State of Arizona House of Representatives Fifty-third Legislature First Regular Session 2017

CHAPTER 234

HOUSE BILL 2493

AN ACT

AMENDING SECTIONS 32-1968 AND 32-1979, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 1, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 6; AMENDING SECTION 36-2266, ARIZONA REVISED STATUTES; REPEALING TITLE 36, CHAPTER 1, ARTICLE 6, ARIZONA REVISED STATUTES; RELATING TO DRUG OVERDOSE DEATHS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona: Section 1. Section 32-1968, Arizona Revised Statutes, is amended to read:

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32-1968. <u>Dispensing prescription-only drug: prescription orders; refills; labels; misbranding; dispensing soft contact lenses; opioid antagonists</u>
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- A. A prescription-only drug shall be dispensed only under one of the following conditions:
 - 1. By a medical practitioner in conformance with section 32-1921.
- 2. On a written prescription order bearing the prescribing medical practitioner's manual signature.
- 3. On an electronically transmitted prescription order containing the prescribing medical practitioner's electronic or digital signature that is reduced promptly to writing and filed by the pharmacist.
- 4. On a written prescription order generated from electronic media containing the prescribing medical practitioner's electronic or manual signature. A prescription order that contains only an electronic signature must be applied to paper that uses security features that will ensure the prescription order is not subject to any form of copying or alteration.
- 5. On an oral prescription order that is reduced promptly to writing and filed by the pharmacist.
- 6. By refilling any written, electronically transmitted or oral prescription order if a refill is authorized by the prescriber either in the original prescription order, by an electronically transmitted refill order that is documented promptly and filed by the pharmacist or by an oral refill order that is documented promptly and filed by the pharmacist.
- 7. On a prescription order that the prescribing medical practitioner or the prescribing medical practitioner's agent transmits by fax or electronic mail E-MAIL.
- 8. On a prescription order that the patient transmits by fax or by e-mail if the patient presents a written prescription order bearing the prescribing medical practitioner's manual signature when the prescription-only drug is picked up at the pharmacy.
 - B. A prescription order shall not be refilled if it is either:
 - 1. Ordered by the prescriber not to be refilled.
 - 2. More than one year since it was originally ordered.
- C. A prescription order shall contain the date it was issued, the name and address of the person for whom or owner of the animal for which the drug is ordered, refills authorized, if any, the legibly printed name, address and telephone number of the prescribing medical practitioner, the name, strength, dosage form and quantity of the drug ordered and directions for its use.

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- D. Any drug dispensed in accordance with subsection A of this section is exempt from the requirements of section 32-1967, except SECTION 32-1967, subsection A, paragraphs 1, 10 and 11 and the packaging requirements of SECTION 32-1967, subsection A, paragraphs 7 and 8, if the drug container bears a label containing the name and address of the dispenser, THE serial number, THE date of dispensing, THE name of the prescriber, THE name of the patient, or, if an animal, the name of the owner of the animal and the species of the animal, directions for use and cautionary statements, if any, contained in the order. This exemption does not apply to any drug dispensed in the course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or the internet or to a drug dispensed in violation of subsection A of this section.
- E. The board by rule also may require additional information on the label of prescription medication that the board believes to be necessary for the best interest of the public's health and welfare.
- F. A prescription-only drug or a controlled substance that requires a prescription order is deemed to be misbranded if, at any time before dispensing, its label fails to bear the statement "Rx only". A drug to which subsection A of this section does not apply is deemed to be misbranded if, at any time before dispensing, its label bears the caution statement quoted in this subsection.
- G. A pharmacist may fill a prescription order for soft contact lenses only as provided in this chapter.
- H. A PHARMACIST MAY DISPENSE NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION ON THE RECEIPT OF A STANDING ORDER AND ACCORDING TO PROTOCOLS ADOPTED BY THE BOARD PURSUANT TO SECTION 32-1979. FOR THE PURPOSES OF THIS SUBSECTION, "STANDING ORDER" MEANS A SIGNED PRESCRIPTION ORDER THAT AUTHORIZES THE PHARMACIST TO DISPENSE NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST FOR EMERGENCY PURPOSES AND THAT IS ISSUED BY A MEDICAL PRACTITIONER LICENSED IN THIS STATE OR A STATE OR COUNTY HEALTH OFFICER WHO IS A MEDICAL PRACTITIONER LICENSED IN THIS STATE.
- Sec. 2. Section 32-1979, Arizona Revised Statutes, is amended to read:

32-1979. <u>Pharmacists: dispensing opioid antagonists: board</u> protocols; immunity

A. A pharmacist may dispense without a prescription, PURSUANT TO A STANDING ORDER ISSUED PURSUANT TO SECTION 36-2266 AND according to protocols adopted by the board, naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for use according to the protocols specified by board rule to a person who is at risk of experiencing an opioid-related overdose or to a family member or community member who is in a position to assist that person.

