State of Arizona House of Representatives Fifty-third Legislature Second Regular Session 2018

### **HOUSE BILL 2549**

#### AN ACT

AMENDING SECTION 32-1401, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 14; AMENDING SECTION 32-1491, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 16; AMENDING SECTIONS 32-1501 AND 32-1581, ARIZONA REVISED STATUTES; AMENDING SECTION 32-1606, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 17; AMENDING SECTION 32-1854, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 20; AMENDING SECTION 32-1871, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 21; AMENDING SECTION 32-2501, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 24; AMENDING SECTION 32-2532, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 25; AMENDING SECTION 32-3248.01, ARIZONA REVISED STATUTES, AS ADDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 29; AMENDING SECTION 36-448.02, ARIZONA REVISED STATUTES, AS ADDED BY LAWS 2018, FIRST SPECIAL SESSION, CHAPTER 1, SECTION 34; AMENDING SECTION 36-1161, ARIZONA REVISED STATUTES; RELATING TO CONTROLLED SUBSTANCES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

- j -

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

Section 1. Section 32-1401, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 14, is amended to read:

### 32-1401. Definitions

In this chapter, unless the context otherwise requires:

- 1. "Active license" means a valid and existing license to practice medicine.
- 2. "Adequate records" means legible medical records, produced by hand or electronically, containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment.
- 3. "Advisory letter" means a nondisciplinary letter to notify a licensee that either:
- (a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee.
- (b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
- (c) While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.
- 4. "Approved hospital internship, residency or clinical fellowship program" means a program at a hospital that at the time the training occurred was legally incorporated and that had a program that was approved for internship, fellowship or residency training by the accreditation council for graduate medical education, the association of American medical colleges, the royal college of physicians and surgeons of Canada or any similar body in the United States or Canada approved by the board whose function is that of approving hospitals for internship, fellowship or residency training.
- 5. "Approved school of medicine" means any school or college offering a course of study that, on successful completion, results in the degree of doctor of medicine and whose course of study has been approved or accredited by an educational or professional association, recognized by the board, including the association of American medical colleges, the association of Canadian medical colleges or the American medical association.
  - 6. "Board" means the Arizona medical board.

- 1 -

- 7. "Completed application" means that the applicant has supplied all required fees, information and correspondence requested by the board on forms and in a manner acceptable to the board.
- 8. "Direct supervision" means that a physician, physician assistant licensed pursuant to chapter 25 of this title or nurse practitioner certified pursuant to chapter 15 of this title is within the same room or office suite as the medical assistant in order to be available for consultation regarding those tasks the medical assistant performs pursuant to section 32-1456.
- 9. "Dispense" means the delivery by a doctor of medicine of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.
- 10. "Doctor of medicine" means a natural person holding a license, registration or permit to practice medicine pursuant to this chapter.
- 11. "Full-time faculty member" means a physician who is employed full time as a faculty member while holding the academic position of assistant professor or a higher position at an approved school of medicine.
- 12. "Health care institution" means any facility as defined in section 36-401, any person authorized to transact disability insurance, as defined in title 20, chapter 6, article 4 or 5, any person who is issued a certificate of authority pursuant to title 20, chapter 4, article 9 or any other partnership, association or corporation that provides health care to consumers.
- 13. "Immediate family" means the spouse, natural or adopted children, father, mother, brothers and sisters of the doctor and the natural or adopted children, father, mother, brothers and sisters of the doctor's spouse.
- 14. "Letter of reprimand" means a disciplinary letter that is issued by the board and that informs the physician that the physician's conduct violates state or federal law and may require the board to monitor the physician.
- 15. "Limit" means taking a nondisciplinary action that alters the physician's practice or professional activities if the board determines that there is evidence that the physician is or may be mentally or physically unable to safely engage in the practice of medicine.
- 16. "Medical assistant" means an unlicensed person who meets the requirements of section 32-1456, has completed an education program approved by the board, assists in a medical practice under the supervision of a doctor of medicine, physician assistant or nurse practitioner and performs delegated procedures commensurate with the assistant's education and training but does not diagnose, interpret, design or modify

- 2 -

established treatment programs or perform any functions that would violate any statute applicable to the practice of medicine.

- 17. "Medically incompetent" means a person who the board determines is incompetent based on a variety of factors, including:
- (a) A lack of sufficient medical knowledge or skills, or both, to a degree likely to endanger the health of patients.
- (b) When considered with other indications of medical incompetence, failing to obtain a scaled score of at least seventy-five percent on the written special purpose licensing examination.
  - 18. "Medical peer review" means:
- (a) The participation by a doctor of medicine in the review and evaluation of the medical management of a patient and the use of resources for patient care.
- (b) Activities relating to a health care institution's decision to grant or continue privileges to practice at that institution.
- 19. "Medicine" means allopathic medicine as practiced by the recipient of a degree of doctor of medicine.
- 20. "Office based surgery" means a medical procedure conducted in a physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center.
- 21. "Physician" means a doctor of medicine who is licensed pursuant to this chapter.
- 22. "Practice of medicine" means the diagnosis, the treatment or the correction of or the attempt or the claim to be able to diagnose, treat or correct any and all human diseases, injuries, ailments, infirmities or deformities, physical or mental, real or imaginary, by any means, methods, devices or instrumentalities, except as the same may be among the acts or persons not affected by this chapter. The practice of medicine includes the practice of medicine alone or the practice of surgery alone, or both.
- 23. "Restrict" means taking a disciplinary action that alters the physician's practice or professional activities if the board determines that there is evidence that the physician is or may be medically incompetent or guilty of unprofessional conduct.
- 24. "Special purpose licensing examination" means an examination that is developed by the national board of medical examiners on behalf of the federation of state medical boards for use by state licensing boards to test the basic medical competence of physicians who are applying for licensure and who have been in practice for a considerable period of time in another jurisdiction and to determine the competence of a physician who is under investigation by a state licensing board.
- 25. "Teaching hospital's accredited graduate medical education program" means that the hospital is incorporated and has an internship, fellowship or residency training program that is accredited by the accreditation council for graduate medical education, the American medical

- 3 -

association, the association of American medical colleges, the royal college of physicians and surgeons of Canada or a similar body in the United States or Canada that is approved by the board and whose function is that of approving hospitals for internship, fellowship or residency training.

