Legislative summaries are prepared annually by the AzNA lobbyist 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, lobbyist).

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 first session of the 55th Legislature adjourned on June 30th. At 171 days it was much longer than last year’s session, which terminated early because of Covid. It also was longer than the last few sessions prior to 2020.

There were several bills directly impacting nursing as well as health care. Several of these were a primary focus on AzNA and our lobbying efforts. These will be described under “Major Bill Projects”. Other bills which AzNA supported and worked on which impact nursing and health care will be described under “Supported’ bills. Finally, there is list of “Monitored” bills which also are of interest to nursing.

A number of contentious issues held up the budget this year and this extended the session. The debate over how to spend a $2 billion surplus was at the top of the list. Having a surplus always leads to longer sessions as legislators try to get their pet project funded or funding increased or, as in this session, to cut taxes. The Republican legislative leadership and the Governor had proposed a “flat tax” (though it wasn’t actually that) but several Republican lawmakers objected and wanted more debt paid off and also to ensure that cities and towns were not hurt by a tax cut as their shared revenues would decrease. Finally, a deal was cut, after the Governor vetoed 22 bills to “spur” the process along and some concessions were made to the recalcitrant Republican legislators. The tax cut was enacted along with some debt reduction and greater share of revenue for towns and cities along with more funding for various projects.

Of interest to nursing was the inclusion in the budget of $35 million for childcare (within prescribed income limits) for nursing and education students to encourage them to obtain a degree in those fields. Those grants will be handled by the educational institutions.

Major Bill Projects

HB2454 Telehealth; Health Care Providers; Requirements
This was a major priority of AZNA as it will continue to allow health care providers to utilize telehealth on an expanded basis as was allowed by Governor’s Executive Order during the pandemic. This bill will require health insurers to pay the same rate for services provided for through telehealth as by an in-person visit (with some limited exceptions). The bill establishes an Advisory Committee comprised of health care professionals, including nurses, to provide guidelines for the use of telehealth for specific services and what type of modality – audio/visual or audio only – is allowed or recommended. Out of state providers may also
provide services to Arizonans but with certain requirements and limitations.

**Activities:** Lobbying efforts were led by AzNA lobbyist who worked closely with the Governor’s Office, the sponsor, Rep. Cobb, and with other health care professional groups, legislators and in developing and drafting the bill language, and addressing concerns raised primarily by insurance companies and a few legislators.

Outcome: Signed into Law; Chapter 320.

**SB1377 Civil Liability; Public Health Pandemic**
The bill would make it more difficult to succeed on a claim against a health care professional related to care during the COVID-19 emergency including an allegation of an action or omission of the health care provider in response to government directive. Additionally, it would cover an act or omission because of a lack of staffing, facilities, equipment, supplies or other resources that are attributable to the state of emergency and that render the health provider unable to provide the level or manner of care to a person that otherwise would have been required in the absence of the state of emergency.

**Activities:** AzNA lobbyist worked with sponsor, Sen. Leach, and with other health care and business interests in drafting and negotiating bill with trial lawyers and various legislators.

Outcome: Signed into Law; Chapter 179.

**HB2620 Health Care Workers; Assault; Prevention**
This was the third year in a row this bill was introduced by House member, Dr. Amish Shah. The bill has been “snake bit” it seems as each year it runs into a different problem. Last year, the session ended before it could pass and this year it fell victim to one legislator who exerted his influence and refused to hear the bill in committee and persuaded colleagues not to hear it elsewhere. Politics at its worst. Dr. Shah has indicated he will continue to pursue this legislation next year.

**Activities:** Lobbying efforts were led by AzNA lobbyist with participation of nurses testifying at the House Health Committee and Senate Health Committee and negotiating with key legislator for an amendment to improve the bill.

Outcome: Failed to pass.

**HB2633 Long Term Care Services; Allowed Practitioner**
This bill accomplishes something the Arizona nursing profession has been waiting on for 30 years; it allows Nurse Practitioners and Clinical Nurse Specialists to order home health care for Medicaid patients. The barrier for nearly 30 years had been a CMS regulation that required a physician’s signature on such orders for Medicare and Medicaid. CMS waived that requirement last year because of the pandemic and has now made that permanent. While this allowed NPs and CNSS to order home health for Medicare recipients, the State had to change a statute which had required a physician’s signature for Medicaid recipients.
The Arizona statute was originally enacted because of the CMS regulation but now could be amended and this bill accomplished that.  
Activity: AzNA lobbyist worked closely with the sponsor, Sen. Pace, to strike this language onto a bill which wasn’t moving in the waning weeks of committee hearings.  
Outcome: Signed into law; Chapter 265.

Other Bills We Supported

SB1220; Mental Health Professionals; Trauma Counseling  
This bill modifies the definition of mental health professional as it relates to traumatic event counseling to include Mental Health Nurse Practitioners and Psychiatric Clinical Nurse Specialists. These nurses may now participate as providers in this special program for trauma services for police officers and firefighters.  
Activity: AzNA lobbyist worked closely with the bill sponsor, Sen.Gray, who wished to expand the types of professionals who may provide services in this state program.  
Outcome: Signed into Law; Chapter 205.

