

FENNEMORE.



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2024 Arizona Legislative Session  
**Arizona Psychiatric Society**

Alexis Glascock

# WELCOME!



**Prepared by: ALEXIS  
GLASCOCK**

602.916.5488

[aglascock@fennemorelaw.com](mailto:aglascock@fennemorelaw.com)



**DR. DON FOWLS**

# APS Priority Bills

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- SB1021, Scope of practice; process; repeal
- SB1105, Mental health professionals; school safety
- SB1174, Tuition; family; posttraumatic stress; suicide
- SB1221, Pharmacists; prescribing; naloxone; reporting
- SB1249, Psychologists; prescribing authority
- HB2449, Medication; authorization; mental illness
- HB2677, Abortion ban; repeal
- HB2744, Involuntary treatment; guardians; agents; right

# Priority Bills

# SB1021, Scope of practice; process; repeal

Status: Signed by Governor on 04/02 (Position of Oppose)

Sponsor: Sen. Shope (R)

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Repeals the requirement that health professional groups seeking to increase the scope of practice for a state-regulated health profession must complete a statutory sunrise review.

Medical groups must diligently monitor legislation that is introduced and/or contact the medical board that oversees the medical professionals seeking to increase their scope of practice to learn if they have filed a letter indicating that they are seeking to increase their scope of practice within the 10 days required by the legislation.

# SB1105, Mental health professionals; school safety

Status: Dead

(Position of Support) Sponsor: Sen. Miranda (D)

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Expand the School Safety Program to support costs of placing school psychologists on school campuses.

Prior to counseling and implementing an intervention program plan, school psychologists, counselors and social workers to communicate with a student's parents in every feasible and appropriate circumstance.

## **SB1174, Tuition; family; posttraumatic stress; suicide**

**Status: Passed out of Committee; not yet discussed in Caucus  
(Position of Support) Sponsor: Sen. Gowan (R)**

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Requires the Arizona Board of Regents (ABOR) or a community college district to provide a tuition/waiver scholarship to the child or spouse of an Arizona resident who was a veteran of the US Armed forces, or served as a peace officer or firefighter who suffered a post-traumatic stress injury in the line of duty, and who died by suicide.

# SB1211 - Pharmacists; prescribing; naloxone; reporting

Status: Passed Committee of the Whole, Awaiting Third Read (Position of Support) Sponsor: Sen. Shope

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Exempts Naloxone Hydrochloride or any other opioid antagonist that is dispensed according to state law from the requirement pertaining to misbranding of a drug or device.

Removes requirement for the Arizona State Board of Pharmacy (ASBP) approval for a pharmacist to dispense naloxone hydrochloride, or any other opioid antagonist approved by the US FDA and state law and removes any ASBP requirements for documentation.





# SB1249, Psychologists; prescribing authority

Status: Dead; Bill Held at Sponsor's Request (Position of Oppose);  
Sponsor Sen. Shope (R)

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Would allow psychologists without equivalent education and training that is comparable to nurse practitioners or physician assistants, and particularly physicians, to prescribe any FDA approved drug to any person, including both pediatric and geriatric populations.


The Board of Medical Examiners, Board of Osteopathic Medicine and Psychologist Board met with stakeholders, and all concluded they did not have the funds available or personnel to oversee psychologists prescribing. As their budgets will be reduced for next year, it is unclear how they will be able to have sufficient resources to undertake the work required by this bill.



# HB2449 - Medication; authorization; mental illness

Status: Passed Senate Appropriations on 3/26, not yet heard in Rules Committee; (Position of Oppose) Sponsor: Rep. Montenegro (R)

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Prohibits requiring prior authorization and “step therapy protocol” for valid prescription drug coverage for the treatment of a “serious mental health condition” as defined by law and provided the medication is on the Approved Behavioral Health Drug list and used in compliance with US FDA recommendations.

