

To: ADHS Employees

From: ADHS Legislative Affairs

Date: July 11, 2022

Re: 2022 Legislative and Budget Summary

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The Second Regular Session of the 55th Legislature adjourned sine die on June 25, 2022 at 12:25 AM. This memo: (a) lists all health related law in which you may have interest; and (b) outlines legislation passed into law that specifically impacts the Arizona Department of Health Services (ADHS) including all budget bills. The general effective date for the laws passed this session is September 24, 2022 with some exceptions (emergency clause measures and various effective dates). The Legislative Affairs Team extends our thanks to everyone throughout the Department for your responsiveness as issues arose before and during the session. We look forward to working together to provide legislators the best possible information to assist in their service. Please feel free to contact ADHS Legislative Affairs at 480-316-2823 with any questions about these bills or other legislative issues.

Please note the following information:

An emergency measure is effective upon the signature of the Governor.

The General Effective Date of the 55<sup>th</sup> Legislature, First Regular Session is September 24, 2022.

<b><u>Bill Number</u></b>	<b><u>Short Title</u></b>	<b><u>Effective Date</u></b>
<a href="#"><u>HB 2030 (Chapter 238)</u></a>	state hospital; procurement; overtime	General Effective Date
<a href="#"><u>HB 2049 (Chapter 258)</u></a>	fingerprint requirements; care facilities	General Effective Date
<a href="#"><u>HB 2081 (Chapter 239)</u></a>	risk management; liability; state agencies	General Effective Date
<a href="#"><u>HB 2086 (Chapter 240)</u></a>	DHS; school immunizations; exclusions	General Effective Date
<a href="#"><u>HB 2107 (Chapter 86)</u></a>	emergency powers; business closure; repeal.	General Effective Date
<a href="#"><u>HB 2123 (Chapter 279)</u></a>	funerals; regulation; continuation	General Effective Date
<a href="#"><u>HB 2146 (Chapter 81)</u></a>	data security breach; notification	General Effective Date
<a href="#"><u>HB 2197 (Chapter 82)</u></a>	medical examiner; pathologist assistant; autopsies	General Effective Date

<a href="#">HB 2371 (Chapter 263)</a>	enforcement prohibition; vaccinations; requirements	General Effective Date
<a href="#">HB 2374 (Chapter 140)</a>	acute care services; pilot program	General Effective Date
<a href="#">HB 2407 (Chapter 217)</a>	ambulances; mileage rate calculation	General Effective Date
<a href="#">HB 2431 (Chapter 274)</a>	emergency medical services; patient transport	General Effective Date
<a href="#">HB 2433 (Chapter 246)</a>	HIV testing; consent; repeal	General Effective Date
<a href="#">HB 2434 (Chapter 57)</a>	surgical smoke evacuation; requirements	July 1, 2024
<a href="#">HB 2449 (Chapter 179 )</a>	care facilities; clergy visitation	General Effective Date
<a href="#">HB 2450 (Chapter 128)</a>	outpatient treatment centers; licensure; exemption	General Effective Date
<a href="#">HB 2453 (Chapter 247)</a>	governmental entities; mask requirement; prohibition	General Effective Date
<a href="#">HB 2498 (Chapter 180)</a>	COVID-19; vaccination requirements; prohibition	General Effective Date
<a href="#">HB 2507 (Chapter 181)</a>	religious services; essential services	General Effective Date
<a href="#">HB 2587 (Chapter 142)</a>	public records; point of contact	General Effective Date
<a href="#">HB 2594 (Chapter 249)</a>	trauma recovery centers; grants	General Effective Date
<a href="#">HB 2599 (Chapter 265)</a>	administrative hearings; GRRC	General Effective Date
<a href="#">HB 2601 (Chapter 253)</a>	kratom products; definitions	General Effective Date
<a href="#">HB 2609 (Chapter 381)</a>	ambulance services; certificates of necessity	January 1, 2024
<a href="#">HB 2612 (Chapter 59)</a>	occupational regulation	General Effective Date
<a href="#">HB 2616 (Chapter 184)</a>	mask mandates; minors; parental consent	General Effective Date
<a href="#">HB 2633 (Chapter 296)</a>	hospitalizations; family visitation	General Effective Date
<a href="#">HB 2659 (Chapter 70)</a>	organ transplants; disabilities; discrimination; prohibition	General Effective Date
<a href="#">HB 2691 (Chapter 330)</a>	health care workforce; grant programs	General Effective Date
<a href="#">HB 2724 (Chapter 132)</a>	assisted living; distance requirements; prohibition	General Effective Date
<a href="#">HB 2741 (Chapter 336)</a>	state licensing; fee waiver	General Effective Date

