

REFERENCE TITLE: **controlled substances; regulation; appropriation**

State of Arizona
House of Representatives
Fifty-third Legislature
First Special Session
2018

HB 2001

Introduced by
Representatives Mesnard: Rios

AN ACT

AMENDING SECTION 9-500.40, ARIZONA REVISED STATUTES; AMENDING TITLE 9, CHAPTER 4, ARTICLE 8, ARIZONA REVISED STATUTES, BY ADDING SECTION 9-500.41; AMENDING SECTION 11-269.18, ARIZONA REVISED STATUTES; AMENDING TITLE 11, CHAPTER 2, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 11-269.20 AND 11-269.21; AMENDING SECTION 13-2310, ARIZONA REVISED STATUTES; AMENDING TITLE 13, CHAPTER 34, ARIZONA REVISED STATUTES, BY ADDING SECTION 13-3423; REPEALING SECTION 13-3423, ARIZONA REVISED STATUTES; AMENDING TITLE 15, CHAPTER 13, ARTICLE 9, ARIZONA REVISED STATUTES, BY ADDING SECTION 15-1756; AMENDING TITLE 20, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 26; AMENDING SECTIONS 32-854.01, 32-871, 32-1201.01, 32-1298, 32-1401, 32-1451.04, 32-1491, 32-1606, 32-1706, 32-1743, 32-1854 AND 32-1871, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 21, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-2239.01; AMENDING SECTIONS 32-2281, 32-2501, 32-2532, 32-2933 AND 32-2951, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 32, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 4; AMENDING TITLE 36, CHAPTER 1, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 36-109 AND 36-123; AMENDING TITLE 36, CHAPTER 1, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-192; AMENDING SECTION 36-407, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 4, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-425.04; AMENDING TITLE 36, CHAPTER 4, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 8; AMENDING SECTIONS 36-2228, 36-2267, 36-2525, 36-2604 AND 36-2606, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 29, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-2930.06; APPROPRIATING MONIES; RELATING TO CONTROLLED SUBSTANCES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 9-500.40, Arizona Revised Statutes, is amended
3 to read:

4 9-500.40. Structured sober living homes: standards:
5 definition

6 A. A city or town may adopt by ordinance standards for structured
7 sober living homes that comply with state and federal fair housing laws
8 and the Americans with disabilities act. If adopted, the standards for
9 structured sober living homes may include:

10 1. A written notification from all structured sober living homes
11 that includes:

12 (a) The name and address of the structured sober living home.

13 (b) The following information regarding the property:

14 (i) The property owner's name, address and contact telephone
15 number.

16 (ii) If the property is leased, a copy of the lease that states
17 that the property will be used as a structured sober living home.

18 2. Supervision requirements in the structured sober living home for
19 the residents during all hours of operation.

20 3. The establishment and maintenance of an operation plan that
21 facilitates the rehabilitative process, including discharge planning, and
22 that addresses the maintenance of the property and noise abatement
23 consistent with local ordinances.

24 B. A city or town that adopts standards for structured sober living
25 homes pursuant to subsection A of this section:

26 1. SHALL REQUIRE STRUCTURED SOBER LIVING HOMES TO DEVELOP POLICIES
27 AND PROCEDURES TO ALLOW INDIVIDUALS ON MEDICATION-ASSISTED TREATMENT TO
28 CONTINUE TO RECEIVE THIS TREATMENT WHILE LIVING IN THE STRUCTURED SOBER
29 LIVING HOME.

30 2. May exclude from regulation any structured sober living home
31 that is subject to adequate oversight by another governmental entity or
32 contractor.

33 C. For the purposes of this section, "structured sober living
34 home":

35 1. Means any premises, place or building that provides alcohol-free
36 or drug-free housing, promotes independent living and life skill
37 development and provides structured activities that are directed primarily
38 toward recovery from substance use disorders in a supervised setting to a
39 group of unrelated individuals who are recovering from drug or alcohol
40 addiction and who are receiving outpatient behavioral health services for
41 substance abuse or addiction treatment while living in the home.

42 2. Does not include a private residence in which a related family
43 member is required to receive outpatient behavioral health services for
44 substance abuse or addiction treatment as a condition of continuing to
45 reside in the family dwelling.

1 Sec. 2. Title 9, chapter 4, article 8, Arizona Revised Statutes, is
2 amended by adding section 9-500.41, to read:

3 9-500.41. 911 telephone calls; medical assistance requests;
4 Good Samaritans

5 A CITY OR TOWN THAT RECEIVES 911 TELEPHONE CALLS SHALL REPORT TO THE
6 DEPARTMENT OF HEALTH SERVICES, IN A FORMAT PRESCRIBED BY THE DEPARTMENT,
7 THE NUMBER OF TELEPHONE CALLS RECEIVED UNDER SECTION 13-3423 AND ANY
8 RELATED OVERDOSE DEATHS.

9 Sec. 3. Section 11-269.18, Arizona Revised Statutes, is amended to
10 read:

11 11-269.18. Structured sober living homes; standards;
12 definition

13 A. A county may adopt by ordinance standards for structured sober
14 living homes that comply with state and federal fair housing laws and the
15 Americans with disabilities act. If adopted, the standards for structured
16 sober living homes may include:

17 1. A written notification from all structured sober living homes
18 that includes:

19 (a) The name and address of the structured sober living home.

20 (b) The following information regarding the property:

21 (i) The property owner's name, address and contact telephone
22 number.

23 (ii) If the property is leased, a copy of the lease that states
24 that the property will be used as a structured sober living home.

25 2. Supervision requirements in the structured sober living home for
26 the residents during all hours of operation.

27 3. The establishment and maintenance of an operation plan that
28 facilitates the rehabilitative process, including discharge planning, and
29 that addresses the maintenance of the property and noise abatement
30 consistent with local ordinances.

31 B. A county that adopts standards for structured sober living homes
32 pursuant to subsection A of this section:

33 1. SHALL REQUIRE STRUCTURED SOBER LIVING HOMES TO DEVELOP POLICIES
34 AND PROCEDURES TO ALLOW INDIVIDUALS ON MEDICATION-ASSISTED TREATMENT TO
35 CONTINUE TO RECEIVE THIS TREATMENT WHILE LIVING IN THE STRUCTURED SOBER
36 LIVING HOME.

37 2. May exclude from regulation any structured sober living home
38 that is subject to adequate oversight by another governmental entity or
39 contractor.

40 C. For the purposes of this section, "structured sober living
41 home":

42 1. Means any premises, place or building that provides alcohol-free
43 or drug-free housing, promotes independent living and life skill
44 development and provides structured activities that are directed primarily
45 toward recovery from substance use disorders in a supervised setting to a

1 group of unrelated individuals who are recovering from drug or alcohol
2 addiction and who are receiving outpatient behavioral health services for
3 substance abuse or addiction treatment while living in the home.

4 2. Does not include a private residence in which a related family
5 member is required to receive outpatient behavioral health services for
6 substance abuse or addiction treatment as a condition of continuing to
7 reside in the family dwelling.

8 Sec. 4. Title 11, chapter 2, article 4, Arizona Revised Statutes,
9 is amended by adding sections 11-269.20 and 11-269.21, to read:

10 11-269.20. Drug and paraphernalia drop-off locations:
11 referral

12 ON OR BEFORE DECEMBER 31, 2018, THE BOARD OF SUPERVISORS FROM EACH
13 COUNTY SHALL ESTABLISH AT LEAST ONE LOCATION IN THE COUNTY WHERE A PERSON
14 MAY DROP OFF ANY LEGAL OR ILLEGAL DRUG OR SUBSTANCE AND DRUG PARAPHERNALIA
15 AND RECEIVE A REFERRAL TO A SUBSTANCE ABUSE TREATMENT FACILITY.

16 11-269.21. 911 telephone calls; medical assistance requests:
17 Good Samaritans

18 A COUNTY THAT RECEIVES 911 TELEPHONE CALLS SHALL REPORT TO THE
19 DEPARTMENT OF HEALTH SERVICES, IN A FORMAT PRESCRIBED BY THE DEPARTMENT,
20 THE NUMBER OF TELEPHONE CALLS RECEIVED UNDER SECTION 13-3423 AND ANY
21 RELATED OVERDOSE DEATHS.

22 Sec. 5. Section 13-2310, Arizona Revised Statutes, is amended to
23 read:

24 13-2310. Fraudulent schemes and artifices: classification:
25 definition

26 A. Any person who, pursuant to a scheme or artifice to defraud,
27 knowingly obtains any benefit by means of false or fraudulent pretenses,
28 representations, promises or material omissions is guilty of a class 2
29 felony.

30 B. Reliance on the part of any person shall not be a necessary
31 element of the offense described in subsection A of this section.

32 C. A person who is convicted of a violation of this section that
33 involved a benefit with a value of one hundred thousand dollars or more OR
34 THE MANUFACTURE, SALE OR MARKETING OF OPIOIDS is not eligible for
35 suspension of sentence, probation, pardon or release from confinement on
36 any basis except pursuant to section 31-233, subsection A or B until the
37 sentence imposed by the court has been served, the person is eligible for
38 release pursuant to section 41-1604.07 or the sentence is commuted.

39 D. ~~The~~ THIS state shall apply the aggregation prescribed by section
40 13-1801, subsection B to violations of this section in determining the
41 applicable punishment.

42 E. ~~As used in~~ FOR THE PURPOSES OF this section, "scheme or artifice
43 to defraud" includes a scheme or artifice to deprive a person of the
44 intangible right of honest services.

1 Sec. 6. Title 13, chapter 34, Arizona Revised Statutes, is amended
2 by adding section 13-3423, to read:

3 13-3423. Medical assistance requests; prohibited prosecution
4 of Good Samaritans; mitigating factor; definitions

5 A. A PERSON WHO, IN GOOD FAITH, SEEKS MEDICAL ASSISTANCE FOR
6 SOMEONE EXPERIENCING A DRUG-RELATED OVERDOSE MAY NOT BE CHARGED OR
7 PROSECUTED FOR THE POSSESSION OR USE OF A CONTROLLED SUBSTANCE OR DRUG
8 PARAPHERNALIA OR A PREPARATORY OFFENSE IF THE EVIDENCE FOR THE VIOLATION
9 WAS GAINED AS A RESULT OF THE PERSON'S SEEKING MEDICAL ASSISTANCE.

10 B. A PERSON WHO EXPERIENCES A DRUG-RELATED OVERDOSE AND WHO IS IN
11 NEED OF MEDICAL ASSISTANCE MAY NOT BE CHARGED OR PROSECUTED FOR THE
12 POSSESSION OR USE OF A CONTROLLED SUBSTANCE OR DRUG PARAPHERNALIA IF THE
13 EVIDENCE FOR THE VIOLATION WAS GAINED AS A RESULT OF THE PERSON'S OVERDOSE
14 AND NEED FOR MEDICAL ASSISTANCE.

15 C. THE ACT OF SEEKING MEDICAL ASSISTANCE FOR SOMEONE WHO IS
16 EXPERIENCING A DRUG-RELATED OVERDOSE MAY BE USED AS A MITIGATING FACTOR IN
17 A CRIMINAL PROSECUTION FOR A VIOLATION OF THIS CHAPTER.

18 D. THIS SECTION DOES NOT LIMIT EITHER:

19 1. THE ADMISSIBILITY OF ANY EVIDENCE IN CONNECTION WITH THE
20 INVESTIGATION OR PROSECUTION OF A CRIME WITH REGARD TO A DEFENDANT WHO
21 DOES NOT QUALIFY UNDER SUBSECTION A OR B OF THIS SECTION OR WITH REGARD TO
22 ANY OTHER CRIME.

23 2. THE ABILITY TO SEIZE CONTRABAND OR MAKE AN ARREST FOR ANY OTHER
24 OFFENSE.

25 E. THIS SECTION DOES NOT PROHIBIT A PERSON SPECIFIED IN SUBSECTION
26 A OR B OF THIS SECTION FROM BEING OFFERED A DIVERSION PROGRAM FOR AN
27 OFFENSE THAT IS NOT PROHIBITED BY THIS SECTION.

28 F. FOR THE PURPOSES OF THIS SECTION:

29 1. "MEDICAL ASSISTANCE" MEANS AID PROVIDED BY A HEALTH CARE
30 PROFESSIONAL WHO IS LICENSED, REGISTERED OR CERTIFIED IN THIS STATE, WHO
31 IS ACTING WITHIN THE HEALTH CARE PROFESSIONAL'S SCOPE OF PRACTICE AND WHO
32 PROVIDES A DIAGNOSIS, TREATMENT OR OTHER MEDICAL SERVICE.

33 2. "SEEKS MEDICAL ASSISTANCE" MEANS TO CALL 911 OR OTHERWISE
34 CONTACT LAW ENFORCEMENT, POISON CONTROL OR A HOSPITAL EMERGENCY
35 DEPARTMENT.

36 Sec. 7. Repeal

37 Section 13-3423, Arizona Revised Statutes, as added by this act, is
38 repealed from and after June 30, 2023.

39 Sec. 8. Title 15, chapter 13, article 9, Arizona Revised Statutes,
40 is amended by adding section 15-1756, to read:

41 15-1756. Medical students; required opioid-related clinical
42 education

43 A MEDICAL STUDENT WHO IS ENROLLED IN A PUBLIC OR PRIVATE MEDICAL
44 SCHOOL IN THIS STATE SHALL TAKE AT LEAST THREE HOURS OF OPIOID-RELATED
45 CLINICAL EDUCATION.

Sec. 9. Title 20, Arizona Revised Statutes, is amended by adding chapter 26, to read:

CHAPTER 26

PRIOR AUTHORIZATION FOR CERTAIN HEALTH CARE SERVICES

ARTICLE 1. GENERAL PROVISIONS

20-3401. Definitions

IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

1. "ADVERSE DETERMINATION":>

(a) MEANS A DECISION BY A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT THAT THE HEALTH CARE SERVICES FURNISHED OR PROPOSED TO BE FURNISHED TO AN ENROLLEE ARE NOT MEDICALLY NECESSARY AND PLAN COVERAGE IS THEREFORE DENIED, REDUCED OR TERMINATED.

(b) DOES NOT INCLUDE A DECISION TO DENY, REDUCE OR TERMINATE SERVICES THAT ARE NOT COVERED FOR REASONS OTHER THAN MEDICAL NECESSITY.

2. "AUTHORIZATION":

(a) MEANS A DETERMINATION BY A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT THAT A HEALTH CARE SERVICE HAS BEEN REVIEWED AND, BASED ON THE INFORMATION PROVIDED, SATISFIES THE HEALTH CARE SERVICES PLAN'S REQUIREMENTS FOR MEDICAL NECESSITY AND APPROPRIATENESS AND THAT PAYMENT UNDER THE PLAN WILL BE MADE FOR THAT HEALTH CARE SERVICE.

(b) DOES NOT INCLUDE ANY DIFFERENT OR ADDITIONAL PROCEDURES, SERVICES OR TREATMENTS BEYOND THOSE SPECIFICALLY REVIEWED AND APPROVED BY THE HEALTH CARE SERVICES PLAN.

3. "EMERGENCY AMBULANCE SERVICES" HAS THE SAME MEANING PRESCRIBED IN SECTION 20-2801.

4. "EMERGENCY SERVICES" HAS THE SAME MEANING PRESCRIBED IN SECTION 20-2801.

5. "ENROLLEE" MEANS AN INDIVIDUAL OR A DEPENDENT OF THAT INDIVIDUAL WHO IS CURRENTLY ENROLLED WITH AND COVERED BY A HEALTH CARE SERVICES PLAN. ENROLLEE INCLUDES AN ENROLLEE'S LEGALLY AUTHORIZED REPRESENTATIVE.

6. "HEALTH CARE SERVICE":

(a) MEANS A HEALTH CARE PROCEDURE, TREATMENT OR SERVICE FOR THE DIAGNOSIS, MANAGEMENT OR TREATMENT OF ACUTE PAIN, CHRONIC PAIN OR OPIOID USE DISORDER.

(b) INCLUDES THE PROVISION OF A PRESCRIPTION DRUG, DEVICE OR DURABLE MEDICAL EQUIPMENT FOR THE TREATMENT OR MANAGEMENT OF ACUTE PAIN, CHRONIC PAIN OR OPIOID USE DISORDER.

(c) DOES NOT INCLUDE TREATMENTS THAT ARE EXPERIMENTAL, INVESTIGATIONAL OR OFF LABEL.

7. "HEALTH CARE SERVICES PLAN":

(a) MEANS A PLAN OFFERED BY A DISABILITY INSURER, GROUP DISABILITY INSURER, BLANKET DISABILITY INSURER, HEALTH CARE SERVICES ORGANIZATION, HOSPITAL SERVICE CORPORATION OR MEDICAL SERVICE CORPORATION THAT CONTRACTUALLY AGREES TO PAY OR MAKE REIMBURSEMENTS FOR HEALTH CARE SERVICES EXPENSES FOR ONE OR MORE INDIVIDUALS RESIDING IN THIS STATE.

1 (b) DOES NOT INCLUDE BENEFITS PROVIDED UNDER LIMITED BENEFIT
2 COVERAGE AS DEFINED IN SECTION 20-1137.

3 8. "MEDICALLY NECESSARY" OR "MEDICAL NECESSITY":

4 (a) MEANS COVERED HEALTH CARE SERVICES PROVIDED BY A LICENSED
5 PROVIDER ACTING WITHIN THE PROVIDER'S SCOPE OF PRACTICE IN THIS STATE TO
6 PREVENT OR TREAT DISEASE, DISABILITY OR OTHER ADVERSE CONDITIONS OR THEIR
7 PROGRESSION OR TO PROLONG LIFE.

8 (b) DOES NOT INCLUDE SERVICES THAT ARE EXPERIMENTAL OR
9 INVESTIGATIONAL OR PRESCRIPTIONS THAT ARE PRESCRIBED OFF LABEL.

10 9. "PRIOR AUTHORIZATION REQUIREMENT":

11 (a) MEANS A PRACTICE IMPLEMENTED BY A HEALTH CARE SERVICES PLAN OR
12 ITS UTILIZATION REVIEW AGENT IN WHICH COVERAGE OF A HEALTH CARE SERVICE IS
13 DEPENDENT ON AN ENROLLEE OR A PROVIDER OBTAINING APPROVAL FROM THE HEALTH
14 CARE SERVICES PLAN BEFORE THE SERVICE IS PERFORMED, RECEIVED OR
15 PRESCRIBED, AS APPLICABLE.

16 (b) INCLUDES PREADMISSION REVIEW, PRETREATMENT REVIEW, PROSPECTIVE
17 REVIEW OR UTILIZATION REVIEW PROCEDURES CONDUCTED BY A HEALTH CARE
18 SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT BEFORE PROVIDING A HEALTH
19 CARE SERVICE.

20 (c) DOES NOT INCLUDE CASE MANAGEMENT OR STEP THERAPY PROTOCOLS.

21 10. "PROVIDER" MEANS A PHYSICIAN, HEALTH CARE INSTITUTION OR OTHER
22 PERSON OR ENTITY THAT IS LICENSED OR OTHERWISE AUTHORIZED TO FURNISH
23 HEALTH CARE SERVICES IN THIS STATE.

24 11. "URGENT HEALTH CARE SERVICE" MEANS A HEALTH CARE SERVICE WITH
25 RESPECT TO WHICH THE APPLICATION OF THE TIME PERIODS FOR MAKING A
26 NONEXPEDITED PRIOR AUTHORIZATION DECISION, IN THE OPINION OF A PROVIDER
27 WITH KNOWLEDGE OF THE ENROLLEE'S MEDICAL CONDITION, COULD EITHER:

28 (a) SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE ENROLLEE OR THE
29 ABILITY OF THE ENROLLEE TO REGAIN MAXIMUM FUNCTION.

30 (b) SUBJECT THE ENROLLEE TO SEVERE PAIN THAT CANNOT BE ADEQUATELY
31 MANAGED WITHOUT THE CARE OR TREATMENT THAT IS THE SUBJECT OF THE
32 UTILIZATION REVIEW.

33 12. "UTILIZATION REVIEW AGENT" HAS THE SAME MEANING PRESCRIBED IN
34 SECTION 20-2501.

35 20-3402. Prior authorization: exceptions

36 A. A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT MAY
37 IMPOSE A PRIOR AUTHORIZATION REQUIREMENT FOR HEALTH CARE SERVICES PROVIDED
38 TO AN ENROLLEE, EXCEPT FOR EMERGENCY AMBULANCE SERVICES AND EMERGENCY
39 SERVICES AS SPECIFIED IN SECTION 20-2803, HEALTH CARE SERVICES ARISING
40 AFTER THE INITIAL MEDICAL SCREENING EXAMINATION AND IMMEDIATELY NECESSARY
41 STABILIZING TREATMENT AS SPECIFIED IN SECTION 20-2803.

42 B. A HEALTH CARE SERVICES PLAN MUST ALLOW AT LEAST ONE MODALITY OF
43 MEDICALLY ASSISTED TREATMENT TO BE AVAILABLE WITHOUT PRIOR AUTHORIZATION.

20-3403. Prior authorization requirements; disclosures; access

A. IF A HEALTH CARE SERVICES PLAN CONTAINS A PRIOR AUTHORIZATION REQUIREMENT, ALL OF THE FOLLOWING APPLY:

1. THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL MAKE AVAILABLE TO ALL PROVIDERS ON ITS WEBSITE OR PROVIDER PORTAL A LISTING OF ALL PRIOR AUTHORIZATION REQUIREMENTS. THE LISTING SHALL CLEARLY IDENTIFY THE SPECIFIC HEALTH CARE SERVICES, DRUGS OR DEVICES TO WHICH A PRIOR AUTHORIZATION REQUIREMENT EXISTS, INCLUDING SPECIFIC INFORMATION OR DOCUMENTATION THAT A PROVIDER MUST SUBMIT IN ORDER FOR THE PRIOR AUTHORIZATION REQUEST TO BE CONSIDERED COMPLETE.

2. THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL ALLOW PROVIDERS TO ACCESS THE PRIOR AUTHORIZATION REQUEST FORM THROUGH THE APPLICABLE ELECTRONIC SOFTWARE SYSTEM.

3. BEGINNING JANUARY 1, 2020, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL ACCEPT PRIOR AUTHORIZATION REQUESTS THROUGH A SECURE ELECTRONIC TRANSMISSION.

4. THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL PROVIDE AT LEAST TWO FORMS OF ACCESS TO REQUEST A PRIOR AUTHORIZATION INCLUDING TELEPHONE, FAX OR ELECTRONIC MEANS AND SHALL HAVE EMERGENCY AFTER-HOURS PROCEDURES.

B. BEGINNING JANUARY 1, 2020, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL ACCEPT AND RESPOND TO PRIOR AUTHORIZATION REQUESTS FOR PRESCRIPTION BENEFITS THROUGH A SECURE ELECTRONIC TRANSMISSION.

C. BEGINNING JANUARY 1, 2020, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT MAY ENTER INTO A CONTRACTUAL ARRANGEMENT WITH A PROVIDER UNDER WHICH THE PLAN AGREES TO PROCESS AND RESPOND TO PRIOR AUTHORIZATION REQUESTS THAT ARE NOT SUBMITTED ELECTRONICALLY BECAUSE OF THE FINANCIAL HARDSHIP THAT ELECTRONIC SUBMISSION OF PRIOR AUTHORIZATION REQUESTS WOULD CREATE FOR THE PROVIDER OR BECAUSE INTERNET CONNECTIVITY IS LIMITED OR UNAVAILABLE WHERE THE PROVIDER IS LOCATED.

20-3404. Prior authorization requirement timelines

A. IF A PLAN OFFERED BY A HEALTH CARE SERVICES PLAN CONTAINS A PRIOR AUTHORIZATION REQUIREMENT, ALL OF THE FOLLOWING APPLY:

1. FOR PRIOR AUTHORIZATION REQUESTS CONCERNING URGENT HEALTH CARE SERVICES, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL NOTIFY THE PROVIDER OF THE PRIOR AUTHORIZATION OR ADVERSE DETERMINATION NOT LATER THAN FIVE DAYS AFTER THE RECEIPT OF ALL NECESSARY INFORMATION TO SUPPORT THE PRIOR AUTHORIZATION REQUEST.

2. FOR PRIOR AUTHORIZATION REQUESTS CONCERNING HEALTH CARE SERVICES THAT ARE NOT URGENT HEALTH CARE SERVICES, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL NOTIFY THE PROVIDER OF THE PRIOR AUTHORIZATION OR ADVERSE DETERMINATION NOT LATER THAN FOURTEEN DAYS AFTER

1 RECEIPT OF ALL NECESSARY INFORMATION TO SUPPORT THE PRIOR AUTHORIZATION
2 REQUEST.

3 3. ON RECEIPT OF INFORMATION FROM THE PROVIDER IN SUPPORT OF A
4 PRIOR AUTHORIZATION REQUEST, THE HEALTH CARE SERVICES PLAN OR ITS
5 UTILIZATION REVIEW AGENT SHALL PROVIDE A RECEIPT IN THE SAME FORMAT THAT
6 THE REQUEST WAS MADE TO THE PROVIDER ACKNOWLEDGING THAT THE INFORMATION
7 WAS RECEIVED.

8 B. THE NOTIFICATION REQUIRED UNDER SUBSECTION A OF THIS SECTION
9 SHALL STATE WHETHER THE PRIOR AUTHORIZATION REQUEST IS APPROVED, DENIED OR
10 INCOMPLETE. IF THE PRIOR AUTHORIZATION REQUEST IS DENIED, THE HEALTH CARE
11 SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL STATE THE SPECIFIC
12 REASON FOR THE DENIAL. FOR A REQUEST THAT IS CONSIDERED INCOMPLETE, THE
13 PROVIDER SHALL HAVE THE OPPORTUNITY TO SUBMIT ADDITIONAL INFORMATION.
14 ONCE THE PROVIDER SUBMITS ADDITIONAL INFORMATION ON INCOMPLETE REQUESTS,
15 THE HEALTH CARE SERVICES PLAN HAS FIVE DAYS TO REVIEW AND RESPOND TO
16 REQUESTS FOR HEALTH CARE SERVICES DEEMED URGENT AND FOURTEEN DAYS TO
17 REVIEW AND RESPOND TO REQUESTS FOR HEALTH CARE SERVICES DEEMED NOT URGENT.

18 C. A PRIOR AUTHORIZATION REQUEST IS DEEMED GRANTED IF A HEALTH CARE
19 SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT FAILS TO COMPLY WITH THE
20 DEADLINES AND NOTIFICATION REQUIREMENTS OF THIS SECTION.

21 D. A PRIOR AUTHORIZATION REQUEST, ONCE GRANTED OR DEEMED GRANTED,
22 IS BINDING ON THE HEALTH CARE SERVICES PLAN, MAY BE RELIED ON BY THE
23 ENROLLEE AND PROVIDER AND MAY NOT BE RESCINDED OR MODIFIED BY A HEALTH
24 CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT AFTER THE PROVIDER
25 RENDERS THE AUTHORIZED HEALTH CARE SERVICES IN GOOD FAITH AND PURSUANT TO
26 THE AUTHORIZATION UNLESS THERE IS EVIDENCE OF FRAUD OR MISREPRESENTATION
27 BY THE PROVIDER.

28 E. ON A DENIAL OF A PRIOR AUTHORIZATION REQUEST, THE ENROLLEE AND
29 THE PROVIDER MAY EXERCISE THE REVIEW AND APPEAL RIGHTS SPECIFIED IN
30 CHAPTER 15, ARTICLE 2 OF THIS TITLE.

31 20-3405. Prior authorization of prescription drugs for
32 chronic pain conditions

33 A. FOR A PRIOR AUTHORIZATION REQUEST RELATED TO A CHRONIC PAIN
34 CONDITION, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT
35 SHALL HONOR A PRIOR AUTHORIZATION THAT IS GRANTED FOR AN APPROVED
36 PRESCRIPTION DRUG FOR THE EARLIEST OF THE FOLLOWING:

- 37 1. SIX MONTHS AFTER THE DATE OF THE PRIOR AUTHORIZATION APPROVAL.
38 2. THE LAST DAY OF THE ENROLLEE'S COVERAGE UNDER THE PLAN.

39 B. IN RELATION TO A PRIOR AUTHORIZATION DESCRIBED IN SUBSECTION A
40 OF THIS SECTION, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW
41 AGENT MAY REQUEST THAT THE PROVIDER SUBMIT INFORMATION TO THE HEALTH CARE
42 SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT INDICATING THAT THE
43 ENROLLEE'S CHRONIC PAIN CONDITION HAS NOT CHANGED AND THAT THE
44 CONTINUATION OF THE TREATMENT IS NOT NEGATIVELY IMPACTING THE ENROLLEE'S
45 HEALTH. IF THE PROVIDER DOES NOT RESPOND WITHIN FIVE BUSINESS DAYS AFTER

1 THE DATE ON WHICH THE REQUEST WAS RECEIVED, THE HEALTH CARE SERVICES PLAN
2 OR ITS UTILIZATION REVIEW AGENT MAY TERMINATE THE PRIOR AUTHORIZATION.

3 C. THIS SECTION DOES NOT APPLY TO:

4 1. PRESCRIPTION MEDICATIONS IF THE UNITED STATES FOOD AND DRUG
5 ADMINISTRATION RECOMMENDS THAT THE DRUG BE USED ONLY FOR PERIODS OF LESS
6 THAN SIX MONTHS.

7 2. ANY OPIOID OR BENZODIAZEPINE OR OTHER SCHEDULE I OR II
8 CONTROLLED SUBSTANCE.

9 D. THIS SECTION DOES NOT PROHIBIT THE SUBSTITUTION OF ANY DRUG THAT
10 HAS RECEIVED A SIX-MONTH PRIOR AUTHORIZATION UNDER SUBSECTION A OF THIS
11 SECTION WHEN THERE IS A RELEASE OF A UNITED STATES FOOD AND DRUG
12 ADMINISTRATION-APPROVED COMPARABLE BRAND PRODUCT OR A GENERIC COUNTERPART
13 OF A BRAND PRODUCT THAT IS LISTED AS THERAPEUTICALLY EQUIVALENT IN THE
14 UNITED STATES FOOD AND DRUG ADMINISTRATION'S PUBLICATION TITLED APPROVED
15 DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS.

16 E. THIS SECTION DOES NOT PROHIBIT A HEALTH CARE SERVICES PLAN FROM
17 GRANTING A PRIOR AUTHORIZATION FOR A DURATION LONGER THAN SIX MONTHS.

18 Sec. 10. Section 32-854.01, Arizona Revised Statutes, is amended to
19 read:

20 32-854.01. Unprofessional conduct

21 Unprofessional conduct includes the following conduct, whether it
22 occurs in this state or elsewhere:

23 1. Requesting, listing, accepting or receiving any rebate or
24 commission for prescribing or recommending any footwear, drug, medicine,
25 or other article to the licensee's patients.

26 2. Prescribing, dispensing or pretending to use, in treating any
27 patient, any secret remedial agent, or manifesting or promoting its use in
28 any way, or guaranteeing or implying to guarantee any treatment, therapy
29 or remedy.

30 3. Representing that a disease or infirmity can be permanently
31 cured, or that any disease, ~~ailments~~ AILMENT or ~~infirmities~~ INFIRMITY can
32 be cured by A secret method, procedure, treatment, medicine or ~~devices~~
33 DEVICE, if this is not true.

34 4. Practicing podiatry under a trade name, under the name of
35 another podiatrist, under any other name than that which appears on the
36 practitioner's license, or under any title that misrepresents the practice
37 of podiatry.

38 5. Advertising in a false, deceptive or misleading manner or
39 advertising the quality of podiatric service.

40 6. Employing a solicitor to obtain business.

41 7. Fee splitting under any guise whatsoever.

42 8. Failing to report as required in section 32-852.01,
43 subsection A.

44 9. Failing to obtain written informed consent from a patient before
45 the licensee performs any surgical procedure on the patient.

1 10. Committing a felony, whether or not involving moral turpitude,
2 or a misdemeanor involving moral turpitude. In either case, conviction by
3 any court of competent jurisdiction is conclusive evidence that the
4 licensee committed the crime.

5 11. Failing or refusing to maintain adequate records on a patient
6 for at least seven years or failing or refusing to make the records
7 available to a physician or another podiatrist within twenty-one days
8 after request and receipt of proper authorization.

9 12. Habitual intemperance in the use of alcohol or habitual
10 substance abuse.

11 13. ~~Use of~~ USING controlled substances or prescription-only drugs
12 except if provided by a physician for use during a prescribed lawful
13 course of treatment.

14 14. Prescribing controlled substances to members of the
15 podiatrist's immediate family.

16 15. Providing any controlled substance or prescription-only drug
17 for other than accepted therapeutic purposes.

18 16. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
19 MANAGEMENT.

20 ~~16.~~ 17. COMMITTING gross malpractice, repeated malpractice or any
21 malpractice resulting in the death of a patient.

22 ~~17.~~ 18. Refusing to divulge to the board on demand the means,
23 method, procedure, modality of treatment or medicine used in the treatment
24 of a disease, injury, ailment or infirmity.

25 ~~18.~~ 19. Violating any federal or state law applicable to the
26 practice of podiatry.

27 ~~19.~~ 20. HAVING the ~~refusal, revocation or suspension of a~~
28 LICENSEE'S license REFUSED, REVOKED OR SUSPENDED by any other licensing
29 jurisdiction for inability to safely and skillfully practice podiatry or
30 for unprofessional conduct as defined by that jurisdiction that directly
31 or indirectly corresponds to any act of unprofessional conduct as
32 prescribed by this section or any act under section 32-852.

33 ~~20.~~ 21. COMMITTING any conduct or practice that is or might be
34 harmful or dangerous to the health of the patient.

35 ~~21.~~ 22. Violating any formal order, probation or stipulation
36 issued by the board pursuant to this chapter.

37 ~~22.~~ 23. Violating or attempting to violate, directly or
38 indirectly, or assisting in or abetting the violation of or conspiring to
39 violate any provision of this chapter.

40 ~~23.~~ 24. Charging or collecting a clearly excessive fee. In
41 determining the reasonableness of a fee, the fee customarily charged in
42 the locality for similar services shall be considered in light of
43 modifying factors, such as the time required, the complexity of the
44 service and the skill requisite to perform the service properly. This
45 paragraph does not apply if there is a clear written contract for a fixed

1 fee between the podiatrist and the patient that has been entered into
2 before the licensee provides the service.

3 ~~24.~~ 25. Obtaining a fee by fraud, deceit or misrepresentation.

4 ~~25.~~ 26. Charging a fee for services not rendered.

5 ~~26.~~ 27. Failing to dispense drugs and devices in compliance with
6 article 4 of this chapter.

7 Sec. 11. Section 32-871, Arizona Revised Statutes, is amended to
8 read:

9 32-871. Dispensing of drugs and devices; conditions; civil
10 penalty; definition

11 A. A podiatrist may dispense drugs, **EXCEPT SCHEDULE II CONTROLLED**
12 **SUBSTANCES FOR PAIN MANAGEMENT**, and devices kept by the podiatrist if:

13 1. All drugs are dispensed in packages labeled with the following
14 information:

15 (a) The dispensing podiatrist's name, address and telephone number.

16 (b) The date the drug is dispensed.

17 (c) The patient's name.

18 (d) The name and strength of the drug, directions for its use and
19 any cautionary statements.

20 2. The dispensing podiatrist enters into the patient's medical
21 record the name and strength of the drug dispensed, the date the drug is
22 dispensed and the therapeutic reason.

23 3. The dispensing podiatrist keeps all drugs in a locked cabinet or
24 room, controls access to the cabinet or room by a written procedure and
25 maintains an ongoing inventory of its contents.

26 B. Except in an emergency situation, a podiatrist who dispenses
27 drugs for a profit without being registered by the board to do so is
28 subject to a civil penalty by the board of not less than three hundred
29 dollars and not more than one thousand dollars for each transaction and is
30 prohibited from further dispensing for a period of time as prescribed by
31 the board.

32 C. ~~Prior to~~ **BEFORE** dispensing a drug pursuant to this section, the
33 patient shall be given a written prescription on which appears the
34 following statement in bold type: "This prescription may be filled by the
35 prescribing podiatrist or by a pharmacy of your choice."

36 D. A podiatrist shall dispense for profit only to ~~his~~ **THE**
37 **PODIATRIST'S** own patient and only for conditions being treated by that
38 podiatrist. The podiatrist shall provide direct supervision of a nurse or
39 attendant involved in the dispensing process. ~~in~~ **FOR THE PURPOSES OF** this
40 subsection, "direct supervision" means that a podiatrist is present and
41 makes the determination as to the legitimacy or the advisability of the
42 drugs or devices to be dispensed.

43 E. This section shall be enforced by the board, which shall
44 establish rules regarding labeling, ~~record keeping~~ **RECORDKEEPING**, storage
45 and packaging of drugs that are consistent with the requirements of

1 chapter 18 of this title. The board may conduct periodic inspections of
2 dispensing practices to ~~assure~~ ENSURE compliance with this section and
3 applicable rules.

4 F. For the purposes of this section, "dispense" means the delivery
5 by a podiatrist of a prescription drug or device to a patient, except for
6 samples packaged for individual use by licensed manufacturers or
7 repackagers of drugs, and includes the prescribing, administering,
8 packaging, labeling and security necessary to prepare and safeguard the
9 drug or device for delivery.

10 Sec. 12. Section 32-1201.01, Arizona Revised Statutes, is amended
11 to read:

12 32-1201.01. Definition of unprofessional conduct

13 For the purposes of this chapter, "unprofessional conduct" means the
14 following acts, whether occurring in this state or elsewhere:

15 1. ~~intentional betrayal of~~ INTENTIONALLY BETRAYING a professional
16 confidence or ~~intentional violation of~~ INTENTIONALLY VIOLATING a
17 privileged communication except as either of these may otherwise be
18 required by law. This paragraph does not prevent members of the board
19 from the full and free exchange of information with the licensing and
20 disciplinary boards of other states, territories or districts of the
21 United States or foreign countries, with the Arizona state dental
22 association or any of its component societies or with the dental societies
23 of other states, counties, districts, territories or foreign countries.

24 2. Using controlled substances as defined in section 36-2501,
25 narcotic drugs, dangerous drugs or marijuana as defined in section
26 13-3401, or hypnotic drugs, including acetylurea derivatives, barbituric
27 acid derivatives, chloral, paraldehyde, phenylhydantoin derivatives,
28 sulfonmethane derivatives or any compounds, mixtures or preparations that
29 may be used for producing hypnotic effects, or alcohol to the extent that
30 it affects the ability of the dentist, denturist or dental hygienist to
31 practice that person's profession.

32 3. Prescribing, dispensing or using drugs for other than accepted
33 dental therapeutic purposes or for other than medically indicated
34 supportive therapy in conjunction with managing a patient's dental needs.

35 4. COMMITTING gross malpractice or repeated acts constituting
36 malpractice.

37 5. Acting or assuming to act as a member of the board if this is
38 not true.

39 6. Procuring or attempting to procure a certificate of the national
40 board of dental examiners or a license to practice dentistry or dental
41 hygiene by fraud or misrepresentation or by knowingly taking advantage of
42 the mistake of another.

43 7. Having professional connection with or lending one's name to an
44 illegal practitioner of dentistry or any of the other healing arts.

1 8. Representing that a manifestly not correctable condition,
2 disease, injury, ailment or infirmity can be permanently corrected, or
3 that a correctable condition, disease, injury, ailment or infirmity can be
4 corrected within a stated time, if this is not true.

5 9. Offering, undertaking or agreeing to correct, cure or treat a
6 condition, disease, injury, ailment or infirmity by a secret means,
7 method, device or instrumentality.

8 10. Refusing to divulge to the board, on reasonable notice and
9 demand, the means, method, device or instrumentality used in the treatment
10 of a condition, disease, injury, ailment or infirmity.

11 11. Dividing a professional fee or offering, providing or receiving
12 any consideration for patient referrals among or between dental care
13 providers or dental care institutions or entities. This paragraph does
14 not prohibit the division of fees among licensees who are engaged in a
15 bona fide employment, partnership, corporate or contractual relationship
16 for the delivery of professional services.

17 12. Knowingly making any false or fraudulent statement, written or
18 oral, in connection with the practice of dentistry.

19 13. ~~Refusal, revocation or suspension of~~ **HAVING** a license **REFUSED,**
20 **REVOKED OR SUSPENDED** or any other disciplinary action taken against a
21 dentist by, or ~~the voluntary surrender of~~ **VOLUNTARILY SURRENDERING** a
22 license in lieu of disciplinary action to, any other state, territory,
23 district or country, unless the board finds that this action was not taken
24 for reasons that relate to the person's ability to safely and skillfully
25 practice dentistry or to any act of unprofessional conduct.

26 14. **COMMITTING** any conduct or practice that constitutes a danger to
27 the health, welfare or safety of the patient or the public.

28 15. Obtaining a fee by fraud or misrepresentation, or wilfully or
29 intentionally filing a fraudulent claim with a third party for services
30 rendered or to be rendered to a patient.

31 16. **COMMITTING** repeated irregularities in billing.

32 17. Employing unlicensed persons to perform or aiding and abetting
33 unlicensed persons in the performance of work that can be done legally
34 only by licensed persons.

35 18. Practicing dentistry under a false or assumed name in this
36 state, other than as allowed by section 32-1262.

37 19. Wilfully or intentionally causing or permitting supervised
38 personnel or auxiliary personnel operating under the licensee's
39 supervision to commit illegal acts or perform an act or operation other
40 than that permitted under article 4 of this chapter and rules adopted by
41 the board pursuant to section 32-1282.

42 20. **COMMITTING** the following advertising practices:

43 (a) ~~The publication~~ **PUBLISHING** or ~~circulation~~ **CIRCULATING**, directly
44 or indirectly, ~~of~~ any false, fraudulent or misleading statements

1 concerning the skill, methods or practices of the licensee or of any other
2 person.

3 (b) Advertising in any manner that tends to deceive or defraud the
4 public.

5 21. Failing to dispense drugs and devices in compliance with
6 article 6 of this chapter.

7 22. Failing to comply with a board order, including an order of
8 censure or probation.

9 23. Failing to comply with a board subpoena in a timely manner.

10 24. Failing or refusing to maintain adequate patient records.

11 25. Failing to allow properly authorized board personnel, on
12 demand, to inspect the place of practice and examine and have access to
13 documents, books, reports and records maintained by the licensee or
14 certificate holder that relate to the dental practice or dental-related
15 activity.

16 26. Refusing to submit to a body fluid examination as required
17 through a monitored treatment program or pursuant to a board investigation
18 into a licensee's or certificate holder's alleged substance abuse.

19 27. Failing to inform a patient of the type of material the dentist
20 will use in the patient's dental filling and the reason why the dentist is
21 using that particular filling.

22 28. Failing to report in writing to the board any evidence that a
23 dentist, denturist or dental hygienist is or may be:

24 (a) Professionally incompetent.

25 (b) Engaging in unprofessional conduct.

26 (c) Impaired by drugs or alcohol.

27 (d) Mentally or physically unable to safely engage in the
28 activities of a dentist, denturist or dental hygienist pursuant to this
29 chapter.

30 29. Filing a false report pursuant to paragraph 28 of this section.

31 30. Practicing dentistry, dental hygiene or denturism in a business
32 entity that is not registered with the board as required by section
33 32-1213.

34 31. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
35 MANAGEMENT.

36 Sec. 13. Section 32-1298, Arizona Revised Statutes, is amended to
37 read:

38 32-1298. Dispensing of drugs and devices; conditions; civil
39 penalty; definition

40 A. A dentist may dispense drugs, EXCEPT SCHEDULE II CONTROLLED
41 SUBSTANCES FOR PAIN MANAGEMENT, and devices kept by the dentist if:

42 1. All drugs are dispensed in packages labeled with the following
43 information:

44 (a) The dispensing dentist's name, address and telephone number.

45 (b) The date the drug is dispensed.

1 (c) The patient's name.

2 (d) The name and strength of the drug, directions for its use and
3 any cautionary statements.

4 2. The dispensing dentist enters into the patient's ~~medical~~ DENTAL
5 record the name and strength of the drug dispensed, the date the drug is
6 dispensed and the therapeutic reason.

7 3. The dispensing dentist keeps all drugs in a locked cabinet or
8 room, controls access to the cabinet or room by a written procedure and
9 maintains an ongoing inventory of its contents.

