

REFERENCE TITLE: controlled substances prescription monitoring program

State of Arizona
Senate
Fifty-second Legislature
Second Regular Session
2016

SB 1283

Introduced by
Senator Kavanagh

AN ACT

AMENDING SECTION 36-2606, ARIZONA REVISED STATUTES; RELATING TO THE
CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

Section 1. Section 36-2606, Arizona Revised Statutes, is amended to read:

36-2606. Registration; access; renewal; requirements; mandatory use

A. Beginning November 1, 2007 and pursuant to rules adopted by the board, each medical practitioner who is issued a license pursuant to title 32 and who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904) must have a current controlled substances prescription monitoring program registration issued by the board and be granted access to the program's central database tracking system. The Arizona state board of pharmacy, on receipt of licensure and license renewal confirmation from a medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 25 or 29, shall register each medical practitioner who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904) and provide the medical practitioner access to the program's central database tracking system. The Arizona state board of pharmacy shall notify each medical practitioner of the person's registration and access to the database tracking system and how to use the system. The Arizona state board of pharmacy shall notify each medical practitioner receiving an initial license who intends to apply for registration under the controlled substances act (21 United States Code sections 801 through 904) of the person's responsibility and the process to register with the Arizona State board of pharmacy and be granted access to the program's central database tracking system.

B. The registration is:

1. Until January 1, 2020, subject to biennial renewal as specified in this article, except for medical practitioners whose registration and renewal are provided pursuant to subsection A of this section.

2. Not transferable or assignable.

3. Valid only in conjunction with 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.

C. An applicant for registration pursuant to this section must submit an application as prescribed by the board unless the medical practitioner's registration and renewal are provided pursuant to subsection A of this section.

D. Until January 1, 2020, the board shall assign all persons registered under this article to one of two registration renewal groups. The holder of a registration ending in an even number must renew the registration biennially on or before May 1 of the next even-numbered year. The holder of a registration ending in an odd number must renew the registration biennially on or before May 1 of the next odd-numbered year. The board shall automatically suspend the registration of any registrant who fails to renew

1 the registration on or before May 1 of the year in which the renewal is due.
 2 The board shall vacate a suspension if the registrant submits a renewal
 3 application. A suspended registrant is prohibited from accessing information
 4 in the prescription monitoring program database tracking system. This
 5 subsection does not apply to medical practitioners whose registration and
 6 renewal are provided pursuant to subsection A of this section.

7 E. A registrant shall not apply for registration renewal more than
 8 sixty days before the expiration date of the registration.

9 F. An applicant for registration renewal pursuant to this section must
 10 submit a renewal application prescribed by the board by rule unless the
 11 medical practitioner's registration and renewal are provided pursuant to
 12 subsection A of this section.

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

17 H. BEGINNING JANUARY 1, 2017, A MEDICAL PRACTITIONER, BEFORE
 18 PRESCRIBING AN OPIOID ANALGESIC OR BENZODIAZEPINE CONTROLLED SUBSTANCE LISTED
 19 IN SCHEDULE II, III OR IV FOR A PATIENT, SHALL OBTAIN A PATIENT UTILIZATION
 20 REPORT REGARDING THE PATIENT FOR THE PRECEDING TWELVE MONTHS FROM THE
 21 CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM'S CENTRAL DATABASE
 22 TRACKING SYSTEM. THE MEDICAL PRACTITIONER IS NOT REQUIRED TO CHECK THE
 23 CENTRAL DATABASE TRACKING SYSTEM PURSUANT TO THIS SUBSECTION IF ANY OF THE
 24 FOLLOWING APPLIES:

- 25 1. THE PATIENT IS RECEIVING HOSPICE CARE.
- 26 2. THE PATIENT IS RECEIVING CARE FOR CANCER OR A CANCER-RELATED
 27 ILLNESS OR CONDITION.
- 28 3. A MEDICAL PRACTITIONER WILL ADMINISTER THE CONTROLLED SUBSTANCE.
- 29 4. THE PATIENT IS RECEIVING THE CONTROLLED SUBSTANCE DURING THE COURSE
 30 OF INPATIENT OR RESIDENTIAL TREATMENT IN A HOSPITAL, NURSING CARE FACILITY OR
 31 MENTAL HEALTH FACILITY.
- 32 5. THE MEDICAL PRACTITIONER IS LICENSED PURSUANT TO TITLE 32, CHAPTER
 33 11 AND IS PRESCRIBING THE CONTROLLED SUBSTANCE TO THE PATIENT FOR NO MORE
 34 THAN FIVE DAYS AFTER ORAL SURGERY.

35 I. 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 DATA
 38 SHALL BE DEEMED COMPLIANT WITH THE REVIEW OF THE PROGRAM'S CENTRAL DATABASE
 39 TRACKING SYSTEM AS REQUIRED IN SUBSECTION H OF THIS SECTION.

40 J. THE BOARD SHALL PROMOTE AND ENTER INTO DATA SHARING AGREEMENTS FOR
 41 THE PURPOSE OF INTEGRATING THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING
 42 PROGRAM INTO ELECTRONIC MEDICAL RECORDS

43 K. BY COMPLYING WITH THIS SECTION, A MEDICAL PRACTITIONER ACTING IN
 44 GOOD FAITH IS NOT SUBJECT TO LIABILITY OR DISCIPLINARY ACTION ARISING SOLELY
 45 FROM EITHER:

1 1. REQUESTING OR RECEIVING, OR FAILING TO REQUEST OR RECEIVE,
2 PRESCRIPTION MONITORING DATA FROM THE PROGRAM'S CENTRAL DATABASE TRACKING
3 SYSTEM.

4 2. ACTING OR FAILING TO ACT ON THE BASIS OF THE PRESCRIPTION
5 MONITORING DATA PROVIDED BY THE PROGRAM'S CENTRAL DATABASE TRACKING SYSTEM.

6 L. NOTWITHSTANDING ANY PROVISION OF THIS SECTION TO THE CONTRARY,
7 MEDICAL PRACTITIONERS AND THEIR DELEGATES ARE NOT IN VIOLATION OF THIS
8 SECTION DURING ANY TIME PERIOD IN WHICH THE CONTROLLED SUBSTANCES
9 PRESCRIPTION MONITORING PROGRAM'S CENTRAL DATABASE TRACKING SYSTEM IS
10 SUSPENDED OR IS NOT OPERATIONAL OR AVAILABLE IN A TIMELY MANNER. IF THE
11 PROGRAM'S CENTRAL DATABASE TRACKING SYSTEM IS NOT ACCESSIBLE, THE MEDICAL
12 PRACTITIONER OR THE MEDICAL PRACTITIONER'S DELEGATE SHALL DOCUMENT THE DATE
13 AND TIME THE PRACTITIONER OR DELEGATE ATTEMPTED TO USE THE CENTRAL DATABASE
14 TRACKING SYSTEM.