

ARMA

2020 LEGISLATIVE REPORT

THE SESSION THAT WASN'T:

THE SECOND REGULAR SESSION OF THE 54th LEGISLATURE

To say that the 2020 Legislative Session was an unusual one would be an understatement. The ArMA advocacy team, working at the direction of the Legislative and Government Affairs Committee, was enjoying a successful session. Multiple scope of practice expansion efforts had been stopped, including a bill creating a new class of licensure for “Assistant Physicians.” Anti-vaccination legislation had stalled. In addition to stopping bad bills, excellent ArMA-supported legislation was moving out of both the House and Senate. The advocacy team was working on final passage of important legislation on issues ranging from prior authorization reform, to non-retaliation protection for physicians, to opioid prescribing, and the momentum was extremely strong. Then, the COVID-19 pandemic struck.

Rumors about a pause or even an early end to the session started to circulate during the second week of March, but it took a while for the Legislature to actually make it to that point. Around March 13, ArMA Champions Representative Amish Shah and Senator Heather Carter announced they would not be returning to the Capitol for the foreseeable future. Dr. Shah was treating patients and did not want to risk exposing anyone to the COVID-19 virus, and Senator Carter, always a public health champion, also understood it was best not to participate in person. The Legislature officially went into recess on March 23, after passing a "skinny" or baseline budget, and originally intended to return to business after several weeks. Subsequently, as the virus continued to spread, on May 8 the Senate announced it had concluded its business for the year and was ready to adjourn *sine die*. The House took several more weeks to reach the same conclusion but did indeed adjourn on May 21. The Senate followed soon thereafter, returning to the Capitol briefly to officially adjourn and end the session on May 26.

ARMA'S LEGISLATIVE AND GOVERNMENT AFFAIRS COMMITTEE USES SEVEN BILL RATING TERMS TO TRACK LEGISLATION:

ACTIVE SUPPORT

approval of the bill; maximum effort will be made to achieve enactment

GENERAL SUPPORT

approval of the principle of the bill; effort will be made to achieve enactment

NO ACTION-MONITOR

no position on the bill but it will be tracked

GENERAL NON-SUPPORT

disapproval of the bill; effort will be made to achieve defeat

ACTIVE NON-SUPPORT

disapproval of the bill; maximum effort will be made to achieve defeat

ACTIVE STUDY

the bill contains both supportable and opposable elements, and will be tracked

NEUTRAL

neither approval nor disapproval of the bill; utilized as a public record of neutrality

ACTIVE BILLS IN THE 2020 LEGISLATIVE SESSION

Before the 2020 Legislative Session was halted due to the pandemic, ArMA's Legislative and Government Affairs Committee and the ArMA advocacy team was actively involved in either supporting or opposing a number of bills. Here are the key issues and pieces of legislation focused on during the 2020 session.

PRIOR AUTHORIZATION REFORM

When the 2020 session ended, ArMA was involved in two critical pieces of prior authorization (PA) reform, one of which was an ArMA-drafted priority. Both bills died in the process solely due to the early adjournment, so advocacy on these bills will continue in 2021:

HB2532

PRIOR AUTHORIZATION; UNIFORM REQUEST FORM:

This measure was a priority bill for ArMA, and physician-ArMA member Rep. Amish Shah was the prime sponsor. The legislation required that health insurance companies use a standard form for all PA requests—one form for medications and one for treatments. A group of stakeholders, including the health insurance providers and physicians, would develop the standard PA forms. Each form will be limited to two pages. These standard forms would be approved by the Department of Insurance and Financial Institutions and ready for use by all providers and insurers within a year.

Any meaningful prior authorization reform requires the involvement of stakeholders with different positions, some of which are in conflict. HB2532 was the result of an ArMA-led initiative that brought physicians, insurers, and regulators together in a cooperative effort. Thanks to Representative Shah, the bill was voted out of both the House Health Committee and the House floor with unanimous support. Next, it was assigned to and successfully moved out of the Senate Health Committee, also with a unanimous vote. The measure was awaiting action on the Senate floor for final passage when the session was abruptly adjourned. If the bill had passed, the resulting administrative simplification would have had a real-world, positive impact for physicians,

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BILLS INTRODUCED

and most importantly, for the patients they serve. ArMA has received assurances that the measure will be "fast tracked" for passage early in the 2021 session due to its overwhelming support this year. We hope that is the case and will amplify our efforts to make sure it happens.

HB2420

INSURANCE; PRESCRIPTION DRUGS; STEP THERAPY:

An effort led by a coalition of patient advocacy groups, including the National Psoriasis Foundation, the Arizona Hemophilia Association, and the American Diabetes Association, legislation was introduced to address comprehensive step-therapy reform. ArMA was actively participating in stakeholder meetings with these advocates and the insurance industry for several months on this bill, which would have improved access to care and eased the administrative burden on physicians and their staff. Among other things, HB2420 required disclosing the list of drugs when step therapy is used; ensured step therapy protocols were based on widely-accepted clinical guidelines; established an exceptions process for patients if trying a new drug or staying on medication would create a significant barrier to their health, worsen a comorbid condition, be contraindicated, or decrease the patient's ability to achieve or maintain cognitive function; and protected patients whose conditions are well-controlled on a prescription from being required to try a new medication. The bill passed the House Health Committee and the House floor with broad support and was in the Senate being negotiated when adjournment occurred. ArMA will continue to work with other stakeholders to fight for the bill's passage next year.

MEDICAID REIMBURSEMENT RATE INCREASED

Entering the 2020 Legislative Session, a top priority for ArMA was to restore AHCCCS reimbursement rates to where they were before the recession of the late 2000s. Over the last decade, there was a nearly 15% rate decrease for physicians who serve Medicaid patients in Arizona.

[HB 2668](#)

HOSPITALS; UNREIMBURSED COSTS; ASSESSMENT; FUND:

This bill, called the Healthcare Investment Act, was sponsored by Appropriations Committee Chair Regina Cobb. The bill was the culmination of negotiations between hospitals, the Governor's office, ArMA, and other stakeholders to create a comprehensive approach to invest significant additional resources in healthcare without affecting the state's general budget. The bill creates an outpatient assessment on hospitals that would generate \$354 million annually. These dollars would be used to draw down \$1.1 billion in federal matching dollars to address the Medicaid reimbursement rate shortfall for hospitals, physicians, and dentists. For physicians, this means restoring rates to pre-2009 levels, while also addressing the decrease in the Medicaid matching fund rate (down from 93% to 90%) and providing additional resources for uncompensated care.