10 B. Except in an emergency situation, a dentist who dispenses drugs
11 for a profit without being registered by the board to do so is subject to
12 a civil penalty by the board of not less than three hundred dollars and
13 not more than one thousand dollars for each transaction and is prohibited
14 from further dispensing for a period of time as prescribed by the board.

15 C. ~~Prior to~~ BEFORE dispensing a drug pursuant to this section, the
16 patient shall be given a written prescription on which appears the
17 following statement in bold type: "This prescription may be filled by the
18 prescribing dentist or by a pharmacy of your choice."

19 D. A dentist shall dispense for profit only to ~~his~~ THE DENTIST'S
20 own patient and only for conditions being treated by that dentist. The
21 dentist shall provide direct supervision of an attendant involved in the
22 dispensing process. ~~in~~ FOR THE PURPOSES OF this subsection, "direct
23 supervision" means that a dentist is present and makes the determination
24 as to the legitimacy or advisability of the drugs or devices to be
25 dispensed.

26 E. This section shall be enforced by the board, which shall
27 establish rules regarding labeling, ~~record keeping~~ RECORDKEEPING, storage
28 and packaging of drugs that are consistent with the requirements of
29 chapter 18 of this title. The board may conduct periodic inspections of
30 dispensing practices to ~~assure~~ ENSURE compliance with this section and
31 applicable rules.

32 F. For the purposes of this section, "dispense" means the delivery
33 by a dentist of a prescription drug or device to a patient, except for
34 samples packaged for individual use by licensed manufacturers or
35 repackagers of drugs, and includes the prescribing, administering,
36 packaging, labeling and security necessary to prepare and safeguard the
37 drug or device for delivery.

38 Sec. 14. Section 32-1401, Arizona Revised Statutes, is amended to
39 read:

40 32-1401. Definitions

41 In this chapter, unless the context otherwise requires:

42 1. "Active license" means a valid and existing license to practice
43 medicine.

44 2. "Adequate records" means legible medical records, produced by
45 hand or electronically, containing, at a minimum, sufficient information

1 to identify the patient, support the diagnosis, justify the treatment,
2 accurately document the results, indicate advice and cautionary warnings
3 provided to the patient and provide sufficient information for another
4 practitioner to assume continuity of the patient's care at any point in
5 the course of treatment.

6 3. "Advisory letter" means a nondisciplinary letter to notify a
7 licensee that either:

8 (a) While there is insufficient evidence to support disciplinary
9 action, the board believes that continuation of the activities that led to
10 the investigation may result in further board action against the licensee.

11 (b) The violation is a minor or technical violation that is not of
12 sufficient merit to warrant disciplinary action.

13 (c) While the licensee has demonstrated substantial compliance
14 through rehabilitation or remediation that has mitigated the need for
15 disciplinary action, the board believes that repetition of the activities
16 that led to the investigation may result in further board action against
17 the licensee.

18 4. "Approved hospital internship, residency or clinical fellowship
19 program" means a program at a hospital that at the time the training
20 occurred was legally incorporated and that had a program that was approved
21 for internship, fellowship or residency training by the accreditation
22 council for graduate medical education, the association of American
23 medical colleges, the royal college of physicians and surgeons of Canada
24 or any similar body in the United States or Canada approved by the board
25 whose function is that of approving hospitals for internship, fellowship
26 or residency training.

27 5. "Approved school of medicine" means any school or college
28 offering a course of study that, on successful completion, results in the
29 degree of doctor of medicine and whose course of study has been approved
30 or accredited by an educational or professional association, recognized by
31 the board, including the association of American medical colleges, the
32 association of Canadian medical colleges or the American medical
33 association.

34 6. "Board" means the Arizona medical board.

35 7. "Completed application" means that the applicant has supplied
36 all required fees, information and correspondence requested by the board
37 on forms and in a manner acceptable to the board.

38 8. "Direct supervision" means that a physician, physician assistant
39 licensed pursuant to chapter 25 of this title or nurse practitioner
40 certified pursuant to chapter 15 of this title is within the same room or
41 office suite as the medical assistant in order to be available for
42 consultation regarding those tasks the medical assistant performs pursuant
43 to section 32-1456.

44 9. "Dispense" means the delivery by a doctor of medicine of a
45 prescription drug or device to a patient, except for samples packaged for

1 individual use by licensed manufacturers or repackagers of drugs, and
2 includes the prescribing, administering, packaging, labeling and security
3 necessary to prepare and safeguard the drug or device for delivery.

4 10. "Doctor of medicine" means a natural person holding a license,
5 registration or permit to practice medicine pursuant to this chapter.

6 11. "Full-time faculty member" means a physician who is employed
7 full time as a faculty member while holding the academic position of
8 assistant professor or a higher position at an approved school of
9 medicine.

10 12. "Health care institution" means any facility as defined in
11 section 36-401, any person authorized to transact disability insurance, as
12 defined in title 20, chapter 6, article 4 or 5, any person who is issued a
13 certificate of authority pursuant to title 20, chapter 4, article 9 or any
14 other partnership, association or corporation that provides health care to
15 consumers.

16 13. "Immediate family" means the spouse, natural or adopted
17 children, father, mother, brothers and sisters of the doctor and the
18 natural or adopted children, father, mother, brothers and sisters of the
19 doctor's spouse.

20 14. "Letter of reprimand" means a disciplinary letter that is
21 issued by the board and that informs the physician that the physician's
22 conduct violates state or federal law and may require the board to monitor
23 the physician.

24 15. "Limit" means taking a nondisciplinary action that alters the
25 physician's practice or professional activities if the board determines
26 that there is evidence that the physician is or may be mentally or
27 physically unable to safely engage in the practice of medicine.

28 16. "Medical assistant" means an unlicensed person who meets the
29 requirements of section 32-1456, has completed an education program
30 approved by the board, assists in a medical practice under the supervision
31 of a doctor of medicine, physician assistant or nurse practitioner and
32 performs delegated procedures commensurate with the assistant's education
33 and training but does not diagnose, interpret, design or modify
34 established treatment programs or perform any functions that would violate
35 any statute applicable to the practice of medicine.

36 ~~18.~~ 17. "Medically incompetent" means a person who the board
37 determines is incompetent based on a variety of factors, including:

38 (a) A lack of sufficient medical knowledge or skills, or both, to a
39 degree likely to endanger the health of patients.

40 (b) When considered with other indications of medical incompetence,
41 failing to obtain a scaled score of at least seventy-five percent on the
42 written special purpose licensing examination.

1 ~~17.~~ 18. "Medical peer review" means:

2 (a) The participation by a doctor of medicine in the review and
3 evaluation of the medical management of a patient and the use of resources
4 for patient care.

5 (b) Activities relating to a health care institution's decision to
6 grant or continue privileges to practice at that institution.

7 19. "Medicine" means allopathic medicine as practiced by the
8 recipient of a degree of doctor of medicine.

9 20. "Office based surgery" means a medical procedure conducted in a
10 physician's office or other outpatient setting that is not part of a
11 licensed hospital or licensed ambulatory surgical center.

12 21. "Physician" means a doctor of medicine who is licensed pursuant
13 to this chapter.

14 22. "Practice of medicine" means the diagnosis, the treatment or
15 the correction of or the attempt or the claim to be able to diagnose,
16 treat or correct any and all human diseases, injuries, ailments,
17 infirmities or deformities, physical or mental, real or imaginary, by any
18 means, methods, devices or instrumentalities, except as the same may be
19 among the acts or persons not affected by this chapter. The practice of
20 medicine includes the practice of medicine alone or the practice of
21 surgery alone, or both.

22 23. "Restrict" means taking a disciplinary action that alters the
23 physician's practice or professional activities if the board determines
24 that there is evidence that the physician is or may be medically
25 incompetent or guilty of unprofessional conduct.

26 24. "Special purpose licensing examination" means an examination
27 that is developed by the national board of medical examiners on behalf of
28 the federation of state medical boards for use by state licensing boards
29 to test the basic medical competence of physicians who are applying for
30 licensure and who have been in practice for a considerable period of time
31 in another jurisdiction and to determine the competence of a physician who
32 is under investigation by a state licensing board.

33 25. "Teaching hospital's accredited graduate medical education
34 program" means that the hospital is incorporated and has an internship,
35 fellowship or residency training program that is accredited by the
36 accreditation council for graduate medical education, the American medical
37 association, the association of American medical colleges, the royal
38 college of physicians and surgeons of Canada or a similar body in the
39 United States or Canada that is approved by the board and whose function
40 is that of approving hospitals for internship, fellowship or residency
41 training.

42 26. "Teaching license" means a valid license to practice medicine
43 as a full-time faculty member of an approved school of medicine or a
44 teaching hospital's accredited graduate medical education program.

1 27. "Unprofessional conduct" includes the following, whether
2 occurring in this state or elsewhere:

3 (a) Violating any federal or state laws, rules or regulations
4 applicable to the practice of medicine.

5 (b) Intentionally disclosing a professional secret or intentionally
6 disclosing a privileged communication except as either act may otherwise
7 be required by law.

8 (c) ~~COMMITTING~~ false, fraudulent, deceptive or misleading
9 advertising by a doctor of medicine or the doctor's staff, employer or
10 representative.

11 (d) Committing a felony, whether or not involving moral turpitude,
12 or a misdemeanor involving moral turpitude. In either case, conviction by
13 any court of competent jurisdiction or a plea of no contest is conclusive
14 evidence of the commission.

15 (e) Failing or refusing to maintain adequate records on a patient.

16 (f) ~~EXHIBITING~~ a pattern of using or being under the influence of
17 alcohol or drugs or a similar substance while practicing medicine or to
18 the extent that judgment may be impaired and the practice of medicine
19 detrimentally affected.

20 (g) Using controlled substances except if prescribed by another
21 physician for use during a prescribed course of treatment.

22 (h) Prescribing or dispensing controlled substances to members of
23 the physician's immediate family.

24 (i) Prescribing, dispensing or administering schedule II controlled
25 substances as defined in section 36-2513, including amphetamines and
26 similar schedule II sympathomimetic drugs in the treatment of exogenous
27 obesity for a period in excess of thirty days in any one year, or the
28 nontherapeutic use of injectable amphetamines.

29 (j) Prescribing, dispensing or administering any controlled
30 substance or prescription-only drug for other than accepted therapeutic
31 purposes.

32 (k) ~~DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN~~
33 ~~MANAGEMENT.~~

34 ~~(k)~~ (l) Signing a blank, undated or predated prescription form.

35 ~~(l)~~ (m) ~~COMMITTING~~ conduct that the board determines is gross
36 malpractice, repeated malpractice or any malpractice resulting in the
37 death of a patient.

38 ~~(m)~~ (n) Representing that a manifestly incurable disease or
39 infirmity can be permanently cured, or that any disease, ailment or
40 infirmity can be cured by a secret method, procedure, treatment, medicine
41 or device, if this is not true.

42 ~~(n)~~ (o) Refusing to divulge to the board on demand the means,
43 method, procedure, modality of treatment or medicine used in the treatment
44 of a disease, injury, ailment or infirmity.

1 ~~(p)~~ (p) HAVING action ~~that is~~ taken against a doctor of medicine
2 by another licensing or regulatory jurisdiction due to that doctor's
3 mental or physical inability to engage safely in the practice of medicine
4 or the doctor's medical incompetence or for unprofessional conduct as
5 defined by that jurisdiction and that corresponds directly or indirectly
6 to an act of unprofessional conduct prescribed by this paragraph. The
7 action taken may include refusing, denying, revoking or suspending a
8 license by that jurisdiction or a surrendering of a license to that
9 jurisdiction, otherwise limiting, restricting or monitoring a licensee by
10 that jurisdiction or placing a licensee on probation by that jurisdiction.
11 ~~(q)~~ (q) HAVING sanctions imposed by an agency of the federal
12 government, including restricting, suspending, limiting or removing a
13 person from the practice of medicine or restricting that person's ability
14 to obtain financial remuneration.
15 ~~(r)~~ (r) COMMITTING any conduct or practice that is or might be
16 harmful or dangerous to the health of the patient or the public.
17 ~~(s)~~ (s) Violating a formal order, probation, consent agreement or
18 stipulation issued or entered into by the board or its executive director
19 under this chapter.
20 ~~(t)~~ (t) Violating or attempting to violate, directly or
21 indirectly, or assisting in or abetting the violation of or conspiring to
22 violate any provision of this chapter.
23 ~~(u)~~ (u) Knowingly making any false or fraudulent statement,
24 written or oral, in connection with the practice of medicine or if
25 applying for privileges or renewing an application for privileges at a
26 health care institution.
27 ~~(v)~~ (v) Charging a fee for services not rendered or dividing a
28 professional fee for patient referrals among health care providers or
29 health care institutions or between these providers and institutions or a
30 contractual arrangement that has the same effect. This subdivision does
31 not apply to payments from a medical researcher to a physician in
32 connection with identifying and monitoring patients for a clinical trial
33 regulated by the United States food and drug administration.
34 ~~(w)~~ (w) Obtaining a fee by fraud, deceit or misrepresentation.
35 ~~(x)~~ (x) Charging or collecting a clearly excessive fee. In
36 determining whether a fee is clearly excessive, the board shall consider
37 the fee or range of fees customarily charged in this state for similar
38 services in light of modifying factors such as the time required, the
39 complexity of the service and the skill requisite to perform the service
40 properly. This subdivision does not apply if there is a clear written
41 contract for a fixed fee between the physician and the patient that has
42 been entered into before the provision of the service.
43 ~~(y)~~ (y) COMMITTING conduct that is in violation of section
44 36-2302.

~~(y)~~ (z) ~~The use of~~ USING experimental forms of diagnosis and treatment without adequate informed patient consent, and without conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee as approved by the United States food and drug administration or its successor agency.

~~(z)~~ (aa) Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee. For the purposes of this subdivision, "sexual conduct" includes:

(i) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual.

(ii) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical contact of a sexual nature.

(iii) Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment under current practice standards.

~~(aa)~~ (bb) Procuring or attempting to procure a license to practice medicine or a license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency.

~~(bb)~~ (cc) Representing or claiming to be a medical specialist if this is not true.

~~(cc)~~ (dd) Maintaining a professional connection with or lending one's name to enhance or continue the activities of an illegal practitioner of medicine.

~~(dd)~~ (ee) Failing to furnish information in a timely manner to the board or the board's investigators or representatives if legally requested by the board.

~~(ee)~~ (ff) Failing to allow properly authorized board personnel on demand to examine and have access to documents, reports and records maintained by the physician that relate to the physician's medical practice or medically related activities.

~~(ff)~~ (gg) Knowingly failing to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the doctor has a direct financial interest in a separate diagnostic or treatment agency or in nonroutine goods or services that the patient is being prescribed if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one doctor of medicine to another doctor of medicine within a group of doctors of medicine practicing together.

1 ~~(gg)~~ (hh) Using chelation therapy in the treatment of
2 arteriosclerosis or as any other form of therapy, with the exception of
3 treatment of heavy metal poisoning, without:

4 (i) Adequate informed patient consent.

5 (ii) Conforming to generally accepted experimental criteria,
6 including protocols, detailed records, periodic analysis of results and
7 periodic review by a medical peer review committee.

8 (iii) Approval by the United States food and drug administration or
9 its successor agency.

10 ~~(hh)~~ (ii) Prescribing, dispensing or administering
11 anabolic-androgenic steroids to a person for other than therapeutic
12 purposes.

13 ~~(ii)~~ (jj) EXHIBITING A lack of or inappropriate direction,
14 collaboration or direct supervision of a medical assistant or a licensed,
15 certified or registered health care provider employed by, supervised by or
16 assigned to the physician.

17 ~~(jj)~~ (kk) Knowingly making a false or misleading statement to the
18 board or on a form required by the board or in a written correspondence,
19 including attachments, with the board.

20 ~~(kk)~~ (ll) Failing to dispense drugs and devices in compliance with
21 article 6 of this chapter.

22 ~~(ll)~~ (mm) COMMITTING conduct that the board determines is gross
23 negligence, repeated negligence or negligence resulting in harm to or the
24 death of a patient.

25 ~~(mm)~~ (nn) ~~The~~ MAKING A representation by a doctor of medicine or
26 the doctor's staff, employer or representative that the doctor is boarded
27 or board certified if this is not true or the standing is not current or
28 without supplying the full name of the specific agency, organization or
29 entity granting this standing.

30 ~~(nn)~~ (oo) Refusing to submit to a body fluid examination or any
31 other examination known to detect the presence of alcohol or other drugs
32 as required by the board pursuant to section 32-1452 or pursuant to a
33 board investigation into a doctor of medicine's alleged substance abuse.

34 ~~(oo)~~ (pp) Failing to report in writing to the Arizona medical
35 board or the Arizona regulatory board of physician assistants any evidence
36 that a doctor of medicine or a physician assistant is or may be medically
37 incompetent, guilty of unprofessional conduct or mentally or physically
38 unable to safely practice medicine or to perform as a physician assistant.

39 ~~(pp)~~ (qq) ~~The failure of AS~~ a physician who is the chief executive
40 officer, the medical director or the medical chief of staff of a health
41 care institution, FAILING to report in writing to the board that the
42 hospital privileges of a doctor of medicine have been denied, revoked,
43 suspended, supervised or limited because of actions by the doctor that
44 appear to show that the doctor is or may be medically incompetent, is or

1 may be guilty of unprofessional conduct or is or may be unable to engage
2 safely in the practice of medicine.

3 ~~(qq)~~ (rr) Claiming to be a current member of the board or its
4 staff or a board medical consultant if this is not true.

5 ~~(rrr)~~ (ss) Failing to make patient medical records in the
6 physician's possession promptly available to a physician assistant, a
7 nurse practitioner, a person licensed pursuant to this chapter or a
8 podiatrist, chiropractor, naturopathic physician, osteopathic physician or
9 homeopathic physician licensed under chapter 7, 8, 14, 17 or 29 of this
10 title on receipt of proper authorization to do so from the patient, a
11 minor patient's parent, the patient's legal guardian or the patient's
12 authorized representative or failing to comply with title 12, chapter 13,
13 article 7.1.

14 ~~(sss)~~ (tt) Prescribing, dispensing or furnishing a prescription
15 medication or a prescription-only device as defined in section 32-1901 to
16 a person unless the licensee first conducts a physical or mental health
17 status examination of that person or has previously established a
18 doctor-patient relationship. The physical or mental health status
19 examination may be conducted during a real-time telemedicine encounter
20 with audio and video capability, unless the examination is for the purpose
21 of obtaining a written certification from the physician for the purposes
22 of title 36, chapter 28.1. This subdivision does not apply to:

23 (i) A physician who provides temporary patient supervision on
24 behalf of the patient's regular treating licensed health care professional
25 or provides a consultation requested by the patient's regular treating
26 licensed health care professional.

27 (ii) Emergency medical situations as defined in section 41-1831.

28 (iii) Prescriptions written to prepare a patient for a medical
29 examination.

30 (iv) Prescriptions written or prescription medications issued for
31 use by a county or tribal public health department for immunization
32 programs or emergency treatment or in response to an infectious disease
33 investigation, public health emergency, infectious disease outbreak or act
34 of bioterrorism. For the purposes of this item, "bioterrorism" has the
35 same meaning prescribed in section 36-781.

36 (v) Prescriptions written or antimicrobials dispensed to a contact
37 as defined in section 36-661 who is believed to have had significant
38 exposure risk as defined in section 36-661 with another person who has
39 been diagnosed with a communicable disease as defined in section 36-661 by
40 the prescribing or dispensing physician.

1 (vi) Prescriptions written or prescription medications issued for
2 administration of immunizations or vaccines listed in the United States
3 centers for disease control and prevention's recommended immunization
4 schedule to a household member of a patient.

5 (vii) Prescriptions for epinephrine auto-injectors written or
6 dispensed for a school district or charter school to be stocked for
7 emergency use pursuant to section 15-157 or for an authorized entity to be
8 stocked pursuant to section 36-2226.01.

9 (viii) Prescriptions written by a licensee through a telemedicine
10 program that is covered by the policies and procedures adopted by the
11 administrator of a hospital or outpatient treatment center.

12 (ix) Prescriptions for naloxone hydrochloride or any other opioid
13 antagonist approved by the United States food and drug administration that
14 are written or dispensed for use pursuant to section 36-2228 or 36-2266.

15 ~~(tt)~~ (uu) Performing office based surgery using sedation in
16 violation of board rules.

17 ~~(uu)~~ (vv) Practicing medicine under a false or assumed name in
18 this state.

19 Sec. 15. Section 32-1451.04, Arizona Revised Statutes, is amended
20 to read:

21 32-1451.04. Burden of proof

22 Except for disciplinary matters brought pursuant to section 32-1401,
23 paragraph 27, subdivision ~~(zz)~~ (aa), the board has the burden of proof by
24 clear and convincing evidence for disciplinary matters brought pursuant to
25 this chapter.

26 Sec. 16. Section 32-1491, Arizona Revised Statutes, is amended to
27 read:

28 32-1491. Dispensing of drugs and devices; exception; civil
29 penalty; conditions; definition

30 A. EXCEPT AS PROVIDED IN SUBSECTION B OF THIS SECTION, a doctor of
31 medicine may dispense drugs and devices kept by the doctor if:

32 1. All drugs are dispensed in packages labeled with the following
33 information:

34 (a) The dispensing doctor's name, address and telephone number.

35 (b) The date the drug is dispensed.

36 (c) The patient's name.

37 (d) The name and strength of the drug, directions for its use and
38 any cautionary statements.

39 2. The dispensing doctor enters into the patient's medical record
40 the name and strength of the drug dispensed, the date the drug is
41 dispensed and the therapeutic reason.

42 3. The dispensing doctor keeps all drugs in a locked cabinet or
43 room, controls access to the cabinet or room by a written procedure and
44 maintains an ongoing inventory of its contents.

1 4. The doctor registers with the board to dispense drugs and
2 devices and pays the registration fee prescribed by section 32-1436.

3 ~~B.~~ A DOCTOR OF MEDICINE MAY NOT DISPENSE SCHEDULE II CONTROLLED
4 SUBSTANCES FOR PAIN MANAGEMENT BUT MAY DISPENSE SCHEDULE II CONTROLLED
5 SUBSTANCES FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

6 ~~B.~~ C. Except in an emergency situation, a doctor who dispenses
7 drugs without being registered by the board to do so is subject to a civil
8 penalty by the board of not less than three hundred dollars and not more
9 than one thousand dollars for each transaction and is prohibited from
10 further dispensing for a period of time as prescribed by the board.

