



Bill Number: S.B. 1214

Shope Floor Amendment

Reference to: Regulatory Affairs and Government Efficiency Committee Amendment

Amendment drafted by: Leg Council

## FLOOR AMENDMENT EXPLANATION

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1. Increases the treatment age from at least 6 to at least 12 for persons eligible for treatment provided by a pharmacist.
2. Specifies that any necessary pharmacist training or certification requirements be included in the statewide written protocol.
3. Removes current clinical guidelines from the criteria for treatment of an eligible person.
4. Clarifies that a pharmacist providing treatment to a patient must recommend follow-up with a primary care provider if the patient either:
  - a) is not eligible for patient treatment and presents with symptoms; or
  - b) does not respond to the initial treatment provided.
5. Requires a pharmacist who initiates treatment to maintain a summary of a visit and patient assessment information for a period of seven years.
6. Prohibits a pharmacist from delegating treatment to a licensed member of the pharmacy staff who is under supervision of the pharmacist.
7. Specifies that any treatment initiated by a pharmacist does not establish a cause of action against a patient's primary care provider for any adverse reaction, complication or negative outcome for the pharmacist provided treatment regardless of if the treatment is initiated without a prescription order written by the patient's primary care provider.
8. Adds, to the displayed notice or patient's consent paperwork, that testing and treatment is being performed by a pharmacist without consultation with or oversight by a physician and that the patient should consult with a primary care provider if symptoms continue.
9. Increases, from one to two, the number of physicians licensed by the Arizona Medical Board on the advisory committee who specializes in primary care.

- 10. Requires at least one of the physicians to have a patient population that is substantially composed of children and adolescents.**
- 11. Eliminates, from the advisory committee, the one physician licensed by the Arizona Board of Osteopathic Examiners in Medicine and Surgery.**
- 12. Adds, to the advisory committee, one licensed nurse practitioner through the Arizona State Board of Nursing who specializes in primary care and is able to prescribe medication.**

SHOPE FLOOR AMENDMENT  
SENATE AMENDMENTS TO S.B. 1214

(Reference to REGULATORY AFFAIRS AND GOVERNMENT EFFICIENCY Committee amendment)

Amendment instruction key:

[**GREEN UPPERCASE UNDERLINING IN BRACKETS**] indicates that the amendment is adding text to statute or previously enacted session law.

[**Green lowercase underlining in brackets**] indicates that the amendment is adding text to new session law or is restoring previously stricken text to existing statute.

[**GREEN UPPERCASE STRIKEOUT IN BRACKETS**] indicates that the amendment is removing new text from statute or previously enacted session law.

[**Green lowercase strikeout in brackets**] indicates that the amendment is removing text from existing statute, previously enacted session law or new session law.

<<Double green carets enclosing an entire section>> indicates that the amendment is adding the section to the bill.

<<**Green strikeout with double green carets enclosing an entire section**>> indicates that the amendment is removing the section to the bill.

{**ORANGE UPPERCASE UNDERLINING IN DOUBLE CURLY BRACKETS**} indicates that the amendment to an amendment is adding text to statute or previously enacted session law.

{**Orange lowercase underlining in double curly brackets**} indicates that the amendment to an amendment is adding text to new session law or is restoring previously stricken text to existing statute.

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- 1 The bill as proposed to be amended is reprinted as follows:  
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 ~~[IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD]~~,  
9 A PHARMACIST MAY INDEPENDENTLY ORDER, PERFORM AND INTERPRET TESTS THAT ARE  
10 AUTHORIZED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND WAIVED  
11 UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 (P.L.  
12 100-578; 102 STAT. 2903; 42 UNITED STATES CODE SECTION 201). A PHARMACIST  
13 MAY INDEPENDENTLY INITIATE TREATMENT TO ELIGIBLE PERSONS WHO ARE AT LEAST  
14 {{~~SIX~~}} {{TWELVE}} YEARS OF AGE OR THE AGE AUTHORIZED BY THE TREATMENT,  
15 WHICHEVER AGE IS OLDER, AND WHO HAVE TEST RESULTS THAT INDICATE THE NEED  
16 FOR TREATMENT, BY A TEST THAT IS AUTHORIZED BY THE UNITED STATES FOOD AND

1 DRUG ADMINISTRATION AND WAIVED UNDER THE CLINICAL LABORATORY IMPROVEMENT  
2 AMENDMENTS OF 1988, FOR ANY OF THE FOLLOWING HEALTH CONDITIONS:

3     1. INFLUENZA.

4     2. GROUP A STREPTOCOCCUS PHARYNGITIS.

5     [3. A RESPIRATORY ILLNESS, CONDITION OR DISEASE THAT DOES NOT  
6 REQUIRE ADDITIONAL DIAGNOSTIC IMAGING TO DIAGNOSE BEYOND A TEST WAIVED  
7 UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988.]

8     [3. SARS-COV-2 OR OTHER CORONAVIRUS RESPIRATORY ILLNESSES.]