Despite the shortened session, the Legislature fast-tracked and passed HB 2668 in a significant victory for all the stakeholders serving Arizona patients. AHCCCS is now in the process of getting approval from the Centers for Medicare and Medicaid Services to use the hospital assessment monies for hospital, physician, and dentist reimbursement. ArMA is grateful for the partnership with many organizations that worked for passage of this bill throughout the process, including the Health System Alliance of Arizona and the Arizona Hospital and Healthcare Association.

SCOPE OF PRACTICE

Arizona's Sunrise Review Process, in combination with other health professions always seeking more authority, virtually ensures that ArMA has scope of practice issues to evaluate every year. 2020 was no different. ArMA successfully fought against three particular pieces of legislation that affected physician scope of practice and threatened quality of care:

[HB2134](#)

DENTISTS; SCOPE OF PRACTICE:

This bill would have allowed dentists to use botulinum toxin and dermal fillers under an expanded definition of the practice of dentistry. The scope language was added to the end of a bill regarding unprofessional conduct. In concert with Dermatologists, ArMA opposed the bill on both substantive and procedural grounds, in as much as no Sunrise Review application was submitted on the scope increase law. In response to the opposition, representatives of the Arizona State Board of Dental Examiners and the Arizona Dental Association agreed to withdraw the legislation.

[SB1493](#)

PHARMACISTS; DISPENSING AUTHORITY; HORMONAL CONTRACEPTIVES:

This was an ArMA-supported bill that authorized pharmacists to dispense hormonal contraceptives over the counter to women 18 years of age and older, pursuant to a standing prescription order from the Department of Health Services. The bill was drafted by Arizona Section of the American College of Obstetrics and Gynecology (ACOG), working with pharmacists and other organizations at the request of Senator Heather Carter. ACOG's position is that women should have access to over the counter hormonal contraception, but their main concern in drafting the bill was to avoid a scope of practice issue. ACOG used models from other states that did not give prescribing authority to pharmacists, and SB1493 included the "standing order" model to avoid that. The bill was unanimously passed by the Senate HHS Committee and out of the Senate but was awaiting action in the House when the session ended.

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BILLS CHAPTERED

HB2419

ASSISTANT PHYSICIANS; LICENSURE; COLLABORATIVE PRACTICE:

This was ArMA's most contentious scope of practice fight in 2020, and it was unusual in that all of it was behind the scenes. Through the great work of ArMA's lobbying efforts, the legislation never made it onto a committee agenda. The bill, sponsored solely by House Health Committee Chair Nancy Barto, would have created a new licensure category of "Assistant Physicians" and allowed medical school graduates unable to match into a residency program to practice medicine under a "collaborative" relationship with a physician. In addition to ArMA, HB2419 was also opposed by the Arizona Chapter of the American Academy of Family Physicians, the Arizona Chapter of the American Academy Of Pediatrics, and the American Medical Association, who sent letters to Chair Barto expressing their concerns. Specifically, the intent to bridge gaps in the health care workforce, particularly those due to limited residency positions. HB2419 might have been well-meaning, but the legislation disregarded the decades of evidence and experience that supports established graduate medical education programs in the United States. Moreover, the bill was contrary to the clear trend in graduate and continuing medical education, which is more evaluation and ongoing competency measures, not less. The physician groups, led by ArMA, were united in their message that skipping the educational and experiential training under supervision in an accredited program goes against proven approaches to ensure quality care.

After weeks of negotiations on HB2419, Chair Barto proposed an amendment to her bill, which would require that ArMA cooperates with the Arizona Board of Medicine in creating a new licensure category of "Associate Physician." ArMA vigorously opposed this amendment as well, sending the message that we should not have to participate in the creation of a licensure category that we opposed. Through this entire process, ArMA members also voiced their disapproval, with many signing on to the Legislature's Request to Speak system to voice their opposition. On the day of the scheduled Health & Human Resources Committee meeting to hear the bill, ArMA also had several physicians ready and able to testify against the legislation in anticipation of a contentious

debate. It was not to be. During the committee meeting, Chair Barto chose not to hear the measure, killing it in the process. This was a welcome victory for ArMA, and a testament to combined efforts of both targeted lobbying as well as all the ArMA members who made their presence felt in the legislative process.

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MEMORIAL RESOLUTIONS POSTED

OPIOID ACT REFORM

ArMA continues to prioritize efforts to fight opioid addiction in Arizona and address any issues involving the implementation of the Opioid Epidemic Act.

SB1324

OPIOID PRESCRIPTIONS; NALOXONE REQUIREMENT; EXCEPTION:

This bill was drafted by the ArMA team on behalf of our Legislative and Government Affairs Chairman Dr. Bill Thompson. The bill removed the mandatory co-prescription of Naloxone to patients on hospice or end-of-life care who are receiving more than 90 MME per day, as required under the Opioid Epidemic Act. It is acknowledged that the use of opioids in these limited circumstances should not require the co-prescription of an opioid antagonist. Thanks to sponsor and Senate Health Committee Chair Senator Kate Brophy McGee, the bill passed out of the Senate overwhelmingly, but was awaiting action in the House when the session adjourned. This legislation will hopefully be slated for fast-track passage in the 2021 Session.

EMPLOYMENT PROTECTION

[HB2529](#)

NONRETRALIATION POLICIES; HEALTH CARE INSTITUTIONS:

This was another priority for ArMA, sponsored by ArMA member and physician-legislator Dr. Amish Shah. It would have expanded current protections for health professionals against retaliatory action when they, in good faith, report policies or practices that are not in the interest of patient safety. Arizona law already protects against retaliatory action by a hospital, but this measure would have expanded protections to prohibit retaliatory acts from a third-party contractor of the hospital. The bill passed out of the House unanimously and was on its way to passage in the Senate when the session was halted. ArMA plans to support fast-track passage of the bill early in the 2021 session.

to actively support HB 2764 (and its companion in the Senate, SB 1523). This comprehensive mental health bill will make numerous changes to Arizona's mental health statutes. Among other things, the legislation adds a new chapter to Title 20 (Insurance) requiring each health care insurer to comply with the federal Mental Health Parity and Addiction Equity Act. The legislation also establishes a Mental Health Parity Advisory Committee to advise the Directors of the Department of Insurance and Financial Institutions and the Department of Health Services (DHS). It also establishes a Suicide Mortality Review Team within DHS to develop a suicide mortalities data collection system and study the adequacy of statutes and services to decrease the incidence of preventable suicides and take steps to implement any changes. Finally, the bill establishes the Children's Behavior Health Services Fund, administered by DHS, and used to enter into an agreement with one or more contractors for children's behavioral health services. The law will add \$8 million to the Fund.

