

10 L. A PHARMACY SHALL EITHER DISPLAY A NOTICE OR INCLUDE IN A
11 PATIENT'S CONSENT PAPERWORK THAT THE TESTING AND TREATMENT BEING PERFORMED
12 PURSUANT TO THIS SECTION ARE BEING PERFORMED BY A PHARMACIST WITHOUT
13 CONSULTATION WITH OR OVERSIGHT BY A PHYSICIAN AND THAT THE PATIENT SHOULD
14 CONSULT WITH A PRIMARY CARE PROVIDER IF SYMPTOMS CONTINUE.

15 Sec. 2. Independent testing and treatment advisory committee;
16 duties; members; delayed repeal

17 A. The Arizona state board of pharmacy shall appoint an advisory
18 committee to assist the board in developing this state's protocols
19 relating to pharmacists' independent authority to order testing and
20 initiate treatments pursuant to section 32-1979.04, Arizona Revised
21 Statutes, as added by this act. The advisory committee shall also make
22 recommendations to the Arizona state board of pharmacy regarding the
23 protocols required pursuant to that section.

24 B. The advisory committee shall include at least the following:

25 1. Two pharmacists who are licensed pursuant to title 32, chapter
26 18, Arizona Revised Statutes.

27 2. Two physicians who are licensed pursuant to title 32, chapter
28 13, Arizona Revised Statutes, and who specialize in primary care, at least
29 one of whom has a patient population that is substantially composed of
30 children and adolescents.

31 3. One person who represents a nonprofit patient advocacy
32 organization.

33 4. One nurse practitioner who is licensed pursuant to title 32,
34 chapter 15, Arizona Revised Statutes, who specializes in primary care and
35 who is able to prescribe medication.

36 C. Advisory committee members are not eligible for compensation or
37 reimbursement of expenses.

38 D. This section is repealed from and after December 31, 2026.