



2018 LEGISLATIVE SUMMARY REPORT

*Prepared by AzNA Lobbyists,
Kathy Busby, JD and Rory Hays, JD*

Legislative summaries are prepared annually by the AzNA Lobbyists at the close of each legislative session. Dedicated staff and nurse volunteers work tirelessly during the session and throughout the year to advocate for our mission: Advancing the Nursing Profession and Promoting a Healthy Arizona.

The AzNA Public Policy Committee is chaired by Governmental Affairs Officer (GAO) Denice Gibson, DNP, CNS, RN. The committee reviews bills during the legislative session. Committee review process: 1) Bills that address AzNA's [Public Policy Agenda](#) are evaluated by several committee members ([nurses belonging to AzNA](#)) 2) A position to support, oppose or monitor the bill is determined by the Public Policy leadership team (GAO, Executive Director, lobbyists).

Follow the progress of bills each year by accessing [The Nurses List](#). AzNA members receive weekly updates during the legislative session via the *Policy Pulse* newsletter. For more information visit the Advocacy tab at www.aznurse.org

Introduction

The second session of the 53rd Legislature adjourned on May 4th. At 116 days it was 6 days shorter than last year's session and included a special session on opioids for 4 days that ran concurrently with the regular session.

This year there were no nursing scope of practice issues, however, there was a major overhaul of the sunrise process (SB1034), which we hope, will benefit our efforts in the future.

The main focus of the budget and the end of the session was on education and these issues crowded out other budget issues such as AHCCCS coverage of dental services for pregnant women and funding the 211 system (crisis response network) 24/7, as well as bills regarding referring changes to the Independent Redistricting Commission to the voters, repealing last year's bill that increased state support for vouchers for private schools which will be subject of a referendum on the 2018 ballot and school safety measures.

There was a general movement to reduce regulation and the conduct of regulatory boards such as HB2411, which would have eliminated the Board of Behavioral Health Examiners. In the end, these attempts were pushed back and there were no major changes to regulation, but this will continue likely in the near future.

An effort in HB2127 to eliminate the automatic freezing of enrollment in the Kid's Care program if federal funding drops below 100% (which is the current law) was not successful. This will be a priority next session as currently the federal contribution will drop below 100% beginning Oct. 1, 2019 which would then require the program to stop enrollment and potentially eliminate the program.

Major Bill Projects

Special session: SB1001 Controlled Substances, Regulation

This bill attempts to address the opioid epidemic through additional restrictions on prescriptions of opioids and benzodiazepines – both in length and dosage; requiring these prescriptions to be issued only by e-prescribe; disallow dispensing of these drugs except for MAT (Medication-Assisted Treatment); requiring practices in which over half of prescriptions are these drugs to be licensed as pain clinics; protect persons calling 911 in event of an overdose from criminal prosecution in some circumstances; and provide for disposal sites of these drugs. Because this was such sweeping legislation in its scope and complexity and was rushed through in 3 days, there was not the usual chance to weigh in and seek amendments. However, there were 3 “trailer” bills later in the session, which were passed and cleared up some of the problems detected after the passage of SB1001. One of these bills, [HB2549](#), added Nurse Practitioners with advanced pain certification to serve as medical directors at pain clinics; another, [HB2548](#) requires continuing education for prescribers of these drugs; [HB2633](#) clarifies that a pharmacist is not required to verify if a prescription complies with the limitations on length of prescription.

Activities: Lobbying efforts were led by AZNA lobbying team and working with other health care professional groups, legislators and the Governor's office to address some of the problematic issues in the opioid legislation with trailer bills.

Outcome: All bills above, Signed into Law

[SB1034 Committee of Reference, Sunrise Process](#)

This legislation made several changes to the sunrise process. It was amended in the Senate to add provisions, which impacted regulation and licensing, which AzNA believed, were problematic although it supported many of the changes to the sunrise process itself. After lengthy negotiations, a compromise on language and process was developed which will require the sunrise reports to be filed by December 1, not require a hearing on the report (though an informational hearing can be requested), eliminate COR (Committee of Reference) committee and refers reports to Health Committees, does not allow a vote on the report at any informational hearing; clarifies criteria upon which proposals increase in scope are to be based, and allows reports from prior years to be utilized, without refiling, unless there is substantial changes to a report or it was filed over 5 years ago.

Activities: *Negotiations and drafting of compromise final bill were led by AzNA.*

Outcome: Signed into Law

[HB2197 Workforce Development Database](#)

This legislation requires five health professional boards to begin collecting supply data on 1/1/20. The basic dataset will be incorporated in rules to be adopted by the Department of Health Services. Stakeholder meetings will be conducted to further develop the process and funding of the data collection.

Activities: *AzNA was a primary leader in the creation of the ad hoc committee which recommended the legislation; the lobbying efforts on the bill and in the organization of ongoing discussions about how to organize the data collection process.*

Outcome: Signed into Law

Other Bills we Supported

[HB2085 Schools; Emergency Epinephrine Administration](#)

Adds Nurse Practitioners as well as Physician Assistants to the list of prescribers who may issue a standing order allowing trained school employees to administer epinephrine in emergencies.

Activities: *Committee support*

Outcome: Signed into Law

[HB2323 Schools; Inhalers; Contracted Nurses](#)

Clarifies that nurses who are contracted with a school district or charter school as well as those who are employed may administer or assist in the administration of an inhaler.

Activities: *Committee support*

Outcome: Signed into Law

[HB2322 Health Insurers; Provider Credentialing](#)

This legislation imposes requirements on health insurers in the credentialing process including timeframes for response and completion as well as electronic submissions.

Activities: Participation in stakeholder meetings and committee support

Outcome: Signed into Law

SB1076 Assault on Public Safety Workers

This bill clarified that the public safety employees covered under the law may petition for an order to test another person for HIV or other communicable diseases if there is reasonable grounds to believe the employee may have been exposed as a result of an assault; also includes contracted persons (not just employees) and those contracted or employed by correctional institutions. This was supported by AzNA as nurses often contract to work in public safety or correctional settings and are at risk for such exposure in an assault.

Activities: Worked with other stakeholders and committee support

Outcome: Signed into Law

Other Bills we Opposed or Monitored

HB 2235 Dental Therapists; Regulation; Licensure

Creates a new licensed professional, dental therapist, who, upon meeting the education and training required in the bill may be licensed and regulated by the Dental Board. The therapists must be supervised by a dentist and work under a collaboration agreement. Therapists may only work in certain settings: community health centers, federally qualified community health centers, nonprofit organization that provided dental care to low income and underserved persons, private dental practices that provide dental services to community health centers, tribal or IHS agencies or entities, veteran services.

Activities: Monitored and conferred with proponents

Outcome: Signed into Law

HB2324 Community Health Workers; Voluntary Certification

Would create a voluntary certification at the Department of Health Services for community health workers. This bill failed last year but after much revision it passed this year.

Activities: AzNA lobbyists participated in stakeholder meetings and worked with the sponsor and the proponents and supported in committee

Outcome: Signed into Law

HB2250 Physician Assistant; Prescribing Authority; Delegation

This bill expands the period for which a PA can write a prescription for Schedule II or III drug from 30 to 90 days; prescriptions written by the PA now must contain the name, address and phone number of the PA, not the supervising physician; PA may receive manufacturers samples if delegated by physician and distribute the samples.

Activities: This was closely monitored by AzNA lobbyists as it did not go through a sunrise process, which it arguably should have, as it provides greater authority for PAs, which may be useful in advocating for upcoming legislation by AzNA.

Outcome: Signed into Law