LYME DISEASE TREATMENT

[HB2254](#) and [SB1057](#)

LYME; VECTOR-BORNE DISEASES; TREATMENT:

ArMA's Legislative and Government Affairs Committee opposed these two bills relating to the treatment of chronic Lyme disease. The measures would have prevented the Arizona Medical Board from initiating any investigations or disciplinary action against a physician who prescribes long-term antibiotic therapy to patients with Lyme Disease, the symptoms of Lyme, or any other vector-borne disease. ArMA's position of general non-support for these bills was based upon both the scientific uncertainty associated with this therapy as well as the overly broad nature of the legislation. Despite opposition the legislation passed both the Senate and House Health & Human Services Committees. The House committee was a narrow 5-4 party line vote, with physician-legislator Dr. Amish Shah highlighting the controversy associated with antibiotic treatment of chronic Lyme disease. As both bills were stopped from passage due to session adjournment, it is quite likely that the advocates will renew their efforts next year.

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MEMORIAL RESOLUTION PASSED

MENTAL HEALTH

Another victory during the short session was Governor Ducey signing [SB 1523](#), Mental Health Omnibus, into law. This major legislation, actively supported by ArMA and championed by the AZ Psychiatric Society, is also known as Jake's Law, named after a 15-year old boy who died by suicide in January 2016. His parents have been tireless advocates for enforcement of mental health parity, which has been a federal mandate for 12 years, but is often not a reality for Arizona patients.

[H2764](#)

MENTAL HEALTH OMNIBUS:

ArMA's Legislative & Government Affairs Committee agreed

As always, ArMA will advocate for evidence-based standards of care and the authority of the Arizona Medical Board to review and adjudicate complaints within their jurisdiction.

VACCINATIONS

ArMA and other health advocates were pleasantly surprised at the inaction on anti-vaccination legislation in 2020. Two bills were introduced in 2020 that ArMA's Legislative and Government Affairs Committee actively opposed:

HB2050

SCHOOLS; IMMUNIZATIONS; PARENTAL CONTROL:

This measure was pushed as "Parents' Bill of Rights" and sought to make immunization of schoolchildren the decision of the pupil's parent. The measure said that a school could not require a pupil to receive the recommended immunizations or refuse to admit or otherwise penalize a pupil because that pupil has not received the recommended immunizations.

HB2486

IMMUNIZATIONS; REQUIREMENTS; EXEMPTION:

This bill provided an exemption for any person who is required to receive an immunization for any purpose, including as a condition of employment, school attendance or obtaining any license, certification or degree, if the vaccination in question did not meet certain criteria in addition to those already required in the approval process set forth by the United States Food and Drug Administration.

The net effect of these bills would have been to reduce the vaccination rate and increase vaccine hesitancy, already a serious concern in Arizona and nationally. Thankfully, neither bill made it onto a committee agenda. Whether this was the result of political considerations in an election year or the effective mobilization of public health opposition, it did not move forward this year. Still, this issue will return in future sessions.

COVID-19 FUNDING AND "SKINNY BUDGET"

As a result of the shortened session, the Legislature had to act quickly on budgetary matters and focus on the basics.

Accordingly, the two priorities were COVID-19 relief and passing a "skinny budget" to keep governmental operations running until the fiscal effects of the pandemic could be better understood.

SB1051, introduced by Senator Kate Brophy McGee, and passed this emergency measure to immediately appropriate a supplemental \$5 million to the Arizona Department of Health Services (ADHS) to address the COVID-19 pandemic. In addition to the appropriation, the measure also extends authority to ADHS to spend an additional \$50 million from the state's 'Rainy Day Fund' in the event the initial allocation is not sufficient. Governor Ducey asked the Legislature to approve \$5 million, but the additional funds were purely at the discretion of legislators, who came together in unanimous support for ten times the Governor's request.

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DAYS OF LEGISLATIVE SESSION

"Skinny budget": The 2021 budget was based on the 2020 baseline budget with very minor tweaks. It included a one-time allocation of \$8.3 million to AHCCCS to fund the programs associated with the Mental Health Omnibus, passed earlier this session, and included two small, one-time bumps for GME funding: \$1.7 million for rural GME slots, and \$1.3 million for urban slots. Otherwise, allocations will remain flat through 2021. Initially, there was conversation that these were simply placeholders until the Legislature could reconvene and address FY 2021 more fully. However, it is now believed that these funding levels will stay in place through FY 2021.

The COVID-19 relief package in the budget leaves authority to the Governor to spend the money on a variety of target areas, including 1) housing assistance; 2) services for homeless people; 3) economic assistance to small businesses with less than 50 employees, nonprofit organizations, and health

care providers; and 4) monies for food bank operations. This money is in addition to the \$55 million allocated in SB1051 to the Department of Health Services to address their needs in fighting the pandemic.