- 26. "Teaching license" means a valid license to practice medicine as a full-time faculty member of an approved school of medicine or a teaching hospital's accredited graduate medical education program.
- 27. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:
- (a) Violating any federal or state laws, rules or regulations applicable to the practice of medicine.
- (b) Intentionally disclosing a professional secret or intentionally disclosing a privileged communication except as either act may otherwise be required by law.
- (c) Committing false, fraudulent, deceptive or misleading advertising by a doctor of medicine or the doctor's staff, employer or representative.
- (d) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by any court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
  - (e) Failing or refusing to maintain adequate records on a patient.
- (f) Exhibiting a pattern of using or being under the influence of alcohol or drugs or a similar substance while practicing medicine or to the extent that judgment may be impaired and the practice of medicine detrimentally affected.
- (g) Using controlled substances except if prescribed by another physician for use during a prescribed course of treatment.
- (h) Prescribing or dispensing controlled substances to members of the physician's immediate family.
- (i) Prescribing, dispensing or administering schedule II controlled substances as defined in section 36-2513, including amphetamines and similar schedule II sympathomimetic drugs in the treatment of exogenous obesity for a period in excess of thirty days in any one year, or the nontherapeutic use of injectable amphetamines.
- (j) Prescribing, dispensing or administering any controlled substance or prescription-only drug for other than accepted therapeutic purposes.
- (k) Dispensing a schedule II controlled substance that is an opioid, EXCEPT AS PROVIDED IN SECTION 32-1491.
  - (1) Signing a blank, undated or predated prescription form.
- (m) Committing conduct that the board determines is gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.

- 4 -

- (n) Representing that a manifestly incurable disease or infirmity can be permanently cured, or that any disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if this is not true.
- (o) Refusing to divulge to the board on demand the means, method, procedure, modality of treatment or medicine used in the treatment of a disease, injury, ailment or infirmity.
- (p) Having action taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine or the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.
- (q) Having sanctions imposed by an agency of the federal government, including restricting, suspending, limiting or removing a person from the practice of medicine or restricting that person's ability to obtain financial remuneration.
- (r) Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.
- (s) Violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.
- (t) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision of this chapter.
- (u) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or if applying for privileges or renewing an application for privileges at a health care institution.
- (v) Charging a fee for services not rendered or dividing a professional fee for patient referrals among health care providers or health care institutions or between these providers and institutions or a contractual arrangement that has the same effect. This subdivision does not apply to payments from a medical researcher to a physician in connection with identifying and monitoring patients for a clinical trial regulated by the United States food and drug administration.
  - (w) Obtaining a fee by fraud, deceit or misrepresentation.
- (x) Charging or collecting a clearly excessive fee. In determining whether a fee is clearly excessive, the board shall consider the fee or range of fees customarily charged in this state for similar services in light of modifying factors such as the time required, the complexity of

- 5 -

 the service and the skill requisite to perform the service properly. This subdivision does not apply if there is a clear written contract for a fixed fee between the physician and the patient that has been entered into before the provision of the service.

- (y) Committing conduct that is in violation of section 36-2302.
- (z) 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.
- (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.
- (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.
- (cc) Representing or claiming to be a medical specialist if this is not true.
- (dd) Maintaining a professional connection with or lending one's name to enhance or continue the activities of an illegal practitioner of medicine.
- (ee) Failing to furnish information in a timely manner to the board or the board's investigators or representatives if legally requested by
- (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.
- (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

- 6 -

 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.

- (hh) Using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy, with the exception of treatment of heavy metal poisoning, without:
  - (i) Adequate informed patient consent.
- (ii) Conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee.
- (iii) Approval by the United States food and drug administration or its successor agency.
- (ii) Prescribing, dispensing or administering anabolic-androgenic steroids to a person for other than therapeutic purposes.
- (jj) Exhibiting a lack of or inappropriate direction, collaboration or direct supervision of a medical assistant or a licensed, certified or registered health care provider employed by, supervised by or assigned to the physician.
- (kk) Knowingly making a false or misleading statement to the board or on a form required by the board or in a written correspondence, including attachments, with the board.
- (11) Failing to dispense drugs and devices in compliance with article 6 of this chapter.
- (mm) Committing conduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.
- (nn) Making a representation by a doctor of medicine or the doctor's staff, employer or representative that the doctor is boarded or board certified if this is not true or the standing is not current or without supplying the full name of the specific agency, organization or entity granting this standing.
- (oo) Refusing to submit to a body fluid examination or any other examination known to detect the presence of alcohol or other drugs as required by the board pursuant to section 32-1452 or pursuant to a board investigation into a doctor of medicine's alleged substance abuse.
- (pp) Failing to report in writing to the Arizona medical board or the Arizona regulatory board of physician assistants any evidence that a doctor of medicine or a physician assistant is or may be medically incompetent, guilty of unprofessional conduct or mentally or physically unable to safely practice medicine or to perform as a physician assistant.
- (qq) As a physician who is the chief executive officer, the medical director or the medical chief of staff of a health care institution, failing to report in writing to the board that the hospital privileges of a doctor of medicine have been denied, revoked, suspended, supervised or limited because of actions by the doctor that appear to show that the

- 7 -

doctor is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be unable to engage safely in the practice of medicine.