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- B. A pharmacist who dispenses naloxone hydrochloride or any other opioid antagonist pursuant to subsection A of this section shall:
 - 1. Document the dispensing consistent with board rules.
- 2. Instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable either before or after administering the opioid antagonist.
- C. This section does not affect the authority of a pharmacist to fill or refill a prescription for naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration.
- D. A pharmacist who dispenses an opioid antagonist pursuant to this section is immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the pharmacist acts with reasonable care and in good faith, except in cases of wanton or wilful neglect.
- Sec. 3. Title 36, chapter 1, Arizona Revised Statutes, is amended by adding article 6, to read:

ARTICLE 6. DRUG OVERDOSE FATALITIES

36-198. <u>Drug overdose fatality review team; members; duties</u>

- A. THE DRUG OVERDOSE FATALITY REVIEW TEAM IS ESTABLISHED IN THE DEPARTMENT OF HEALTH SERVICES. THE HEAD OF EACH OF THE FOLLOWING ENTITIES OR THAT PERSON'S DESIGNEE SHALL SERVE ON THE REVIEW TEAM:
 - 1. THE ATTORNEY GENERAL.
 - 2. THE DEPARTMENT OF HEALTH SERVICES.
 - 3. THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM.
 - 4. THE DEPARTMENT OF ECONOMIC SECURITY.
 - 5. THE GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY.
 - 6. THE ADMINISTRATIVE OFFICE OF THE COURTS.
 - 7. THE STATE DEPARTMENT OF CORRECTIONS.
 - 8. THE ARIZONA COUNCIL OF HUMAN SERVICES PROVIDERS.
 - 9. THE DEPARTMENT OF PUBLIC SAFETY.
- B. THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES SHALL APPOINT THE FOLLOWING MEMBERS TO SERVE ON THE REVIEW TEAM:
 - 1. A MEDICAL EXAMINER WHO IS A RURAL FORENSIC PATHOLOGIST.
 - 2. A MEDICAL EXAMINER WHO IS A METROPOLITAN FORENSIC PATHOLOGIST.
 - 3. A REPRESENTATIVE OF A TRIBAL GOVERNMENT.
 - 4. A PUBLIC MEMBER.
- 5. A REPRESENTATIVE OF A PROFESSIONAL EMERGENCY MANAGEMENT SYSTEM ASSOCIATION.
- 40 6. A HEALTH CARE PROFESSIONAL FROM A STATEWIDE ASSOCIATION 41 REPRESENTING NURSES.
- 7. A HEALTH CARE PROFESSIONAL FROM A STATEWIDE ASSOCIATION REPRESENTING PHYSICIANS.
 - 8. A REPRESENTATIVE OF AN ASSOCIATION OF COUNTY HEALTH OFFICERS.
 - 9. A REPRESENTATIVE OF AN ASSOCIATION REPRESENTING HOSPITALS.