11 ~~C.~~ D. Before a physician dispenses a drug pursuant to this
12 section, the physician shall give the patient a prescription and inform
13 the patient that the prescription may be filled by the prescribing
14 physician or by a pharmacy of the patient's choice.

15 ~~D.~~ E. A doctor shall dispense only to the doctor's own patient and
16 only for conditions being treated by that doctor. The doctor shall
17 provide direct supervision of a medical assistant, nurse or attendant
18 involved in the dispensing process. ~~FF~~ FOR THE PURPOSES OF this
19 subsection, "direct supervision" means that a doctor is present and makes
20 the determination as to the legitimacy or the advisability of the drugs or
21 devices to be dispensed.

22 ~~E.~~ F. This section shall be enforced by the board, which shall
23 establish rules regarding labeling, ~~record keeping~~ RECORDKEEPING, storage
24 and packaging of drugs that are consistent with the requirements of
25 chapter 18 of this title. The board may conduct periodic reviews of
26 dispensing practices to ~~assure~~ ENSURE compliance with this section and
27 applicable rules.

28 ~~F.~~ G. For the purposes of this section, "dispense" means the
29 delivery by a doctor of medicine of a prescription drug or device to a
30 patient, except for samples packaged for individual use by licensed
31 manufacturers or repackagers of drugs, and includes the prescribing,
32 administering, packaging, labeling and security necessary to prepare and
33 safeguard the drug or device for delivery.

34 Sec. 17. Section 32-1606, Arizona Revised Statutes, is amended to
35 read:

36 32-1606. Powers and duties of board

37 A. The board may:

38 1. Adopt and revise rules necessary to carry into effect this
39 chapter.

40 2. Publish advisory opinions regarding registered and practical
41 nursing practice and nursing education.

42 3. Issue limited licenses or certificates if it determines that an
43 applicant or licensee cannot function safely in a specific setting or
44 within the full scope of practice.

1 4. Refer criminal violations of this chapter to the appropriate law
2 enforcement agency.

3 5. Establish a confidential program for the monitoring of licensees
4 who are chemically dependent and who enroll in rehabilitation programs
5 that meet the criteria established by the board. The board may take
6 further action if the licensee refuses to enter into a stipulated
7 agreement or fails to comply with its terms. In order to protect the
8 public health and safety, the confidentiality requirements of this
9 paragraph do not apply if the licensee does not comply with the stipulated
10 agreement.

11 6. On the applicant's or regulated party's request, establish a
12 payment schedule with the applicant or regulated party.

13 7. Provide education regarding board functions.

14 8. Collect or assist in the collection of workforce data.

15 9. Adopt rules for conducting pilot programs consistent with public
16 safety for innovative applications in nursing practice, education and
17 regulation.

18 10. Grant retirement status on request to retired nurses who are or
19 were licensed under this chapter, who have no open complaint or
20 investigation pending against them and who are not subject to discipline.

21 11. Accept and spend federal monies and private grants, gifts,
22 contributions and devises to assist in carrying out the purposes of this
23 chapter. These monies do not revert to the state general fund at the end
24 of the fiscal year.

25 B. The board shall:

26 1. Approve regulated training and educational programs that meet
27 the requirements of this chapter and rules adopted by the board.

28 2. By rule, establish approval and reapproval processes for nursing
29 and nursing assistant training programs that meet the requirements of this
30 chapter and board rules.

31 3. Prepare and maintain a list of approved nursing programs for the
32 preparation of registered and practical nurses whose graduates are
33 eligible for licensing under this chapter as registered nurses or as
34 practical nurses if they satisfy the other requirements of this chapter
35 and board rules.

36 4. Examine qualified registered and practical nurse applicants.

37 5. License and renew the licenses of qualified registered and
38 practical nurse applicants and licensed nursing assistants who are not
39 qualified to be licensed by the executive director.

40 6. Adopt a seal, which the executive director shall keep.

41 7. Keep a record of all proceedings.

42 8. For proper cause, deny or rescind approval of a regulated
43 training or educational program for failure to comply with this chapter or
44 the rules of the board.

1 9. Adopt rules for the approval of credential evaluation services
2 that evaluate the qualifications of applicants who graduated from an
3 international nursing program.

4 10. Determine and administer appropriate disciplinary action
5 against all regulated parties who are found guilty of violating this
6 chapter or rules adopted by the board.

7 11. Perform functions necessary to carry out the requirements of
8 nursing assistant and nurse aide training and competency evaluation
9 program as set forth in the omnibus budget reconciliation act of 1987
10 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic
11 coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall
12 include:

13 (a) Testing and registration of certified nursing assistants.

14 (b) Testing and licensing of licensed nursing assistants.

15 (c) Maintaining a list of board-approved training programs.

16 (d) Maintaining a registry of nursing assistants for all certified
17 nursing assistants and licensed nursing assistants.

18 (e) Assessing fees.

19 12. Adopt rules establishing those acts that may be performed by a
20 registered nurse practitioner or certified nurse midwife, except that the
21 board does not have authority to decide scope of practice relating to
22 abortion as defined in section 36-2151.

23 13. ADOPT RULES THAT PROHIBIT REGISTERED NURSE PRACTITIONERS FROM
24 DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN MANAGEMENT BUT THAT
25 ALLOW REGISTERED NURSE PRACTITIONERS TO DISPENSE A SCHEDULE II CONTROLLED
26 SUBSTANCE FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

27 ~~13.~~ 14. Adopt rules establishing educational requirements for the
28 certification of school nurses.

29 ~~14.~~ 15. Publish copies of board rules and distribute these copies
30 on request.

31 ~~15.~~ 16. Require each applicant for initial licensure or
32 certification to submit a full set of fingerprints to the board for the
33 purpose of obtaining a state and federal criminal records check pursuant
34 to section 41-1750 and Public Law 92-544. The department of public safety
35 may exchange this fingerprint data with the federal bureau of
36 investigation.

37 ~~16.~~ 17. Except for a licensee who has been convicted of a felony
38 that has been designated a misdemeanor pursuant to section 13-604, revoke
39 a license of a person, revoke the multistate licensure privilege of a
40 person pursuant to section 32-1669 or not issue a license or renewal to an
41 applicant who has one or more felony convictions and who has not received
42 an absolute discharge from the sentences for all felony convictions three
43 or more years before the date of filing an application pursuant to this
44 chapter.

1 ~~17.~~ 18. Establish standards for approving and reapproving nurse
2 practitioner and clinical nurse specialist programs and provide for
3 surveys of nurse practitioner and clinical nurse specialist programs as it
4 deems necessary.

5 ~~18.~~ 19. Provide the licensing authorities of health care
6 institutions, facilities and homes any information the board receives
7 regarding practices that place a patient's health at risk.

8 ~~19.~~ 20. Limit the multistate licensure privilege of any person who
9 holds or applies for a license in this state pursuant to section 32-1668.

10 ~~20.~~ 21. Adopt rules to establish competency standards for
11 obtaining and maintaining a license.

12 ~~21.~~ 22. Adopt rules for the qualification and certification of
13 clinical nurse specialists.

14 ~~22.~~ 23. Adopt rules for approval and reapproval of refresher
15 courses for nurses who are not currently practicing.

16 ~~23.~~ 24. Maintain a list of approved medication assistant training
17 programs.

18 ~~24.~~ 25. Test and certify medication assistants.

19 ~~25.~~ 26. Maintain a registry and disciplinary record of medication
20 assistants who are certified pursuant to this chapter.

21 C. The board may conduct an investigation on receipt of information
22 that indicates that a person or regulated party may have violated this
23 chapter or a rule adopted pursuant to this chapter. Following the
24 investigation, the board may take disciplinary action pursuant to this
25 chapter.

26 D. The board may limit, revoke or suspend the privilege of a nurse
27 to practice in this state granted pursuant to section 32-1668.

28 E. Failure to comply with any final order of the board, including
29 an order of censure or probation, is cause for suspension or revocation of
30 a license or a certificate.

31 F. The president or a member of the board designated by the
32 president may administer oaths in transacting the business of the board.

33 Sec. 18. Section 32-1706, Arizona Revised Statutes, is amended to
34 read:

35 32-1706. Use of pharmaceutical agents

36 A. A licensee may prescribe, dispense and administer
37 over-the-counter pharmaceuticals and topical prescription pharmaceuticals
38 subject to the pharmaceutical agent classifications specified in section
39 32-1728.

40 B. Except as provided in subsection C of this section, a licensee
41 may prescribe, dispense and administer the following oral prescription
42 pharmaceuticals for the treatment of diseases of the eye and its adnexa
43 for any one patient for each occurrence for a period of not more than the
44 day limit recommended by the manufacturer or the physicians' desk

1 reference, unless otherwise specified in this subsection, subject to the
2 pharmaceutical agent classifications specified in section 32-1728:

3 1. Anti-infectives classified as tetracycline and its derivatives,
4 cephalosporins, penicillin and its derivatives, macrolides,
5 fluroquinolones and antivirals.

6 2. Antihistamines.

7 3. Nonsteroidal anti-inflammatory agents.

8 4. Agents for the treatment of angle-closure glaucoma, including
9 carbonic anhydrase inhibitors.

10 5. Steroids in an amount that does not exceed the amount packaged
11 for a single course of therapy of not more than seven days.

12 C. A licensee may not prescribe, dispense or administer an oral
13 pharmaceutical specified in subsection B of this section or a controlled
14 substance as specified in subsection D of this section to a person who is
15 under six years of age.

16 D. A licensee may prescribe, dispense and administer a schedule III
17 controlled substance only if it is an analgesic and MAY PRESCRIBE OR
18 ADMINISTER any controlled substance only if it is an analgesic that is
19 reclassified from schedule III to schedule II after January 1, 2014.

20 E. A licensee shall not prescribe, dispense or administer the
21 following prescription substances:

22 1. An oral antifungal.

23 2. An oral antimetabolite.

24 3. An oral immunosuppressive.

25 4. A substance administered intravenously.

26 5. Except as provided in subsection F of this section, substances
27 administered by injection.

28 6. Except as provided in subsection D of this section, a schedule
29 I, II, IV or V controlled substance.

30 F. A licensee may use epinephrine auto-injectors to counteract an
31 anaphylactic reaction.

32 Sec. 19. Section 32-1743, Arizona Revised Statutes, is amended to
33 read:

34 32-1743. Grounds for censure, civil penalty, probation,
35 suspension, revocation, denial or renewal of
36 license, certificate or registration

37 A. After notice and a hearing the board in its discretion may
38 censure, impose a civil penalty, prescribe probation, suspend or revoke
39 the license of a doctor of optometry or refuse to issue or renew a
40 license, certificate or registration for any of the following reasons:

41 1. ~~Conviction~~ BEING CONVICTED of a felony or any offense involving
42 moral turpitude.

43 2. Procuring or attempting to procure a license to practice
44 optometry or a certificate to use pharmaceutical agents by fraud, deceit,

1 misrepresentation or knowingly taking advantage of the mistake of another
2 person or agency.

3 3. COMMITTING conduct likely to deceive or defraud the public.

4 4. COMMITTING unprofessional conduct.

5 5. ~~Employment of~~ EMPLOYING a solicitor to solicit business or
6 soliciting from house to house or person to person.

7 6. Obtaining a fee or compensation by fraud or misrepresentation.

8 7. ~~Employment of~~ EMPLOYING a person to engage in the practice of
9 the profession of optometry who does not hold a license to practice the
10 profession of optometry in this state.

11 8. Using any device to evade or defeat the provisions of this
12 chapter, such as a profit sharing plan or partnership with a person not
13 licensed to practice the profession of optometry in this state.

14 9. COMMITTING the practice of the profession of optometry under a
15 false or assumed name.

16 10. ~~Violation of~~ VIOLATING any provision of this chapter or any
17 board order.

18 11. ~~Violation of~~ VIOLATING any of the rules adopted by the board
19 pursuant to this chapter.

20 12. ~~Any violation of~~ VIOLATING any statutes, laws or rules
21 regulating the practice of optometry in this state or any other
22 jurisdiction in the United States.

23 13. Providing any controlled substance or pharmaceutical agent THAT
24 IS not authorized by this chapter or providing any controlled substance or
25 prescription-only drug for other than accepted therapeutic purposes for
26 diagnosis and treatment of conditions of the human eye and its adnexa.

27 14. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
28 MANAGEMENT.

29 ~~14.~~ 15. COMMITTING gross malpractice or repeated acts constituting
30 malpractice.

31 ~~15.~~ 16. Failing to maintain or submit records as required by this
32 chapter.

33 B. To determine the appropriate disciplinary action pursuant to
34 this section, the board may consider any previous nondisciplinary and
35 disciplinary actions against a licensee.

36 Sec. 20. Section 32-1854, Arizona Revised Statutes, is amended to
37 read:

38 32-1854. Definition of unprofessional conduct

39 For the purposes of this chapter, "unprofessional conduct" includes
40 the following acts, whether occurring in this state or elsewhere:

41 1. Knowingly betraying a professional secret or wilfully violating
42 a privileged communication except as either of these may otherwise be
43 required by law. This paragraph does not prevent members of the board
44 from exchanging information with the licensing and disciplinary boards of
45 other states, territories or districts of the United States or with

1 foreign countries or with osteopathic medical organizations located in
2 this state or in any state, district or territory of this country or in
3 any foreign country.

4 2. Committing a felony or a misdemeanor involving moral turpitude.
5 In either case conviction by any court of competent jurisdiction is
6 conclusive evidence of the commission of the offense.

7 3. Practicing medicine while under the influence of alcohol, a
8 dangerous drug as defined in section 13-3401, narcotic or hypnotic drugs
9 or any substance that impairs or may impair the licensee's ability to
10 safely and skillfully practice medicine.

11 4. Being diagnosed by a physician licensed under this chapter or
12 chapter 13 of this title or a psychologist licensed under chapter 19.1 of
13 this title as excessively or illegally using alcohol or a controlled
14 substance.

15 5. Prescribing, dispensing or administering controlled substances
16 or prescription-only drugs for other than accepted therapeutic purposes.

17 6. Engaging in the practice of medicine in a manner that harms or
18 may harm a patient or that the board determines falls below the community
19 standard.

20 7. Impersonating another physician.

21 8. Acting or assuming to act as a member of the board if this is
22 not true.

23 9. Procuring, renewing or attempting to procure or renew a license
24 to practice osteopathic medicine by fraud or misrepresentation.

25 10. Having professional connection with or lending one's name to an
26 illegal practitioner of osteopathic medicine or any of the other healing
27 arts.

28 11. Representing that a manifestly incurable disease, injury,
29 ailment or infirmity can be permanently cured or that a curable disease,
30 injury, ailment or infirmity can be cured within a stated time, if this is
31 not true.

32 12. Failing to reasonably disclose and inform the patient or the
33 patient's representative of the method, device or instrumentality the
34 licensee uses to treat the patient's disease, injury, ailment or
35 infirmity.

36 13. Refusing to divulge to the board on demand the means, method,
37 device or instrumentality used in the treatment of a disease, injury,
38 ailment or infirmity.

39 14. Charging a fee for services not rendered or dividing a
40 professional fee for patient referrals. This paragraph does not apply to
41 payments from a medical researcher to a physician in connection with
42 identifying and monitoring patients for clinical trial regulated by the
43 United States food and drug administration.

1 15. Knowingly making any false or fraudulent statement, written or
2 oral, in connection with the practice of medicine or when applying for or
3 renewing privileges at a health care institution or a health care program.

4 16. Advertising in a false, deceptive or misleading manner.

5 17. Representing or claiming to be an osteopathic medical
6 specialist if the physician has not satisfied the applicable requirements
7 of this chapter or board rules.

8 18. ~~The denial of~~ **HAVING A LICENSE DENIED** or disciplinary action
9 **TAKEN** against a license by any other state, territory, district or
10 country, unless it can be shown that this occurred for reasons that did
11 not relate to the person's ability to safely and skillfully practice
12 osteopathic medicine or to any act of unprofessional conduct as provided
13 in this section.

14 19. **COMMITTING** any conduct or practice contrary to recognized
15 standards of ethics of the osteopathic medical profession.

16 20. Violating or attempting to violate, directly or indirectly, or
17 assisting in or abetting the violation of or conspiring to violate any of
18 the provisions of this chapter.

19 21. Failing or refusing to establish and maintain adequate records
20 on a patient as follows:

21 (a) If the patient is an adult, for at least six years after the
22 last date the licensee provided the patient with medical or health care
23 services.

24 (b) If the patient is a child, either for at least three years
25 after the child's eighteenth birthday or for at least six years after the
26 last date the licensee provided that patient with medical or health care
27 services, whichever date occurs later.

28 22. Using controlled substances or prescription-only drugs unless
29 they are provided by a medical practitioner, as defined in section
30 32-1901, as part of a lawful course of treatment.

31 23. Prescribing controlled substances to members of one's immediate
32 family unless there is no other physician available within fifty miles to
33 treat a member of the family and an emergency exists.

34 24. **COMMITTING** nontherapeutic use of injectable amphetamines.

35 25. Violating a formal order, probation or a stipulation issued by
36 the board under this chapter.

37 26. Charging or collecting an inappropriate fee. This paragraph
38 does not apply to a fee that is fixed in a written contract between the
39 physician and the patient and entered into before treatment begins.

40 27. Using experimental forms of therapy without adequate informed
41 patient consent or without conforming to generally accepted criteria and
42 complying with federal and state statutes and regulations governing
43 experimental therapies.

44 28. Failing to make patient medical records in the physician's
45 possession promptly available to a physician assistant, a nurse

1 practitioner, a person licensed pursuant to this chapter or a podiatrist,
2 chiropractor, naturopathic physician, physician or homeopathic physician
3 licensed under chapter 7, 8, 13, 14 or 29 of this title on receipt of
4 proper authorization to do so from the patient, a minor patient's parent,
5 the patient's legal guardian or the patient's authorized representative or
6 failing to comply with title 12, chapter 13, article 7.1.

7 29. Failing to allow properly authorized board personnel to have,
8 on presentation of a subpoena, access to any documents, reports or records
9 that are maintained by the physician and that relate to the physician's
10 medical practice or medically related activities pursuant to section
11 32-1855.01.

12 30. Signing a blank, undated or predated prescription form.

13 31. Obtaining a fee by fraud, deceit or misrepresentation.

14 32. Failing to report to the board an osteopathic physician and
15 surgeon who is or may be guilty of unprofessional conduct or is or may be
16 mentally or physically unable safely to engage in the practice of
17 medicine.

18 33. Referring a patient to a diagnostic or treatment facility or
19 prescribing goods and services without disclosing that the physician has a
20 direct pecuniary interest in the facility, goods or services to which the
21 patient has been referred or prescribed. This paragraph does not apply to
22 a referral by one physician to another physician within a group of
23 physicians practicing together.

24 34. ~~EXHIBITING~~ A lack of or inappropriate direction, collaboration
25 or supervision of a licensed, certified or registered health care provider
26 or office personnel employed by or assigned to the physician in the
27 medical care of patients.

28 35. Violating a federal law, a state law or a rule applicable to
29 the practice of medicine.

30 36. Prescribing or dispensing controlled substances or
31 prescription-only medications without establishing and maintaining
32 adequate patient records.

33 37. ~~DISPENSING~~ A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
34 MANAGEMENT.

35 ~~37.~~ 38. Failing to dispense drugs and devices in compliance with
36 article 4 of this chapter.

37 ~~38.~~ 39. ~~COMMITTING~~ any conduct or practice that endangers a
38 patient's or the public's health or may reasonably be expected to do so.

39 ~~39.~~ 40. ~~COMMITTING~~ any conduct or practice that impairs the
40 licensee's ability to safely and skillfully practice medicine or that may
41 reasonably be expected to do so.

42 ~~40.~~ 41. With the exception of heavy metal poisoning, using
43 chelation therapy in the treatment of arteriosclerosis or as any other
44 form of therapy without adequate informed patient consent and without
45 conforming to generally accepted experimental criteria, including

1 protocols, detailed records, periodic analysis of results and periodic
2 review by a medical peer review committee.

3 ~~41.~~ 42. Prescribing, dispensing or administering
4 anabolic-androgenic steroids to a person for other than therapeutic
5 purposes.

6 ~~42.~~ 43. Engaging in sexual conduct with a current patient or with
7 a former patient within six months after the last medical consultation
8 unless the patient was the licensee's spouse at the time of the contact
9 or, immediately preceding the physician-patient relationship, was in a
10 dating or engagement relationship with the licensee. For the purposes of
11 this paragraph, "sexual conduct" includes:

12 (a) Engaging in or soliciting sexual relationships, whether
13 consensual or nonconsensual.

14 (b) Making sexual advances, requesting sexual favors or engaging in
15 any other verbal conduct or physical conduct of a sexual nature.

16 ~~43.~~ 44. COMMITTING conduct that is in violation of section
17 36-2302.

18 ~~44.~~ 45. COMMITTING conduct that the board determines constitutes
19 gross negligence, repeated negligence or negligence that results in harm
20 or death of a patient.

21 ~~45.~~ 46. COMMITTING conduct in the practice of medicine that
22 evidences moral unfitness to practice medicine.

23 ~~46.~~ 47. Engaging in disruptive or abusive behavior in a
24 professional setting.

25 ~~47.~~ 48. Failing to disclose to a patient that the licensee has a
26 direct financial interest in a prescribed treatment, good or service if
27 the treatment, good or service is available on a competitive basis. This
28 paragraph does not apply to a referral by one licensee to another licensee
29 within a group of licensees who practice together. A licensee meets the
30 disclosure requirements of this paragraph if both of the following are
31 true:

32 (a) The licensee makes the disclosure on a form prescribed by the
33 board.

34 (b) The patient or the patient's guardian or parent acknowledges by
35 signing the form that the licensee has disclosed the licensee's direct
36 financial interest.

37 ~~48.~~ 49. Prescribing, dispensing or furnishing a prescription
38 medication or a prescription-only device to a person if the licensee has
39 not conducted a physical or mental health status examination of that
40 person or has not previously established a physician-patient relationship.
41 The physical or mental health status examination may be conducted during a
42 real-time telemedicine encounter with audio and video capability, unless
43 the examination is for the purpose of obtaining a written certification
44 from the physician for the purposes of title 36, chapter 28.1. This
45 paragraph does not apply to:

1 (a) Emergencies.