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EXECUTIVE ORDERS ISSUED
during the public health emergency to date

SPECIAL SECTION: COVID-19 ADVOCACY

As the COVID-19 pandemic slowed, then ended the 2020 Legislative Session, ArMA's advocacy efforts pivoted from the legislative branch to the executive branch. Governor Doug Ducey issued a series of Executive Orders to address the pandemic, many of which involved healthcare issues. ArMA stayed in continued contact with the Governor's staff, providing input and expertise on the orders, their implementation, and the impact on Arizona physicians. At the time of this writing, some of the Executive Orders of particular interest to ArMA are:

- Delaying Elective Surgeries to Conserve Personal Protective Equipment Necessary to Test and Treat Patients with COVID-19. Executive Order 2020-10, March 19, 2020: Although necessary at the time, ArMA recognized the hardship this imposed on Arizona physicians and immediately began to monitor the order's impact and efficacy. See order [HERE](#).
- Expansion of Telemedicine. Executive Order 2020-15, March 25, 2020: ArMA's advocacy team and COVID-19 response team were leading voices in urging the issuance of this order, enabling Arizona physicians to treat their patients during the pandemic and ensuring insurance coverage and pay parity for such services. See the order [HERE](#).
- Stay Home, Stay Healthy, Stay Connected. Executive Order 2020-18, March 30, 2020: ArMA was an early advocate to spread the word about the importance of staying home to flatten the curve of the virus infection rate. We started a #StayHomeAZ campaign to encourage the effort, as a means of not only protecting the community at large, but also the physicians and other healthcare workers treating patients on the front lines of the pandemic. See the order [HERE](#).
- Expanding Access to Pharmacies. Executive Order 2020-20, April 2, 2020: ArMA worked with the Governor's office, the Arizona State Board of Pharmacy, and the Arizona Pharmacy Association to clarify the implementation of the order and ensure that, among other things, pharmacists first attempt to contact the prescribing physician before dispensing emergency refills or therapeutically equivalent medications. See order [HERE](#).
- The "Good Samaritan Order" – Protecting Frontline Healthcare Workers Responding to the COVID-19 Outbreak. Executive Order 2020-27, April 9, 2020: ArMA was a leading voice in working with the Governor's office and other stakeholders in the effort to issue this order, which states that healthcare professionals, including physicians, who provide services in support of the COVID-19 state of emergency are presumed to be acting in good faith and therefore immune from civil liability. See the order [HERE](#).
- Requesting Exemption from Executive Order 2020-10 – Elective Surgeries. Executive Order 2020-32, April 22, 2020: ArMA advocated for and provided extensive input into the provisions of this order, which provided welcome relief for many Arizona physicians. Allowing for the resumption of elective surgeries under specific guidelines, ArMA also worked to clarify that physicians performing non-surgical, in-office procedures were exempt from the requirements of the order. See the order [HERE](#).

DOCTOR OF THE DAY

2020 was another year of great participation for the “Doctor of the Day” program at the Arizona State Capitol. Each year, ArMA invites physician members to volunteer at the Capitol during their regular business, Monday through Thursday. These physician-volunteers provide invaluable medical assistance should any emergency arise. In addition, the Doctor of the Day attends committee meetings, watches sessions of the House and Senate, and meets with individual legislators to offer personal views on issues for Arizona patients and on the ability to deliver consistent, high quality health care. For the second year, ArMA was pleased to have Stephanie Butler as the Doctor of the Day Program Manager.

By the time the program wrapped up for the session, interrupted as it was by COVID-19, 39 physicians, four medical students, and two residents participated in ArMA’s Doctor of the Day program. Participants represented a more than 12 different specialties and came from 12 different legislative districts. Several leaders from ArMA’s Board and Committees also participated, including the below physicians we would like to recognize in particular. ArMA is grateful to every physician who volunteered their time to serve, and we look forward to another great year of the Doctor of the Day program during the 2021 Legislative Session.

DR. CHRISTOPHER BAILEY

DR. DAWN COHEN

DR. SARAH COLES

DR. RICARDO CORREA

DR. GARY FIGGE

DR. ROSS GOLDBERG

DR. JAMES NACHBAR

DR. WILLIAM THOMPSON

GENERAL SUPPORT

In addition to the legislation ArMA took an active role in, there were bills in which the Legislative and Government Affairs Committee took a position of General Support. As per the committee's guidelines, this indicated that ArMA approved of the policy or principle behind the bill, but the ArMA advocacy team was not asked to actively lobby on the measure. This typically occurred because other groups were leading those efforts, or the legislation was not slated to be heard by a legislative committee. Unfortunately, almost none of these bills made it across the finish line, but hopefully, some of them will return in 2021. The bills in which ArMA took a position of General Support were:

PUBLIC HEALTH

HB2433

CLINICAL LABORATORIES; PROFICIENCY TESTING

- The focus of this measure is consumer protection. If a clinical lab offers direct-to-consumer testing that does not require an order from a health care provider, that lab must routinely undergo proficiency testing from a program approved by CMS.
- Sponsored by Rep. Nutt

HB2608

OVERDOSE; DISEASE PREVENTION; PROGRAMS

- Passage of this "needle exchange" bill has been attempted several years in a row, but this is the first time the measure has made it out of a chamber. The bill allows for the creation of needle exchange programs, either governmental or nonprofit administered, which can also provide Naloxone or other FDA-approved opioid antagonists to the public. Additionally, a joint resolution from the Student Section and the Public Health Committee was submitted to ArMA's House of Delegates in support of this measure.
- Sponsored by Rep. Rivero

SB1290

MATERNAL MENTAL HEALTH ADVISORY COMMITTEE

- This bill establishes a 19-member Maternal Mental Health Advisory Committee to recommend improvements for screening and treating maternal mental health disorders.
- Sponsored by Sen. Carter

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210+

BILLS TRACKED BY ArMA

INCREASING ACCESS TO CARE

HB2244

AHCCCS; DENTAL SERVICES; NATIVE AMERICANS

- This is another measure that has been attempted several years in a row, but this year secured a Republican sponsor. It requires that AHCCCS submit an approval request to CMS to reimburse over the current \$1000 limit for dental care provided by the Indian Health Service or at licensed tribal facilities. Ultimately, it does not cost the state anything, rather authorizes the state to draw down additional FMAP dollars to cover dental care. This bill passed early and was signed by Governor Ducey.
- Sponsored by Rep. Shope

HB2246

AHCCCS SERVICES; DIABETES MANAGEMENT

- Like many others, this is a bill that has been proposed several times through the years but never made it to the finish line. The bill adds ten program hours of diabetes self-management training, when ordered by

a primary care provider, to the list of services covered by AHCCCS. ArMA has supported the measure in the past and did so again this year.