9     4. HUMAN IMMUNODEFICIENCY VIRUS PREEXPOSURE PROPHYLAXIS OR  
10 POSTEXPOSURE PROPHYLAXIS.

11     5. A CONDITION RELATED TO AN EMERGING OR EXISTING PUBLIC HEALTH  
12 THREAT IDENTIFIED BY THE DEPARTMENT OF HEALTH SERVICES FOR WHICH A  
13 STATEWIDE STANDING ORDER, RULE OR EXECUTIVE ORDER IS ISSUED.

14     B. WHEN DEVELOPING THE STATEWIDE WRITTEN PROTOCOL [IN CONSULTATION  
15 WITH THE ARIZONA MEDICAL BOARD], THE ARIZONA STATE BOARD OF PHARMACY SHALL  
16 ADDRESS AT A MINIMUM THE FOLLOWING:

17         1. DOCUMENTATION.

18         2. RECORDS RETENTION.

19         3. REFERRALS.

20         4. PATIENT SCREENING REQUIREMENTS AND OBTAINING RELEVANT MEDICAL  
21 HISTORY.

22         5. EXCLUSION CRITERIA.

23         6. TREATMENT INSTRUCTIONS BASED ON THE PATIENT'S AGE AND MEDICAL  
24 HISTORY.

25         7. FOLLOW-UP MAINTENANCE AND CARE PLANS.

26         8. ANY NECESSARY PHARMACIST TRAINING {{OR}} CERTIFICATION  
27 {{REQUIREMENTS}}.

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

34     D. A PHARMACIST SHALL USE EVIDENCE-BASED CLINICAL GUIDELINES  
35 PUBLISHED BY THE UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION  
36 OR THE INFECTIOUS DISEASES SOCIETY OF AMERICA[. THE AMERICAN ACADEMY OF  
37 PEDIATRICS COMMITTEE ON INFECTIOUS DISEASE] OR ANOTHER CLINICALLY  
38 RECOGNIZED RECOMMENDATION IN PROVIDING PATIENT TREATMENT PURSUANT TO  
39 SUBSECTION A OF THIS SECTION.

40     E. AN ELIGIBLE PERSON MUST MEET CRITERIA FOR TREATMENT BASED ON  
41 {{CURRENT CLINICAL GUIDELINES, IF AVAILABLE, [OR]}} THE STATEWIDE WRITTEN  
42 PROTOCOL [OR EVIDENCE-BASED RESEARCH FINDINGS] THAT [SPECIFY][SPECIFIES]  
43 THE FOLLOWING:

44         1. PATIENT INCLUSION AND EXCLUSION CRITERIA.

45         2. EXPLICIT MEDICAL REFERRAL CRITERIA.

1       F. A PHARMACIST SHALL REFER A PATIENT TO THE PATIENT'S  
2 {{IDENTIFIED}} PRIMARY CARE PROVIDER, IF ONE IS IDENTIFIED, {{OR RECOMMEND  
3 FOLLOW UP WITH A PRIMARY PROVIDER,}} IF THE PATIENT EITHER:  
4       1. IS NOT ELIGIBLE FOR PATIENT TREATMENT PURSUANT TO THIS SECTION  
5 AND PRESENTS WITH {{DIFFERENTIAL}} SYMPTOMS.  
6       2. DOES NOT RESPOND TO THE INITIAL TREATMENT PROVIDED PURSUANT TO  
7 THIS SECTION.