2 (b) A licensee who provides patient care on behalf of the patient's
3 regular treating licensed health care professional or provides a
4 consultation requested by the patient's regular treating licensed health
5 care professional.

6 (c) Prescriptions written or antimicrobials dispensed to a contact
7 as defined in section 36-661 who is believed to have had significant
8 exposure risk as defined in section 36-661 with another person who has
9 been diagnosed with a communicable disease as defined in section 36-661 by
10 the prescribing or dispensing physician.

11 (d) Prescriptions for epinephrine auto-injectors written or
12 dispensed for a school district or charter school to be stocked for
13 emergency use pursuant to section 15-157 or for an authorized entity to be
14 stocked pursuant to section 36-2226.01.

15 (e) Prescriptions written by a licensee through a telemedicine
16 program that is covered by the policies and procedures adopted by the
17 administrator of a hospital or outpatient treatment center.

18 (f) Prescriptions for naloxone hydrochloride or any other opioid
19 antagonist approved by the United States food and drug administration that
20 are written or dispensed for use pursuant to section 36-2228 or 36-2266.

21 ~~49-~~ 50. If a licensee provides medical care by computer, failing
22 to disclose the licensee's license number and the board's address and
23 telephone number.

24 Sec. 21. Section 32-1871, Arizona Revised Statutes, is amended to
25 read:

26 32-1871. Dispensing of drugs and devices; conditions;
27 exception; civil penalty

28 A. EXCEPT AS PROVIDED IN SUBSECTION B OF THIS SECTION, an
29 osteopathic physician may dispense drugs and devices kept by the physician
30 if:

31 1. All drugs are dispensed in packages labeled with the following
32 information:

33 (a) The dispensing physician's name, address and telephone number.

34 (b) The date the drug is dispensed.

35 (c) The patient's name.

36 (d) The name and strength of the drug, directions for its use and
37 any cautionary statements.

38 2. The dispensing physician enters into the patient's medical
39 record the name and strength of the drug dispensed, the date the drug is
40 dispensed and the therapeutic reason.

41 3. The dispensing physician keeps all drugs in a locked cabinet or
42 room, controls access to the cabinet or room by a written procedure and
43 maintains an ongoing inventory of its contents.

44 4. The dispensing physician annually registers with the board to
45 dispense drugs and devices.

5. The dispensing physician pays the registration fee prescribed by the board pursuant to section 32-1826. This paragraph does not apply if the physician is dispensing in a nonprofit practice and neither the patient nor a third party pays or reimburses the physician or the nonprofit practice for the drugs or devices dispensed.

6. The dispensing physician labels dispensed drugs and devices and stores them according to rules adopted by the board.

B. AN OSTEOPATHIC PHYSICIAN MAY NOT DISPENSE SCHEDULE II CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT BUT MAY DISPENSE SCHEDULE II CONTROLLED SUBSTANCES FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

~~B.~~ C. Except in an emergency situation, a physician who dispenses drugs without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

~~C.~~ D. ~~Prior to~~ BEFORE dispensing a drug pursuant to this section, the patient shall be given a written prescription on which appears the following statement in bold type: "This prescription may be filled by the prescribing physician or by a pharmacy of your choice."

~~D.~~ E. A physician shall dispense only to the physician's patient and only for conditions being treated by that physician.

~~E.~~ F. The board shall enforce this section and shall establish rules regarding labeling, ~~record-keeping~~ RECORDKEEPING, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to ~~assure~~ ENSURE compliance with this section and applicable rules.

~~F.~~ G. If a physician fails to renew a registration to dispense or ceases to dispense for any reason, within thirty days that physician must notify the board in writing of the remaining inventory of drugs and devices and the manner in which they were disposed.

Sec. 22. Title 32, chapter 21, article 3, Arizona Revised Statutes, is amended by adding section 32-2239.01, to read:

32-2239.01. Duty to report; clients seeking controlled substances; immunity

A. A VETERINARIAN WHO REASONABLY SUSPECTS OR BELIEVES THAT A CLIENT OR PERSON IS TRYING TO OBTAIN CONTROLLED SUBSTANCES WITH AN INTENT OTHER THAN TO TREAT THE PATIENT ANIMAL SHALL REPORT THAT SUSPICION, OR CAUSE A REPORT TO BE MADE, TO LOCAL LAW ENFORCEMENT WITHIN FORTY-EIGHT HOURS AFTER THE TREATMENT OR EXAMINATION. THE REPORT SHALL INCLUDE THE NAME AND ADDRESS OF THE CLIENT OR PERSON WHO SOUGHT THE EXAMINATION OR TREATMENT. THE VETERINARY RECORDS SHALL BE PROVIDED TO LOCAL LAW ENFORCEMENT ON REQUEST FOR ANY FURTHER CRIMINAL INVESTIGATION.

1 B. A VETERINARIAN WHO FILES A REPORT OR CAUSES A REPORT TO BE FILED
2 PURSUANT TO SUBSECTION A OF THIS SECTION IS IMMUNE FROM CIVIL LIABILITY
3 WITH RESPECT TO ANY REPORT MADE IN GOOD FAITH.

4 Sec. 23. Section 32-2281, Arizona Revised Statutes, is amended to
5 read:

6 32-2281. Dispensing of drugs and devices; conditions;
7 definition

8 A. A veterinarian may dispense drugs and devices kept by the
9 veterinarian if:

10 1. All prescription-only drugs are dispensed in packages labeled
11 with the following information:

12 (a) The dispensing veterinarian's name, address and telephone
13 number.

14 (b) The date the drug is dispensed.

15 (c) The animal owner's name and the animal's or herd's
16 identification.

17 (d) The name, strength and quantity of the drug, directions for its
18 use and any cautionary statements.

19 2. The dispensing veterinarian enters into the medical record the
20 name, strength and quantity of the drug dispensed, the date the drug is
21 dispensed and the therapeutic reason.

22 B. A VETERINARIAN DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE OR
23 A BENZODIAZEPINE SHALL COMPLY WITH THE FOLLOWING:

24 1. LIMIT THE INITIAL AMOUNT OF A SCHEDULE II CONTROLLED SUBSTANCE
25 DISPENSED BY THE VETERINARIAN TO A FIVE-DAY SUPPLY AT A DOSAGE CLINICALLY
26 APPROPRIATE FOR THE ANIMAL BEING TREATED. A PRESCRIPTION THAT IS FILLED
27 AT A PHARMACY IS NOT SUBJECT TO THIS LIMIT.

28 2. LIMIT THE INITIAL AMOUNT OF A BENZODIAZEPINE DISPENSED BY THE
29 VETERINARIAN TO A FOURTEEN-DAY SUPPLY AT A DOSAGE CLINICALLY APPROPRIATE
30 FOR THE ANIMAL BEING TREATED. A PRESCRIPTION THAT IS FILLED AT A PHARMACY
31 IS NOT SUBJECT TO THIS LIMIT.

32 3. FOR TREATMENT OF AN ANIMAL WITH A CHRONIC CONDITION THAT
33 REQUIRES LONG-TERM USE OF A SCHEDULE II CONTROLLED SUBSTANCE OR
34 BENZODIAZEPINE, AFTER THE INITIAL FIVE-DAY OR FOURTEEN-DAY PERIOD PURSUANT
35 TO PARAGRAPH 1 OR 2 OF THIS SUBSECTION, DISPENSE NOT MORE THAN A
36 THIRTY-DAY SUPPLY AT ONE TIME AT A DOSAGE CLINICALLY APPROPRIATE FOR THE
37 ANIMAL BEING TREATED. A PRESCRIPTION FOR A CHRONIC CONDITION THAT IS
38 FILLED AT A PHARMACY IS NOT SUBJECT TO THIS LIMIT. FOR THE PURPOSES OF
39 THIS PARAGRAPH, "CHRONIC CONDITION" MEANS A CONDITION THAT REQUIRES
40 ONGOING TREATMENT BEYOND THE FIVE-DAY OR FOURTEEN-DAY PERIOD PRESCRIBED IN
41 PARAGRAPH 1 OR 2 OF THIS SUBSECTION, INCLUDING CANCER, POSTSURGICAL
42 TREATMENT, POSTTRAUMATIC INJURY, NEUROPATHIC PAIN, CHRONIC SEVERE COUGH,
43 COLLAPSING TRACHEA AND CONGESTIVE HEART FAILURE.

44 ~~B.~~ C. The board shall adopt rules providing that the animal's
45 owner or the person responsible for the animal shall be notified that some

1 prescription-only drugs may be available at a pharmacy and a written
2 prescription may be provided to the animal's owner or the person
3 responsible for the animal if requested.

4 ~~E.~~ D. A veterinarian shall dispense only to the animal's owner or
5 person responsible for the animal ~~he~~ THE VETERINARIAN is treating and only
6 for conditions being treated by that veterinarian. The veterinarian shall
7 supervise the dispensing process. ~~in~~ FOR THE PURPOSES OF this subsection,
8 "supervision" means that a veterinarian makes the determination as to the
9 legitimacy or the advisability of the drugs or devices to be dispensed.

10 ~~D.~~ E. This section shall be enforced by the board, which shall
11 establish rules regarding access to and labeling, ~~record-keeping~~
12 RECORDKEEPING, storage and packaging of drugs that are consistent with the
13 requirements of chapter 18 of this title. The board may conduct periodic
14 inspections of dispensing practices to ~~assure~~ ENSURE compliance with this
15 section and applicable rules.

16 ~~E.~~ F. For the purposes of this section, "dispense" means the
17 delivery by a veterinarian of a prescription-only drug or device to an
18 animal, an animal's owner or the person responsible for an animal and
19 includes the prescribing, administering, packaging, labeling, compounding
20 and security necessary to prepare and safeguard the drug or device for
21 delivery.

22 Sec. 24. Section 32-2501, Arizona Revised Statutes, is amended to
23 read:

24 32-2501. Definitions

25 In this chapter, unless the context otherwise requires:

26 1. "Active license" means a regular license issued pursuant to this
27 chapter.

28 2. "Adequate records" means legible medical records containing, at
29 a minimum, sufficient information to identify the patient, support the
30 diagnosis, justify the treatment, accurately document the results,
31 indicate advice and cautionary warnings provided to the patient and
32 provide sufficient information for another practitioner to assume
33 continuity of the patient's care at any point in the course of treatment.

34 3. "Advisory letter" means a nondisciplinary letter to notify a
35 physician assistant that either:

36 (a) While there is insufficient evidence to support disciplinary
37 action, the board believes that continuation of the activities that led to
38 the investigation may result in further board action against the licensee.

39 (b) The violation is a minor or technical violation that is not of
40 sufficient merit to warrant disciplinary action.

41 (c) While the licensee has demonstrated substantial compliance
42 through rehabilitation or remediation that has mitigated the need for
43 disciplinary action, the board believes that repetition of the activities
44 that led to the investigation may result in further board action against
45 the licensee.

1 4. "Approved program" means a physician assistant educational
2 program accredited by the accreditation review commission on education for
3 physician assistants, or one of its predecessor agencies, the committee on
4 allied health education and accreditation or the commission on the
5 accreditation of allied health educational programs.

6 5. "Board" means the Arizona regulatory board of physician
7 assistants.

8 6. "Completed application" means an application for which the
9 applicant has supplied all required fees, information and correspondence
10 requested by the board on forms and in a manner acceptable to the board.

11 7. "Immediate family" means the spouse, natural or adopted
12 children, father, mother, brothers and sisters of the physician assistant
13 and the natural or adopted children, father, mother, brothers and sisters
14 of the physician assistant's spouse.

15 8. "Letter of reprimand" means a disciplinary letter that is issued
16 by the board and that informs the physician assistant that the physician
17 assistant's conduct violates state or federal law and may require the
18 board to monitor the physician assistant.

19 9. "Limit" means a nondisciplinary action that is taken by the
20 board and that alters a physician assistant's practice or medical
21 activities if there is evidence that the physician assistant is or may be
22 mentally or physically unable to safely engage in health care tasks.

23 10. "Medically incompetent" means that a physician assistant lacks
24 sufficient medical knowledge or skills, or both, in performing delegated
25 health care tasks to a degree likely to endanger the health or safety of
26 patients.

27 11. "Minor surgery" means those invasive procedures that may be
28 delegated to a physician assistant by a supervising physician, that are
29 consistent with the training and experience of the physician assistant,
30 that are normally taught in courses of training approved by the board and
31 that have been approved by the board as falling within a scope of practice
32 of a physician assistant. Minor surgery does not include a surgical
33 abortion.

34 12. "Physician" means a physician who is licensed pursuant to
35 chapter 13 or 17 of this title.

36 13. "Physician assistant" means a person who is licensed pursuant
37 to this chapter and who practices medicine with physician supervision.

38 14. "Regular license" means a valid and existing license **THAT IS**
39 issued pursuant to section 32-2521 to perform health care tasks.

40 15. "Restrict" means a disciplinary action that is taken by the
41 board and that alters a physician assistant's practice or medical
42 activities if there is evidence that the physician assistant is or may be
43 medically incompetent or guilty of unprofessional conduct.

44 16. "Supervising physician" means a physician who holds a current
45 unrestricted license, who supervises a physician assistant and who assumes

1 legal responsibility for health care tasks performed by the physician
2 assistant.

3 17. "Supervision" means a physician's opportunity or ability to
4 provide or exercise direction and control over the services of a physician
5 assistant. Supervision does not require a physician's constant physical
6 presence if the supervising physician is or can be easily in contact with
7 the physician assistant by telecommunication.

8 18. "Unprofessional conduct" includes the following acts by a
9 physician assistant that occur in this state or elsewhere:

10 (a) ~~Violation of~~ VIOLATING any federal or state law or rule that
11 applies to the performance of health care tasks as a physician assistant.
12 Conviction in any court of competent jurisdiction is conclusive evidence
13 of a violation.

14 (b) Claiming to be a physician or knowingly permitting another
15 person to represent that person as a physician.

16 (c) Performing health care tasks that have not been delegated by
17 the supervising physician.

18 (d) EXHIBITING habitual intemperance in the use of alcohol or
19 habitual substance abuse.

20 (e) Signing a blank, undated or predated prescription form.

21 (f) COMMITTING gross malpractice, repeated malpractice or any
22 malpractice resulting in the death of a patient.

23 (g) Representing that a manifestly incurable disease or infirmity
24 can be permanently cured or that a disease, ailment or infirmity can be
25 cured by a secret method, procedure, treatment, medicine or device, if
26 this is not true.

27 (h) Refusing to divulge to the board on demand the means, method,
28 procedure, modality of treatment or medicine used in the treatment of a
29 disease, injury, ailment or infirmity.

30 (i) Prescribing or dispensing controlled substances or
31 prescription-only drugs for which the physician assistant is not approved
32 or in excess of the amount authorized pursuant to this chapter.

33 (j) COMMITTING any conduct or practice that is or might be harmful
34 or dangerous to the health of a patient or the public.

35 (k) ~~Violation of~~ VIOLATING a formal order, probation or stipulation
36 issued by the board.

37 (l) Failing to clearly disclose the person's identity as a
38 physician assistant in the course of the physician assistant's employment.

39 (m) Failing to use and affix the initials "P.A." or "P.A.-C." after
40 the physician assistant's name or signature on charts, prescriptions or
41 professional correspondence.

42 (n) Procuring or attempting to procure a physician assistant
43 license by fraud, misrepresentation or knowingly taking advantage of the
44 mistake of another.

1 (o) Having professional connection with or lending the physician
2 assistant's name to an illegal practitioner of any of the healing arts.

3 (p) Failing or refusing to maintain adequate records on a patient.

4 (q) Using controlled substances that have not been prescribed by a
5 physician, physician assistant, dentist or nurse practitioner for use
6 during a prescribed course of treatment.

7 (r) Prescribing or dispensing controlled substances to members of
8 the physician assistant's immediate family.

9 (s) Prescribing, dispensing or administering any controlled
10 substance or prescription-only drug for other than accepted therapeutic
11 purposes.

12 (t) DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
13 MANAGEMENT.

14 ~~(t)~~ (u) Knowingly making any written or oral false or fraudulent
15 statement in connection with the performance of health care tasks or when
16 applying for privileges or renewing an application for privileges at a
17 health care institution.

18 ~~(u)~~ (v) Committing a felony, whether or not involving moral
19 turpitude, or a misdemeanor involving moral turpitude. In either case,
20 conviction by a court of competent jurisdiction or a plea of no contest is
21 conclusive evidence of the commission.

22 ~~(v)~~ (w) Having a certification or license refused, revoked,
23 suspended, limited or restricted by any other licensing jurisdiction for
24 the inability to safely and skillfully perform health care tasks or for
25 unprofessional conduct as defined by that jurisdiction that directly or
26 indirectly corresponds to any act of unprofessional conduct as prescribed
27 by this paragraph.

28 ~~(w)~~ (x) Having sanctions including restriction, suspension or
29 removal from practice imposed by an agency of the federal government.

30 ~~(x)~~ (y) Violating or attempting to violate, directly or
31 indirectly, or assisting in or abetting the violation of or conspiring to
32 violate a provision of this chapter.

33 ~~(y)~~ (z) Using the term "doctor" or the abbreviation "Dr." on a
34 name tag or in a way that leads the public to believe that the physician
35 assistant is licensed to practice as an allopathic or an osteopathic
36 physician in this state.

37 ~~(z)~~ (aa) Failing to furnish legally requested information to the
38 board or its investigator in a timely manner.

39 ~~(aa)~~ (bb) Failing to allow properly authorized board personnel to
40 examine on demand documents, reports and records of any kind relating to
41 the physician assistant's performance of health care tasks.

42 ~~(bb)~~ (cc) Knowingly making a false or misleading statement on a
43 form required by the board or in written correspondence or attachments
44 furnished to the board.

~~(cc)~~ (dd) Failing to submit to a body fluid examination and other examinations known to detect the presence of alcohol or other drugs pursuant to an agreement with the board or an order of the board.

~~(dd)~~ (ee) Violating a formal order, probation agreement or stipulation issued or entered into by the board or its executive director.

~~(ee)~~ (ff) Except as otherwise required by law, intentionally betraying a professional secret or intentionally violating a privileged communication.

~~(ff)~~ (gg) Allowing the use of the licensee's name in any way to enhance or permit the continuance of the activities of, or maintaining a professional connection with, an illegal practitioner of medicine or the performance of health care tasks by a person who is not licensed pursuant to this chapter.

~~(gg)~~ (hh) COMMITTING false, fraudulent, deceptive or misleading advertising by a physician assistant or the physician assistant's staff or representative.

~~(hh)~~ (ii) Knowingly failing to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the licensee has a direct financial interest in a separate diagnostic or treatment agency or in nonroutine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one physician assistant to another physician assistant or to a doctor of medicine or a doctor of ~~osteopathy~~ OSTEOPATHIC MEDICINE within a group working together.

~~(ii)~~ (jj) With the exception of heavy metal poisoning, using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy without adequate informed patient consent or without conforming to generally accepted experimental criteria including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee, or without approval by the United States food and drug administration or its successor agency.

~~(jj)~~ (kk) Prescribing, dispensing or administering anabolic or androgenic steroids for other than therapeutic purposes.

~~(kk)~~ (ll) Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a professional relationship with the person. This subdivision does not apply to:

(i) A physician assistant who provides temporary patient care on behalf of the patient's regular treating licensed health care professional.

(ii) Emergency medical situations as defined in section 41-1831.

1 (iii) Prescriptions written to prepare a patient for a medical
2 examination.

3 (iv) Prescriptions written or antimicrobials dispensed to a contact
4 as defined in section 36-661 who is believed to have had significant
5 exposure risk as defined in section 36-661 with another person who has
6 been diagnosed with a communicable disease as defined in section 36-661 by
7 the prescribing or dispensing physician assistant.

8 ~~(iii)~~ (mm) Engaging in sexual conduct with a current patient or
9 with a former patient within six months after the last medical
10 consultation unless the patient was the licensee's spouse at the time of
11 the contact or, immediately preceding the professional relationship, was
12 in a dating or engagement relationship with the licensee. For the
13 purposes of this subdivision, "sexual conduct" includes:

14 (i) Engaging in or soliciting sexual relationships, whether
15 consensual or nonconsensual.

16 (ii) Making sexual advances, requesting sexual favors or engaging
17 in other verbal conduct or physical contact of a sexual nature with a
18 patient.

19 (iii) Intentionally viewing a completely or partially disrobed
20 patient in the course of treatment if the viewing is not related to
21 patient diagnosis or treatment under current practice standards.

22 ~~(mm)~~ (nn) Performing health care tasks under a false or assumed
23 name in this state.

24 Sec. 25. Section 32-2532, Arizona Revised Statutes, is amended to
25 read:

26 32-2532. Prescribing, administering and dispensing drugs;
27 limits and requirements; notice

28 A. Except as provided in subsection F of this section, a physician
29 assistant shall not prescribe, dispense or administer:

30 1. A schedule II or schedule III controlled substance as defined in
31 the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242;
32 21 United States Code section 802) without delegation by the supervising
33 physician, board approval and UNITED STATES drug enforcement
34 administration registration.

35 2. A schedule IV or schedule V controlled substance as defined in
36 the federal controlled substances act of 1970 without UNITED STATES drug
37 enforcement administration registration and delegation by the supervising
38 physician.

39 3. Prescription-only medication without delegation by the
40 supervising physician.

41 4. Prescription medication intended to perform or induce an
42 abortion.

43 B. All prescription orders issued by a physician assistant shall
44 contain the name, address and telephone number of the supervising
45 physician. A physician assistant shall issue prescription orders for

1 controlled substances under the physician assistant's own UNITED STATES
2 drug enforcement administration registration number.

3 C. Unless certified for ~~thirty-day~~ THIRTY-DAY prescription
4 privileges pursuant to section 32-2504, subsection A, a physician
5 assistant shall not prescribe a schedule II or schedule III controlled
6 substance for a period exceeding seventy-two hours. For each schedule IV
7 or schedule V controlled substance, a physician assistant may not
8 prescribe the controlled substance more than five times in a ~~six-month~~
9 SIX-MONTH period for each patient.