- Sponsored by Rep. J. Allen

HB2250

GRANTS; BEHAVIORAL HEALTH TREATMENT SERVICES

- This measure establishes the Community Treatment and Safety Fund (\$5 million initial investment). The bill requires ADHS to analyze available behavioral health services in every county besides Maricopa to determine which services are available and identify significant gaps. If there are gaps in available services, ADHS will award grants to expand treatment programs and available services, with a particular focus on those in court-ordered treatment or on probation.
- Sponsored by Rep. Blackman

HB2727

AHCCCS; PREGNANT WOMEN; DENTAL CARE

- Similar to many other measures already discussed, this measure has been attempted several years running, but found a Republican majority sponsor this year, and thus made its way through the first chamber. The bill adds comprehensive dental care coverage during pregnancy to AHCCCS participants and appropriates the necessary dollars for both the administration of the change in benefits and cost of providing the relevant services to AHCCCS patients.
- Sponsored by Rep. Osborne

SB1151

AHCCCS SERVICES; DIABETES MANAGEMENT

- In most ways, this bill is a mirror to Representative J. Allen's HB2246, however Senator Carter added additional requirements to her version of the bill, unrelated to diabetes management and on the topic of prescription drug prices. It requires each retail

pharmacy in Arizona to compile the names of the 25 most frequently prescribed drugs to patients, including insulin and epinephrine auto-injectors, and the cash-pay price of each drug at that pharmacy, and post this information at that pharmacy location and online. The Arizona State Board of Pharmacy will also survey these prices and provide a report to the Legislature and the Governor.

- Sponsored by Sen. Carter

SB1170

AHCCCS; PREGNANT WOMEN; DENTAL CARE

- This measure is a mirror to Rep. Osborne's HB2727.
- Sponsored by Sen. Carter

INSURANCE

SB1397

INSURANCE; PREEXISTING CONDITION EXCLUSIONS; PROHIBITION

- This measure is a conditional one to provide protection to Arizona patients if the Affordable Care Act were to be overturned in court by 2023. In that event, health insurers that offer individual health plans in Arizona would be prohibited from denying coverage based on a preexisting condition, or by excluding patients with certain preexisting conditions from enrolling in coverage.
- Sponsored by Sen. Mesnard

TRAINING AND EDUCATION

HB2774

MEDICAL ASSISTANTS; TRAINING REQUIREMENTS

- This bill expands the methods by which a medical assistant may meet their training requirements by including a training program that is designed and offered by a physician, as long as such a program meets the requirements of the Arizona Medical Board rules and can demonstrate that a medical assistant

who receives such training would meet the baseline competencies established by the Board.

- Sponsored by Rep. Grantham

SB 1152

MEDICAL STUDENT LOAN PROGRAM

- This measure makes a variety of changes to the Medical Student Loan Program, including changing the membership composition of the Board of Medical Student Loans. The bill also removes the requirement for at least 50% of loan monies to be set aside for students attending private medical schools.
- Sponsored by Sen. Livingston

LIABILITY AND IMMUNITY

HB2260

HEALTH FACILITIES; RESUSCITATION; EMERGENCY CARE

- This measure requires that all residential care settings licensed by ADHS provide CPR and first aid training for all their staff and have someone who is CPR certified on duty at all times. The bill also requires that facilities have policies in place for evaluating residents who have a medical emergency. If CPR is appropriate and in line with the resident's wishes, the facility is obliged to conduct CPR on the resident. The bill also adds "Good Samaritan" protections for anyone who, in good faith, administers emergency life-saving measures to a resident.
- Sponsored by Rep. Kern

HB2408

HEALTH PROFESSIONALS; VOLUNTARY CARE; IMMUNITY

- This measure extends voluntary care immunity to practitioners who provide free services to eligible patients in their own medical offices. In the past, the immunity only attached to professionals administering

care in a nonprofit clinic. The bill also allows providers to receive up to eight hours of continuing education credit for care provided.

- Sponsored by Rep. Cobb

HB2538

HEALTH CARE WORKERS; ASSAULT; PREVENTION

- This measure, sponsored by ArMA member and physician legislator, Rep. Shah, adds "health care worker" to the list of victims for whom an assault can be classified as aggravated if the offender knew of their profession. It also makes assaults on health care workers a class five felony if the assault involved physical injury to the health care worker. Finally, the measure also requires any licensed health care institution with more than 50 employees to have a written violence prevention plan to protect their employees from violence in the workplace.
- Sponsored by Rep. Shah

SB1439

BREAST IMPLANT SURGERY; INFORMED CONSENT

- This measure was developed by patient advocates with significant input from ArMA, AOMA, and the Arizona Society of Plastic Surgeons. It would require that physicians who perform breast implant surgery provide specified information to their patients, including a written informed consent document. The Arizona Medical Board and the Arizona Board of Osteopathic Examiners in Medicine and Surgery would put together a working group to develop the informed consent checklist that physicians would be required to use for the procedure. Any physician who does not provide patients with the checklist as part of obtaining informed consent would be subject to investigation for unprofessional conduct.
- Sponsored by Sen. Ugenti-Rita

NEUTRAL

ArMA takes a "neutral" position on bills that it neither supports nor opposes. The status is used as a public record of neutrality on the Request to Speak system.

HB2051

INFORMED CONSENT; PELVIC EXAMINATIONS

- This bill has a mirror on the Senate side and received unanimous support at every vote. It creates an act of unprofessional conduct for a licensed physician, nurse practitioner, or physician assistant to perform (or supervise an individual who performs) a pelvic examination on an anesthetized or unconscious patient without first obtaining the patient's informed consent to the pelvic examination. There is an emergency exception for trauma patients or exams that are required by court order.
- Sponsored by Rep. Barto

SB1027

INFORMED CONSENT; PELVIC EXAMINATIONS

- This is the mirror bill to HB2051.
- Sponsored by Sen. Carter

SB1334

PHARMACISTS; VACCINES

- This measure was highly negotiated between the Pharmacy Association, the Arizona chapter of the American Academy of Pediatrics, ArMA, and others. As passed by the Senate, the measure allows pharmacists to administer vaccines to children six years or older without a prescription and to children between 3 and 6 years old with a prescription. The bill also establishes additional requirements for pharmacists who administer vaccines, including policies and protocols for administration, providing vaccine information and educational materials,

and notifying the vaccine adverse event reporting system as recommended by the CDC.