- (rr) Claiming to be a current member of the board or its staff or a board medical consultant if this is not true.
- (ss) Failing to make patient medical records in the physician's possession promptly available to a physician assistant, a nurse practitioner, a person licensed pursuant to this chapter or a podiatrist, chiropractor, naturopathic physician, osteopathic physician or homeopathic physician licensed under chapter 7, 8, 14, 17 or 29 of this title on receipt of proper authorization to do so from the patient, a minor patient's parent, the patient's legal guardian or the patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.
- (tt) 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 or mental health status examination of that person or has previously established a doctor-patient relationship. The physical or mental health status examination may be conducted during a real-time telemedicine encounter with audio and video capability, unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This subdivision does not apply to:
- (i) A physician who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.
  - (ii) Emergency medical situations as defined in section 41-1831.
- (iii) Prescriptions written to prepare a patient for a medical examination.
- (iv) Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs or emergency treatment or in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism. For the purposes of this item, "bioterrorism" has the same meaning prescribed in section 36-781.
- (v) Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.
- (vi) Prescriptions written or prescription medications issued for administration of immunizations or vaccines listed in the United States centers for disease control and prevention's recommended immunization schedule to a household member of a patient.

- 8 -

- (vii) Prescriptions for epinephrine auto-injectors written or dispensed for a school district or charter school to be stocked for emergency use pursuant to section 15-157 or for an authorized entity to be stocked pursuant to section 36-2226.01.
- (viii) Prescriptions written by a licensee through a telemedicine program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.
- (ix) Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that are written or dispensed for use pursuant to section 36-2228 or 36-2266.
- (uu) Performing office based surgery using sedation in violation of board rules.
- $(\nu\nu)$  Practicing medicine under a false or assumed name in this state.
- Sec. 2. Section 32-1491, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 16, is amended to read:

## 32-1491. <u>Dispensing of drugs and devices: exception: civil</u> penalty; conditions; definition

- A. Except as provided in subsection B of this section, a doctor of medicine may dispense drugs and devices kept by the doctor if:
- 1. All drugs are dispensed in packages labeled with the following information:
  - (a) The dispensing doctor's name, address and telephone number.
  - (b) The date the drug is dispensed.
  - (c) The patient's name.
- (d) The name and strength of the drug, directions for its use and any cautionary statements.
- 2. The dispensing doctor enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.
- 3. The dispensing doctor keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.
- 4. The doctor registers with the board to dispense drugs and devices and pays the registration fee prescribed by section 32-1436.
- B. A doctor of medicine may not dispense a schedule II controlled substance that is an opioid, except for AN IMPLANTABLE DEVICE OR an opioid that is for medication-assisted treatment for substance use disorders.
- C. Except in an emergency situation, a doctor 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.

- 9 -

- D. Before a physician dispenses a drug pursuant to this section, the physician shall give the patient a prescription and inform the patient that the prescription may be filled by the prescribing physician or by a pharmacy of the patient's choice.
- E. A doctor shall dispense only to the doctor's own patient and only for conditions being treated by that doctor. The doctor shall provide direct supervision of a medical assistant, nurse or attendant involved in the dispensing process. For the purposes of this subsection, "direct supervision" means that a doctor is present and makes the determination as to the legitimacy or the advisability of the drugs or devices to be dispensed.
- F. This section shall be enforced by the board, which shall establish rules regarding labeling, recordkeeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic reviews of dispensing practices to ensure compliance with this section and applicable rules.
- G. For the purposes of this section, "dispense" means the delivery by a doctor of medicine of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.
- Sec. 3. Section 32-1501, Arizona Revised Statutes, is amended to read:

### 32-1501. Definitions

In this chapter, unless the context otherwise requires:

- 1. "Accepted therapeutic purpose" means treatment of a disease, injury, ailment or infirmity that is competent and generally recognized as safe and effective.
- 2. "Active license" means a current valid license to practice naturopathic medicine.
- 3. "Adequate medical records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, describe the treatment, accurately document the results, indicate advice and cautionary warning provided to the patient and provide sufficient information for a similarly qualified practitioner to assume continuity of the patient's care at any point in the course of treatment.
- 4. "Approved clinical training program" or "clinical training program" means a program for naturopathic medical students in which the training occurred or is being conducted by or in conjunction with an approved school of naturopathic medicine.
- 5. "Approved internship program" or "internship" means that the program in which the training occurred or is being conducted has been approved for internship training for physicians or for graduates of a

- 10 -

 school of naturopathic medicine by the board or was approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.

- 6. "Approved postdoctoral training" or "postdoctoral training" means that the program in which the training occurred or is being conducted has been approved for specialty training or for graduate medical education in naturopathic medicine by the board or approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.
- 7. "Approved preceptorship program" or "preceptorship" means that the program in which the training occurred or is being conducted has been approved for preceptorship training for physicians or for graduates of a school of naturopathic medicine by the board or was approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.
- 8. "Approved school of naturopathic medicine" or "school of naturopathic medicine" means a school or college determined by the board to have an educational program that meets standards prescribed by the council on naturopathic medical education, or its successor agency, and that offers a course of study that, on successful completion, results in the awarding of the degree of doctor of naturopathic medicine and whose course of study is either of the following:
- (a) Accredited or a candidate for accreditation by an accrediting agency recognized by the United States secretary of education as a specialized accrediting agency for schools of naturopathic medicine or its successor.
- (b) Accredited or a candidate for accreditation by an accrediting agency recognized by the council for higher education accreditation or its successor.
  - 9. "Board" means the naturopathic physicians medical board.
- 10. "Chelation therapy" means an experimental medical therapy to restore cellular homeostasis through the use of intravenous, metal-binding and bioinorganic agents such as ethylene diamine tetraacetic acid. Chelation therapy does not include experimental therapy used to treat heavy metal poisoning.
- 11. "Completed application" means that the applicant paid the required fees and supplied all documents and information as requested by the board and in a manner acceptable to the board.
- 12. "Controlled substance" means a drug, substance or immediate precursor in schedules I through V of title 36, chapter 27, article 2.
- 13. "Direct supervision" means that a physician who is licensed pursuant to this chapter or chapter 13, 17 or 29 of this title:
- (a) Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.