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- 10. A HEALTH CARE PROFESSIONAL WHO SPECIALIZES IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF SUBSTANCE USE DISORDERS.
- 11. A COUNTY SHERIFF, OR THE SHERIFF'S DESIGNEE, WHO REPRESENTS A COUNTY WITH A POPULATION OF LESS THAN FIVE HUNDRED THOUSAND PERSONS AND A COUNTY SHERIFF, OR THE SHERIFF'S DESIGNEE, WHO REPRESENTS A COUNTY WITH A POPULATION OF MORE THAN FIVE THOUSAND PERSONS.
 - C. THE REVIEW TEAM SHALL:
 - 1. DEVELOP A DRUG OVERDOSE FATALITIES DATA COLLECTION SYSTEM.
- 2. CONDUCT AN ANNUAL ANALYSIS ON THE INCIDENCE AND CAUSES OF DRUG OVERDOSE FATALITIES IN THIS STATE DURING THE PRECEDING FISCAL YEAR.
- 3. ENCOURAGE AND ASSIST IN THE DEVELOPMENT OF LOCAL DRUG OVERDOSE FATALITY REVIEW TEAMS.
- 4. DEVELOP STANDARDS AND PROTOCOLS FOR LOCAL DRUG OVERDOSE FATALITY REVIEW TEAMS AND PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO THESE TEAMS.
- 5. DEVELOP PROTOCOLS FOR DRUG OVERDOSE INVESTIGATIONS, INCLUDING PROTOCOLS FOR LAW ENFORCEMENT AGENCIES, PROSECUTORS, MEDICAL EXAMINERS, HEALTH CARE FACILITIES AND SOCIAL SERVICE AGENCIES.
- 6. STUDY THE ADEQUACY OF STATUTES, ORDINANCES, RULES, TRAINING AND SERVICES TO DETERMINE WHAT CHANGES ARE NEEDED TO DECREASE THE INCIDENCE OF PREVENTABLE DRUG OVERDOSE FATALITIES AND, AS APPROPRIATE, TAKE STEPS TO IMPLEMENT THESE CHANGES.
- 7. EDUCATE THE PUBLIC REGARDING THE INCIDENCE AND CAUSES OF DRUG OVERDOSE FATALITIES AS WELL AS THE PUBLIC'S ROLE IN PREVENTING THESE DEATHS.
 - 8. DESIGNATE A MEMBER OF THE REVIEW TEAM TO SERVE AS CHAIRPERSON.
- D. TEAM MEMBERS ARE NOT ELIGIBLE TO RECEIVE COMPENSATION, BUT MEMBERS APPOINTED PURSUANT TO SUBSECTION B OF THIS SECTION ARE ELIGIBLE FOR REIMBURSEMENT OF EXPENSES PURSUANT TO TITLE 38, CHAPTER 4, ARTICLE 2.
- E. THE DEPARTMENT OF HEALTH SERVICES SHALL PROVIDE PROFESSIONAL AND ADMINISTRATIVE SUPPORT TO THE TEAM.

36-198.01. Access to information; confidentiality; violation; classification

- A. ON REQUEST OF THE CHAIRPERSON OF THE DRUG OVERDOSE FATALITY REVIEW TEAM OR A LOCAL TEAM AND AS NECESSARY TO CARRY OUT THE TEAM'S DUTIES, THE CHAIRPERSON SHALL BE PROVIDED, WITHIN FIVE DAYS EXCLUDING WEEKENDS AND HOLIDAYS, WITH ACCESS TO INFORMATION AND RECORDS REGARDING A DRUG OVERDOSE FATALITY THAT IS BEING REVIEWED BY THE TEAM OR REGARDING THE PERSON WHO OVERDOSED ON DRUGS. THE TEAM MAY REQUEST THE INFORMATION AND RECORDS FROM ANY OF THE FOLLOWING:
 - 1. A PROVIDER OF MEDICAL, DENTAL OR MENTAL HEALTH CARE.
- 2. THIS STATE OR A POLITICAL SUBDIVISION OF THIS STATE THAT MIGHT ASSIST THE TEAM IN REVIEWING THE FATALITY.
- B. A LAW ENFORCEMENT AGENCY, WITH THE APPROVAL OF THE PROSECUTING ATTORNEY, MAY WITHHOLD FROM A REVIEW TEAM INVESTIGATIVE RECORDS THAT MIGHT INTERFERE WITH A PENDING CRIMINAL INVESTIGATION OR PROSECUTION.