- Sponsored by Sen. Pace

ACTIVE STUDY

In addition to General Support, ArMA's Legislative and Government Affairs Committee can take a position of "Active Study" on a piece of legislation. This is warranted when the committee is not ready to actively support or oppose a bill but does want to prioritize it and make sure the advocacy team is prepared to be more involved with the legislation. Preparation can include conferring with the bill sponsors or stakeholders to get more information or keeping track of the bill to see if it will be placed on a committee agenda. For the 2020 session, Active Study bills were:

H2067 SEX EDUCATION; COMPREHENSIVE; MEDICALLY ACCURATE

H2117 PHARMACY BOARD; RULEMAKING AUTHORITY

H2255 PRISONERS; HEALTH; TRAINING; VISITATION; RULES

H2258 APPROPRIATION; ALCOHOL; TOBACCO; DRUG EDUCATION

H2269 DONATED MEDICINE; REQUIREMENTS

H2542 MANDATORY REPORTING; VULNERABLE ADULTS; PENALTIES

H2582 END-OF-LIFE DECISIONS; TERMINALLY ILL PATIENTS

H2599 PSYCHOLOGISTS; LICENSURE REQUIREMENTS

H2632 AHCCCS; ELIGIBILITY

S1095 CONTROLLED SUBSTANCES; SCHEDULE DESIGNATIONS

S1137 PHARMACY BOARD; PERMITTEE OPERATIONS; FEES

S1370 CONTROLLED SUBSTANCES MONITORING PROGRAM; DELEGATES

S1574 GENETIC COUNSELORS; LICENSURE

NO ACTION-MONITOR

ArMA takes a “monitor” position on many bills that for a variety of reasons do not warrant active advocacy. ArMA’s Legislative and Government Affairs Committee evaluates a number of factors including importance to ArMA membership, likelihood of passage, and fiscal impacts before taking a position on a bill. Here are the bills introduced in 2020 that the ArMA advocacy team monitored:

HB2045 CORRECTIONAL HEALTH SERVICES; PROHIBITED CONTRACTS

HB2049 MEDICAL CONDITIONS; MEDICAL MARIJUANA

HB2052 AHCCCS; CHIROPRACTIC CARE; REPORT.