- 11 -

- (b) Has designated a person licensed pursuant to this chapter or chapter 13, 17 or 29 of this title to provide direct supervision in the physician's absence.
- 14. "Doctor of naturopathic medicine" or "doctor" means a natural person  $\mbox{WHO}$  IS licensed to practice naturopathic medicine under this chapter.
- 15. "Drug" has the same meaning prescribed in section 32-1901 but does not include:
  - (a) Intravenous administration of legend drugs, except for:
- (i) Vitamins, chelation therapy and drugs used in emergency resuscitation and stabilization.
  - (ii) Minerals.
- (iii) Nutrients. For the purposes of this item, "nutrient" means a substance that provides nourishment for growth or metabolism and that is manufactured and supplied for intravenous use by a manufacturer registered with the United States food and drug administration or compounded by a pharmacy licensed by the ARIZONA state board of pharmacy.
- (b) Controlled substances listed as schedule I or II controlled substances as defined in the federal controlled substances act of 1970 (21 United States Code section 802), except morphine, any drug that is reclassified from schedule III to schedule II after January 1, 2014 and any homeopathic preparations that are also controlled substances.
  - (c) Cancer chemotherapeutics classified as legend drugs.
  - (d) Antipsychotics.
- 16. "General supervision" means that the physician is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.
- 17. "Legend drug" means any drug THAT IS defined by section 503(b) of the federal food, drug, and cosmetic act and under which definition its label is required to bear the statement "Rx only".
- 18. "Letter of concern" means a nondisciplinary advisory letter that is issued by the board to a person who is regulated under this chapter and that states that while there is insufficient evidence to support disciplinary action the board believes that the person should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the board may result in action against the person's license, certificate or registration.
- 19. "Letter of reprimand" means a disciplinary letter that is issued by the board and that informs a person who is regulated under this chapter that the person's conduct violates state or federal law but does not require the board to restrict the person's license, certificate or registration because the person's conduct did not result in harm to a patient or to the public.
- 20. "Limit" means taking a nondisciplinary action that alters the physician's practice or professional activities if the board determines

- 12 -

 that there is evidence that the physician is or may be mentally or physically unable to safely engage in the practice of medicine.

- 21. "Medical assistant" or "naturopathic medical assistant" means a person who is certified by the board as a medical assistant, who assists a doctor of naturopathic medicine and who may perform delegated procedures that are commensurate with the assistant's education and training under the direct supervision of a doctor of naturopathic medicine and that do not include diagnosing, designing or modifying established treatment programs or those procedures prohibited by the board or by this chapter.
- 22. "Medically incompetent" means a person who is licensed, certified or registered pursuant to this chapter and who lacks sufficient naturopathic medical knowledge or skills, or both, to a degree that is likely to endanger the health of patients.
- 23. "Natural substance" means a homeopathic, botanical, nutritional or other supplement that does not require a prescription pursuant to federal law before it is prescribed, dispensed or otherwise furnished to a patient and that is prescribed by a physician WHO IS licensed pursuant to this chapter to enhance health, prevent disease or treat a medical condition diagnosed by the physician.
- 24. "Naturopathic medical student" means a person who is enrolled in a course of study at an approved school of naturopathic medicine.
- 25. "Naturopathic medicine" means medicine as taught in approved schools of naturopathic medicine and in clinical, internship, preceptorship and postdoctoral training programs approved by the board and practiced by a recipient of a degree of doctor of naturopathic medicine licensed pursuant to this chapter.
- 26. "Nurse" means a person WHO IS licensed pursuant to chapter 15 of this title.
- 27. "Physician" means a doctor of naturopathic medicine WHO IS licensed pursuant to this chapter.
- 28. "Practice of naturopathic medicine" means a medical system of diagnosing and treating diseases, injuries, ailments, infirmities and other conditions of the human mind and body, including by natural means, drugless methods, drugs, nonsurgical methods, devices, physical, electrical, hygienic and sanitary measures and all forms of physical agents and modalities.
- 29. "Restrict" means taking a disciplinary action that alters the physician's practice or professional activities if the board determines that there is evidence that the physician is or may be medically incompetent or guilty of unprofessional conduct.
- 30. "Specialist" means a physician who has successfully completed approved postdoctoral training, who is certified by a specialty board of examiners recognized by the board and who is certified by the board to practice the specialty pursuant to this chapter.

- 13 -

- 31. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:
- (a) Intentionally disclosing a professional secret or intentionally disclosing a privileged communication except as either of these may otherwise be required by law.
- (b) ENGAGING IN any dishonorable conduct reflecting unfavorably on the profession.
- (c) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case conviction by any court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission of the felony or misdemeanor.
- (d) Habitual intemperance in the use of alcohol or any substance abuse.
- (e) ENGAGING IN the illegal use of any narcotic or hypnotic drugs, or illegal substances.
- (f) ENGAGING IN conduct that the board determines is gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
- (g) Impersonating another doctor of naturopathic medicine or any other practitioner of the healing arts.
- (h) Falsely acting or assuming to act as a member, an employee or an authorized agent of the board.
- (i) Procuring or attempting to procure a license or a certificate pursuant to this chapter by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or agency.
- (j) Having professional connection with or lending one's name to enhance or continue the activities of an illegal physician or an illegal practitioner of any healing art.
- (k) Representing that a manifestly incurable disease, injury, ailment or infirmity can be permanently cured, or falsely or fraudulently representing that a curable disease, injury, ailment or infirmity can be cured within a stated time.
- (1) Offering, undertaking or agreeing to cure or treat a disease, injury, ailment or infirmity by a secret means, method, treatment, medicine, substance, device or instrumentality.
- (m) Refusing to divulge to the board on demand the means, method, treatment, medicine, substance, device or instrumentality used in the treatment of a disease, injury, ailment or infirmity.
- (n) Giving or receiving, or aiding or abetting the giving or receiving of, rebates, either directly or indirectly.
- (o) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of naturopathic medicine or any naturopathic treatment method.
- (p) ENGAGING IN immorality or misconduct that tends to discredit the naturopathic profession.