<a href="#">SB 1009 (Chapter 220)</a>	state of emergency; executive powers	General Effective Date
<a href="#">SB 1136 (Chapter 31)</a>	public works; contracts; payments	General Effective Date
<a href="#">SB 1138 (Chapter 104)</a>	irreversible gender reassignment surgery; minors	April 1, 2023
<a href="#">SB 1162 (Chapter 134)</a>	opioid prescriptions; intractable pain; exceptions	General Effective Date
<a href="#">SB 1164 (Chapter 105)</a>	abortion; gestational age; limit	General Effective Date
<a href="#">SB 1176 (Chapter 288)</a>	340B drug programs; prohibitions	January 1, 2024
<a href="#">SB 1202 (Chapter 12)</a>	nursing care; assisted living; continuation	Emergency Clause
<a href="#">SB 1203 (Chapter 34)</a>	health care institutions; architectural plans	General Effective Date
<a href="#">SB 1210 (Chapter 250)</a>	mentally ill; evaluation; treatment	General Effective Date
<a href="#">SB 1242 (Chapter 15)</a>	nursing care; assisted living; regulation	General Effective Date
<a href="#">SB 1309 (Chapter 77)</a>	health professionals; temporary licenses; extension	Emergency Clause
<a href="#">SB 1310 (Chapter 352)</a>	incompetent defendants; dangerous; involuntary commitment	January 1, 2024
<a href="#">SB 1311 (Chapter 190)</a>	health care workers; assault; prevention.	General Effective Date (Implementation deadline of July 1, 2023)
<a href="#">SB 1319 (Chapter 231)</a>	schools; vision screening	General Effective Date
<a href="#">SB 1346 (Chapter 354)</a>	state employees; vaccination inquiries prohibited	General Effective Date
<a href="#">SB 1392 (Chapter 302)</a>	state hospital; court-ordered treatment	General Effective Date
<a href="#">SB 1444 (Chapter 359)</a>	state hospital; administration; oversight	General Effective Date
<a href="#">SB 1494 (Chapter 360)</a>	COVID-19 vaccine; unemployment insurance	General Effective Date
<b>Budget Bills</b>		
<a href="#">HB 2862 (Chapter 313)</a>	general appropriations act; 2022-2023.	July 1, 2022
<a href="#">HB 2863 (Chapter 314)</a>	health care; 2022-2023.	General Effective Date

<a href="#">HB 2865 (Chapter 316)</a>	human services; 2022-2023.	General Effective Date
<a href="#">HB 2868 (Chapter 319)</a>	state buildings; management; 2022-2023.	General Effective Date

## State Hospital

### [HB 2030 state hospital; procurement; overtime \(Chapter 238\)](#)

Allows the Director to authorize a workday for ASH employees who are regularly scheduled to work a shift that spans two calendar days, for the purpose of workweek and pay period time entries. Exempts ADHS from procurement code requirements for contracts to provide medically necessary physical health care to individuals under the care of ASH.

### [HB 2453 governmental entities; mask requirement; prohibition \(Chapter 247\)](#)

See Planning and Operations.

### [HB 2633 hospitalizations; family visitation \(Chapter 296\)](#)

See Licensing.

### [SB 1311 health care workers; assault; prevention. \(Chapter 190\)](#)

See Licensing.

### [SB 1392 state hospital; placement; court-ordered treatment \(Chapter 302\)](#)

Allows a medical director of a local mental health treatment agency to petition the court to readmit an individual into ASH if certain criteria are met. Requires the ASH superintendent to notify the court within five days of receiving a court order as to whether there is an available bed at ASH.

### [SB 1444 state hospital; administration; oversight \(Chapter 359\)](#)

Prohibits administration and employees of ASH from retaliating against a patient due to family participation in Arizona State Hospital Independent Oversight Committee meetings. Specifies that ASH is not precluded from taking action against a patient who violates ASH's policies and procedures. Requires the ASH Superintendent and Chief Medical Officer to attend and participate in meetings with the exception of the public comment period. Directs ASH administration to develop and implement an innovative clinical improvement and human resources development plan (Plan). Outlines what must be contained within the Plan. Modifies membership and duties of the Joint Legislative Psychiatric Hospital Review Council (Council). Extends the Council until September 1, 2026.

## Licensing

### [HB 2049 fingerprint requirements; care facilities \(Chapter 258\)](#)

Requires contracted persons or volunteers of residential care institutions, nursing care institutions or home health agencies who provide direct support services and who have not been subject to the fingerprinting requirements of a health professional's regulatory board to have a valid fingerprint clearance card (FPCC), or apply for a FPCC within 20 working days of

beginning volunteer or contracted work. Prohibits residential care institutions, nursing care institutions or home health agencies from allowing a volunteer to provide direct support services if the person has had a FPCC suspended or revoked. Allows an eligible employee, volunteer or contractor of a residential care institution, nursing care institution or home health agency to petition the Board for a good cause exception if the person provides specified services.

#### **HB 2123 funerals; regulation; continuation (Chapter 279)**

Continues the Funeral Board, retroactive to July 1, 2022, until March 31, 2023. Declares the Legislature's intent to continue the Board, through March 31, 2023, to allow for additional time to ensure proper legislative consideration and transference of responsibilities for the purposes of public health and safety.