Requires the Arizona Department of Health Services (ADHS) to ensure the Pharmacy and Therapeutics Committee reviews any US FDA approved drugs for the treatment of serious mental health conditions and outlines those conditions.

# HB2677 – Abortion ban; repeal

Status: Signed by Governor on 05/02 (Position of Support)

Sponsor: Sen. Stahl Hamilton (D)

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Repeals the state ban on abortion procedures and administration of abortion inducing drugs. Removes the associated criminal penalties for the same.

# HB2744, Involuntary treatment; guardians; agents; rights

Status: Signed by Governor on 04/10 (Position of Support)  
Sponsor: Sen. Hernandez (D)

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Provides the rights and procedures that guardians and agents who have decisional authority to make personal, medical and treatment decisions for a patient must follow in proceedings for court ordered treatment.

The guardian of a patient may file a report with the court that addresses whether the patient is complying with the order, whether the treatment is still appropriate, and whether the patient still needs treatment.



# Other Bills of Interest

## **SB1655, Behavioral health entities; regulation**

**Status: Failed Health & Human Services (Yea: 3, Nay: 7); Stakeholders plan to work on bill over the interim and introduce it again next Legislative Session**

**Sponsor: Sen. Hatathlie**

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Allows the Director to establish a monitoring program for BHEs that identifies the circumstances where DHS temporarily monitors and provides professional assistance to a licensee not in substantial compliance with licensing requirements.

DHS must establish a corrective action plan with non-compliant healthcare entities.

Directs DHS to establish annual continuing education and training requirements for employees, volunteers and contractors who work in sober living homes, which includes peer recovery support specialists.

**SB1570, Psilocybin services; regulation; licensure**  
**Status: Dead; Did not go past Second Read on 3/12**  
**Sponsor: Sen. Shope (R)**

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Established the Psilocybin Control and Regulation, consisting of fees and civil penalties, to be used for grants for psilocybin clinic trials.

Established the Arizona Psilocybin Advisory Board, that is required to publish an annual report, approve trainings for licensees and health professionals who provide psilocybin services and make recommendations to DHS regarding the manufacturing, cultivating, possessing psilocybin.

# SB1678, Secure behavioral health residential facilities

Status: Awaiting Third Read

Sponsor: Sen. Gowan (R)

Requires that the Secure Behavioral Health Residential Facilities (SBHRFs) to keep civilly placed patients in separate SBHRFs from persons committed to SBHRFs as dangerous and incompetent to stand trial in a criminal proceeding.

Requires AHCCCS to submit a report to the Governor, Legislature and Supreme Court on the number of available beds in each SBHRF for people civilly placed by court order, and the number of beds available for persons who are deemed dangerous and incompetent to stand trial by a court order.





# SB1309, Mental health evaluations; information; consent

Status: Signed by Governor on 05/06

Sponsor: Sen. Miranda (D)

Expands the requirements for applications and petitions for court-ordered behavioral health evaluations.

Requires the screening and evaluation agencies to consider relevant past and present behavioral health history of the proposed patient from people who have a significant relationship with the patient.





**QUESTIONS?**

# Appendix

# Priority Bills

# SB1021, Scope of practice; process; repeal

Status: Signed by Governor on 04/02 (Position of Oppose)

Sponsor: Sen. Shope (R)

Removes the definition of “Increase the scope of practice” as it is applied to “Health Professional Group” (HPG), and makes the section not applicable to regulatory entities that were legislatively enacted before August 7, 1985. Repeals Sec. 4, 32-3106.

Removes report criteria covered under 32-3106 and the option of a HPG proposing to increase their scope of practice to send copies of mandated written reports to the regulatory board of the health professional and the Arizona Department of Health Services for review and comment.

Repeals the mandate that said HPG must notify the Legislature and appropriate Health Committee chairpersons by November 1 if the HPG intends to pursue an increase in scope of practice.

