



## 2019 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 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](http://www.aznurse.org)

## Introduction

The first session of the 54<sup>th</sup> Legislature adjourned on May 28th. At 135 days it was 19 days longer than last year's session and the 17<sup>th</sup> longest session in AZ history.

One nursing scope of practice bill was introduced this session. HB2068 Clinical Nurse Specialists; Prescribing Authority. (See supported bills)

A number of contentious issues held up the budget this year; the debate over how to conform Arizona taxes to the changes to the federal tax code as well as two Republican legislators who refused to vote for the compromise budget until a separate bill increasing the statute of limitations for claims of sexual abuse against a minor was passed. There were further debates on educational funding, money for housing including for the seriously mentally ill, graduate medical education and loan repayment programs which were generally successful, while funding for AHCCCS coverage of dental services for pregnant women and chiropractic coverage for AHCCCS adults unfortunately did not pass again this year.

There was a continued movement to reduce regulation particularly for occupational licensing such as the passage of HB2569 (see supported bills) and this trend will likely continue.

A major budget priority of AZNA was related to the Kids Care program, Arizona's version of the Children's Health Insurance Plan (CHIP). The existing law had an automatic enrollment freeze if federal funding dropped below 100%. Since federal funding will drop below 100% beginning Oct. 1, 2019, the program was in jeopardy of closing. In addition to eliminating the automatic freeze, \$1.6 million was appropriated for the State's share of the program after Oct.1st.

## Major Bill Projects

### [HB2068 Clinical Nurse Specialists; Prescribing Authority](#)

This was a major priority of AZNA as CNS prescribing was the last remaining major hurdle for compliance with the [APRN Consensus Model](#). There were extensive negotiations with physician groups and ultimately the bill successfully passed and was signed by the Governor. The prescribing authority is limited to those CNS who have the same education and training related to prescribing as Nurse Practitioners and are limited to prescribing in specific licensed health care institutions. There are also limitations on opioid prescribing.

*Activities: Lobbying efforts were led by AZNA lobbyist who worked with other health care professional groups, legislators and the Governor's office to address concerns raised primarily by physicians and a few legislators.*

Outcome: Signed into Law; Chapter 87

### [SB1096 Health professionals data; repository](#)

This legislation continued AZNA's efforts to implement a health care professional workforce data repository at the Arizona Department of Health Services (ADHS). Supply data will be collected by Nursing, MD, DO, PT, BBHE, and Psychology Boards and given to ADHS. Although

the \$50K appropriation needed by ADHS for administrative fees did not get into the budget this year, DHS has still committed to continue their work to initiate the process.

*Activities: Negotiations with several stakeholder groups and drafting of compromise final bill were led by AZNA.*

Outcome: Signed into Law; Chapter 215

#### [HB2503 Assault; health care practitioner; classification](#)

This legislation was introduced by freshman House member, Dr. Amish Shah. Since assault on nurses in the workplace is a high priority issue to AzNA, our lobbying team worked closely with Dr. Shah. Unfortunately, this bill did not make it completely through the legislative process and died in the Senate. We will continue efforts for similar legislation next year. However, there was success in the passage of the next bill (HB2041), which is related.

*Activities: Lobbying efforts were led by AZNA lobbying team with participation of nurses testifying at the House Judiciary Committee and negotiating with some reluctant legislators for an amendment.*

Outcome: Failed to pass.

#### [HB2041 Hospital assaults; testing; reporting; sanctions](#)

This legislation requires hospitals to track and report assaults on healthcare workers and appoint a study committee to review the reports/data to recommend further action.

*Activities: AZNA supported the legislation and worked with the sponsor to provide supportive testimony as well as provided volunteers for the study committee.*

Outcome: Signed into Law; Chapter 97.

#### [SB1105 Direct Primary Care Agreements](#)

This bill is like those of other states. It allows for primary care providers, including nurse practitioners, to contract with patients for services outside of insurance coverage. This will allow those patients high deductibles to regularly see a provider at an agreed price and arrangement and result in greater affordable access to care.

*Activities: AZNA lobbyist worked closely with the physician groups who initiated this legislation to ensure that NPs could participate in these arrangements.*

Outcome: Signed into Law; Chapter 108.