#### **HB 2197 medical examiner; pathologist assistant; autopsies (Chapter 82)**

Allows a county medical examiner or alternate medical examiner to authorize pathologist assistants to assist with performing autopsies under the direct supervision of a licensed physician who is board-certified in forensic pathology, in accordance with procedures adopted by the county or alternate medical examiner. Prohibits pathologist assistants from certifying a cause of death or independently performing an autopsy.

#### **HB 2374 acute care services; pilot program (Chapter 140)**

Allows a hospital to include the services of mobile paramedics in the Hospital at Home Pilot Program. Outlines requirements needed to be considered a mobile paramedic. Specifies that a mobile paramedic's scope of practice is delegated to the mobile paramedic by the supervising physician.

#### **HB 2434 surgical smoke evacuation; requirements (Chapter 57)**

Requires outpatient surgical centers and hospitals, beginning July 1, 2024, to adopt policies and procedures regarding the use of surgical smoke evacuation systems. Requires ADHS to ensure compliance through the inspection/complaint process.

#### **HB 2449 care facilities; clergy visitation (Chapter 179)**

Requires a health care institution (defined as an assisted living center or facility, hospice, NCI or a residential care institution) that allows any kind of in-person visitation to allow a clergy member to visit a resident who requests an in-person visit or consents to be visited in person for religious purposes, including during a declared state of emergency. Holds a health care institution and its employees and contractors harmless from civil liability to a resident or a person visiting a resident for injury or death due to exposure to a communicable disease resulting from or related to a clergy visitation, unless it is proven by clear and convincing evidence that the health care institution failed to substantially comply with its own health and safety precautions.

#### **HB 2450 outpatient treatment centers; licensure; exemption (Chapter 128)**

Exempts an OTC that has the same governing authority as a licensed hospital and that is staffed by licensed health care providers, with exceptions, from licensure, supervision,

regulation or control of ADHS. Permits ADHS to inspect an exempt OTC if there is reasonable cause to believe that patient harm is occurring.

#### **HB 2599 administrative hearings; GRRC (Chapter 265)**

Makes a variety of changes relating to occupational licensing, agency rulemaking, petitions to GRRC and appealable agency actions. Requires a regulating entity, before taking any official action to deny a professional or occupational license applied for under licensure reciprocity, to submit the application and the reason for denial to the Governor for review. Requires the regulating entity to notify the Governor of any required time frames for approval or denial of the license application by the regulatory agency. Requires, beginning July 1, 2022, all regulating entities that are required to issue occupational or professional licenses applied for under licensure reciprocity to: a) track information about applications received in a format to be determined by the Governor; and b) annually report that information to the Governor. Requires an agency inspector, auditor or regulator who enters any premise of a regulated person for an inspection to offer to review, at the end of the inspection, with an authorized representative of the regulated person the following: a) the findings of the inspection; and b) what agency actions the regulated person can expect. Deems void, on the determination by GRRC, an agency practice, substantive policy statement or regulatory licensing requirement that exceeds the agency's statutory authority or is not authorized by statute. Requires GRRC, rather than allows, to modify, revise or declare an agency practice, substantive policy statement, final rule or licensing requirement void if it is unduly burdensome or is not demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Specifies that an agency may only further pursue an agency practice, substantive policy statement or licensing requirement that has been declared void or has been modified or revised by GRRC pursuant to new rulemaking. Prohibits a state agency from conducting any rulemaking, including regular, expedited, informal, formal, emergency or exempt rulemaking, without prior written approval of the Governor. Prohibits a state agency, after the public comment period and close of rulemaking record, from submitting the proposed rules to GRRC without a written final approval from the Governor. Requires a state agency to remove materials not authorized by statute or rule from its website by the effective date.

#### **HB 2612 occupational regulation (Chapter 59)**

In part, eliminates the requirements for there to be a finding on whether an applicant is of good character or reputation, has integrity or is honest, moral, trustworthy or truthful to be eligible for a license, permit, certification or other state recognition for nursing care administrators, radiologic technologists, midwives, hearing aid dispensers, audiologists and speech-language pathologists.

#### **HB 2633 hospitalizations; family visitation (Chapter 296)**

Requires hospitals to develop a visitation policy that allows a patient to have daily in-person visitation by a designated visitor of the patient's choice, including the patient's spouse, parent or child. Requires a hospital's visitation policies to ensure that the patient and the patient's visitors may have physical contact, especially during end-of-life visitation, unless a physician determines based on the patient's condition that the visitation does not meet health and safety

standards or is reasonably likely to harm the patient. Allows, if a physician denies visitation with a patient, the patient or the patient's representative to request a meeting with the physician and the hospital's chief medical officer, chief of staff or chief executive officer to receive a review and explanation within 24 hours of the physician's decision to deny visitation. Allows a visitor to file a complaint with ADHS if the designated visitor's request for visitation is denied or not resolved at the meeting with hospital officials. Exempts mental health facilities and ASH or any other licensed facility under the jurisdiction of the ASH Superintendent from the patient visitation requirement.