As a result, the medical groups concerned about a potential scope of practice increase must diligently monitor legislation that is introduced and/or contact the medical board that oversees the medical professionals seeking to increase their scope of practice to learn if they have filed a letter indicating that they are seeking to increase their scope of practice within the 10 days required by the legislation.

# SB1105, Mental health professionals; school safety

Status: Dead

(Position of Support) Sponsor: Sen. Miranda (D)

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Expand the School Safety Program to support costs of placing school psychologists on school campuses.

Prior to counseling and implementing an intervention program plan, the bill requires the school psychologists, counselors and social workers to communicate with a student's parents in every feasible and appropriate circumstance.

Accelerated the date by which a school district or charter school must submit a Program proposal to the Arizona Department of Education to be able to participate in the Program.

# SB1174, Tuition; family; posttraumatic stress; suicide

Status: Passed out of Committee; not yet discussed in Caucus  
(Position of Support) Sponsor: Sen. Gowan (R)

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Requires the Arizona Board of Regents (ABOR) or a community college district to provide a tuition/waiver scholarship to the child or spouse of an Arizona resident who was a veteran of the US Armed forces, or served as a peace officer or firefighter who suffered a post-traumatic stress injury in the line of duty, and who died by suicide.

Requires ABOR to distribute surplus monies that were appropriated to the Spouses of Military Veterans Tuition Scholarship Fund to each university under ABOR jurisdiction for the costs associated with the tuition waiver scholarships.

Establishes additional eligibility guidelines. Self-repeals on January 1, 2029, and is applied retroactively to June 30, 2023.

# SB1211 - Pharmacists; prescribing; naloxone; reporting

Status: Passed Committee of the Whole, Awaiting Third Read (Position of Support) Sponsor: Sen. Shope

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Exempts Naloxone Hydrochloride or any other opioid antagonist that is dispensed according to state law from the requirement pertaining to misbranding of a drug or device.

Removes requirement for the Arizona State Board of Pharmacy (ASBP) approval for a pharmacist to dispense naloxone hydrochloride or any other opioid antagonist approved by the US FDA and state law and removes any ASBP requirements for documentation.

Removes the requirement that dispensing naloxone hydrochloride or any other opioid antagonist not be included in the patient's utilization report.

Contains an emergency clause.





# SB1249, Psychologists; prescribing authority

## Status: Dead; Bill Held at Sponsor's Request (Position of Oppose); Sponsor Sen. Shope (R)

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Would allow psychologists without equivalent education and training that is comparable to nurse practitioners or physician assistants, and particularly physicians, to prescribe any FDA approved drug to any person, including both pediatric and geriatric populations.

During stakeholder meetings, two bills were reviewed and changes that the psychologists agreed to were not included in subsequent drafts of the bill. The Board of Medical Examiners, Board of Osteopathic Medicine and Psychologist Board met with stakeholders, and all concluded they did not have the funds available or personnel to oversee psychologists prescribing. As their budgets will be reduced for next year, it is unclear how they will be able to have sufficient resources to undertake the work required by this bill.


Permits a physician to enter a collaborative prescription agreement with a private psychologist, and to supervise clinical training of psychologists who apply for prescribing authority.

A psychologist who holds a prescription license and who has a collaborative prescription agreement may prescribe psychotropic medication and other medication approved by the FDA or order laboratory testing, imaging and medical tests necessary before, during, and after the period of prescribed medication.

# HB2449 - Medication; authorization; mental illness

Status: Passed Senate Appropriations on 3/26, not yet heard in Rules Committee; (Position of Oppose) Sponsor: Rep. Montenegro (R)

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Prohibits requiring prior authorization and “step therapy protocol” (defined) for valid prescription drug coverage for the treatment of a “serious mental health condition” (defined) as defined by law and provided the medication is on the Approved Behavioral Health Drug list and used in compliance with US FDA recommendations.

Requires the Arizona Department of Health Services (ADHS) to ensure the Pharmacy and Therapeutics Committee reviews any US FDA approved drugs for the treatment of serious mental health conditions and outlines those conditions.