- 14 -

- (q) Refusal, revocation or suspension of HAVING a license REFUSED, REVOKED OR SUSPENDED by any other state, district or territory of the United States or any other country, unless it can be shown that this action was not due to reasons that relate to the ability to safely and skillfully practice as a doctor of naturopathic medicine or to any act of unprofessional conduct in this paragraph.
- (r) ENGAGING IN any conduct or practice that is contrary to recognized standards of ethics of the naturopathic profession, any conduct or practice that does or might constitute a danger to the health, welfare or safety of the patient or the public, or any conduct, practice or condition that does or might impair the ability to safely and skillfully practice as a doctor of naturopathic medicine.
- (s) Failure FAILING to observe any federal, state, county or municipal law relating to public health as a physician in this state.
- (t) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate this chapter or board rules.
- (u) COMMITTING false, fraudulent, deceptive or misleading advertising or advertising the quality of a medical or health care service by a physician or by the physician's staff, employer or representative.
- (v) Failing or refusing to maintain adequate medical records on a patient or failing or refusing to make medical records in the physician's possession promptly available to another physician or health care provider who is licensed pursuant to chapter 7, 8, 13, 15, 17 or 29 of this title on request and receipt of proper authorization to do so from the patient, a minor patient's parent, the patient's legal guardian or the patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.
- (w) Referring a patient to a diagnostic or treatment facility or prescribing goods and services without disclosing in writing to the patient that the physician has a pecuniary interest in the facility, goods or services to which the patient is referred or prescribed. This subdivision does not apply to a referral by one physician or practitioner to another physician or practitioner within a group of physicians or practitioners practicing together.
- (x)  ${\sf ENGAGING}$  IN sexual intimacies with a patient in the course of direct treatment.
- (y) Failing to dispense drugs and devices in compliance with article 4 of this chapter.
- (z) Administering, dispensing or prescribing any drug or a device for other than an accepted therapeutic purpose.
- (aa) Falsely representing or holding oneself out as being a specialist or representation by a doctor of naturopathic medicine or the doctor's staff, employer or representative that the doctor is boarded or board certified if this is not true or that standing is not current.

- 15 -

- (bb) Delegating professional duties and responsibilities to a person if the person has not been approved or qualified by licensure or by certification to perform these duties or responsibilities.
- (cc) Failing to appropriately supervise a naturopathic medical student, a nurse, a medical assistant, a health care provider or a technician WHO IS employed by or assigned to the physician during the performance of delegated professional duties and responsibilities.
- (dd) Using experimental forms of diagnosis or treatment without adequate informed consent of the patient or the patient's legal guardian and without conforming to experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee as approved by the federal UNITED STATES food and drug administration or its successor agency.
- (ee) Failing to furnish information in a timely manner to the board or investigators or representatives of the board if this information is legally requested by the board and 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) Failing to report in writing to the board evidence that a person WHO IS licensed, certified or registered pursuant to this chapter is or may be medically incompetent, guilty of unprofessional conduct or mentally or physically unable to safely practice or assist in the practice of naturopathic medicine.
- (gg) Conducting or engaging in an internship, preceptorship or clinical training program in naturopathic medicine without being approved and registered by the board for that internship, preceptorship or clinical training program.
  - (hh) Signing a blank, undated or predated prescription form.
- (ii) ENGAGING IN conduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm or death to a patient.
- (jj) Knowingly making a false or misleading statement in oral testimony to the board on a form required by the board or in written correspondence to the board, including attachments to that correspondence.
- (kk) The failure of a physician who is the chief medical officer, the executive officer or the chief of staff of an internship, a preceptorship or a clinical training program to report in writing to the board that the privileges of a doctor of naturopathic medicine, a naturopathic medical student or a medical assistant have been denied, limited, revoked or suspended because that doctor's, student's or assistant's actions appear to indicate that the person is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be unable to safely engage or assist in the practice of naturopathic medicine.

- 16 -

- (11) HAVING action taken against a doctor of naturopathic medicine by a licensing or regulatory board in another jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of naturopathic medicine or the doctor's medical incompetence or for unprofessional conduct as defined by that licensing or regulatory board and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license, otherwise limiting, restricting or monitoring a licensee or placing a licensee on probation by that licensing or regulatory board.
- (mm) HAVING sanctions imposed by an agency of the federal government, including restricting, suspending, limiting or removing a person from the practice of naturopathic medicine or restricting that person's ability to obtain financial remuneration.
- (nn) Violating any formal order, probation, consent agreement or stipulation issued or entered into by the board pursuant to this chapter.
- (oo) Refusing to submit to a body fluid examination pursuant to a board investigation of alleged substance abuse by a doctor of naturopathic medicine.
- (pp) Charging a fee for services not rendered or dividing a professional fee for patient referrals among health care providers or health care institutions or between these providers and institutions or a contractual arrangement that has this effect.
  - (qq) Obtaining a fee by fraud, deceit or misrepresentation.
- (rr) Charging or collecting a clearly excessive fee. In determining if WHETHER a fee is clearly excessive, the board shall consider the fee or range of fees customarily charged in this state for similar services, in light of modifying factors such as the time required, the complexity of the service and the skill required to perform the service properly. This subdivision does not apply if there is a clear written contract for a fixed fee between the physician and the patient that was entered into before the service was provided.
- (ss) 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 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.
- (tt) Using a controlled substance unless it is prescribed by another physician for use during a prescribed course of treatment.
- (uu) Prescribing, dispensing or administering anabolic androgenic steroids for other than therapeutic purposes.
- $(\nu\nu)$  Except in an emergency or urgent care situation, prescribing or dispensing a controlled substance to a member of the naturopathic physician's immediate family.