**[HB 2659 organ transplants; disabilities; discrimination; prohibition \(Chapter 70\)](#)**

Prohibits health care providers from refusing to provide or otherwise determining that an individual is ineligible to receive organ transplant-related services based solely on the fact that the individual has a disability. Requires health care facilities to make reasonable policy modifications to allow individuals with a disability access to organ transplant-related services.

**[HB 2724 assisted living; distance requirements; prohibition \(Chapter 132\)](#)**

Requires counties and municipalities with a zoning regulation or ordinance that restricts the distance between assisted living homes to establish an administrative procedure to grant reasonable accommodation exceptions under the federal Fair Housing Act.

**[HB 2741 state licensing; fee waiver \(Chapter 336\)](#)**

Requires an agency to waive a first-time applicant's initial licensing fee if the applicant is the spouse of an active-duty service member or an honorably discharged veteran.

**[SB 1164 abortion; gestational age; limit \(Chapter 105\)](#)**

Prohibits an allopathic or osteopathic physician (physician) from performing an abortion on a woman whose unborn child is older than 15 weeks old. Stipulates that a physician who performs an abortion on a child greater than 15 weeks old must file a report containing specified information with ADHS within 15 days of the procedure. Requires ADHS to create the aforementioned form within 30 days of the general effective date of the 2022 legislative session. Prescribes a civil penalty of up to \$10,000 for any physician who knowingly or intentionally files false reports or fails to file required reports to ADHS. Permits the Attorney General's Office to bring an action on behalf of ADHS.

**[SB 1202 nursing care; assisted living; continuation \(Chapter 12\)](#)**

An emergency measure that continues, retroactive to March 31, 2022, the NCIA Board until July 1, 2024.

**[SB 1203 health care institutions; architectural plans \(Chapter 34\)](#)**

Requires a health care institution license application to include a notarized attestation from a licensed architect that verifies architectural plans meet or exceed ADHS standards. Eliminates the requirement that ADHS provide architectural plan reviews for health care institutions.

**[SB 1242 nursing care; assisted living; regulation \(Chapter 15\)](#)**



In part, requires ADHS, in collaboration with the NCIA Board, to establish an expedited process for identifying and referring complaints relating to licensees and certificate holders under the jurisdiction of the NCIA Board by September 1, 2022. Requires, by October 1, 2022, ADHS to provide a report to the Chairpersons of the Health and Human Services Committees of the Senate and House of Representatives outlining the expedited complaint process, including the time frames from receipt of a complaint to referral to the NCIA Board.

**[SB 1310 dangerous; incompetent person; evaluation; commitment \(Chapter 352\)](#)**

Effective January 1, 2024, establishes procedures regarding the commitment, detainment, conditional release and discharge of a defendant deemed incompetent, non-restorable and dangerous. Outlines requirements for the treatment of a committed defendant. Specifies that persons adjudicated dangerous and incompetent are to be remanded to a secure behavioral health residential facility licensed by ADHS.

**[SB 1311 health care workers; assault; prevention. \(Chapter 190\)](#)**

Requires, by July 1, 2023, health care employers to develop, implement and maintain a written workplace violence prevention plan that includes specified criteria. Outlines requirements for reporting and documentation of assaults at health care institutions. Excludes the Arizona State Hospital or any other licensed facility that is under the jurisdiction of the superintendent of the Arizona State Hospital from the health care employers workplace violence prevention plan requirements.

**Policy and Intergovernmental Affairs**

**[HB 2433 HIV testing; consent; repeal \(Chapter 246\)](#)**

See Preparedness.

**[HB 2587 public records; point of contact \(Chapter 142\)](#)**

Requires any entity that is subject to a public records request to provide the name, telephone number and email address of the authorized employee or department that is able to provide the requested information or forward the request to an employee or department that can provide the requested information.

**[HB 2599 administrative hearings; GRRC \(Chapter 265\)](#)**

See Licensing.

**[HB 2609 ambulance services; certificates of necessity \(Chapter 381\)](#)**

See Preparedness.

**[SB 1164 abortion; gestational age; limit \(Chapter 105\)](#)**

See Licensing.

**[SB 1309 health professionals; temporary licenses; extensions \(Chapter 77\)](#)**

See Preparedness.



**[SB 1319 vision screening; program \(Chapter 231\)](#)**

Requires ADHS to consult with the Lion's Club, ophthalmologists, optometrists, school nurses. Pediatricians and school administrators when drafting rules for vision screening.

**Planning and Operations**

**[HB 2081 risk management; liability; state agencies \(Chapter 239\)](#)**

Makes a variety of changes to ADOA's statutes relating to risk management and liability for state agencies.

**[HB 2146 data security breach; notification \(Chapter 81\)](#)**

Requires a notification of a security system breach of more than 1,000 individuals to be sent to the Director of the AZ Department of Homeland Security.