ArMA and Society suggested a more narrow definition. It was not adopted and Society took position of oppose.

# HB2677 – Abortion ban; repeal

Status: Signed by Governor on 05/02 (Position of Support)

Sponsor: Sen. Stahl Hamilton (D)

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Repeals the state ban on abortion procedures and administration of abortion inducing drugs. Removes the associated criminal penalties for the same.

# HB2744, Involuntary treatment; guardians; agents; rights

Status: Signed by Governor on 04/10 (Position of Support)

Sponsor: Sen. Hernandez (D)

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Provides the rights and procedures that guardians and agents who have decisional authority to make personal, medical and treatment decisions for a patient must follow in proceedings for court ordered treatment.

Allows a guardian to submit reports to the court regarding a patient's compliance with the original order for treatment. Guardian may also file a petition for court ordered evaluation and treatment.

The guardian of a patient may file a report with the court that addresses whether the patient is complying with the order, whether the treatment is still appropriate, and whether the patient still needs treatment.



# Other Bills of Interest

# SB1062, Behavioral health professionals; addiction counseling

Status: Signed by Governor on 4/23.

Sponsor: Sen. Shope (R)

Expands the practice of substance abuse to include all forms of addiction.

The term “substance abuse counseling” is replaced with the term “addiction counseling.”

A person who is licensed as a “substance abuse technician,” “association substance abuse counselor,” or “independent counselor” must update their designation to “licensed addiction technician,” “associate addiction counselor,” or “independent addiction counselor” by the person’s licenses renewal date.

Changes the number of years in which a behavioral health professional seeking licensure by Board-endorsement must be licensed or certified in at least one other state or federal jurisdiction from three years to one year.



**SB1177, Court-ordered treatment; evaluations; physicians**  
**Status: Dead; Did not have any hearings in Senate; (Position of Support)**  
**Sponsor: Sen. Gowan (R)**

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Removes criteria that in a county with a population less than 500,000, the petition may be accompanied by affidavits of one physician and one physician assistant experienced in psychiatric matters or one psychiatric and mental health nurse practitioner.

Reinstates prior criteria that the independent evaluations of the person for Court-ordered treatment must include two physicians.



## SB1655, Behavioral health entities; regulation

Status: Failed Health & Human Services (Yea: 3, Nay: 7); Stakeholders plan to work on bill over the interim and introduce it again next Legislative Session

Sponsor: Sen. Hatathlie

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Allows the Director to establish a monitoring program for BHEs that identifies the circumstances where DHS temporarily monitors and provides professional assistance to a licensee not in substantial compliance with licensing requirements.

DHS must establish a corrective action plan with non-compliant healthcare entities.

Declares that an individual who operates or maintains a behavioral health entity or sober living home without a license guilty of a class 6 felony, subject to a daily civil penalty between \$5,000 - \$10,000 for each violation.

Requires the Arizona Corporation Commission (ACC) to check the identification documents of a person that files for incorporation as a behavioral health entity or sober living home.

Directs DHS to establish annual continuing education and training requirements for employees, volunteers and contractors who work in sober living homes, which includes peer recovery support specialists.



# SB1309, Mental health evaluations; information; consent

Status: Signed by Governor on 05/06

Sponsor: Sen. Miranda (D)

Expanded the requirements for applications and petitions for court-ordered behavioral health evaluations.

An application made by a peace officer or prescribed health care professional does not need to be notarized.

Requires the screening and evaluation agencies to consider relevant past and present behavioral health history of the proposed patient from people who have a significant relationship with the patient.



# SB1311, Mental health; oversight; data; documentation

Status: Signed by Governor on 04/16

Sponsor: Sen. Miranda (D)

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Declares AHCCCS as the agency responsible for monitoring, overseeing, and evaluating the regional behavior health authorities and contracted agencies that provide mental health services.