- 17 -

- (ww) 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 doctor-patient relationship. The physical examination may be conducted during a real-time telemedicine encounter with audio and video capability unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This subdivision does not apply to:
- (i) A licensee who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional.
  - (ii) An emergency medical situation as defined in section 41-1831.
- (iii) Prescriptions written to prepare a patient for a medical examination.
- (iv) Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs or emergency treatment or in response to an infectious disease investigation, a public health emergency, an infectious disease outbreak or an act of bioterrorism. For the purposes of this item, "bioterrorism" has the same meaning prescribed in section 36-781.
- (v) Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.
- (vi) Prescriptions written by a licensee through a telemedicine program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.
- (xx) If medical treatment is considered experimental or investigational, failing to include in a patient's record a consent to treatment document that is signed by the patient or the patient's parent or legal guardian and that indicates that the patient or the patient's parent or legal guardian has been informed of the risk of any treatment to be provided and the expected cost of that treatment.
- (yy) When issuing a written certification as defined in section 36-2801, failing or refusing to include in the adequate medical records of a patient a copy of all of the following:
- (i) The medical records relied on by the physician to support the diagnosis or confirmed diagnosis of the patient's debilitating medical condition.
  - (ii) The written certification.
- (iii) The patient's profile on the Arizona board of pharmacy controlled substances prescription monitoring program database.
- (zz) DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID.

- 18 -

Sec. 4. Section 32-1581, Arizona Revised Statutes, is amended to read:

32-1581. <u>Dispensing of natural substances, drugs and devices;</u>
conditions; civil penalty: dispensing minerals;
rules; definitions

- A. A doctor of naturopathic medicine may dispense a natural substance, A drug, EXCEPT A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID, or A device to a patient for a condition THAT IS being diagnosed or treated by the doctor if:
- 1. The doctor is certified to dispense by the board and the certificate has not been suspended or revoked by the board.
- 2. The natural substance, drug or device is dispensed and properly labeled with the following dispenser information:
- (a) The dispensing doctor's name, address and telephone number and a prescription number or other method of identifying the prescription.
  - (b) The date the natural substance, drug or device is dispensed.
  - (c) The patient's name.
- (d) The name and strength of the natural substance, drug or device, directions for proper and appropriate use and any cautionary statements for the natural substance, drug or device. If a generic drug is dispensed, the manufacturer's name must be included.
- 3. The dispensing doctor enters into the patient's medical record the name and strength of the natural substance, drug or device dispensed, the date the natural substance, drug or device is dispensed and the therapeutic reason.
- 4. The dispensing doctor keeps all prescription-only drugs, controlled substances and prescription-only devices in a secured cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.
- B. Except in an emergency, a doctor of naturopathic medicine who dispenses a natural substance, drug or device without being certified to dispense by the board 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 may be prohibited from further dispensing for a period of time as determined by the board.
- C. Before dispensing a natural substance, drug or device pursuant to this section, the treating doctor shall give the patient or the patient's legal guardian a written prescription and must inform the patient or the patient's legal guardian that the prescription may be filled by the prescribing doctor or the pharmacy of the patient's choice. If the patient chooses to have the medication dispensed by the doctor, the doctor must retrieve the written prescription and place it in a prescription file kept by the doctor.
- D. A doctor of naturopathic medicine shall provide direct supervision of a nurse or attendant involved in the dispensing process.

- 19 -

For the purposes of this subsection, "direct supervision" means that a doctor of naturopathic medicine is present and makes the determination as to the necessary use or the advisability of the natural substance, drug or device to be dispensed.

- E. The board shall enforce this section. The board shall adopt rules regarding the dispensing of a natural substance, drug or device, including the labeling, record keeping RECORDKEEPING, storage and packaging of natural substances, 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. This section does not prevent a licensed practical or professional nurse employed by a doctor of naturopathic medicine from assisting in the delivery of natural substances, drugs and devices in accordance with this chapter.
- G. Before prescribing or dispensing a mineral to a patient, the treating physician shall perform necessary clinical examinations and laboratory tests to prevent toxicity due to the excessive intake of magnesium, calcium and other minerals. The board shall adopt rules necessary for the safe administration of minerals. These rules shall require prior certification of a physician who prescribes or dispenses minerals to a patient.
  - H. For the purposes of this section:
- 1. "Device" means an appliance, apparatus or instrument THAT IS administered or dispensed to a patient by a doctor of naturopathic medicine.
- 2. "Dispense" means the delivery by a doctor of naturopathic medicine of a natural substance, drug or device to a patient and only for a condition being diagnosed or treated by that doctor, except for free samples packaged for individual use by licensed manufacturers or repackagers, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the natural substance, drug or device for delivery to the treating doctor's own patient.
- Sec. 5. Section 32-1606, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 17, is amended to read:

### 32-1606. Powers and duties of board

- A. The board may:
- 1. Adopt and revise rules necessary to carry into effect this chapter.
- 2. Publish advisory opinions regarding registered and practical nursing practice and nursing education.

