HB 2207

To The Extent Allowed By Federal Law, A Hospital Service Corporation Or Medical Service Corporation That Issues, Amends, Delivers Or Renews A Subscription Contract On Or After The Effective Date Of This Section Shall Provide Reimbursement Coverage To A Pharmacist At A Rate Not Less Than The Rate Provided To The Following:

1. A Physician Who Is Licensed Pursuant To Title 32, Chapter 13 Or 17.

2. A Nurse Practitioner Who Is Licensed Pursuant To Title 32, Chapter 15.

3. A Physician Assistant Who Is Licensed Pursuant To Title 32, Chapter 25.

SB 1382

Effective January 1, 2025, requires a pharmacy benefit manager (PBM) to apply for, obtain and maintain a valid certificate of authority (certificate) to operate as a PBM in Arizona and outlines certification requirements. Requires a PBM to provide a reasonably adequate and accessible retail PBM network for the distribution of prescription drugs.

SB 1248

Removes the requirement that health professional groups proposing to increase the scope of practice of a state-regulated health profession must complete a statutory sunrise review. Status: Vetoed by Governor.

SB 1216

Establishes that the total price a subscriber must pay for a covered prescription insulin drug to be limited to $35 for a 30 day supply. Status: Vetoed by Governor.

Average annual healthcare cost in all 50 states

SB 1603

Directs licensed hospitals to comply with federal hospital price transparency regulations and demonstrate its compliance to the Arizona Department of Health Services (DHS). Subjects noncompliant hospitals to a civil penalty.

HB 2529 (replaced by SB 1248)

Removes the requirement that health professional groups proposing to increase the scope of practice of a state-regulated health profession must complete a statutory sunrise review

Specialty health systems pursue mergers, partnerships

HB 2112

An act amending Title 36, Arizona revised statutes, by adding chapter 42; relating to prescription drugs.
Defines unconscionable increase to mean that an increase in the price of a prescription drug that both: (a) Is excessive and not justified by the cost of producing the drug or the cost of appropriate expansion of access to the drug to promote public health. And (b) Results in consumers for whom the drug has been prescribed having no meaningful choice about whether to purchase the drug at an excessive price because of the importance of the drug to the consumer’s health and insufficient competition in the market for the drug. Requires the State Medical Assistance Program to notify the Attorney General for certain price increases and creates remedies for

manufacturers or wholesale distributors that violate this statute

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SB 1088

A health care facility with more than fifty inpatient beds must make available on request or online the direct pay price for at least the fifty most used diagnosis-related group codes, if applicable, for the facility and at least the fifty most used outpatient service codes, if applicable, for the facility. The services may be identified by a common procedural terminology code or by a plain-English description. The health care facility must update the direct pay prices at least annually based on the services from a twelve-month period that occurred within the eighteen-month period preceding the annual update. The direct pay price must be for the standard treatment provided for the service and may include the cost of treatment for complications or exceptional treatment. A health care facility with fifty or fewer inpatient beds must make available on request or online the direct pay price for at least the thirty-five most used diagnosis-related group codes, if applicable, for the facility and at least the thirty-five most used outpatient service codes if applicable, for the facility. The services may be identified by a common procedural terminology code or by a plain-English description. The health care facility must update the direct pay prices at least annually based on the services from a twelve-month period that occurred within the eighteen-month period preceding the annual update. The direct pay price must be for the standard treatment provided for the service and may include the cost of treatment for complications or exceptional treatment.