Requires the Director of AHCCCS to adopt rules and, if needed, prescribe reporting requirements and standards for contractors and contracted agencies to collect, report and analyze information and data for purposes of understanding the clinical effectiveness of mental health services provided.

Fiscal Note reported that AHCCCS had not yet responded to the request for the estimate of additional staffing need and associated costs, and therefore there is an inability to determine the magnitude of the increase.

# SB1406, International medical licenses; provisional licensure

Status: Awaiting Third Read

Sponsor: Sen. Shamp (R)

Allows the Arizona Medical Board (AMB) and the Arizona Board of Osteopathic Examiners in Medicine and Surgery (ABOE) to grant medical licenses to international medical licensees who meet the criteria outlined in the bill.

AMB estimates that the bill would increase annual operating costs by \$766 per application received. Current law requires that 90% of the revenue will be deposited to the AMB fund and 10% into the General Fund.

Effective date is January 1, 2025.



# SB1406, International medical licenses; provisional licensure

Status: Awaiting Third Read

Sponsor: Sen. Shamp (R)

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International medical licensee must have been granted a medical doctorate or a substantially similar degree by an international medical program of good standing. They must have completed a residency or substantially similar postgraduate medical training recognized by the licensing body of the country where the individual is licensed.

International medical licensee must possess basic fluency in the English language at a sufficient level to communicate with patients about medical conditions and treatments.

Must have been licensed to practice medicine with the preceding five years in one or more of the following: Australia, Canada, Hong Kong, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, The United Kingdom, any additional country added by the board.

Must have practiced medicine in the licensing country for at least five years after completing the postgraduate training.

# SB1570, Psilocybin services; regulation; licensure

Status: Dead; Did not go past Second Read on 3/12

Sponsor: Sen. Shope (R)

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Established the Psilocybin Control and Regulation, consisting of fees and civil penalties, to be used for grants for psilocybin clinic trials.

Established the Arizona Psilocybin Advisory Board, that is required to publish an annual report, approve trainings for licensees and health professionals who provide psilocybin services and make recommendations to DHS regarding the manufacturing, cultivating, possessing psilocybin.

Required training programs for licensees and health professionals who serve as medical directors of psychedelic-assisted therapy centers to provide core training that consists of at least 132 hours of instruction.

By January 1, 2026, requires ADHS to license for the operation of psychedelic-assisted therapy centers and defines ADHS roles, enforcement and prohibitions.

# SB1678, Secure behavioral health residential facilities

Status: Awaiting Third Read

Sponsor: Sen. Gowan (R)

Requires that the Secure Behavioral Health Residential Facilities (SBHRFs) to keep civilly placed patients in separate SBHRFs from persons committed to SBHRFs as dangerous and incompetent to stand trial in a criminal proceeding.

Provides courts the option that, if the factfinder finds the defendant dangerous and should be involuntarily committed, to dismiss the charges without prejudice and order the defendant committed to the Arizona State Hospital (ASH).

Requires AHCCCS to submit a report to the Governor, Legislature and Supreme Court on the number of available beds in each SBHRF for people civilly placed by court order. AHCCCS must also submit a report regarding the number of beds available in each SBHRF for persons who are deemed dangerous and incompetent to stand trial by a court order.



# HB2444, Grievance process; payment methods; report

Status: Signed by Governor on 04/02

Sponsor: Rep. Montenegro (R)

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Requires health insurers to accept tangible checks as a form of payment.

If the health care provider opts out of a method of payment, the decision remains in effect until the providers opts back into the prior method of payment or a new contract is entered into.

By August 1, requires the Director of DIFI to post a report on the public website that includes the information on grievances for the prior fiscal year, including: (a) total number of grievances received; (b) average time to resolve a grievance; and (c) percentage of grievances where a health care insurer's decision was overturned.

Statutes related to payment of insurance claims do not preclude a health care provider from collecting money for a service that is either (a) not covered under the insurance policy; or (b) medically necessary and payment on the claim was not made due to a denial or disallowance based on frequency.