10 D. A prescription for a schedule II or III controlled substance is
11 not refillable without the written consent of the supervising physician.

12 E. Prescription-only drugs shall not be dispensed, prescribed or
13 refillable for a period exceeding one year.

14 F. Except in an emergency, a physician assistant may dispense
15 schedule II or schedule III controlled substances for a period of use of
16 not to exceed seventy-two hours with board approval or any other
17 controlled substance for a period of use of not to exceed thirty-four days
18 and may administer controlled substances without board approval if it is
19 medically indicated in an emergency dealing with potential loss of life or
20 limb or major acute traumatic pain. NOTWITHSTANDING THE AUTHORITY GRANTED
21 IN THIS SUBSECTION, A PHYSICIAN ASSISTANT MAY NOT DISPENSE SCHEDULE II
22 CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT BUT MAY DISPENSE SCHEDULE II
23 CONTROLLED SUBSTANCES FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE
24 DISORDERS.

25 G. Except for samples provided by manufacturers, all drugs
26 dispensed by a physician assistant shall be:

27 1. Prepackaged in a unit-of-use package by the supervising
28 physician or a pharmacist acting on a written order of the supervising
29 physician.

30 2. Labeled to show the name of the supervising physician and
31 physician assistant.

32 H. A physician assistant shall not obtain a drug from any source
33 other than the supervising physician or a pharmacist acting on a written
34 order of the supervising physician. A physician assistant may receive
35 manufacturers' samples if allowed to do so by the supervising physician.

36 I. If a physician assistant is approved by the board to prescribe,
37 administer or dispense schedule II and schedule III controlled substances,
38 the physician assistant shall maintain an up-to-date and complete log of
39 all schedule II and schedule III controlled substances ~~he~~ THE PHYSICIAN
40 ASSISTANT administers or dispenses. THE BOARD MAY NOT GRANT A PHYSICIAN
41 ASSISTANT THE AUTHORITY TO DISPENSE SCHEDULE II CONTROLLED SUBSTANCES FOR
42 PAIN MANAGEMENT.

43 J. The board shall advise the ARIZONA state board of pharmacy and
44 the United States drug enforcement administration of all physician

1 assistants who are authorized to prescribe or dispense drugs and any
2 modification of their authority.

3 K. The ARIZONA state board of pharmacy shall notify all pharmacies
4 at least quarterly of physician assistants who are authorized to prescribe
5 or dispense drugs.

6 Sec. 26. Section 32-2933, Arizona Revised Statutes, is amended to
7 read:

8 32-2933. Definition of unprofessional conduct

9 A. In this chapter, unless the context otherwise requires,
10 "unprofessional conduct" includes the following acts, whether occurring in
11 this state or elsewhere:

12 1. Performing an invasive surgical procedure not specifically
13 permitted by this chapter or by board rules or pursuant to a license
14 issued under chapter 13 or 17 of this title.

15 2. ~~Wilful betrayal of~~ WILFULLY BETRAYING a professional secret or
16 ~~wilful violation of~~ WILFULLY VIOLATING a privileged communication except
17 as either of these may otherwise be required by law. This paragraph does
18 not prevent members of the board from the full and free exchange of
19 information with the licensing and disciplinary boards of other states,
20 territories or districts of the United States or with foreign countries or
21 with the Arizona homeopathic and integrative medical association or any of
22 its component organizations or with the homeopathic medical organizations
23 of other states, counties, districts or territories or with those of
24 foreign countries.

25 3. ~~Commission of~~ COMMITTING a felony, whether or not involving
26 moral turpitude, or a misdemeanor involving moral turpitude. In either
27 case, conviction by any court of competent jurisdiction or a plea of no
28 contest is deemed conclusive evidence of guilt.

29 4. EXHIBITING habitual intemperance in the use of alcohol or
30 habitual substance abuse.

31 5. Violating federal, state, county or municipal laws or
32 regulations applicable to the practice of medicine or relating to public
33 health.

34 6. Prescribing a controlled substance for other than accepted
35 therapeutic purposes.

36 7. COMMITTING conduct that the board determines is gross
37 professional negligence, repeated professional negligence or any
38 negligence that causes the death of a patient.

39 8. Impersonating another person licensed pursuant to this chapter.

40 9. Acting or assuming to act as a member of the board if this is
41 not true.

42 10. Procuring or attempting to procure a license to practice
43 homeopathic medicine by fraud, by misrepresentation or by knowingly taking
44 advantage of the mistake of another.

1 11. Having professional connection with or lending one's name to an
2 illegal practitioner of homeopathic medicine or of any of the other
3 healing arts.

4 12. Representing that a manifestly incurable disease, injury,
5 ailment or infirmity can be permanently cured or that a curable disease,
6 injury, ailment or infirmity can be cured within a stated time if this is
7 not true.

8 13. Offering, undertaking or agreeing to cure or treat a disease,
9 injury, ailment or infirmity by a secret means, method, device or
10 instrumentality.

11 14. Refusing to divulge to the board on demand the means, method,
12 device or instrumentality used in the treatment of a disease, injury,
13 ailment or infirmity.

14 15. Giving or receiving or aiding or abetting the giving or
15 receiving of rebates, either directly or indirectly.

16 16. Knowingly making any false or fraudulent statement, written or
17 oral, in connection with the practice of homeopathic medicine except as
18 the same may be necessary for accepted therapeutic purposes.

19 17. EXHIBITING immorality or misconduct that tends to discredit the
20 profession.

21 18. Being disciplined by another regulatory jurisdiction because of
22 the licensee's mental or physical inability to engage safely in the
23 practice of medicine, medical incompetence or unprofessional conduct as
24 defined by that jurisdiction and that corresponds directly or indirectly
25 with an act of unprofessional conduct prescribed by this section. The
26 disciplinary action may include refusing, denying, revoking or suspending
27 a license, issuing a formal reprimand, issuing a decree of censure or
28 otherwise limiting, restricting or monitoring the licensee or placing the
29 licensee on probation.

30 19. COMMITTING any conduct or practice contrary to recognized
31 standards of ethics of the homeopathic medical profession, any conduct or
32 practice that does or might constitute a danger to the health, welfare or
33 safety of the patient or the public or any conduct, practice or condition
34 that does or might impair the ability to practice homeopathic medicine
35 safely and skillfully.

36 20. Failing or refusing to maintain adequate records on a patient
37 or to make patient records promptly available to another licensee on
38 request and receipt of proper authorization.

39 21. Advertising in a false, deceptive or misleading manner.

40 22. Violating or attempting to violate, directly or indirectly, or
41 assisting in or abetting the violation of or conspiring to violate this
42 chapter or any board rule.

43 23. Using a controlled substance unless it is prescribed by a
44 physician for use during a prescribed course of treatment.

1 24. Prescribing, dispensing or administering anabolic androgenic
2 steroids for other than therapeutic purposes.

3 25. Prescribing or dispensing controlled substances to members of
4 the licensee's immediate family.

5 26. Prescribing, dispensing or administering schedule II controlled
6 substances as defined in section 36-2513, including amphetamines and
7 similar schedule II sympathomimetic drugs in the treatment of exogenous
8 obesity for a period in excess of thirty days in any one year, or the
9 nontherapeutic use of injectable amphetamines.

10 27. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
11 MANAGEMENT.

12 ~~27.~~ 28. ~~The use of~~ USING experimental forms of diagnosis and
13 treatment without adequate informed patient consent, without a board
14 approved written disclosure that the form of diagnosis and treatment to be
15 used is experimental and without conforming to generally accepted
16 experimental criteria, including protocols, detailed records, periodic
17 analysis of results and periodic review by a peer review committee.

18 ~~28.~~ 29. ENGAGING IN sexual intimacies with a patient.

19 ~~29.~~ 30. ~~Use of~~ USING the designation "M.D." or "D.O." in a way
20 that would lead the public to believe that a person is licensed by the
21 Arizona medical board or the board of osteopathic examiners in medicine
22 and surgery in this state if this is not the case.

23 ~~30.~~ 31. Falsely or fraudulently representing or holding oneself
24 out as being a homeopathic medical specialist.

25 ~~31.~~ 32. Failing to dispense drugs and devices in compliance with
26 article 4 of this chapter.

27 ~~32.~~ 33. Violating a formal board order, terms of probation or a
28 stipulation issued or entered into by the board or its designee under this
29 chapter.

30 ~~33.~~ 34. Charging a fee for services not rendered or charging and
31 collecting a clearly unreasonable fee. In determining the reasonableness
32 of the fee, the board shall consider the fee customarily charged in this
33 state for similar services in relation to modifying factors such as the
34 time required, the complexity of the service and the skill required to
35 perform the service properly. This paragraph does not apply if there is a
36 clearly written contract for a fixed fee between the licensee and the
37 patient that is entered into before the licensee provides the service.

38 ~~34.~~ 35. Failing to appropriately direct, collaborate with or
39 supervise a licensed, certified or registered health care provider, a
40 homeopathic medical assistant or office personnel employed or assigned to
41 the licensee to assist in the medical care of patients.

42 ~~35.~~ 36. Knowingly making a false or misleading statement on a form
43 required by the board or in written correspondence with the board.

44 ~~36.~~ 37. Failing to furnish legally requested information in a
45 timely manner to the board or its investigators or representatives.

1 ~~37.~~ 38. Failing to allow properly authorized board personnel to
2 examine or have access to a licensee's documents, reports or records that
3 relate to the licensee's medical practice or medically related activities.

4 ~~38.~~ 39. Signing a blank, undated or predated prescription form.

5 ~~39.~~ 40. Refusing to submit to a body fluid examination required
6 under section 32-2941 or pursuant to a board investigation into the
7 licensee's substance abuse.

8 ~~40.~~ 41. Prescribing, dispensing or furnishing a prescription
9 medication or a prescription-only device as defined in section 32-1901 to
10 a person unless the licensee first conducts a comprehensive physical or
11 mental health status examination of that person or has previously
12 established a doctor-patient relationship. This paragraph does not apply
13 to:

14 (a) A licensee who provides temporary patient supervision on behalf
15 of the patient's regular treating licensed health care professional.

16 (b) Emergency medical situations as defined in section 41-1831.

17 (c) Prescriptions written to prepare a patient for a medical
18 examination.

19 (d) Prescriptions written or prescription medications issued for
20 use by a county or tribal public health department for immunization
21 programs or emergency treatment or in response to an infectious disease
22 investigation, a public health emergency, an infectious disease outbreak
23 or an act of bioterrorism. For the purposes of this subdivision,
24 "bioterrorism" has the same meaning prescribed in section 36-781.

25 ~~41.~~ 42. Failing to obtain from a patient before an examination or
26 treatment a signed informed consent that includes language that makes it
27 clear the licensee is providing homeopathic medical treatment instead of
28 or in addition to standard conventional allopathic or osteopathic
29 treatment.

30 B. If a person is licensed pursuant to section 32-2912, subsection
31 B, unprofessional conduct also includes the following:

32 1. Performing an invasive procedure, including performing
33 intravenous therapy, drawing bodily fluids or ordering genetic testing.

34 2. Prescribing, dispensing or administering any controlled
35 substance.

36 3. Prescribing, dispensing or administering a prescription drug.

37 4. Using the title "physician", "medical doctor-homeopathic",
38 "doctor of osteopathy-homeopathic", "doctor of medicine (homeopathic)" or
39 "homeopathic physician" or otherwise implying that the licensee is a
40 licensed allopathic or osteopathic physician.

41 5. Failing to correct a known misunderstanding regarding the
42 licensee's licensure status.

43 6. Failing to obtain from a patient before an examination or
44 treatment a signed informed consent that includes language that makes it
45 clear the licensee is not an allopathic or osteopathic physician and is

1 providing homeopathic treatment under the limited scope of practice of
2 homeopathic medicine pursuant to this chapter.

3 7. Failing to consult with or refer patients to other health care
4 providers when appropriate.

5 8. Discontinuing or advising a patient to discontinue a physician's
6 treatment or medicine without first consulting the prescribing or treating
7 physician.

8 9. Failing to refer a patient with a life threatening illness to a
9 licensed allopathic or osteopathic physician currently practicing
10 homeopathic, allopathic or osteopathic medicine.

11 Sec. 27. Section 32-2951, Arizona Revised Statutes, is amended to
12 read:

13 32-2951. Dispensing drugs and devices; conditions; exception;
14 civil penalty; definition

15 A. EXCEPT AS PROVIDED IN SUBSECTION C OF THIS SECTION, a person who
16 is licensed pursuant to section 32-2912, subsection A may dispense drugs
17 and devices kept by the licensee, including:

- 18 1. Controlled substances.
- 19 2. Prescription-only drugs. , -
- 20 3. Homeopathic medications. ~~and~~
- 21 4. Nonprescription drugs. , -

22 B. A PERSON WHO IS LICENSED PURSUANT TO SECTION 32-2912, SUBSECTION
23 A MAY DISPENSE DRUGS AND DEVICES UNDER SUBSECTION A OF THIS SECTION if:

24 1. The licensee includes the following information on the label of
25 each controlled substance and prescription-only drug and on the label or
26 accompanying instruction sheets of each homeopathic medication or
27 nonprescription drug:

- 28 (a) The licensee's name, address and telephone number.
- 29 (b) The date the drug is dispensed.
- 30 (c) The patient's name.
- 31 (d) The name and strength of the drug, the quantity dispensed,
32 directions for its use and any cautionary statements.
- 33 (e) The number of authorized refills.

34 2. The licensee enters into the patient's medical record the name,
35 strength and potency of the drug dispensed, the date the drug is
36 dispensed, the dosing schedule, the number of refills and the therapeutic
37 reason.

38 3. The licensee keeps all controlled substances in a locked cabinet
39 or room, controls access to the cabinet or room by a written procedure and
40 maintains an ongoing inventory of its contents.

41 4. The licensee pays a permit fee prescribed under section 32-2914.

42 C. A PERSON WHO IS LICENSED PURSUANT TO SECTION 32-2912, SUBSECTION
43 A MAY NOT DISPENSE SCHEDULE II CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT
44 BUT MAY DISPENSE SCHEDULE II CONTROLLED SUBSTANCES FOR MEDICATION-ASSISTED
45 TREATMENT FOR SUBSTANCE USE DISORDERS.

1 ~~B.~~ D. Except in an emergency situation, a licensee who dispenses
2 drugs for a profit without being registered by the board to do so is
3 subject to a civil penalty by the board of not less than three hundred
4 dollars and not more than one thousand dollars for each transaction and is
5 prohibited from further dispensing for a period of time as prescribed by
6 the board.

7 ~~E.~~ E. Before a licensee dispenses a controlled substance or a
8 prescription-only pharmaceutical drug pursuant to ~~this~~ subsection ~~A~~ B of
9 this section, the licensee shall give the patient a written prescription
10 on which appears the following statement in bold type: "This prescription
11 may be filled by the prescribing physician or by a pharmacy of your
12 choice."

13 ~~F.~~ F. The licensee shall include the following information on a
14 prescription order:

- 15 1. The date it is issued.
- 16 2. The patient's name and address.
- 17 3. The name, strength and quantity of the drug.
- 18 4. Two signature lines for the licensee. The right side of the
19 prescription form under the signature line shall contain the phrase
20 "Substitution Permissible" and the left side under the signature line
21 shall contain the phrase "Dispense As Written".
- 22 5. The dispensing licensee's UNITED STATES drug enforcement agency
23 number for controlled substances.
- 24 6. The date and the printed name and signature of the person who
25 prepares, counts or measures the drug, labels the container or distributes
26 a prepackaged drug to the patient or the patient's representative.

27 ~~F.~~ G. Before the licensee dispenses a homeopathic medication,
28 including a prescription-only homeopathic medication or a nonprescription
29 drug, the licensee shall give the patient a written statement on which
30 appears the following statement in bold type: "Prescriptions may be
31 filled by this prescribing physician or by a pharmacy of your choice."

32 ~~F.~~ H. A person who is licensed pursuant to section 32-2912,
33 subsection A shall dispense controlled substances, EXCEPT SCHEDULE II
34 CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT, and prescription-only drugs for
35 profit only to the licensee's own patient and only for conditions being
36 treated by that licensee. The licensee shall personally determine the
37 legitimacy or advisability of the drugs dispensed and shall document in
38 writing the licensee's procedures for supervising the role of nurses and
39 attendants in the dispensing process.

40 ~~G.~~ I. A person who is licensed pursuant to section 32-2912,
41 subsection B may dispense only those drugs and devices kept by that
42 licensee that are homeopathic medications and nonprescription drugs,
43 including nutritional supplements, and must include the following
44 information on the label or accompanying instruction sheets of each
45 homeopathic medication or nonprescription drug:

- 1 1. The dispensing licensee's name, address and telephone number.
- 2 2. The date the substance is dispensed.
- 3 3. The patient's name.
- 4 4. The name and strength of the substance, the quantity dispensed,
- 5 directions for its use and any cautionary statements.
- 6 ~~H.~~ J. A licensee who dispenses drugs and devices pursuant to
- 7 subsection ~~G~~ I of this section must enter into the patient's medical
- 8 record the name, strength and potency of the substance dispensed, the date
- 9 the substance is dispensed, the dosing schedule and the therapeutic
- 10 reason.
- 11 ~~I.~~ K. A person who is licensed pursuant to section 32-2912,
- 12 subsection B may not dispense controlled substances or prescription-only
- 13 substances.
- 14 ~~J.~~ L. This section shall be enforced by the board, which shall
- 15 establish rules regarding labeling, ~~record keeping~~ RECORDKEEPING, storage
- 16 and packaging of drugs that are consistent with the requirements of
- 17 chapter 18 of this title. The board may conduct periodic inspections of
- 18 dispensing practices to ensure compliance with this section and applicable
- 19 rules.
- 20 ~~K.~~ M. For the purposes of this section, "dispense" means the
- 21 delivery by a licensee of a drug or device to a patient, except for
- 22 samples packaged for individual use by licensed manufacturers or
- 23 repackagers of drugs, and includes the prescribing, administering,
- 24 packaging, labeling and security necessary to prepare and safeguard the
- 25 drug or device for delivery.
- 26 Sec. 28. Title 32, chapter 32, Arizona Revised Statutes, is amended
- 27 by adding article 4, to read:
- 28 ARTICLE 4. CONTROLLED SUBSTANCES
- 29 32-3248. Health professionals; controlled substances; initial
- 30 prescriptions; limits; exceptions; definition
- 31 A. A HEALTH PROFESSIONAL WHO IS AUTHORIZED UNDER THIS TITLE TO
- 32 PRESCRIBE CONTROLLED SUBSTANCES SHALL LIMIT THE INITIAL PRESCRIPTION FOR A
- 33 PATIENT FOR A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN MANAGEMENT TO NOT
- 34 MORE THAN A FIVE-DAY SUPPLY, EXCEPT THAT AN INITIAL PRESCRIPTION FOR A
- 35 SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN MANAGEMENT FOLLOWING A SURGICAL
- 36 PROCEDURE IS LIMITED TO NOT MORE THAN A FOURTEEN-DAY SUPPLY.
- 37 B. SUBSECTION A OF THIS SECTION DOES NOT APPLY TO INITIAL
- 38 PRESCRIPTIONS IF THE PATIENT:
- 39 1. HAS AN ACTIVE ONCOLOGY DIAGNOSIS.
- 40 2. HAS A TRAUMATIC INJURY, NOT INCLUDING A SURGICAL PROCEDURE.
- 41 3. IS RECEIVING HOSPICE CARE.
- 42 4. IS RECEIVING END-OF-LIFE CARE.
- 43 5. IS RECEIVING PALLIATIVE CARE.
- 44 6. IS RECEIVING SKILLED NURSING FACILITY CARE.
- 45 7. IS RECEIVING TREATMENT FOR BURNS.

1 8. IS RECEIVING MEDICATION-ASSISTED TREATMENT FOR A SUBSTANCE USE
2 DISORDER.

3 C. IF A HEALTH PROFESSIONAL'S PRESCRIBING AUTHORITY UNDER THE
4 RELEVANT CHAPTER OF THIS TITLE FOR SCHEDULE II CONTROLLED SUBSTANCES IS
5 MORE RESTRICTIVE THAN THE LIMIT SPECIFIED IN SUBSECTION A OF THIS SECTION,
6 THE HEALTH PROFESSIONAL'S PRESCRIBING AUTHORITY UNDER THE RELEVANT CHAPTER
7 OF THIS TITLE APPLIES.

8 D. FOR THE PURPOSES OF THIS SECTION, "INITIAL PRESCRIPTION" MEANS A
9 PRESCRIPTION FOR A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN MANAGEMENT
10 THAT HAS NOT COVERED ANY PORTION OF THE PAST SIXTY DAYS BEFORE THE DATE
11 THE PHARMACY DISPENSES THE CURRENT PRESCRIPTION AS EVIDENCED BY THE
12 CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM'S CENTRAL DATABASE
13 TRACKING SYSTEM.

14 32-3248.01. Schedule II controlled substances; dosage limit;
15 exceptions; morphine; opioid antagonist

16 A. A HEALTH PROFESSIONAL WHO IS AUTHORIZED UNDER THIS TITLE TO
17 PRESCRIBE CONTROLLED SUBSTANCES MAY NOT ISSUE A NEW PRESCRIPTION ORDER FOR
18 A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN MANAGEMENT THAT EXCEEDS NINETY
19 MORPHINE MILLIGRAM EQUIVALENTS PER DAY.

20 B. THE LIMIT PRESCRIBED BY SUBSECTION A OF THIS SECTION DOES NOT
21 APPLY TO:

- 22 1. A REFILL OF AN EXISTING PRESCRIPTION ORDER.
- 23 2. AN EXTENSION OF AN EXISTING PRESCRIPTION ORDER.
- 24 3. AN OPIOID WITH A MAXIMUM APPROVED TOTAL DAILY DOSE IN THE
25 LABELING AS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION.
- 26 4. A PATIENT WHO:
 - 27 (a) HAS AN ACTIVE ONCOLOGY DIAGNOSIS.
 - 28 (b) HAS A TRAUMATIC INJURY, NOT INCLUDING A SURGICAL PROCEDURE.
 - 29 (c) IS RECEIVING HOSPICE CARE.
 - 30 (d) IS RECEIVING END-OF-LIFE CARE.
 - 31 (e) IS RECEIVING PALLIATIVE CARE.
 - 32 (f) IS RECEIVING SKILLED NURSING FACILITY CARE.
 - 33 (g) IS RECEIVING TREATMENT FOR BURNS.
 - 34 (h) IS RECEIVING MEDICATION-ASSISTED TREATMENT FOR A SUBSTANCE USE
35 DISORDER.
 - 36 (i) IS HOSPITALIZED.