**[HB 2453 governmental entities; mask requirement; prohibition \(Chapter 247\)](#)**

Prohibits a governmental entity from imposing any requirement to wear a mask or face covering on the governmental entity's premises, except where long-standing workplace safety and infection control measures that are unrelated to COVID-19 may be required.

**[HB 2498 COVID-19; vaccination requirements; prohibition \(Chapter 180\)](#)**

See Preparedness.

**[SB 1136 public works; contracts; payments \(Chapter 31\)](#)**

Permits a contractor hired by a governmental entity, while the final amount to be paid for any changed work is pending, to request payment for changed work that the contractor has completed during the previous month in monthly pay estimates if: a) the governmental entity directs the contractor to perform changed work in accordance with the construction contract; and b) the contractor submits to the governmental entity a reasonable cost estimate of the changed work.

**[SB 1346 state employees; vaccination inquiries prohibited \(Chapter 354\)](#)**

Prohibits the state or any state agency or contractor for the state from sending its employees door-to-door to inquire about a person's vaccination status.

**Preparedness**

**[HB 2086 DHS; immunizations; exclusions \(Chapter 240\)](#)**

States that immunization against COVID-19 or any of its variants is not required for school attendance in Arizona. Mandates an immunization to be required by ADHS rule before the immunization is permitted to be required for in-person school attendance.

**[HB 2107 emergency powers; business closure; repeal. \(Chapter 86\)](#)**

Prohibits a mayor or county board of supervisors from ordering the closure of businesses during a declared emergency.

**[HB 2371 enforcement prohibition; vaccinations; requirements \(Chapter 263\)](#)**

Prohibits any governmental entity from requiring a person under 18 years of age to receive a vaccination for COVID-19 or a COVID-19 variant without parental consent. Prescribes a Class 1 Misdemeanor for a violation.

**[HB 2374 acute care services; pilot program \(Chapter 140\)](#)**

See Licensing.

**[HB 2407 ambulances; mileage rate calculation \(Chapter 217\)](#)**

Codifies into statute ADHS rules, with the exception of mileage rates as defined by CMS guidelines, that must be considered when determining mileage rates for ambulances.

**[HB 2431 emergency medical services; patient transport \(Chapter 274\)](#)**

Prohibits an EMCT from: a) counseling a patient to decline EMS transportation, except as part of a specific alternate destination or Treat-and-Refer Program that includes quality management and comprehensive medical direction oversight; and b) providing a patient with a presumptive medical diagnosis and using that diagnosis as the basis for counseling the patient to decline EMS transportation. Asserts that it is not a violation for an EMCT to inform a patient of the patient's right to accept or decline emergency medical services transportation unless the technician does so in an effort to coerce the patient to decline emergency medical services.

**[HB 2433 HIV testing; consent; repeal \(Chapter 246\)](#)**

Repeals the requirement that health care providers provide informed consent information to patients prior to ordering any HIV-related test, as well as outlined exceptions.

**[HB 2498 COVID-19; vaccination requirements; prohibition \(Chapter 180\)](#)**

Prohibits a governmental entity from requiring an Arizona resident to receive a vaccination for COVID-19 or any variant of COVID-19. Exempts a health care institution that is owned or operated by a governmental entity.

**[HB 2507 religious services; essential services \(Chapter 181\)](#)**

In part, prohibits state government from taking any discriminatory action against a religious organization on the basis that the organization: a) is religious; b) operates or seeks to operate during a state of emergency; or c) engages in the exercise of religion as protected under the First Amendment of the U.S. Constitution. Declares a religious service, during a state of emergency, to be an essential service deemed necessary and vital to the health and welfare of the public. Allows state government to require religious organizations to comply with neutral health, safety or occupancy requirements issued by the state government or the federal government that apply to all organizations and businesses that provide essential services.

### **HB 2601 kratom products; definitions (Chapter 253)**

Includes the processing or sale of kratom products in ADHS pure food control regulations.

