AIMED ALLIANCE

August 10, 2026

Director Roberta Harrison
Arizona Health Care Cost Containment System
150 N. 18th Ave.
Phoenix, AZ 85007

Re: Nurse Practitioner Scope of Practice

Dear Director Harrison:

Aimed Alliance is a non-profit health policy organization that seeks to protect and enhance the rights of health care consumers and providers. We are reaching out regarding the Arizona Health Care Cost Containment System (AHCCCS) preferred drug list and its use of scope of practice limitations that are inconsistent with state law.

I. AHCCCS Utilization Management Protocols Impose Scope of Practice Restrictions Inconsistent with State Law

The AHCCCS uses a preferred drug list and requires Medicaid beneficiaries and health care providers to comply with a prior authorization process to access non-preferred drugs. Prior authorization policies require a health care provider to obtain approval from the insurer before the plan will cover the cost of a product or service. Many of AHCCCS' prior authorization policies also include step-therapy requirements. Step therapy requires patients to try and fail alternative medications before the health plan covers the originally prescribed treatment. Step therapy and prior authorization requirements should be based on peer-reviewed, evidence-based guidelines and consistent with state law. Without these important guardrails, these policies can cause consumers to experience delays and denials in accessing their necessary care, resulting in worsening symptoms and disease progression.

Currently, several of AHCCCS' utilization management policies require a specialist to prescribe certain prescription drugs.[1] These requirements apply to a wide variety of treatments, including those for:

- Ataxia
- Cardiovascular disease
- Hepatitis C
- Infectious disease
- Lung disease

[1] Arizona Health Care Cost Containment System, *AHCCCS Pharmacy Information,* https://www.azahcccs.gov/Resources/GuidesManualsPolicies/pharmacyupdates.html.

- Migraine disease; and
- Parkinson's disease

The type of health care providers that are required to prescribe certain treatments include neurologists, pulmonologists, hematologists, oncologists, endocrinologists, cardiologists, gastroenterologists, nephrologists, psychiatrists, and other specialties. Under these policies, AHCCCS will only cover these treatments if the specified physician prescribes the medication. These policies do not allow Advanced Registered Nurse Practitioners (ARNP) to prescribe these medications, despite practicing in these specialties. As a result, these policies limit the scope of practice of nurse practitioners in a manner inconsistent with state law.

Arizona Statute 32-1601 provides that clinical nurse specialists (also known as ARNPs), once certified by the Arizona Board of Nursing, have authority to prescribe, order, and dispense prescription drugs without the supervision of a physician.[2] Unlike physicians who have a multitude of recognized specialties, ARNPs have fewer formal specialties.[3] This does not indicate or imply that ARNPs are unqualified or inactive in other specialties such as neurology or gastroenterology; rather, the nurse practitioner profession simply uses different professional titles than physicians. As such, the variation in specialty nomenclature should not impair ARNPs' full and independent practice authority as established under Arizona law.

Despite ARNPs having full scope of practice authority, under AHCCCS' current prior authorization policies, ARNPs are unable to exercise their full scope of practice rights as these policies state AHCCCS will only cover these medications when prescribed by certain physicians or specialists, whose titles do not translate to the nurse practitioner field. As such, these policies are inconsistent with the state's permitted scope of practice for ARNPs under Arizona Statute 32-1601.

Importantly, not all utilization management policies employed by AHCCCS use restrictive language. Several of the existing utilization management policies avoid exclusionary language by using the following qualification criteria: "prescribed by or in consultation with a specialist experienced in the treatment of [named disorder]." This broader language ensures that the prescribing provider is not limited to professional titles but rather focuses on whether the individual has the necessary experience and treatment expertise to prescribe the requested treatment. Ultimately, this broader language ensures AHCCCS maintains its qualification criteria without limiting nurse practitioners' scope of practice in a manner inconsistent with state law.

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[2] Arizona Statute 32-1601. Clinical nurse specialists, also known as nurse practitioners, do not have limitations on their prescribing authority with the exception of Schedule II controlled substances that are opioids under Arizona Statute 32-1651. *See also* Ariz. Admin. Code R4-19-511.

[3] *See e.g.* American Nurses Association, *Types of Nurse Practitioner Specialties,* https://www.nursingworld.org/content-hub/resources/nursing-resources/types-of-nurse-practitioner-specialties/ (discussing only six types of specialties).

Therefore, to ensure ARNPs are able to prescribe necessary treatments for their patients, Aimed Alliance respectfully requests the AHCCCS to clarify its utilization management policies to ensure *qualified* nurse practitioners can continue to care for and treat their patients.

II. Conclusion

Aimed Alliance greatly appreciates your time and consideration of our concerns. We respectfully request a response to this letter by **August 31, 2026**. Please contact us at avantrees@aimedalliance.org if you have any questions or would like to schedule a meeting to further discuss our concerns and understanding of state law.

Sincerely,

Ashira Vantrees

Ashira Vantrees, Esq.
Director of Legal Strategy and Advocacy