37 C. IF A HEALTH PROFESSIONAL BELIEVES THAT A PATIENT REQUIRES MORE
38 THAN NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY AND THE PATIENT IS NOT
39 EXEMPT FROM THE LIMIT PURSUANT TO SUBSECTION B OF THIS SECTION, THE HEALTH
40 PROFESSIONAL SHALL FIRST CONSULT WITH A SPECIALIST WHO IS BOARD-CERTIFIED
41 IN PAIN.

42 D. IF A PATIENT IS PRESCRIBED MORE THAN NINETY MORPHINE MILLIGRAM
43 EQUIVALENTS PER DAY PURSUANT TO SUBSECTION B OR C OF THIS SECTION, THE
44 PRESCRIBING HEALTH PROFESSIONAL SHALL ALSO PRESCRIBE FOR THE PATIENT
45 NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY

1 THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF
2 OPIOID-RELATED OVERDOSES.

3 32-3248.02. Health professionals; substance use or addiction
4 continuing medical education

5 A HEALTH PROFESSIONAL WHO IS AUTHORIZED UNDER THIS TITLE TO
6 PRESCRIBE SCHEDULE II CONTROLLED SUBSTANCES AND WHO HAS A VALID UNITED
7 STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER OR WHO IS
8 AUTHORIZED UNDER CHAPTER 18 OF THIS TITLE TO DISPENSE CONTROLLED
9 SUBSTANCES SHALL COMPLETE A MINIMUM OF THREE HOURS OF OPIOID-RELATED,
10 SUBSTANCE USE DISORDER-RELATED OR ADDICTION-RELATED CONTINUING MEDICAL
11 EDUCATION EACH LICENSE RENEWAL CYCLE AS PART OF ANY CONTINUING EDUCATION
12 REQUIREMENTS FOR THAT HEALTH PROFESSIONAL.

13 Sec. 29. Title 36, chapter 1, article 1, Arizona Revised Statutes,
14 is amended by adding sections 36-109 and 36-123, to read:

15 36-109. Hospitals; health care facilities; substance abuse
16 treatment; reporting requirements

17 A. ON OR BEFORE SEPTEMBER 1, 2018 AND EACH QUARTER THEREAFTER, EACH
18 HOSPITAL OR HEALTH CARE FACILITY IN THIS STATE THAT PROVIDES SUBSTANCE
19 ABUSE TREATMENT SHALL SUBMIT TO THE DEPARTMENT ON A FORM PRESCRIBED BY THE
20 DEPARTMENT A REPORT THAT INCLUDES AT LEAST THE FOLLOWING INFORMATION:

21 1. THE NAME AND ADDRESS OF THE HOSPITAL OR HEALTH CARE FACILITY
22 WHERE THE SUBSTANCE ABUSE TREATMENT IS PROVIDED.

23 2. THE TYPE OF HOSPITAL OR HEALTH CARE FACILITY WHERE THE SUBSTANCE
24 ABUSE TREATMENT IS PROVIDED.

25 3. THE NUMBER OF AVAILABLE SUBSTANCE ABUSE TREATMENT BEDS.

26 B. THE FORM MAY BE SIGNED ELECTRONICALLY AND SHALL INDICATE THAT
27 THE PERSON WHO SIGNS THE REPORT IS ATTESTING THAT THE INFORMATION IN THE
28 REPORT IS CORRECT TO THE BEST OF THAT PERSON'S KNOWLEDGE.

29 C. A REPORT PURSUANT TO THIS SECTION SHALL BE FILED ELECTRONICALLY
30 AT AN INTERNET WEBSITE THAT IS DESIGNATED BY THE DEPARTMENT UNLESS THE
31 PERSON REQUIRED TO FILE THE REPORT APPLIES FOR A WAIVER FROM ELECTRONIC
32 REPORTING BY SUBMITTING A WRITTEN REQUEST TO THE DEPARTMENT.

33 D. ON OR BEFORE DECEMBER 31, 2018 AND EACH QUARTER THEREAFTER, THE
34 DIRECTOR SHALL SUBMIT A REPORT TO THE GOVERNOR, THE PRESIDENT OF THE
35 SENATE AND THE SPEAKER OF THE HOUSE OF REPRESENTATIVES ON THE AVAILABILITY
36 OF SUBSTANCE ABUSE TREATMENT BEDS, THE POSSIBLE CAPACITY AND ANY UNMET
37 NEED IN THIS STATE. THE DIRECTOR SHALL SUBMIT A COPY OF THE REPORT TO THE
38 SECRETARY OF STATE. THE REPORT SHALL INCLUDE ALL OF THE INFORMATION
39 SPECIFIED IN SUBSECTION A OF THIS SECTION.

40 36-123. Opioid abuse prevention campaign

41 THE DEPARTMENT, IN CONJUNCTION WITH THE GOVERNOR'S OFFICE OF YOUTH,
42 FAITH AND FAMILY, SHALL DEVELOP OPIOID ABUSE PREVENTION CAMPAIGN
43 STRATEGIES THAT TARGET YOUTH AND AT-RISK POPULATIONS USING A VARIETY OF
44 COMMUNICATIONS PLATFORMS TO MAXIMIZE OUTREACH. COMMUNICATIONS EFFORTS MAY
45 INCLUDE SOCIAL MEDIA, BROADCAST, BILLBOARDS AND PRINT MEDIA. PREVENTION

1 COMPONENTS SHALL INCLUDE GRAPHIC DETAIL OF THE HARMFUL EFFECTS OF OPIOID
2 AND PRESCRIPTION DRUG ABUSE AND LAW ENFORCEMENT CONSEQUENCES AND SHALL
3 ENGAGE EXTERNAL PARTNERS, INCLUDING THE EDUCATION SYSTEM, FOR
4 AGE-APPROPRIATE AWARENESS.

5 Sec. 30. Title 36, chapter 1, article 4, Arizona Revised Statutes,
6 is amended by adding section 36-192, to read:

7 36-192. County health departments; naloxone kits

8 IN ADDITION TO THE NALOXONE KITS THAT ARE DISTRIBUTED BY THE
9 DEPARTMENT AND THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM, A COUNTY
10 HEALTH DEPARTMENT MAY PROVIDE TO A PERSON WHO IS AT RISK OF EXPERIENCING
11 OR WHO IS EXPERIENCING AN OPIOID-RELATED OVERDOSE A KIT THAT CONTAINS
12 NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY
13 THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF A DRUG
14 OVERDOSE.

15 Sec. 31. Section 36-407, Arizona Revised Statutes, is amended to
16 read:

17 36-407. Prohibited acts; required acts

18 A. A person shall not establish, conduct or maintain in this state
19 a health care institution or any class or subclass of health care
20 institution unless that person holds a current and valid license issued by
21 the department specifying the class or subclass of health care institution
22 the person is establishing, conducting or maintaining. The license is
23 valid only for the establishment, operation and maintenance of the class
24 or subclass of health care institution, the type of services and, except
25 for emergency admissions as prescribed by the director by rule, the
26 licensed capacity specified by the license.

27 B. The licensee shall not imply by advertising, directory listing
28 or otherwise that the licensee is authorized to perform services more
29 specialized or of a higher degree of care than is authorized by this
30 chapter and the underlying rules for the particular class or subclass of
31 health care institution within which the licensee is licensed.

32 C. The licensee may not transfer or assign the license. A license
33 is valid only for the premises occupied by the institution at the time of
34 its issuance.

35 D. The licensee shall not personally or through an agent offer or
36 imply an offer of rebate or fee splitting to any person regulated by title
37 32 or chapter 17 of this title.

38 E. The licensee shall submit an itemized statement of charges to
39 each patient.

40 F. A HEALTH CARE INSTITUTION SHALL REFER A PATIENT WHO IS
41 DISCHARGED AFTER RECEIVING EMERGENCY SERVICES FOR A DRUG-RELATED OVERDOSE
42 TO A BEHAVIORAL HEALTH SERVICES PROVIDER.

1 Sec. 32. Title 36, chapter 4, article 2, Arizona Revised Statutes,
2 is amended by adding section 36-425.04, to read:

3 36-425.04. Hospice service agencies; policies and procedures;
4 controlled substances

5 A HOSPICE SERVICE AGENCY THAT IS LICENSED PURSUANT TO THIS CHAPTER
6 SHALL ADOPT POLICIES AND PROCEDURES TO INFORM AND EDUCATE CLIENT FAMILIES
7 ON THE PROPER DISPOSAL OF SCHEDULE II CONTROLLED SUBSTANCES.

8 Sec. 33. Title 36, chapter 4, Arizona Revised Statutes, is amended
9 by adding article 8, to read:

10 ARTICLE 8. PAIN MANAGEMENT CLINICS

11 36-448.01. Definition of pain management clinic

12 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES, "PAIN
13 MANAGEMENT CLINIC":

14 1. MEANS A HEALTH CARE INSTITUTION OR A PRIVATE OFFICE OR CLINIC OF
15 A HEALTH CARE PROVIDER LICENSED UNDER TITLE 32 IN WHICH A MAJORITY OF THE
16 FACILITY'S PATIENTS IN ANY MONTH ARE PRESCRIBED OPIOIDS, BENZODIAZEPINES,
17 BARBITURATES OR CARISOPRODOL, NOT INCLUDING SUBOXONE, FOR PAIN MANAGEMENT
18 FOR MORE THAN NINETY DAYS IN A TWELVE-MONTH PERIOD.

19 2. DOES NOT INCLUDE AN URGENT CARE CENTER, AMBULATORY SURGICAL
20 CENTER, HOSPICE FACILITY OR NURSING CARE INSTITUTION.

21 36-448.02. Pain management clinics; licensure requirements;
22 rules

23 A. BEGINNING JANUARY 1, 2019, A PAIN MANAGEMENT CLINIC SHALL MEET
24 THE SAME LICENSURE REQUIREMENTS AS PRESCRIBED IN ARTICLE 2 OF THIS CHAPTER
25 FOR HEALTH CARE INSTITUTIONS. AT THE TIME OF LICENSURE, A PAIN MANAGEMENT
26 CLINIC SHALL SUBMIT TO THE DIRECTOR ALL DOCUMENTATION REQUIRED BY THIS
27 ARTICLE.

28 B. THE DEPARTMENT SHALL ADOPT RULES THAT PRESCRIBE THE FOLLOWING
29 FOR PAIN MANAGEMENT CLINICS:

- 30 1. INFORMED CONSENT REQUIREMENTS.
- 31 2. THE RESPONSIBILITIES OF THE MEDICAL DIRECTOR.
- 32 3. RECORD MAINTENANCE.
- 33 4. REPORTING REQUIREMENTS.
- 34 5. PHYSICAL EXAMINATION REQUIREMENTS.

35 C. EACH PAIN MANAGEMENT CLINIC SHALL:

36 1. ON OR BEFORE EACH ANNIVERSARY OF THE ISSUE DATE OF THE PAIN
37 MANAGEMENT CLINIC'S LICENSE, SUBMIT TO THE DIRECTOR ALL DOCUMENTATION
38 REQUIRED BY THIS ARTICLE.

39 2. COMPLY WITH ALL DEPARTMENT RULES THAT GOVERN PAIN MANAGEMENT
40 CLINICS.

41 3. HAVE A MEDICAL DIRECTOR WHO IS A PHYSICIAN LICENSED IN THIS
42 STATE UNDER AN UNRESTRICTED AND UNENCUMBERED LICENSE.

1 Sec. 34. Section 36-2228, Arizona Revised Statutes, is amended to
2 read:

3 36-2228. Administration of opioid antagonists; training;
4 immunity; designation by director; definition

5 A. Pursuant to a standing order issued by a physician licensed
6 pursuant to title 32, chapter 13 or 17 or a nurse practitioner licensed
7 pursuant to title 32, chapter 15 and authorized by law to prescribe drugs,
8 an emergency medical care technician, ~~or a~~ peace officer OR ANCILLARY LAW
9 ENFORCEMENT EMPLOYEE who is trained in the administration of naloxone
10 hydrochloride or any other opioid antagonist that is approved by the
11 United States food and drug administration and designated by the director
12 may administer naloxone hydrochloride or another opioid antagonist to a
13 person who the emergency medical care technician, ~~or~~ peace officer OR
14 ANCILLARY LAW ENFORCEMENT EMPLOYEE believes is suffering from an
15 opioid-related drug overdose.

16 B. The department, in coordination with the Arizona peace officer
17 standards and training board, shall develop a training module for
18 emergency medical care technicians, ~~and~~ peace officers AND ANCILLARY LAW
19 ENFORCEMENT EMPLOYEES that provides training regarding the identification
20 of a person suffering from an opioid-related drug overdose and the use of
21 naloxone hydrochloride or other opioid antagonists.

22 C. Physicians who are licensed pursuant to title 32, chapter 13 or
23 17 and who issue a standing order, nurse practitioners who are licensed
24 pursuant to title 32, chapter 15 and authorized by law to prescribe drugs
25 and who issue a standing order and emergency medical care technicians, ~~and~~
26 peace officers AND ANCILLARY LAW ENFORCEMENT EMPLOYEES who administer
27 naloxone hydrochloride or any other opioid antagonist pursuant to this
28 section are immune from professional liability and criminal prosecution
29 for any decision made, act or omission or injury that results from that
30 act if those persons act with reasonable care and in good faith, except in
31 cases of wanton or wilful neglect. This section does not create a duty to
32 act or standard of care for peace officers OR ANCILLARY LAW ENFORCEMENT
33 EMPLOYEES to administer an opioid antagonist.

34 D. The director shall designate opioid antagonists that may be used
35 pursuant to this section based on an evaluation of the opioid antagonist's
36 safety and efficacy.

37 E. FOR THE PURPOSES OF THIS SECTION, "ANCILLARY LAW ENFORCEMENT
38 EMPLOYEE" MEANS A DETENTION OFFICER, A PROBATION OR SURVEILLANCE OFFICER,
39 A POLICE AIDE OR ASSISTANT, A CRIME SCENE SPECIALIST, A CRIME LABORATORY
40 EMPLOYEE OR ANY OTHER TYPE OF LAW ENFORCEMENT EMPLOYEE OR EMPLOYEE OF THE
41 STATE DEPARTMENT OF CORRECTIONS WHO IS AUTHORIZED BY THE PERSON'S
42 EMPLOYING AGENCY TO ADMINISTER NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID
43 ANTAGONIST THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG
44 ADMINISTRATION AND DESIGNATED BY THE DIRECTOR PURSUANT TO THIS SECTION.

1 Sec. 35. Section 36-2267, Arizona Revised Statutes, is amended to
2 read:

3 36-2267. Administration of opioid antagonist; exemption from
4 civil liability; definition

5 A. A person may administer an opioid antagonist that is prescribed
6 or dispensed pursuant to section 32-1979 or 36-2266 in accordance with the
7 protocol specified by the physician, nurse practitioner, pharmacist or
8 other health professional **OR THAT IS RECEIVED FROM A COUNTY HEALTH**
9 **DEPARTMENT PURSUANT TO SECTION 36-192** to a person who is experiencing an
10 opioid-related overdose.

11 B. A person who in good faith and without compensation administers
12 an opioid antagonist to a person who is experiencing an opioid-related
13 overdose is not liable for any civil or other damages as the result of any
14 act or omission by the person rendering the care or as the result of any
15 act or failure to act to arrange for further medical treatment or care for
16 the person experiencing the overdose, unless the person while rendering
17 the care acts with gross negligence, wilful misconduct or intentional
18 wrongdoing.

19 C. For the purposes of this section, "person" includes an employee
20 of a school district or charter school who is acting in the person's
21 official capacity.

22 Sec. 36. Section 36-2525, Arizona Revised Statutes, is amended to
23 read:

24 36-2525. Prescription orders; labels; packaging

25 A. In addition to the requirements of section 32-1968 pertaining to
26 prescription orders for prescription-only drugs, the prescription order
27 for a controlled substance shall bear the name, address and federal
28 registration number of the prescriber. A prescription order for a
29 schedule II controlled substance drug other than a hospital drug order for
30 a hospital inpatient shall contain only one drug order per prescription
31 blank. If authorized verbally by the prescriber, the pharmacist may make
32 changes to correct errors or omissions made by the prescriber on the
33 following parts of a written **OR ELECTRONIC** schedule II controlled
34 substance prescription order:

- 35 1. The date issued.
- 36 2. The strength, dosage form or quantity of drug.
- 37 3. The directions for its use.

38 B. The pharmacist must document on the original prescription order
39 the changes that were made pursuant to the verbal authorization and record
40 the time and date the authorization was granted.

41 C. A person who is registered to dispense controlled substances
42 under this chapter must keep and maintain prescription orders for
43 controlled substances as follows:

1 1. Prescription orders for controlled substances listed in
2 schedules I and II must be maintained in a separate prescription file for
3 controlled substances listed in schedules I and II only.

4 2. Prescription orders for controlled substances listed in
5 schedules III, IV and V must be maintained either in a separate
6 prescription file for controlled substances listed in schedules III, IV
7 and V only or in a form that allows them to be readily retrievable from
8 the other prescription records of the registrant. For the purposes of
9 this paragraph, "readily retrievable" means that, when the prescription is
10 initially filed, the face of the prescription is stamped in red ink in the
11 lower right corner with the letter "C" in a font that is not less than one
12 inch high and that the prescription is filed in the usual consecutively
13 numbered prescription file for noncontrolled substance prescriptions. The
14 requirement to stamp the hard copy prescription with a red "C" is waived
15 if a registrant employs an electronic data processing system or other
16 electronic recordkeeping system for prescriptions that permits
17 identification by prescription number and retrieval of original documents
18 by the prescriber's name, patient's name, drug dispensed and date filled.

19 D. Except in emergency situations in conformity with subsection E
20 of this section, under the conditions specified in subsections F and G of
21 this section or when dispensed directly by a medical practitioner to an
22 ultimate user, a controlled substance in schedule II shall not be
23 dispensed without either the written prescription order in ink or
24 indelible pencil or typewritten and manually signed by the medical
25 practitioner or an electronic prescription order as prescribed by federal
26 law or regulation. BEGINNING JANUARY 1, 2019, A SCHEDULE II CONTROLLED
27 SUBSTANCE FOR PAIN MANAGEMENT MAY BE DISPENSED IN A COUNTY WITH A
28 POPULATION OF ONE HUNDRED FIFTY THOUSAND PERSONS OR MORE ONLY WITH AN
29 ELECTRONIC PRESCRIPTION ORDER AS PRESCRIBED BY FEDERAL LAW OR REGULATION.
30 BEGINNING JULY 1, 2019, A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
31 MANAGEMENT MAY BE DISPENSED IN A COUNTY WITH A POPULATION OF LESS THAN ONE
32 HUNDRED FIFTY THOUSAND PERSONS ONLY WITH AN ELECTRONIC PRESCRIPTION ORDER
33 AS PRESCRIBED BY FEDERAL LAW OR REGULATION. A prescription order for a
34 schedule II substance shall not be dispensed more than ninety days after
35 the date on which the prescription order was issued. A limited service
36 pharmacy as defined in section 32-1901 may sell and dispense a schedule II
37 substance prescribed by a medical practitioner who is located in another
38 state if the prescription was issued to the patient according to and in
39 compliance with the applicable laws of the state of the prescribing
40 medical practitioner and federal law. A prescription order for a schedule
41 II CONTROLLED substance shall not be refilled.

42 E. In emergency situations, emergency quantities of schedule II
43 CONTROLLED substances may be dispensed on an oral prescription order of a
44 medical practitioner. Such an emergency prescription order shall be
45 immediately reduced to writing by the pharmacist and shall contain all the

1 information required for schedule II ~~drugs~~ CONTROLLED SUBSTANCES except
2 for the manual signing of the order by the medical practitioner. Within
3 seven days after authorizing an emergency oral prescription order, the
4 prescribing medical practitioner shall cause a written prescription order
5 manually signed for the emergency quantity prescribed to be delivered to
6 the dispensing pharmacist or an electronic prescription order to be
7 transmitted to the DISPENSING pharmacist. In addition to conforming to
8 other requirements for prescription orders for schedule II CONTROLLED
9 substances, ~~it~~ THE PRESCRIPTION ORDER shall indicate electronically or
10 have written on its face "authorization for emergency dispensing" and the
11 date of the oral order. If the prescribing medical practitioner fails to
12 deliver such an emergency prescription order within seven days in
13 conformance with board rules, the pharmacist shall notify the board.
14 Failure of the pharmacist to notify the board ~~shall void~~ VOIDS the
15 authority conferred by this subsection to dispense without a ~~written,~~
16 ~~manually signed~~ prescription order of a medical practitioner THAT IS
17 ELECTRONIC OR THAT IS WRITTEN AND MANUALLY SIGNED.

18 F. The following may be transmitted to a pharmacy by fax by a
19 patient's medical practitioner or the medical practitioner's agent:

20 1. A prescription order written for a schedule II controlled
21 substance to be compounded for the direct administration to a patient by
22 parenteral, intravenous, intramuscular, subcutaneous or intraspinal
23 infusion.

24 2. A prescription order written for any schedule II controlled
25 substance for a resident of a long-term care facility.

26 3. A prescription order written for a schedule II controlled
27 substance for a patient enrolled in a hospice care program that is
28 certified or paid for by medicare under title XVIII or a hospice program
29 that is licensed by this state. The medical practitioner or the medical
30 practitioner's agent must note on the prescription that the patient is a
31 hospice patient.

32 G. A fax transmitted pursuant to subsection F of this section is
33 the original written prescription order for purposes of this section and
34 must be maintained as required by subsection C of this section.

35 H. Except when dispensed directly by a medical practitioner to an
36 ultimate user, a controlled substance included in schedule III or IV that
37 requires a prescription order as determined under state or federal laws
38 shall not be dispensed without a written or oral prescription order of a
39 medical practitioner or an electronic prescription order as prescribed by
40 federal law or regulation. The prescription order shall not be filled or
41 refilled more than six months after the date on which the prescription
42 order was issued. A prescription order authorized to be refilled shall
43 not be refilled more than five times. Additional quantities may only be
44 authorized by the prescribing medical practitioner through issuance of a

1 new prescription order that shall be treated by the pharmacist as a new
2 and separate prescription order.