HB2068 HEALTH CARE PROVIDERS; RELIGIOUS BELIEFS

SB2072 MENTAL HEALTH PROFESSIONALS ACADEMY; APPROP

HB2074 DEATH CERTIFICATES; GENDER

HB2081 BIRTH CERTIFICATES; GENDER

HB2132 AHCCCS; CHIROPRACTIC CARE; REPORT

HB2133 DENTAL BOARD; LICENSES; CERTIFICATES; RENEWALS

HB2140 PRISONER INJURIES; MONETARY JUDGMENTS; REIMBURSEMENT

HB2175 OCCUPATIONAL LICENSURE; CERTIFICATION;
REQUIREMENTS; RESIDENTS

HB2184 OCCUPATIONAL AND PROFESSIONAL LICENSURE; NOTICE

HB2224 PSYCHOLOGY BOARD; LICENSURE; FINGERPRINTING

HB2225 SPEECH-LANGUAGE PATHOLOGISTS; ASSISTANTS

HB2277 SCHOOLS; SEX EDUCATION INSTRUCTION

HB2288 STATE LICENSING; FEE WAIVER

HB2294 HEALTH PLANS; PROVIDERS; PAYMENT REPORTING

HB2296 ARIZONA HEALTH EDUCATION CENTERS; INCREASE

HB2301 ADOPTION; HEALTH INFORMATION; UPDATE

H231 NATUROPATHIC PHYSICIANS; SERVICES

H2315 TECH CORRECTION; HOME HEALTH AGENCIES

H2316 INVOLUNTARY TREATMENT; MENTAL DISORDER

H2317 PHYSICIAN ASSISTANTS; LICENSURE; BOARD

H2318 HEALTH CARE INSTITUTIONS; ACCREDITATION; INSPECTIONS

H2319 ARIZONA STATE HOSPITAL

H2320 PSYCHIATRIC SECURITY REVIEW BOARD; HEARINGS

H2323 PATIENT INFORMATION; GUN SAFETY; APPROPRIATION

H2361 SEX EDUCATION; CHILD ABUSE PREVENTION

H2372 SCHOOLS; DYSLEXIA; SCREENING; TRAINING

H2398 INSURANCE PRODUCER LICENSING; EXCEPTIONS

H2418 ORDERS FOR EVALUATION; PROCESS SERVERS

H2424 AHCCCS; PREGNANT WOMEN; ELIGIBILITY

H2426 MEDICAL SERVICES; PURCHASE; STUDY COMMITTEE

H2427 MEDICAL SERVICES; PURCHASE; PREMIUMS

H2428 MEDICARE SUPPLEMENT; DISABILITY; RENAL DISEASE

H2432 NEWBORN SCREENINGS; REPORT

H2450 EARLY CHILDHOOD MENTAL HEALTH; APPROPRIATIONS

H2462 TECH CORRECTION; HEALTH SERVICES; MONITORING

H2510 CONTRACEPTION; COST SHARING PROHIBITION

H2540 EMOTIONAL ABUSE; VULNERABLE ADULTS

H2541 HEALTH CARE INSTITUTIONS; EDUCATION; ABUSE

H2568 HEALTH INSURANCE; DEPENDENT COVERAGE

H2585 APPROPRIATIONS; MEDICAL WORKFORCE DEVELOPMENT

H2587 APPROPRIATION; COMMUNITY HEALTH GRANTS

H2596 CHILDREN'S HEALTH INSURANCE PROGRAM; ELIGIBILITY

H2628 HEALTH CARE INSURANCE; AMENDMENTS

H2643 INSURANCE; OPTOMETRISTS; CONTRACTS; COVERED SERVICES

H2649 PRISONERS; MENTAL HEALTH TRANSITION PROGRAM

H2657 MARIJUANA; ADULT USE; SALE; REGULATION

H2658 SCHOOLS; SEX EDUCATION

H2670 DOULAS; VOLUNTARY CERTIFICATION

H2693 ABORTION; WAITING PERIOD; AUTHORIZED PROVIDERS

H2707 CONVERSION THERAPY; PROHIBITION; SEXUAL ORIENTATION

H2728 BIOMETRIC IDENTIFIERS; COMMERCIAL PURPOSE; CONSENT

H2744 MEDICAL MARIJUANA; LABORATORIES; PROFICIENCY TESTING

HCR2021 ABORTION DATA; SURVIVORS ACT; SUPPORTING

S1010 MEDICAL MARIJUANA DISPENSARIES; INSPECTIONS

S1015 MEDICAL MARIJUANA; PESTICIDE USE

S1016 TPT; MEDICAL MARIJUANA

S1017 MEDICAL MARIJUANA; DISPENSARIES; INFO SHARING

S1023 SAFE SCHOOLS; PLANS

S1024 OUT-OF-NETWORK CLAIM DISPUTES; APPLICABILITY

S1025 AHCCGS; CHIROPRACTIC CARE; REPORT

S1028 DHS; ENHANCED SURVEILLANCE; PUBLIC HEALTH

S1031 PHYSICAL THERAPISTS; LIENS; REMEDIES

S1050 BOARD OF ATHLETIC TRAINING; CONTINUATION

S1051 DHS CONTINUATION; PUBLIC HEALTH EMERGENCY

S1052 HOMEOPATHIC BOARD; CONTINUATION

S1053 PSYCHIATRIC SECURITY REVIEW BOARD; CONTINUATION

S1054 PSYCHOLOGY BOARD; CONTINUATION

S1055 HARD OF HEARING; COMMISSION; CONTINUATION

S1056 DEAF; HARD OF HEARING; DEAFBLIND

S1073 ATHLETIC TRAINING BOARD; FINGERPRINTING; LICENSURE

S1074 OCCUPATIONAL THERAPISTS; FINGERPRINT CLEARANCE CARDS

S1079 UNFAIR CLAIMS SETTLEMENT; RULEMAKING

S1081 CLAIM SETTLEMENTS; SCOPE OF PRACTICE

S1087 PODIATRY BOARD; LICENSURE; FINGERPRINTING; FEES

S1088 DEVELOPMENTAL DISABILITIES; SPINA BIFIDA

S1120 SCHOOLS; SEX EDUCATION INSTRUCTION

S1127 ATHLETIC TRAINERS; DRY NEEDLING

S1138 DENTAL INSURANCE TRANSPARENCY STUDY COMMITTEE (TITLE 32)

S1163 AHCCGS; SUBSTANCE ABUSE TREATMENT

S1176 TECH CORRECTION; AHCCGS; APPLICATION PROCESS

S1200 SCHOOLS; SEXUAL ABUSE PREVENTION EDUCATION

S1208 REGISTERED DIETITIAN NUTRITIONISTS; TITLE; ORDERS

S1210 ASSISTED LIVING; CAREGIVERS; TRAINING

S1213 APPROPRIATION; ACTUARIAL STUDY; REINSURANCE FEASIBILITY

S1217 REPEAL; IMPRISONMENT; ABORTION; SOLICITATION

S1218 ABORTION; AUTHORIZED PROVIDERS; WAITING PERIOD

S1227 DENTAL HYGIENISTS; AFFILIATED PRACTICE

S1230 TECH CORRECTION; AHCCCS; CAPITATION RATES

S1267 SCHOOLS; IMMUNIZATION RATE; WEBSITE POSTING

S1268 HEALTH CARE INSURANCE; HEARING AIDS

S1270 ABORTION; PARENTAL CONSENT; COUNSELING EXCEPTION

S1272 ABORTION; PARENT CONSENT; EXCEPTION

S1276 SEXUAL ASSAULT SURVIVORS; RIGHTS

S1287 MEDICARE SUPPLEMENT INSURANCE; GUARANTEED AVAILABILITY

S1291 EMERGENCY ASSISTANCE; FALLS; LIABILITY

S1293 DOI; DFI; OMNIBUS

S1329 DEFINED CONTRIBUTION; HEALTH SUBSIDY; DISABILITY

S1372 PHARMACY BOARD; REGULATION; NONDISCIPLINARY ACTION

S1373 AUTOMATED PRESCRIPTION-DISPENSING KIOSKS; PERMITS

S1375 PREMIUM TAX CREDIT; MEDICARE CLAIMS

S1382 HEALTH CARE PROVIDERS; PREGNANCY; ULTRASOUNDS

S1384 END-OF-LIFE DECISIONS; TERMINALLY ILL PATIENTS

S1387 PRESCRIPTION DRUGS; UPPER-PAYMENT LIMIT

S1390 BEHAVIORAL HEALTH; RATES; STUDY; APPROPRIATION

S1413 INSULIN DRUGS; COST SHARING LIMIT

S1437 MEDICAL MARIJUANA FUND; OPIOID TREATMENT

S1469 BILLING LIMITS; HEALTH CARE PROVIDERS

S1472 AHCCCS; POSTPARTUM VISITS; INCENTIVE PAYMENTS

S1473 ARIZONA NURSES ACADEMY

S1478 ASSISTED LIVING CAREGIVERS; NURSING; TRAINING

S1497 END-OF-LIFE DECISIONS; TERMINALLY ILL

S1498 WORKERS' COMPENSATION; PHYSICIANS; EXPERTISE; HEARINGS

S1505 NURSING SUPPORTED GROUP HOMES; LICENSURE

S1522 HEALTH CARE LIENS; INSURANCE

S1545 CONVERSION THERAPY; PROHIBITION; MINORS

S1546 PRIVATE MEDICAL OFFICES; DHS OVERSIGHT

S1547 CHILDREN'S HEALTH INSURANCE PROGRAM; ELIGIBILITY

S1549 PRESCRIPTION DRUGS; DIABETES; REPORTS

S1550 ABORTION; OBJECTION; PHARMACISTS; REPEAL

S1563 ADULT IMMUNIZATIONS; REPORTING SYSTEM

S1570 OUTPATIENT TREATMENT CENTERS; BEHAVIORAL HEALTH

S1571 NEWBORN SCREENING PROGRAM; FEE

S1573 BEHAVIORAL HEALTH PROFESSIONALS; UNAUTHORIZED PRACTICE

S1591 NURSING; CONTINUED COMPETENCY; STUDY COMMITTEE (TITLE 32)