SB1278; Health Professionals; Preceptorships  
This bill requires the Board of Nursing, along with Medical, Osteopathic and Physician Assistants boards to develop a "preceptorship" (defined) awareness campaign that educates licensed medical professionals on how to become and the benefits of being a medical preceptor for students. The hope is this will encourage more preceptors to step forward.  
Activity: AzNA lobbyist worked closely with sponsor, Sen. Pace, and physician assistant stakeholders to ensure that nurses were added to this bill.  
Outcome: Signed into law; Chapter 213.

HB2621 Prior Authorization; Uniform Request Forms  
This bill requires the Department of Insurance and Financial Institutions to approve a uniform prior authorization request form for prescription drugs, devices or durable medical equipment and a uniform prior authorization request form for all other health care procedures, treatments and services. By January 1, 2023, all providers are required to use only these forms and all health plans/insurers must accept them.  
Activity: This bill was another that didn’t make it last year because of session ending. Dr. Shah was sponsor and AzNA lobbyist worked with him on the bill.  
Outcome: Signed into law; Chapter 115.

SB1011 Maternal Mental Health; Advisory Committee  
Establishes this committee to recommend improvements for screening and treating maternal
mental health disorders. The Committee includes a neonatal nurse, a certified nurse midwife and a mental health nurse practitioner.

*Activities: AzNA lobbyist successfully added nurse representation on the Committee.*
Outcome: Signed into law; Chapter 54.

**SB2622 Nonretaliation Policies; Health Care Institutions**
This bill prohibits a third-party contractor of a health care institution from taking retaliatory action against a health professional who reports in good faith a practice of policy of the institution that is illegal or poses a substantial risk to health and safety. This closed a loophole in current law as institutions cannot retaliate against their employees in this manner, but their third-party contractors were not held to the same standard.

*Activities: This bill was another that didn’t make it last year because of session ending. Dr. Shah was sponsor and AzNA lobbyist worked with him on the bill.*
Outcome: Signed into law; Chapter 89.

**SB1270 Insurance; Prescription Drugs; Step Therapy**
This bill outlines clinical review criteria and exception request requirements for health care insurers that implement step therapy protocol for prescription drugs.

*Activities: AzNA lobbyist testified in favor of bill at committee; monitored.*
Outcome: Signed into law; Chapter 41.

**Other Bills We Monitored**

**HB2119 Health Care Insurance; Amendments**
This bill makes various changes to statutes relating to health insurance. Of most interest to nurses is that insurers are no longer prohibited from influencing the subscriber in the subscriber’s choice of hospital or health practitioner.

*Activities: Monitored*
Outcome: Signed into law; Chapter 24.

**HB2266 Medical Assistants; Training Requirements**
This bill allows the training requirements for a medical assistant to be satisfied through a training program that is designed and offered by a physician, that meets or exceeds any of the approved training program requirements specified by rule.

*Activities: AzNA lobbyist worked closely with sponsor, Rep. Grantham, to amend the bill to apply to various providers who utilize medical assistants and negotiate with legislators to address their concerns.*
Outcome: Signed into law; Chapter 259.
HB2521 Long Term Care; Health Aides
Subject to approval by the Centers for Medicare and Medicaid Services, this bill requires the Director AHCCCS to implement a program under which "licensed health aide" services may be provided to Arizona Long-Term Care System (ALTCS) members who are under 21 years of age. Licensed health aide services may be provided only by a parent, guardian or family member who is a licensed health aide employed by a Medicare-certified home health agency service provider. A person who wishes to practice as a licensed health aide must complete training program and examination and apply to the Board of Nursing and pay an application fee of $50. Activities: Monitored
Outcome: Signed into law; Chapter 86.

HB2535 Mandatory Reporting; Vulnerable Adults; Penalties
This bill expands the list of persons with a duty to report a reasonable belief that a vulnerable adult has been the victim of abuse, neglect or exploitation to include any "health professional". If a failure to report involves a sexual offense, the criminal classification is a class 6 (lowest) felony. Activities: Monitored
Outcome: Signed into law; Chapter 350.

SB1001 Breast Implant Surgery; Informed Consent
This bill requires a licensed physician, before performing breast implant surgery, to provide specified information, in writing or in an electronic format, to the patient and obtain written informed consent before performing the surgery. By December 1, 2021, the Arizona Medical Board and the Arizona Board of Osteopathic Examiners in Medicine and Surgery are required to convene a work group to jointly develop an informed consent checklist for physicians to discuss with patients before breast implant surgery. Activities: Monitored.
Outcome: Signed into law; Chapter 52.

SB1017 Informed Consent; Pelvic Examinations
This bill provides that, with limited exceptions, it is 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. Activities: Monitored.
Outcome: Signed into law; Chapter 1017
SB1250 Overdose; Disease Prevention; Programs
This bill authorizes counties, municipalities, and nongovernmental organizations, are authorized to establish an overdose and disease prevention program. A program is required to offer specified services, including disposal of used needles and hypodermic syringes, needles and hypodermic syringes at no cost, access to kits that contain naloxone hydrochloride or any other opioid antagonist that is approved by the FDA to treat a drug overdose or referrals to programs that provide access, and consultations concerning mental health or substance use disorder treatment.

*Activities: Monitored.*
Outcome: Signed into law; Chapter 382.

SB1416 Health Professionals; Off-Label Use; Medications
This bill prohibits state agencies, including health profession regulatory boards from punishing a health professional for making a patient aware of or educating the public, through the use of any online platform, about "lawful health care services" (defined), including the off-label use of medications during a public health emergency, for which there is a reasonable basis.

*Activities: Monitored.*
Outcome: Signed into law; Chapter 349.