### **HB 2609 ambulance services; certificates of necessity (Chapter 381)**

Makes a variety of changes to the CON statutes. Requires ADHS to review response times every six years and allows a city, town, fire district or fire authority whose jurisdictional boundaries are within the service area of a CON to request one additional review each six-year period. Requires ambulance arrival times to be documented by the ambulance service using dispatch or global positioning system (GPS) data, or a combination of both, and kept on file. Requires ambulance services to manually document arrival times when dispatch or GPS connectivity is not available. Requires, effective January 1, 2024, ambulance services to install and maintain GPS monitoring devices in each vehicle used for transport to record on scene arrival times for response time measurements. Requires the Director, within 180 days of receipt of a CON application, to determine whether the CON is necessary and whether the applicant meets all requirements, excluding time given to the applicant to provide additional information. Modifies the public hearing requirements of the Director to require a public hearing only on any proposed action relating to adjustments of general public rates, charges or CON transfers, unless outlined exceptions apply. Allows a CON applicant or any CON holder whose ambulance service area, in whole or in part, is within the affected service area of an initial or amended CON to appeal the Director's determination within 30 days of the decision. Requires the Director, if an appeal is made, to require a public hearing to be held within 120 days of noticing the hearing. Specifies that a municipality, tribal government, fire district or fire authority whose jurisdictional boundaries intersect with the service area of a CON or licensed hospital is considered to be an interested party as a matter of law for purposes of CON appeals hearings. Outlines notification requirements regarding CON applications. Reduces the maximum allowable length of a CON appeal hearing from 10 days to 5 consecutive business days. Requires the written decision to include a concise explanation of the reasons supporting the decision and to serve a copy of the decision on the DHS and all parties to the action. Allows a CON applicant to appeal a determination of the Director within 30 days. Requires an ALJ to issue a written decision within 20 days after the conclusion of a hearing for proposed changes to rates, fares, operating or response times, bases of operation or CONs. Requires the written decision to include a concise explanation of the reasons supporting the decision and to serve a copy of the decision on the DHS and all parties to the action. Requires the Director to review any decision and accept, reject or modify it within 30 days receipt from the ALJ. Requires the Director, if the decision is rejected or modified, to file a copy of the ALJ's decision, with the Director's rejection, with OAH and with each interested party, justifying the reasons for the rejection or modification. Directs OAH to certify an ALJ's decision as the final administrative decision if the Director does not accept, reject or modify the decision within 30 days. Asserts that the Director's decision is final unless appealed. Gives ADHS exempt rulemaking for one year. Contains a delayed effective date of January 1, 2024.

#### **HB 2616 mask mandates; minors; parental consent (Chapter 184)**

Prohibits the state or a political subdivision, governmental entity, school district or charter school from requiring a person under 18 years of age to wear a mask or face covering without the express consent of the person's parent or guardian.

#### **SB 1176 340B drug program; prohibitions (Chapter 288)**

In part, applies the 340B third-party prohibitions to all contracts issues, delivered or renewed on or after January 1, 2024, to a third party that reimburses for 340B drugs. Prohibits a third party that reimburses for 340B drugs from doing specified actions that are discriminatory in nature. Exempts ADHS' AIDS Drug Assistance Program from the bill's provisions.

#### **SB 1210 mentally ill; transportation; evaluation; treatment (Chapter 250)**

Allows the court, a person, mental health treatment agency or evaluation agency to authorize, request or order apprehension and transportation of a patient or proposed patient by an authorized transporter (defined term) to an evaluation agency or mental health treatment agency if certain criteria are met. Allows a municipality with a licensed health care institution that operates an ambulance service to apply to amend its CON to provide interfacility transports in lieu of transports by a peace officer. Requires a municipality seeking to amend its CON to provide interfacility transports to include in its application specified information. Establishes the Study Committee on Alternative Behavioral Health Transportation which includes the ADHS Director or designee to sit on the committee. Outlines the charge of the study committee and establishes reporting requirements.

#### **SB 1309 health professionals; temporary licenses; extensions (Chapter 77)**

An emergency measure which extends the expiration of any temporary health professional license issued by a health profession regulatory board during the Governor's declaration of emergency related to COVID-19 that was active on March 1, 2022, to January 1, 2023.

### **Prevention**

#### **HB 2594 trauma recovery centers; grants (Chapter 249)**

Establishes the Trauma Recovery Center Fund (Fund) under the administration of ADHS and outlines grant eligibility criteria and reporting requirements. Requires ADHS to use monies in the Fund to provide grants to trauma recovery centers. Requires, for grant eligibility, a trauma recovery center to adhere to the guidelines for operating and implementing trauma recovery centers developed by a national alliance of trauma recovery centers. Outlines reporting requirements and requires ADHS, by October 1 of each year, to annually report information on the population served by each trauma recovery center that receives grant monies to the Legislature and the Executive.

#### **HB 2691 health care workforce; grant programs (Chapter 330)**

### ***Nurse Education Investment Pilot Program (Program)***

Establishes the Program in ADHS to increase the capacity of nursing education programs in Arizona by fostering collaboration among the health care community, educational community and government entities. Requires the Nurse Program to address the nursing shortage by increasing the number of all levels of nurses graduating from Arizona's nursing education programs by the end of FY 2027 from the number graduating in FY 2022. Establishes the Arizona Nurse Education Investment Pilot Program Fund (Fund), administered by ADHS, consisting of legislative appropriations and monies provided by any federal agency, entity or program for nursing education and workforce expansion. Requires ADHS to allocate Fund monies to the Arizona Board of Regents (ABOR) and community college districts (CCDs) based on the number of nursing students graduating in FY 2022 from eligible education programs offered or overseen by ABOR and the CCDs. Specifies that eligible education programs include programs for nursing assistants, licensed practical nurses, registered nurses and advanced practice nurses. Outlines how Fund monies must be spent by recipients. Requires ADHS to establish an application form, process and procedure for granting monies. Outlines reporting requirements for ADHS.

