



HOUSE OF REPRESENTATIVES

SB 1283

controlled substances prescription monitoring program

Prime Sponsor: Senator Kavanagh, LD 23

DP Committee on Health
DPA Caucus and COW
X As Transmitted to the Governor

OVERVIEW

SB 1283 requires a medical practitioner to obtain a patient utilization report from the Controlled Substances Prescription Monitoring Program's (CSPMP) central database tracking system before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule, II, III or IV.

PROVISIONS

1. Provides, beginning the later of October 1, 2017 or sixty days after the statewide Health Information Exchange (Exchange) has integrated the CSPMP data into the Exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, must obtain a patient utilization report regarding the patient for the preceding 12 months from the CSPMP 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.
2. States each medical practitioner regulatory board must notify the medical practitioners licensed by that board of the applicable date.
3. Permits a medical practitioner a one-year waiver from the requirement due to technological limitations that are reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by the Arizona State Board of Pharmacy (Board) by rule.
4. Stipulates that a medical practitioner is not required to obtain a patient utilization report from the central database tracking system if any of the following apply:
 - a. The patient is receiving hospice care or palliative care for a serious or chronic illness.
 - b. The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
 - c. A medical practitioner will administer the controlled substance.
 - d. The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
 - e. The medical practitioner is prescribing the controlled substance to the patient for no more than a ten-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.
 - f. The medical practitioner is prescribing no more than a five-day prescription and has reviewed the program's central database tracking system for that patient within the last

- 30 days, and the system shows that no other prescriber has prescribed a controlled substance in the preceding 30 day period.
- g. The medical practitioner is prescribing the controlled substance to the patient for no more than a ten-day period for patient who has suffered an acute injury or a medical or dental disease process that is diagnosed in an emergency department setting and that results in acute pain to the patient. An acute injury or medical disease process does not include back pain.
5. Stipulates that if the medical practitioner uses electronic medical records that integrate data from the CSPMP, a review of the electronic medical records with the integrated data must be deemed compliant with the review of the program's central database tracking system.
 6. Requires the Board to promote and enter into data sharing agreements for the purpose of integrating the CSPMP into electronic medical records.
 7. States by complying with this, a medical practitioner acting in good faith, or the medical practitioner's employer, is not subject to liability or disciplinary action arising solely from either:
 - a. Requesting or receiving, or failing to request or receive, prescription monitoring data from the program's central database tracking system.
 - b. Acting or failing to act on the basis of the prescription monitoring data provided by the program's central database tracking system.
 8. Provides that medical practitioners and their delegates are not in violation during any time period in which the CSPMP tracking system is suspended or is not operational or available in a timely manner. If the CSPMP is not accessible, the medical practitioner or their delegate must document the date and time the practitioner or delegate attempted to use the CSPMP.
 9. Requires the Board to conduct an annual voluntary survey of program users to assess user satisfaction with the program's central database tracking system. The survey may be conducted electronically.
 10. Requires the Board, on or before December 1 of each year to provide a report of the survey results to the President of the Senate, the Speaker of the House of Representatives and the Governor along with a copy to the Secretary of the State.
 11. Permits a medical practitioner regulatory board to obtain and use information from the program's central database tracking system.
 12. Stipulates that the Board contract with a third party to conduct an analysis of the CSPMP and report on at least the following:
 - a. The usability and length of time to query data on the CSPMP's central database tracking system and recommendations to improve system properties for more efficient and effective clinical use by medical practitioners.
 - b. Strategies to increase and promote use by medical practitioners.
 - c. The quality of the data and recommendations to improve accuracy and validity.
 - d. Strategies to make it easier to integrate the CSPMP's central database into electronic health records.
 - e. An analysis of available and necessary resources for the Board to implement CSPMP provisions.
 - f. Best practices in this state and other states that have a CSPMP or database.

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13. Specifies the report must be completed on or before January 1, 2017. On or before January 15, 2017 the Board must deliver the report to the President of the Senate, the Speaker of the House of Representatives and the Governor and must provide a copy to the Secretary of State.
14. Repeals the CSPMP analysis and report section from and after September 30, 2017.
15. States on or before October 1, 2016 and every quarter for the following four years, the Board must complete a quarterly report on the number and names of electronic health records companies that have integrated the CSPMP's central database or are in the process of integrating the database for use by medical practitioners. The report must include the number of medical practitioners who will have access to the integrated data through an electronic health records system. The Board must post each report on its public website. Repeals this from and after September 20, 2021.
16. Exempts the Board for purposes related to this act, from the rule making requirements for one year after the effective date of this act.
17. Defines *emergency department*.

CURRENT LAW

[A.R.S. 36-2606](#) provides that each medical practitioner who is issued a license and who possesses an Arizona registration under the Controlled Substances Act (Act) must have a current CSPMP registration issued by the Board and be granted access to the program's central database tracking system. The Board, on receipt of licensure and license renewal confirmation from a medical practitioner regulatory board must register each medical practitioner who possesses an Arizona registration under the Act and provide the medical practitioner access to the program's central database tracking system. The Board must notify each practitioner of the person's registration and access to the database tracking system and how to use the system. The Board must notify each medical practitioner receiving an initial license who intends to apply for registration under the Act of the person's responsibility and the process to register with the Board and be granted access to the program's central database tracking system.