#### [HB2470 School Immunization; Religious Exemption](#)

#### [HB2471 Vaccinations; Informed Consent](#)

#### [HB2472 Vaccinations; Antibody Titer Testing; Notification](#)

These three bills all placed additional burdens upon receiving vaccinations and allowed for more exemptions. There were also companion bills introduced in the Senate. The bills were vigorously opposed by the health care community and were defeated despite long hearings and strong-arming by proponents.

*Activities: AZNA worked closely with The Arizona Partnership for Immunizations (TAPI) and along with other healthcare associations lobbied legislators to oppose the bills. Ultimately these efforts were successful, but we anticipate there will be new efforts next session.*

Outcome: Bills defeated.

## Other Bills we Supported

### [HB2569 Occupational Licensing; Reciprocity](#)

This bill will allow a person who has been licensed for at least one year by another state and his/her license is in good standing (no disciplinary action) to be licensed by the respective Arizona regulatory board upon establishing residency, payment of fees and complying with any fingerprinting and background check requirements or Arizona specific course of study related to Arizona laws, if required. Does not apply to multistate licenses in a compact.

*Activities: AZNA lobbyist worked closely with sponsor and Governor's office to ensure that the compact would not be adversely impacted, drafting an amendment to accomplish that end and exempt multistate compact licenses from legislation.*

Outcome: Signed into law; Chapter 55.

### [HB2075 Electronic Prescribing Exceptions; Deadlines](#)

Makes changes to opioid prescribing required in last session's major opioid legislation including allowance for filling prescription in writing under certain circumstances and pharmacist to dispense for Schedule II controlled substance when electronic prescribing systems are not operational; limits waivers that pharmacy board can provide; allows written prescription to be dispensed for patient in VA facility, military base or IHS facility.

*Activities: Committee support*

Outcome: Signed into law; Chapter 4.

### [SB1040 Advisory Committee on Maternal Fatalities and Morbidity](#)

Establishes this committee and includes a Certified Nurse Midwife on the committee.

*Activities: AZNA lobbying team successfully added CNM representation on the Committee.*

Outcome: Signed into law; Chapter 143

### [SB1039 Pain Management Clinics; Regulation](#)

Defines what is a pain management clinic for purposes of licensure as required by last session's opioid legislation. Nurse practitioners are included in exemption for certain dispensaries or first aid stations in a business when supervised by physician or NP.

*Activities: AZNA lobbyist successfully worked with sponsor to add NPs to those who may supervise in the exempt settings.*

Outcome: Signed into law; Chapter 1039

### [SB1089 Insurance; Telemedicine](#)

Requires insurers to cover services provided through telemedicine, which are covered in person.

*Activities: Committee support.*

Outcome: Signed into law; Chapter 111.



## Other Bills we Opposed or Monitored

HB2470, HB2471, HB2472 – Vaccination bills

As discussed previously these were successfully opposed.

*Activities: Opposed*

### [SB1169 Medical Record Reproduction Fees; Exception](#)

Prohibits healthcare provider from charging a fee for pertinent information contained in medical records of patient for purpose of appealing a denial of federal benefits under Social Security Act.

*Activities: Monitored*

Outcome: Signed into law; Chapter 171.

### [HB2008 Duty to Report; Supervisor; Administrator](#)

The list of persons with a duty to report a reasonable belief that a minor has been the victim of abuse or neglect is expanded to include any person who is employed as the immediate or next higher level supervisor to or administrator of a person who has a duty to report and who develops the reasonable belief in the course of the supervisor's or administrator's employment.

*Activities: Monitored*

Outcome: Signed into law; Chapter 70.

### [SB1321 Health Information Organizations](#)

Provides changes to right to opt out, liability for improper release of PHI and technical changes to allow greater efficiency of HIE system.

*Activities: Worked with sponsoring organization and monitored*

Outcome: Signed into law; Chapter 311.

### [SB1062 Public Disclosure Health Professionals; Address](#)

Allows health professionals to opt out of having their home address available to the public if work address is available as address of record. Allows health professional associations, the Department of Health Services and universities for research purposes to access licensing information.

*Activities: Worked with other stakeholders to ensure nurses and other professionals' private information is protected while allowing release of some information for specific purposes and organizations for educational and similar purposes.*

Outcome: Signed into law; Chapter 299.