#### ***Preceptor Grant Program for Graduate Students (Preceptor Grant Program)***

Establishes the Preceptor Grant Program in ADHS to expand the capacity of preceptor training for graduate students pursuing outlined degrees. Exempts the appropriation for the Preceptor Grant Program from lapsing until July 1, 2028, and reverts monies to the state GF on July 1, 2028. Asserts that the purpose of the Preceptor Grant Program, in which participation is voluntary, is to encourage and support more preceptorships for the training and development of graduate students to become new physicians, advanced practice registered nurses, physician assistants or dentists in Arizona. Requires ADHS to allocate the Preceptor Grant Program monies to the five largest statewide nonprofit organizations that represent allopathic physicians, osteopathic physicians, advanced practice registered nurses, physician assistants or dentists. Requires the selected organizations to annually report to ADHS the number of applications received and the number of grants awarded. Outlines reporting requirements for ADHS.

#### ***Pilot Program Fund***

Establishes the Pilot Program Fund, administered by AHCCCS, and specifies that monies in the Pilot Programs Fund are continuously appropriated and exempt from lapsing. Requires that monies in the Pilot Program Fund be used to expand the capacity of the Maricopa Community College District (MCCD) and the Navajo County Community College District (NCCD) to train students as behavioral health care workers by developing behavioral health curriculum. Requires the Director of AHCCCS to develop a grant program, in partnership with MCCD and NCCD, to distribute monies to community colleges with qualifying programs to train students to address the shortage of the behavioral health workforce by increasing the number of students completing qualified programs by the end of FY 2025. Requires AHCCCS to develop reporting requirements for each community college using monies received from the Pilot Program Fund. Requires the Director of AHCCCS, by December 31, 2023, and each December 31 thereafter,

to provide a report to the Governor, the President of Senate, Speaker of the House of Representatives and the chairpersons of the HHS Committees or their successor committees and provide a copy to the SOS.

**SB 1162 opioid prescriptions; intractable pain; exceptions (Chapter 134)**

Exempts patients experiencing chronic intractable pain or receiving opioid treatment for perioperative care following an inpatient surgical procedure from the 90-MME per day limit on opioid prescriptions. Clarifies that the 90-MME limit does not apply to a patient with chronic intractable pain once the patient has an established health-professional patient relationship and has tried doses of less than 90-MME that have been ineffective at addressing their pain.

**SB 1319 vision screening; program (Chapter 231)**

See Policy and Intergovernmental Affairs.

**Budget**

**HB 2862 general appropriations act; 2022-2023. (Chapter 313)**

***General Provisions/All divisions***

- Outlines agency appropriations by program. (Sec. 44)
- Increases ADHS and State Hospital staff salaries by 10% beginning on July 9, 2022. (Sec. 124)
- Appropriates \$2,278,900 from the GF in FY23 to ADHS for additional salary increases. (Sec. 124)
- In part, requires ADHS, by October 1, 2022, to submit a report to JLBC on the number of filled appropriated and nonappropriated FTE positions, by fund source, as of September 1, 2022. (Sec. 134)
- Outlines additional changes FY 2023 changes:

***Ongoing General Fund (GF) and Other Fund (OF) Changes***

Summary of Changes	Source	Comments	FY 2023 Changes
Behavioral Health Student Loan Repayment Program	GF		2,000,000
Arizona State Hospital (ASH) Hiring Bonuses	GF	Up to 5,000	700,000
Shift Suicide Prevention Coordinator from AHCCCS to DHS	GF		100,000
Alzheimer's Disease Research	GF		2,500,000
Certificate of Necessity Procedures	GF	5 FTEs	627,000

- Directs ADHS to pay \$173, 800 to the Attorney General's Office for legal services. (Sec. 125)

### ***Arizona State Hospital (ASH)***

- Appropriates \$7.1M from the GF to ASH in FY 2023 for a replacement surveillance system that must include audio and video capabilities. (Se. 44)
- Appropriates monies from the earnings on state lands and interest to ASH to comply with the enabling act and constitution of Arizona. (Sec. 44)
- Decreases the GF appropriation line item to ASH in FY2023 to eliminate debt services payments following the retirement of defeasance of financial agreements entered into pursuant to law by \$2,973,000. (Sec. 111)

### ***Licensing***

- Extends the \$1M appropriation to ADHS to upgrade Vital Records' system until June 30, 2023. (Sec. 44)

### ***Prevention***

- Specifies that monies for the accelerated nursing programs are exempt from lapsing until July 1, 2024. (Sec. 44)
- Requires \$100K of the ADHS operating lump sum to be used to pay for a suicide prevention coordinator. (Sec. 44)
- Requires ADHS, in coordination with ADE, to submit a report on the suicide prevention coordinator's accomplishments in FY 2022-2023 to JLBC, OSPB, the Legislature and the Executive by September 1, 2023. (Sec. 44)
- Requires ADHS to distribute monies for the Healthy Family Pilot Program (Program) to two separate organizations that meet specified criteria. (Se. 44)
- Requires Program funds to be available for all Arizonans, both urban and rural. (Sec. 44)
- Prohibits Program monies from being distributed to entities that are involved with abortion on any level. (Sec. 44)
- Requires Program participants to submit quarterly reports to ADHS containing outlined metrics and data. (Sec. 44)
- Requires ADHS to distribute monies for homeless pregnant women to nonprofit organizations located in Maricopa County who meet specified criteria. (Sec 44)
- Stipulates that preceptor grant program monies are exempt from lapsing unless they are unexpended on July 1, 2026 at which point they revert back to the GF. (Sec. 44)