S1592 HEALTH PROFESSIONALS; PRECEPTORSHIPS

S1599 HEALTH CARE INSURANCE; REQUIREMENTS

S1600 PRESCRIPTION DRUGS; IMPORTATION PROGRAM

S1601 INSULIN DRUGS; COST SHARING LIMIT

S1602 HEALTH INSURANCE; SURPRISE OUT-OF-NETWORK BILLS

SCR1019 CANCER SCREEN WEEK 2020

SCR1020 INITIATIVES; PUBLIC SAFETY; HEALTH; AMENDMENTS



In 2020, ArMA started an important new advocacy coalition to strengthen physician involvement in the policymaking process. The Arizona Healthcare Advocacy Coalition (AHAC) is a joint effort established with the Arizona Osteopathic Medical Association. The eleven founding specialty societies in AHAC represented the majority of physicians in Arizona, and the combined voices of their physicians created a powerful new voice with tremendous advocacy potential. AHAC's founding members are:

MEMBERSHIP

ArMA: Marc Leib, MD and Ross Goldberg, MD

Pima County Medical Society: Dennis Carey, Timothy Fagan, MD, Rebecca Franz-Osborne, MD

AOMA: Josephine Zammuto and Janet Weigel

Arizona Society of Anesthesiologists: Court Koshar, MD and Michael Klein, MD

American College of Obstetrics & Gynecology, AZ Section: Katherine Glaser, MD and Julie Kwatra, MD

Arizona Ophthalmological Society: Jordana Smith, MD and Linda DiBiase

Arizona Radiological Society: Ajay Bhatnagar, MD and Christina Ferraro, MD

Arizona Dermatology and Dermatological Surgery Society: Aaron Mangold, MD and Arash Koochek, MD

Arizona Urological Society: John Hansen, MD and Jason Jameson, MD

Arizona Allergy & Asthma Society: Miriam Anand, MD and George Makol, MD

Arizona Psychiatric Society: Don Fowls, MD and Teri Harnisch

Upon forming the Coalition at the end of 2019, representatives from each Society met monthly to review introduced legislation and share information with their respective members for potential engagement. Weekly emails were also provided by AHAC staff which provided legislative updates, upcoming Health Committee agendas, and information on bills of note.

Over the course of the 135-day legislative session, over 240 bills relating to the practice of medicine, patient care, or health insurance were tracked for AHAC. Each bill was reviewed by the Coalition for relevance and potential action. Ultimately, the Coalition elected to act on two bills: HB2532 (prior authorization; uniform request form) and HB2529 (nonretaliation policies; health care institutions). HB2532 proposed creating a single, uniform prior authorization request form (one for medications and one for procedures) for use with all insurance providers to ease administrative burden. HB2529 was a simple change that extended nonretaliation protections for physicians and healthcare workers. Currently, they are protected from retaliation by a hospital, but not by a contractor of that hospital. The change is needed to reflect current employment models that often use large practice groups to employ physicians. Unfortunately, neither of the two bills made it across the finish line, but this was simply a function of the truncated session due to COVID-19. Both pieces of legislation received unanimous support in Committee and on the floor of the House but were not able to move to the Senate floor for a final vote before the legislature adjourned. We expect that both will be back in early 2021 for fast-track consideration, given the support they garnered this year. At that time, AHAC efforts on these important bills will be renewed.

FUTURE EFFORTS

The COVID-19 pandemic has created a host of new challenges for physicians, and AHAC is poised to be involved in important initiatives. From supporting public health efforts to weighing in on possible legislative issues ranging from telemedicine to liability protection, the collective voice of AHAC-affiliated physicians will lend strength and credibility to the advocacy effort, which is needed more than ever. Please stay tuned for future updates and calls to action.

CONCLUSION

While the 2020 legislative session adjourned prematurely, at the time of this writing it is anticipated that there may be one or more special sessions in 2020, so ArMA advocacy work may continue on these and other new measures before the 2021 session kicks off. Our hope is that in these special sessions, or in the 2021 Legislative Session, ArMA can pick up where it left off and get the legislation that was headed for passage all the way to the finish line – the Governor's desk, signed into law.

For their efforts in the 2020 session, ArMA owes a special thanks to our legislative champions including members of the House Health and Human Services Committee: Reps. Kelli Butler, Amish Shah, Alma Hernandez, and Pamela Powers-Hannley. On the Senate Health and Human Services Committee, we would like to express our appreciation for Chair Kate Brophy McGee and Vice-Chair Heather Carter.

On the ArMA advocacy team, thanks to our contract lobbyist Steve Barclay, who continues to be a source of invaluable leadership and counsel, in collaboration with ArMA staff Jon Amores, Meghan McCabe, and Dominic Moreno. We also thank all of the healthcare stakeholders who worked with ArMA throughout the session, and certainly not least, ArMA CEO Libby McDannell and staff, ArMA members who have provided their support and expertise, and most particularly, the members of the Legislative and Government Affairs Committee:

| | |
|-------------------------|--|
| Chair Bill Thompson, MD | Traci Pritchard, MD |
| Marc Leib, MD, JD | Holly Geyer, MD |
| Robert Aaronson, MD | Shakaib Rehman, MD |
| Jane Lyons, MD | Ross Goldberg, MD, ex-officio |
| Ilana Addis, MD | Shawn Sullivan, MD |
| Aaron Mangold, MD | Dan Gridley, MD |
| Gretchen Alexander, MD | Cindy Toraya, MD |
| Jeffrey Mueller, MD | Jennifer Hartmark-Hill, MD, ex-officio |
| Sarah Coles, MD | John Trickett, MD |
| Pamela Murphy, MD | David Horwitz, MD |
| Ricardo Correa, MD | Dennis Weiland, MD |
| Richard Neff, MD | Jason Jameson, MD |
| Ralph Drost, MD | Susan Whitely, MD, ex-officio |
| Aryn O'Connor, MD | Katelyn Kennedy |
| Alex Dydyk, MD | Brigham Willis, MD |
| Cheryl O'Malley, MD | |
| Gary Figge, MD | |

ArMA could not be successful without you! Thank you for reviewing ArMA's 2020 Legislative Report. Never forget that your ArMA membership ensures that we can continue our advocacy work supporting the House of Medicine. Contact Jon Amores at jamores@azmed.org or Meghan McCabe at mmccabe@azmed.org if you have any questions, or to see how you can be involved in our advocacy efforts. More than ever, physician involvement in ArMA advocacy efforts is needed and appreciated.

ARIZONA MEDICAL
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2020 LEGISLATIVE REPORT