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- C. THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES OR THE DIRECTOR'S DESIGNEE MAY APPLY TO THE SUPERIOR COURT FOR A SUBPOENA AS NECESSARY TO COMPEL THE PRODUCTION OF BOOKS, RECORDS, DOCUMENTS AND OTHER EVIDENCE RELATED TO THE PERSON WHO OVERDOSED ON DRUGS. SUBPOENAS ISSUED UNDER THIS SUBSECTION SHALL BE SERVED AND, ON APPLICATION TO THE COURT BY THE DIRECTOR OR THE DIRECTOR'S DESIGNEE, ENFORCED IN THE MANNER PROVIDED BY LAW FOR THE SERVICE AND ENFORCEMENT OF SUBPOENAS. A LAW ENFORCEMENT AGENCY IS NOT REQUIRED TO PRODUCE THE INFORMATION REQUESTED UNDER THE SUBPOENA IF THE SUBPOENAED EVIDENCE RELATES TO A PENDING CRIMINAL INVESTIGATION OR PROSECUTION. ALL RECORDS SHALL BE RETURNED TO THE AGENCY OR ORGANIZATION ON COMPLETION OF THE REVIEW. THE REVIEW TEAM MAY NOT KEEP WRITTEN REPORTS OR RECORDS CONTAINING IDENTIFYING INFORMATION.
- D. ALL INFORMATION AND RECORDS ACQUIRED BY THE DRUG OVERDOSE FATALITY REVIEW TEAM OR ANY LOCAL TEAM ARE CONFIDENTIAL AND ARE NOT SUBJECT TO SUBPOENA, DISCOVERY OR INTRODUCTION INTO EVIDENCE IN ANY CIVIL OR CRIMINAL PROCEEDING, EXCEPT THAT INFORMATION, DOCUMENTS AND RECORDS THAT ARE OTHERWISE AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA, DISCOVERY OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES SOLELY BECAUSE THEY WERE PRESENTED TO OR REVIEWED BY A TEAM PURSUANT TO THIS ARTICLE.
- E. MEMBERS OF A TEAM, PERSONS ATTENDING A TEAM MEETING AND PERSONS WHO PRESENT INFORMATION TO A TEAM MAY NOT BE QUESTIONED IN ANY CIVIL OR CRIMINAL PROCEEDING REGARDING INFORMATION PRESENTED IN OR OPINIONS FORMED AS A RESULT OF A MEETING. THIS SUBSECTION DOES NOT PREVENT A PERSON FROM TESTIFYING TO INFORMATION THAT IS OBTAINED INDEPENDENTLY OF THE TEAM OR THAT IS PUBLIC INFORMATION.
- F. A MEMBER OF THE DRUG OVERDOSE FATALITY REVIEW TEAM OR A LOCAL TEAM MAY CONTACT, INTERVIEW OR OBTAIN INFORMATION BY REQUEST OR SUBPOENA FROM A FAMILY MEMBER OF A DECEASED PERSON WHO OVERDOSED ON DRUGS.
- G. MEETINGS OF THE DRUG OVERDOSE FATALITY REVIEW TEAM OR A LOCAL TEAM ARE CLOSED TO THE PUBLIC AND ARE NOT SUBJECT TO TITLE 38, CHAPTER 3, ARTICLE 3.1 IF THE TEAM IS REVIEWING INFORMATION ON AN INDIVIDUAL WHO OVERDOSED ON DRUGS. ALL OTHER TEAM MEETINGS ARE OPEN TO THE PUBLIC.
- H. A PERSON WHO VIOLATES THE CONFIDENTIALITY REQUIREMENTS OF THIS SECTION IS GUILTY OF A CLASS 2 MISDEMEANOR.
- Sec. 4. Section 36-2266, Arizona Revised Statutes, is amended to read:

36-2266. Prescribing and dispensing; immunity; definition

A. A physician who is licensed pursuant to title 32, chapter 13 or 17, a nurse practitioner licensed pursuant to title 32, chapter 15 and authorized by law to prescribe drugs or any other health professional who has prescribing authority and who is acting within the health professional's scope of practice may prescribe or dispense, directly or by a standing order, naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for use

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according to the protocol specified by the physician, nurse practitioner or other health professional to a person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization that provides services to persons who are at risk of an opioid-related overdose or to any other person who is in a position to assist a person who is at risk of experiencing an opioid-related overdose.

- B. A physician, nurse practitioner or other health professional who prescribes or dispenses naloxone hydrochloride or any other opioid antagonist pursuant to subsection A of this section shall instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable, either before or after administering the opioid antagonist.
- C. Except in cases of gross negligence, wilful misconduct or intentional wrongdoing, a physician, nurse practitioner or other health professional who in good faith prescribes or dispenses an opioid antagonist pursuant to subsection A of this section is immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the physician, nurse practitioner or other health professional acts with reasonable care and in good faith.
- D. Before prescribing an opioid antagonist pursuant to subsection A of this section, a physician, nurse practitioner or other health professional may require the person receiving the prescription, as an indicator of good faith, to provide in writing a factual basis for a reasonable conclusion that the person or entity meets the description in subsection A of this section of a person or entity who is able to receive an opioid antagonist under this section.
- $\overline{\mathsf{t}}$. D. For the purposes of this section, "person" includes an employee of a school district or charter school who is acting in the person's official capacity.

Sec. 5. <u>Delayed repeal</u>

Title 36, chapter 1, article 6, Arizona Revised Statutes, as added by this act, is repealed from and after December 31, 2022.

APPROVED BY THE GOVERNOR MAY 1, 2017.

FILED IN THE OFFICE OF THE SECRETARY OF STATE MAY 1, 2017.

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