8       G. A PHARMACIST WHO INITIATES A TREATMENT UNDER THIS SECTION SHALL:  
9       1. NOTIFY THE PATIENT'S {{IDENTIFIED}} PRIMARY CARE PROVIDER, IF  
10 ONE IS IDENTIFIED, WITHIN SEVENTY-TWO HOURS AFTER INITIATING TREATMENT  
11 PURSUANT TO THIS SECTION. THE NOTICE SHALL INCLUDE THE PATIENT'S NAME,  
12 THE TREATMENT INITIATED AND THE DATE OF TREATMENT AND MAY BE SUBMITTED BY  
13 ENTRY INTO AN ELECTRONIC HEALTH RECORD OR BY TELEPHONE, FAX, MAIL OR  
14 EMAIL. THE PHARMACIST SHALL MAKE A REASONABLE EFFORT TO IDENTIFY THE  
15 PATIENT'S PRIMARY CARE PROVIDER BY AT LEAST ONE OF THE FOLLOWING METHODS:  
16       (a) CHECKING PHARMACY RECORDS.  
17       (b) REQUESTING THE INFORMATION FROM THE PATIENT OR, FOR A PATIENT  
18 UNDER EIGHTEEN YEARS OF AGE, THE PATIENT'S PARENT OR GUARDIAN.  
19       2. MAINTAIN A RECORD OF THE RESULTS OF ANY TESTING OR SCREENING FOR  
20 WHICH A TREATMENT IS INITIATED PURSUANT TO THIS SECTION{{, INCLUDING A  
21 SUMMARY OF THE VISIT AND PATIENT ASSESSMENT INFORMATION,}} FOR A PERIOD OF  
22 SEVEN YEARS.  
23       3. NOTIFY THE PATIENT'S {{IDENTIFIED}} PRIMARY CARE PROVIDER, IF  
24 ONE IS IDENTIFIED, WITHIN FORTY-EIGHT HOURS AFTER THE OCCURRENCE OF ANY  
25 ADVERSE REACTION THAT IS REPORTED TO OR WITNESSED BY THE PHARMACIST AS A  
26 RESULT OF THE TREATMENT.  
27       4. PROVIDE INFORMATIONAL MATERIALS TO THE PATIENT REQUESTING  
28 TREATMENT OR, FOR A PATIENT UNDER EIGHTEEN YEARS OF AGE, TO THE PATIENT'S  
29 PARENT OR GUARDIAN ABOUT THE IMPORTANCE OF PEDIATRIC PREVENTIVE HEALTH  
30 CARE VISITS AS RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS.  
31       H. A PHARMACIST MAY DELEGATE THE TASK OF PERFORMING A TEST WAIVED  
32 BY THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 TO A LICENSED  
33 MEMBER OF THE PHARMACY STAFF WHO IS UNDER THE SUPERVISION OF THE  
34 PHARMACIST. A PHARMACIST MAY NOT DELEGATE ANY TASKS THAT INCLUDE CLINICAL  
35 JUDGMENT {{OR TREATMENT}} AND MAY DELEGATE ONLY ANCILLARY DUTIES AS  
36 ALLOWED BY BOARD RULES.  
37       I. THIS SECTION DOES NOT ESTABLISH A CAUSE OF ACTION AGAINST A  
38 PATIENT'S PRIMARY CARE PROVIDER FOR ANY ADVERSE REACTION, COMPLICATION OR  
39 NEGATIVE OUTCOME ARISING FROM ANY TREATMENT INITIATED BY A PHARMACIST  
40 PURSUANT TO THIS SECTION {{IF THE TREATMENT IS INITIATED WITHOUT A  
41 PRESCRIPTION ORDER WRITTEN BY THE PATIENT'S PRIMARY CARE PROVIDER}}.  
42       J. A PHARMACIST MAY NOT INDEPENDENTLY INITIATE A TREATMENT USING  
43 OPIOIDS FOR A PATIENT.  
44       K. A PHARMACIST MAY NOT INDEPENDENTLY ORDER A TEST OR SCREENING OR  
45 TREAT A MINOR WITHOUT THE WRITTEN CONSENT OF THE MINOR'S PARENT OR  
46 GUARDIAN.

1       [L. A PHARMACY SHALL EITHER DISPLAY A NOTICE OR INCLUDE IN A  
2 PATIENT'S CONSENT PAPERWORK THAT THE TESTING AND TREATMENT BEING PERFORMED  
3 PURSUANT TO THIS SECTION ARE BEING PERFORMED BY A PHARMACIST{{WITHOUT  
4 CONSULTATION WITH OR OVERSIGHT BY A PHYSICIAN AND THAT THE PATIENT SHOULD  
5 CONSULT WITH A PRIMARY CARE PROVIDER IF SYMPTOMS CONTINUE}}.]

6       ~~<<Sec. 2. Independent testing and treatment advisory~~  
7              committee; duties; members; delayed repeal

8       [A. The Arizona state board of pharmacy shall appoint an advisory  
9 committee to assist the board in developing this state's protocols  
10 relating to pharmacists' independent authority to order testing and  
11 initiate treatments pursuant to section 32-1979.04, Arizona Revised  
12 Statutes, as added by this act. The advisory committee shall also make  
13 recommendations to the Arizona state board of pharmacy regarding the  
14 protocols required pursuant to that section.

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

16       1. Two pharmacists who are licensed pursuant to title 32, chapter  
17 18, Arizona Revised Statutes.

18       2. {{One physician}}{{Two physicians}} who {{is}} {{are}} licensed  
19 pursuant to title 32, chapter 13, Arizona Revised Statutes, and who  
20 {{specializes}}{{specialize}} in primary care{{, at least one of whom has  
21 a patient population that is substantially composed of children and  
22 adolescents}}.

23       {{3. One physician who is licensed pursuant to title 32, chapter 17, Arizona Revised  
24 Statutes, and who specializes in primary care.}}

25       {{4.}} {{3.}} One person who represents a nonprofit patient advocacy  
26 organization.

27       {{4. One nurse practitioner who is licensed pursuant to title 32,  
28 chapter 15, Arizona Revised Statutes, who specializes in primary care and  
29 who is able to prescribe medication.}}

30       C. Advisory committee members are not eligible for compensation or  
31 reimbursement of expenses.

32       D. This section is repealed from and after December 31, 2026.]>>

33 Enroll and engross to conform

34 Amend title to conform

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C: MH