### ***Operations***

- Continues to require ADHS to submit a 30th of the month expenditure report to the Legislature and JLBC. (Sec. 44)



- Outlines information that must be contained in the 30th of the month report. (Sec. 44)

### ***Preparedness***

- Permits ADHS to use 4% of funds appropriated for nonrenal disease management for administrative costs. (Sec. 44)
- Requires ABRC to distribute monies from the biomedical research support line item to T-GEN.
  - Requires T-GEN to submit an expenditure audit to ADHS by February 1, 2024. (Sec. 44)
- Requires ADHS to distribute Alzheimer research monies to a charitable organization that meets specified criteria. (Sec. 44)

## **HB 2863 health care; 2022-2023. (Chapter 314)**

### ***Behavioral Health Care Provider Loan Repayment Program (Program)***

- Establishes the Program and outlines eligibility requirements. (Sec. 1)
- Outlines Program repayment amounts as follows:
  - \$50K for the first two years of service.
  - \$25K for subsequent years. (Sec. 1)
- Specifies that ASH employees are eligible for the Program. (Sec. 1)

### ***Disproportionate Share Hospital Payments (DSH)***

- Appropriates DSH payments in the amount of \$28, 474,900 to ASH. (Sec. 13&15)

### ***Psychiatric Security Review Board (PSRB)***

- Accelerates the timeline for transferring the PSRB to the Courts by 6 months.
  - Transfer will occur on January 1, 2023, rather than July 1, 2023. (Sec. 8)
- Sunsets the PSRB on January 1, 2023. (Sec. 10)
- Conforms session law to reflect the altered transfer date of the PSRB. (Sec. 11&12)

### ***Accelerated Nursing Programs (Programs) - Sec. 18***

- Requires ADHS to distribute Feed Bill appropriations for Programs as follows:
  - \$6M to Creighton University.
  - \$44M to public and private universities and community colleges that offer Programs.
    - Requires preference to be given to schools with 12-month Programs.
    - Specifies that schools with 18-month Programs are eligible for funds.
- Outlines eligibility requirements for participating schools.

- Requires each participating school to report specified information to ADHS by September 1st of each year.
- Requires ADHS to compile data submitted by participating schools and issue a report to the JLBC and OSPB by October 1st of each year.
- Repeals Program funding and session law on January 1, 2031.

### ***Miscellaneous***

- Permits Health Services Lottery Fund monies to be used for the purposes specified in the feed bill (HB2862). (Sec. 22)
- Grants exempt rulemaking to ADHS for FY2023 to address air ambulance medical staffing rules. (Sec. 25)

### **HB 2865 human services; 2022-2023. (Chapter 316)**

- In part requires ADES to submit an annual report, by January 1, 2024 and each year thereafter, to the Legislature, AHCCCS, ADHS and the entity conducting the DD Group Home Monitoring Pilot Program. (Sec. 2)
- Outlines information required to be in the report. (Sec. 2)

### **HB 2868 state buildings; management; 2022-2023. (Chapter 319)**

- Requires each state agency, within 30 days after each calendar quarter, to submit a report to JLBC and OSPB on the status of all capital projects and expenditures for which monies were appropriated. (Sec. 2)
- Sets rental rates for state buildings at \$17.87 a square foot for office space and \$6.43 a square foot for storage space. (Sec. 4)

### **Miscellaneous**

### **SB 1009 state of emergency; executive powers (Chapter 220)**

Caps, beginning January 2, 2023, a Governor's initial state of emergency proclamation with respect to a public health emergency at 30 days. Allows the Governor to extend a state of emergency with respect to a public health emergency for up to 120 days and prohibits any single extension from being for a period of more than 30 days. Terminates a state of emergency proclaimed by the Governor for a public health emergency after 120 days, unless extended in whole or in part by concurrent resolution of the Legislature. Allows the Legislature to extend the state of emergency as many times as necessary and prohibits any single extension from being for a period of more than 30 days.

### **SB 1138 irreversible gender reassignment surgery; minors (Chapter 104)**

Prohibits allopathic and osteopathic physicians from providing irreversible gender reassignment surgery to a person who is under 18 years of age. Defines *irreversible gender reassignment surgery* as a medical procedure performed for the purpose of assisting an individual with a gender transition, including specified surgical procedures.

**[SB 1494 COVID-19 vaccine; unemployment insurance \(Chapter 360\)](#)**

Prohibits the Department of Economic Security from disqualifying an individual from receiving unemployment insurance benefits based on the individual's separation from employment if the individual was terminated from employment for not receiving the COVID-19 vaccine or booster shot required by the employer.