3 I. Except when dispensed directly by a medical practitioner to an
4 ultimate user, a controlled substance that is included in schedule V and
5 that requires a prescription order as determined under state or federal
6 laws shall not be dispensed without a written or oral prescription order
7 of a medical practitioner. The prescription order may be refilled as
8 authorized by the prescribing medical practitioner but shall not be filled
9 or refilled more than one year after the date of issuance.

10 J. A controlled substance that is listed in schedule III, IV or V
11 and that does not require a prescription order as determined under state
12 or federal laws may be dispensed at retail by a pharmacist, a pharmacy
13 intern or a graduate intern under the pharmacist's supervision without a
14 prescription order to a purchaser who is at least eighteen years of age if
15 all of the following are true:

16 1. It is for a legitimate medical purpose.

17 2. Not more than two hundred forty cubic centimeters (eight ounces)
18 of any such controlled substance containing opium, nor more than one
19 hundred twenty cubic centimeters (four ounces) of any other such
20 controlled substance, nor more than forty-eight dosage units of any such
21 controlled substance containing opium, nor more than twenty-four dosage
22 units of any other controlled substance may be dispensed at retail to the
23 same purchaser in any given forty-eight-hour period.

24 3. No more than one hundred dosage units of any single active
25 ingredient ephedrine preparation may be sold, offered for sale, bartered
26 or given away to any one person in any one thirty-day period.

27 4. The pharmacist, pharmacy intern or graduate intern requires
28 every purchaser of a controlled substance under this subsection ~~WHO IS~~ not
29 known to that person to furnish suitable identification, including proof
30 of age ~~where~~ ~~IF~~ appropriate.

31 5. A bound record book for dispensing controlled substances under
32 this subsection is maintained by the pharmacist and contains the name and
33 address of the purchaser, the name and quantity of the controlled
34 substance purchased, the date of each purchase and the name or initials of
35 the pharmacist, pharmacy intern or graduate intern who dispensed the
36 substance to the purchaser. ~~Such~~ ~~THE~~ book shall be maintained in
37 conformity with the recordkeeping requirements of section 36-2523.

38 K. In the absence of a law requiring a prescription for a schedule
39 V controlled substance, the board, by rules, may require, or remove the
40 requirement of, a prescription order for a schedule V controlled
41 substance.

42 L. The label on a container of a controlled substance ~~THAT IS~~
43 directly dispensed by a medical practitioner or pharmacist, ~~AND THAT IS~~
44 not for the immediate administration to the ultimate user, such as a bed
45 patient in a hospital, shall bear the name and address of the dispensing

1 medical practitioner or pharmacist, the serial number, the date of
2 dispensing, the name of the prescriber, the name of the patient or, if an
3 animal, the name of the owner of the animal and the species of the animal,
4 the directions for use and cautionary statements, if any, contained in the
5 prescription order or required by law. If the controlled substance is
6 included in schedule II, III or IV, the label shall bear a transfer
7 warning to the effect: "Caution: federal law prohibits the transfer of
8 this drug to any person other than the patient for whom it was
9 prescribed". THE CONTAINER OF A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN
10 MANAGEMENT THAT IS DIRECTLY DISPENSED BY A PHARMACIST AND THAT IS NOT FOR
11 THE IMMEDIATE ADMINISTRATION TO THE ULTIMATE USER SHALL HAVE A RED CAP AND
12 A WARNING LABEL PRESCRIBED BY THE BOARD ABOUT POTENTIAL ADDICTION.

13 M. Controlled substances in schedules II, III, IV and V may be
14 dispensed as electronically transmitted prescriptions if the prescribing
15 medical practitioner is all of the following:

16 1. Properly registered by the United States drug enforcement
17 administration.

18 2. Licensed in good standing in the United States jurisdiction in
19 which the medical practitioner practices.

20 3. Authorized to issue such prescriptions in the jurisdiction in
21 which the medical practitioner is licensed.

22 N. NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, BEGINNING
23 JANUARY 1, 2019, EACH PRESCRIPTION ORDER THAT IS ISSUED BY A MEDICAL
24 PRACTITIONER IN A COUNTY WITH A POPULATION OF ONE HUNDRED FIFTY THOUSAND
25 PERSONS OR MORE FOR A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN MANAGEMENT
26 SHALL BE TRANSMITTED ELECTRONICALLY TO THE DISPENSING PHARMACY.
27 NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, BEGINNING JULY 1,
28 2019, EACH PRESCRIPTION ORDER THAT IS ISSUED BY A MEDICAL PRACTITIONER IN
29 A COUNTY WITH A POPULATION OF LESS THAN ONE HUNDRED FIFTY THOUSAND PERSONS
30 FOR A SCHEDULE II CONTROLLED SUBSTANCE FOR PAIN MANAGEMENT SHALL BE
31 TRANSMITTED ELECTRONICALLY TO THE DISPENSING PHARMACY.

32 O. THE REQUIREMENT IN SUBSECTIONS D AND N OF THIS SECTION FOR AN
33 ELECTRONIC PRESCRIPTION ORDER DOES NOT APPLY TO A PRESCRIPTION ORDER FOR A
34 SCHEDULE II CONTROLLED SUBSTANCE THAT IS ISSUED FOR MEDICATION-ASSISTED
35 TREATMENT FOR A SUBSTANCE USE DISORDER.

36 ~~N.~~ P. The board, by rule: ~~;~~

37 1. May provide additional requirements for prescribing and
38 dispensing controlled substances.

39 2. SHALL ESTABLISH A PROCESS TO GRANT A WAIVER FOR THE REQUIREMENT
40 IN SUBSECTIONS D AND N OF THIS SECTION FOR ELECTRONIC PRESCRIPTION ORDERS
41 TO A MEDICAL PRACTITIONER WHO PRACTICES IN A COUNTY WITH A POPULATION OF
42 LESS THAN ONE HUNDRED FIFTY THOUSAND PERSONS AND WHO LACKS ADEQUATE ACCESS
43 TO BROADBAND OR FACES OTHER HARDSHIPS THAT PREVENT THE MEDICAL
44 PRACTITIONER FROM IMPLEMENTING ELECTRONIC PRESCRIPTION ORDERS.

1 Sec. 37. Section 36-2604, Arizona Revised Statutes, is amended to
2 read:

3 36-2604. Use and release of confidential information;
4 definition

5 A. Except as otherwise provided in this section, prescription
6 information submitted to the board pursuant to this article is
7 confidential and is not subject to public inspection. The board shall
8 establish procedures to ensure the privacy and confidentiality of patients
9 and that patient information that is collected, recorded and transmitted
10 pursuant to this article is not disclosed except as prescribed in this
11 section.

12 B. The board or its designee shall review the prescription
13 information collected pursuant to this article. If the board or its
14 designee has reason to believe an act of unprofessional or illegal conduct
15 has occurred, the board or its designee shall notify the appropriate
16 professional licensing board or law enforcement or criminal justice agency
17 and provide the prescription information required for an investigation.

18 C. The board may release data collected by the program to the
19 following:

20 1. A person who is authorized to prescribe or dispense a controlled
21 substance, or a delegate who is authorized by the prescriber or dispenser,
22 to assist that person to provide medical or pharmaceutical care to a
23 patient or to evaluate a patient.

24 2. An individual who requests the individual's own prescription
25 monitoring information pursuant to section 12-2293.

26 3. A medical practitioner regulatory board established pursuant to
27 title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, 25 or 29. ~~Except as~~
28 ~~required pursuant to subsection B of this section, the board shall provide~~
29 ~~this information only if the requesting board states in writing that the~~
30 ~~information is necessary for an open investigation or complaint.~~

31 4. A local, state or federal law enforcement or criminal justice
32 agency. Except as required pursuant to subsection B of this section, the
33 board shall provide this information only if the requesting agency states
34 in writing that the information is necessary for an open investigation or
35 complaint.

36 5. The Arizona health care cost containment system administration
37 regarding persons who are receiving services pursuant to chapter 29 of
38 this title. Except as required pursuant to subsection B of this section,
39 the board shall provide this information only if the administration states
40 in writing that the information is necessary for an open investigation or
41 complaint, for performing a drug utilization review for controlled
42 substances to help combat opioid overuse or abuse or for ensuring the
43 continuity of care.

44 6. A person who is serving a lawful order of a court of competent
45 jurisdiction.

1 7. A person who is authorized to prescribe or dispense a controlled
2 substance and who performs an evaluation on an individual pursuant to
3 section 23-1026.

4 8. A county medical examiner or alternate medical examiner who is
5 directing an investigation into the circumstances surrounding a death as
6 described in section 11-593 or a delegate who is authorized by the county
7 medical examiner or alternate medical examiner.

8 9. The department of health services regarding persons who are
9 receiving or prescribing controlled substances in order to implement a
10 public health response to address opioid overuse or abuse, including a
11 review pursuant to section 36-198. Except as required pursuant to
12 subsection B of this section, the board shall provide this information
13 only if the department states in writing that the information is necessary
14 to implement a public health response to help combat opioid overuse or
15 abuse.

16 D. The board may provide data to public or private entities for
17 statistical, research or educational purposes after removing information
18 that could be used to identify individual patients or persons who received
19 prescriptions from dispensers.

20 E. For the purposes of this section, "delegate" means any of the
21 following:

22 1. A licensed health care professional who is employed in the
23 office of or in a hospital with the prescriber or dispenser.

24 2. An unlicensed medical records technician, medical assistant or
25 office manager who is employed in the office of or in a hospital with the
26 prescriber or dispenser and who has received training regarding both the
27 health insurance portability and accountability act privacy standards, 45
28 Code of Federal Regulations part 164, subpart E, and security standards,
29 45 Code of Federal Regulations part 164, subpart C.

30 3. A forensic pathologist, medical death investigator or other
31 qualified person who is assigned duties in connection with a death
32 investigation pursuant to section 11-594.

33 4. A LICENSED PHARMACY TECHNICIAN TRAINEE, PHARMACY TECHNICIAN OR
34 PHARMACY INTERN WHO WORKS IN A FACILITY WITH THE DISPENSER.

35 Sec. 38. Section 36-2606, Arizona Revised Statutes, is amended to
36 read:

37 36-2606. Registration; access; requirements; mandatory use;
38 annual user satisfaction survey; report;
39 definitions

40 A. A medical practitioner regulatory board shall notify each
41 medical practitioner who receives an initial or renewal license and who
42 intends to apply for registration or has an active registration under the
43 controlled substances act (21 United States Code ~~section~~ SECTIONS 801
44 through 904) of the medical practitioner's responsibility to register with
45 the Arizona state board of pharmacy and be granted access to the

controlled substances prescription monitoring program's central database tracking system. The Arizona state board of pharmacy shall provide access to the central database tracking system to each medical practitioner who has a valid license pursuant to ~~this~~ title 32 and who possesses an Arizona registration under the controlled substances act (21 United States Code ~~section~~ SECTIONS 801 through 904). THE ARIZONA STATE BOARD OF PHARMACY SHALL NOTIFY EACH PHARMACIST OF THE PHARMACIST'S RESPONSIBILITY TO REGISTER WITH THE ARIZONA STATE BOARD OF PHARMACY AND BE GRANTED ACCESS TO THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM'S CENTRAL DATABASE TRACKING SYSTEM. THE ARIZONA STATE BOARD OF PHARMACY SHALL PROVIDE ACCESS TO THE CENTRAL DATABASE TRACKING SYSTEM TO EACH PHARMACIST WHO HAS A VALID LICENSE PURSUANT TO TITLE 32, CHAPTER 18 AND WHO IS EMPLOYED BY A FACILITY THAT HAS A VALID UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER.

B. The registration is:

1. Valid in conjunction with a valid United States drug enforcement administration registration number and a valid license issued by a medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 25 or 29.

2. VALID IN CONJUNCTION WITH A VALID LICENSE ISSUED BY THE ARIZONA STATE BOARD OF PHARMACY FOR A PHARMACIST WHO IS EMPLOYED BY A FACILITY THAT HAS A VALID UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER.

~~2-~~ 3. Not transferable or assignable.

C. An applicant for registration pursuant to this section must submit an application as prescribed by the board.

D. Pursuant to a fee prescribed by the board by rule, the board may issue a replacement registration to a registrant who requests a replacement because the original was damaged or destroyed, because of a change of name or for any other good cause as prescribed by the board.

E. A person who is authorized to access the controlled substances prescription monitoring program's central database tracking system may do so using only that person's assigned identifier and may not use the assigned identifier of another person.

F. Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a medical practitioner AND A DISPENSER, before prescribing OR DISPENSING an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. Each medical practitioner regulatory board AND THE ARIZONA STATE BOARD OF

1 PHARMACY shall notify the medical practitioners AND DISPENSERS licensed by
2 that board of the applicable date. A medical practitioner OR DISPENSER
3 may be granted a one-year waiver from the requirement in this subsection
4 due to technological limitations that are not reasonably within the
5 control of the practitioner OR DISPENSER or other exceptional
6 circumstances demonstrated by the practitioner OR DISPENSER, pursuant to a
7 process established by rule by the Arizona state board of pharmacy.

8 G. The medical practitioner OR DISPENSER is not required to obtain
9 a patient utilization report from the central database tracking system
10 pursuant to subsection F of this section if any of the following applies:

11 1. The patient is receiving hospice care or palliative care for a
12 serious or chronic illness.

13 2. The patient is receiving care for cancer, a cancer-related
14 illness or condition or dialysis treatment.

15 3. A medical practitioner will administer the controlled substance.

16 4. The patient is receiving the controlled substance during the
17 course of inpatient or residential treatment in a hospital, nursing care
18 facility, assisted living facility, correctional facility or mental health
19 facility.

20 5. The medical practitioner is prescribing the controlled substance
21 to the patient for no more than a ~~ten-day~~ FIVE-DAY period for an invasive
22 medical or dental procedure or a medical or dental procedure that results
23 in acute pain to the patient.

24 6. The medical practitioner is prescribing the controlled substance
25 to the patient for no more than a ~~ten-day~~ FIVE-DAY period for a patient
26 who has suffered an acute injury or a medical or dental disease process
27 that is diagnosed in an emergency department setting and that results in
28 acute pain to the patient. An acute injury or medical disease process
29 does not include back pain.

30 ~~7. The medical practitioner is prescribing no more than a five-day~~
31 ~~prescription and has reviewed the program's central database tracking~~
32 ~~system for that patient within the last thirty days, and the system shows~~
33 ~~that no other prescriber has prescribed a controlled substance in the~~
34 ~~preceding thirty-day period.~~

35 H. If a medical practitioner uses electronic medical records that
36 integrate data from the controlled substances prescription monitoring
37 program, a review of the electronic medical records with the integrated
38 data shall be deemed compliant with the review of the program's central
39 database tracking system as required in subsection F of this section.

40 I. The board shall promote and enter into data sharing agreements
41 for the purpose of integrating the controlled substances prescription
42 monitoring program into electronic medical records.

1 J. By complying with this section, a medical practitioner OR
2 DISPENSER acting in good faith, or the medical practitioner's OR
3 DISPENSER'S employer, is not subject to liability or disciplinary action
4 arising solely from either:

5 1. Requesting or receiving, or failing to request or receive,
6 prescription monitoring data from the program's central database tracking
7 system.

8 2. Acting or failing to act on the basis of the prescription
9 monitoring data provided by the program's central database tracking
10 system.

11 K. Notwithstanding any provision of this section to the contrary,
12 medical practitioners OR DISPENSERS and their delegates are not in
13 violation of this section during any time period in which the controlled
14 substances prescription monitoring program's central database tracking
15 system is suspended or is not operational or available in a timely manner.
16 If the program's central database tracking system is not accessible, the
17 medical practitioner OR DISPENSER or the medical practitioner's OR
18 DISPENSER'S delegate shall document the date and time the practitioner,
19 DISPENSER or delegate attempted to use the central database tracking
20 system pursuant to a process established by board rule.

21 L. The board shall conduct an annual voluntary survey of program
22 users to assess user satisfaction with the program's central database
23 tracking system. The survey may be conducted electronically. On or
24 before December 1 of each year, the board shall provide a report of the
25 survey results to the president of the senate, the speaker of the house of
26 representatives and the governor and shall provide a copy of this report
27 to the secretary of state.

28 M. This section does not prohibit a medical practitioner regulatory
29 board OR THE ARIZONA STATE BOARD OF PHARMACY from obtaining and using
30 information from the program's central database tracking system.

31 N. For the purposes of this section: ~~—~~

32 1. "DISPENSER" MEANS A PHARMACIST WHO IS LICENSED PURSUANT TO TITLE
33 32, CHAPTER 18.

34 2. "Emergency department" means the unit within a hospital that is
35 designed for the provision of emergency services.

36 Sec. 39. Title 36, chapter 29, article 1, Arizona Revised Statutes,
37 is amended by adding section 36-2930.06, to read:

38 36-2930.06. Substance use disorder services fund; AHCCCS
39 administration; use of monies

40 A. THE SUBSTANCE USE DISORDER SERVICES FUND IS ESTABLISHED
41 CONSISTING OF MONIES APPROPRIATED TO THE FUND, ANY GIFTS OR DONATIONS TO
42 THE FUND AND INTEREST EARNED ON THOSE MONIES. THE DIRECTOR SHALL
43 ADMINISTER THE FUND.

44 B. MONIES IN THE FUND:

45 1. DO NOT REVERT TO THE STATE GENERAL FUND.

1 2. ARE EXEMPT FROM THE PROVISIONS OF SECTION 35-190, RELATING TO
2 LAPSING OF APPROPRIATIONS.

3 3. ARE CONTINUOUSLY APPROPRIATED.

4 C. THE ADMINISTRATION SHALL ENTER INTO AGREEMENTS WITH ONE OR MORE
5 CONTRACTORS FOR SUBSTANCE USE DISORDER SERVICES USING MONIES FROM THE
6 SUBSTANCE USE DISORDER SERVICES FUND. IN ADDITION TO TERMS AND CONDITIONS
7 THE DIRECTOR DEEMS APPROPRIATE, THE AGREEMENT BETWEEN THE ADMINISTRATION
8 AND EACH CONTRACTOR SHALL REQUIRE THAT:

9 1. THE MONIES ALLOCATED IN THE AGREEMENT NOT BE USED FOR PERSONS
10 WHO ARE ELIGIBLE UNDER TITLE XIX OR TITLE XXI OF THE SOCIAL SECURITY ACT.
11 PREFERENCE SHALL BE GIVEN TO PERSONS WITH LOWER HOUSEHOLD INCOMES.

12 2. THE CONTRACTOR COORDINATE BENEFITS PROVIDED UNDER THIS SECTION
13 WITH ANY THIRD PARTIES THAT ARE LEGALLY RESPONSIBLE FOR THE COST OF
14 SERVICES.

15 3. THE CONTRACTOR MAKE PAYMENTS TO PROVIDERS BASED ON CONTRACTS
16 WITH PROVIDERS OR, IN THE ABSENCE OF A CONTRACT, AT THE CAPPED FEE
17 SCHEDULE ESTABLISHED BY THE ADMINISTRATION.

18 4. THE CONTRACTOR SUBMIT EXPENDITURE REPORTS MONTHLY IN A FORMAT
19 DETERMINED BY THE DIRECTOR FOR REIMBURSEMENT OF SERVICES PROVIDED UNDER
20 THE AGREEMENT. THE AGREEMENT MAY ALSO PROVIDE FOR ADDITIONAL
21 REIMBURSEMENT FOR ADMINISTERING THE AGREEMENT IN AN AMOUNT NOT TO EXCEED
22 EIGHT PERCENT OF THE EXPENDITURES FOR SERVICES.

23 5. THE ADMINISTRATION NOT BE HELD FINANCIALLY RESPONSIBLE TO THE
24 CONTRACTOR FOR ANY COSTS INCURRED BY THE CONTRACTOR IN EXCESS OF THE
25 MONIES ALLOCATED IN THE AGREEMENT.

26 D. THE SYSTEM SHALL ACT AS PAYOR OF LAST RESORT FOR PERSONS WHO ARE
27 ELIGIBLE PURSUANT TO THIS SECTION. ON RECEIPT OF SERVICES UNDER THIS
28 SECTION, A PERSON IS DEEMED TO HAVE ASSIGNED TO THE SYSTEM ALL RIGHTS TO
29 ANY TYPE OF MEDICAL BENEFIT TO WHICH THE PERSON IS ENTITLED.

30 E. THIS SECTION DOES NOT:

31 1. ESTABLISH AN ENTITLEMENT FOR ANY INDIVIDUAL TO RECEIVE ANY
32 PARTICULAR SERVICE.

33 2. ESTABLISH A DUTY ON THE PART OF THE ADMINISTRATION TO PROVIDE
34 SERVICES OR SPEND MONIES IN EXCESS OF THE MONIES IN THE FUND.

35 Sec. 40. Arizona state board of pharmacy: report:
36 implementation of electronic prescribing tools

37 On or before September 1, 2018, the director of the Arizona state
38 board of pharmacy shall provide to the governor, the president of the
39 senate and the speaker of the house of representatives a report regarding
40 the ability of health care providers in counties with a population of less
41 than one hundred fifty thousand persons to access and use electronic
42 prescribing tools and comply with the requirements of section 36-2525,
43 Arizona Revised Statutes, as amended by this act. A copy of the report
44 shall be provided to the secretary of state.

1 Sec. 41. Governor's office of youth, faith and family; report

2 On or before December 31, 2018, the governor's office of youth,
3 faith and family shall report to the governor, the president of the senate
4 and the speaker of the house of representatives on the feasibility of a
5 statewide expansion of the Arizona angel initiative.

6 Sec. 42. Appropriation; substance use disorder services fund

7 The sum of \$10,000,000 is appropriated from the state general fund
8 in fiscal year 2018-2019 to the substance use disorder services fund
9 established by section 36-2930.06, Arizona Revised Statutes, as added by
10 this act.

11 Sec. 43. Applicability

12 Title 20, chapter 26, Arizona Revised Statutes, as added by this
13 act, applies to all health care services plans as defined in section
14 20-3401, Arizona Revised Statutes, as added by this act, that are issued
15 or renewed from and after December 31, 2018.