- 20 -

- 3. Issue limited licenses or certificates if it determines that an applicant or licensee cannot function safely in a specific setting or within the full scope of practice.
- 4. Refer criminal violations of this chapter to the appropriate law enforcement agency.
- 5. Establish a confidential program for the monitoring of licensees who are chemically dependent and who enroll in rehabilitation programs that meet the criteria established by the board. The board may take further action if the licensee refuses to enter into a stipulated agreement or fails to comply with its terms. In order to protect the public health and safety, the confidentiality requirements of this paragraph do not apply if the licensee does not comply with the stipulated agreement.
- 6. On the applicant's or regulated party's request, establish a payment schedule with the applicant or regulated party.
  - 7. Provide education regarding board functions.
  - 8. Collect or assist in the collection of workforce data.
- 9. Adopt rules for conducting pilot programs consistent with public safety for innovative applications in nursing practice, education and regulation.
- 10. Grant retirement status on request to retired nurses who are or were licensed under this chapter, who have no open complaint or investigation pending against them and who are not subject to discipline.
- 11. Accept and spend federal monies and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These monies do not revert to the state general fund at the end of the fiscal year.
  - B. The board shall:
- 1. Approve regulated training and educational programs that meet the requirements of this chapter and rules adopted by the board.
- 2. By rule, establish approval and reapproval processes for nursing and nursing assistant training programs that meet the requirements of this chapter and board rules.
- 3. Prepare and maintain a list of approved nursing programs for the preparation of registered and practical nurses whose graduates are eligible for licensing under this chapter as registered nurses or as practical nurses if they satisfy the other requirements of this chapter and board rules.
  - 4. Examine qualified registered and practical nurse applicants.
- 5. License and renew the licenses of qualified registered and practical nurse applicants and licensed nursing assistants who are not qualified to be licensed by the executive director.
  - 6. Adopt a seal, which the executive director shall keep.
  - 7. Keep a record of all proceedings.

- 21 -

- 8. For proper cause, deny or rescind approval of a regulated training or educational program for failure to comply with this chapter or the rules of the board.
- 9. Adopt rules for the approval of credential evaluation services that evaluate the qualifications of applicants who graduated from an international nursing program.
- 10. Determine and administer appropriate disciplinary action against all regulated parties who are found guilty of violating this chapter or rules adopted by the board.
- 11. Perform functions necessary to carry out the requirements of nursing assistant and nurse aide training and competency evaluation program as set forth in the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall include:
  - (a) Testing and registration of certified nursing assistants.
  - (b) Testing and licensing of licensed nursing assistants.
  - (c) Maintaining a list of board-approved training programs.
- (d) Maintaining a registry of nursing assistants for all certified nursing assistants and licensed nursing assistants.
  - (e) Assessing fees.
- 12. Adopt rules establishing those acts that may be performed by a registered nurse practitioner or certified nurse midwife, except that the board does not have authority to decide scope of practice relating to abortion as defined in section 36-2151.
- 13. Adopt rules that prohibit registered nurse practitioners or certified nurse midwives from dispensing a schedule II controlled substance that is an opioid, except for AN IMPLANTABLE DEVICE OR an opioid that is for medication-assisted treatment for substance use disorders.
- 14. Adopt rules establishing educational requirements for the certification of school nurses.
- 15. Publish copies of board rules and distribute these copies on request.
- 16. Require each applicant for initial licensure or certification to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.
- 17. Except for a licensee who has been convicted of a felony that has been designated a misdemeanor pursuant to section 13-604, revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to section 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions three

- 22 -

 or more years before the date of filing an application pursuant to this chapter.

- 18. Establish standards for approving and reapproving nurse practitioner and clinical nurse specialist programs and provide for surveys of nurse practitioner and clinical nurse specialist programs as it deems necessary.
- 19. Provide the licensing authorities of health care institutions, facilities and homes any information the board receives regarding practices that place a patient's health at risk.
- 20. Limit the multistate licensure privilege of any person who holds or applies for a license in this state pursuant to section 32-1668.
- 21. Adopt rules to establish competency standards for obtaining and maintaining a license.
- 22. Adopt rules for the qualification and certification of clinical nurse specialists.
- 23. Adopt rules for approval and reapproval of refresher courses for nurses who are not currently practicing.
- 24. Maintain a list of approved medication assistant training programs.
  - 25. Test and certify medication assistants.
- 26. Maintain a registry and disciplinary record of medication assistants who are certified pursuant to this chapter.
- C. The board may conduct an investigation on receipt of information that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter. Following the investigation, the board may take disciplinary action pursuant to this chapter.
- D. The board may limit, revoke or suspend the privilege of a nurse to practice in this state granted pursuant to section 32-1668.
- E. Failure to comply with any final order of the board, including an order of censure or probation, is cause for suspension or revocation of a license or a certificate.
- F. The president or a member of the board designated by the president may administer oaths in transacting the business of the board.
- Sec. 6. Section 32-1854, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 20, is amended to read:

### 32-1854. <u>Definition of unprofessional conduct</u>

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

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

- 23 -

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

- 2. Committing a felony or a misdemeanor involving moral turpitude. In either case conviction by any court of competent jurisdiction is conclusive evidence of the commission of the offense.
- 3. Practicing medicine while under the influence of alcohol, a dangerous drug as defined in section 13-3401, narcotic or hypnotic drugs or any substance that impairs or may impair the licensee's ability to safely and skillfully practice medicine.
- 4. Being diagnosed by a physician licensed under this chapter or chapter 13 of this title or a psychologist licensed under chapter 19.1 of this title as excessively or illegally using alcohol or a controlled substance.
- 5. Prescribing, dispensing or administering controlled substances or prescription-only drugs for other than accepted therapeutic purposes.
- 6. Engaging in the practice of medicine in a manner that harms or may harm a patient or that the board determines falls below the community standard.
  - 7. Impersonating another physician.
- 8. Acting or assuming to act as a member of the board if this is not true.
- 9. Procuring, renewing or attempting to procure or renew a license to practice osteopathic medicine by fraud or misrepresentation.
- 10. Having professional connection with or lending one's name to an illegal practitioner of osteopathic medicine or any of the other healing arts
- 11. Representing that a manifestly incurable disease, injury, ailment or infirmity can be permanently cured or that a curable disease, injury, ailment or infirmity can be cured within a stated time, if this is not true.
- 12. Failing to reasonably disclose and inform the patient or the patient's representative of the method, device or instrumentality the licensee uses to treat the patient's disease, injury, ailment or infirmity.
- 13. Refusing to divulge to the board on demand the means, method, device or instrumentality used in the treatment of a disease, injury, ailment or infirmity.
- 14. Charging a fee for services not rendered or dividing a professional fee for patient referrals. This paragraph does not apply to payments from a medical researcher to a physician in connection with identifying and monitoring patients for clinical trial regulated by the United States food and drug administration.

- 24 -

- 15. Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or when applying for or renewing privileges at a health care institution or a health care program.
  - 16. Advertising in a false, deceptive or misleading manner.
- 17. Representing or claiming to be an osteopathic medical specialist if the physician has not satisfied the applicable requirements of this chapter or board rules.
- 18. Having a license denied or disciplinary action taken against a license by any other state, territory, district or country, unless it can be shown that this occurred for reasons that did not relate to the person's ability to safely and skillfully practice osteopathic medicine or to any act of unprofessional conduct as provided in this section.
- 19. Committing any conduct or practice contrary to recognized standards of ethics of the osteopathic medical profession.
- 20. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any of the provisions of this chapter.
- 21. Failing or refusing to establish and maintain adequate records on a patient as follows:
- (a) If the patient is an adult, for at least six years after the last date the licensee provided the patient with medical or health care services.
- (b) If the patient is a child, either for at least three years after the child's eighteenth birthday or for at least six years after the last date the licensee provided that patient with medical or health care services, whichever date occurs later.
- 22. Using controlled substances or prescription-only drugs unless they are provided by a medical practitioner, as defined in section 32-1901, as part of a lawful course of treatment.
- 23. Prescribing controlled substances to members of one's immediate family unless there is no other physician available within fifty miles to treat a member of the family and an emergency exists.
  - 24. Committing nontherapeutic use of injectable amphetamines.
- 25. Violating a formal order, probation or a stipulation issued by the board under this chapter.
- 26. Charging or collecting an inappropriate fee. This paragraph does not apply to a fee that is fixed in a written contract between the physician and the patient and entered into before treatment begins.
- 27. Using experimental forms of therapy without adequate informed patient consent or without conforming to generally accepted criteria and complying with federal and state statutes and regulations governing experimental therapies.
- 28. Failing to make patient medical records in the physician's possession promptly available to a physician assistant, a nurse practitioner, a person licensed pursuant to this chapter or a podiatrist,

- 25 -

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

- 29. Failing to allow properly authorized board personnel to have, on presentation of a subpoena, access to any documents, reports or records that are maintained by the physician and that relate to the physician's medical practice or medically related activities pursuant to section 32-1855.01.
  - 30. Signing a blank, undated or predated prescription form.
  - 31. Obtaining a fee by fraud, deceit or misrepresentation.
- 32. Failing to report to the board an osteopathic physician and surgeon who is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of medicine.
- 33. Referring a patient to a diagnostic or treatment facility or prescribing goods and services without disclosing that the physician has a direct pecuniary interest in the facility, goods or services to which the patient has been referred or prescribed. This paragraph does not apply to a referral by one physician to another physician within a group of physicians practicing together.
- 34. Exhibiting a lack of or inappropriate direction, collaboration or supervision of a licensed, certified or registered health care provider or office personnel employed by or assigned to the physician in the medical care of patients.
- 35. Violating a federal law, a state law or a rule applicable to the practice of medicine.
- 36. Prescribing or dispensing controlled substances or prescription-only medications without establishing and maintaining adequate patient records.
- 37. Dispensing a schedule II controlled substance that is an opioid, EXCEPT AS PROVIDED IN SECTION 32-1871.
- 38. Failing to dispense drugs and devices in compliance with article 4 of this chapter.
- 39. Committing any conduct or practice that endangers a patient's or the public's health or may reasonably be expected to do so.
- 40. Committing any conduct or practice that impairs the licensee's ability to safely and skillfully practice medicine or that may reasonably be expected to do so.
- 41. 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 and without conforming to generally accepted experimental criteria, including protocols, detailed

- 26 -

records, periodic analysis of results and periodic review by a medical peer review committee.

- 42. Prescribing, dispensing or administering anabolic-androgenic steroids to a person for other than therapeutic purposes.
- 43. 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 paragraph, "sexual conduct" includes:
- (a) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual.
- (b) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical conduct of a sexual nature.
  - 44. Committing conduct that is in violation of section 36-2302.
- 45. Committing conduct that the board determines constitutes gross negligence, repeated negligence or negligence that results in harm or death of a patient.
- 46. Committing conduct in the practice of medicine that evidences moral unfitness to practice medicine.
- 47. Engaging in disruptive or abusive behavior in a professional setting.
- 48. Failing to disclose to a patient that the licensee has a direct financial interest in a prescribed treatment, good or service if the treatment, good or service is available on a competitive basis. This paragraph does not apply to a referral by one licensee to another licensee within a group of licensees who practice together. A licensee meets the disclosure requirements of this paragraph if both of the following are true:
- (a) The licensee makes the disclosure on a form prescribed by the board.
- (b) The patient or the patient's guardian or parent acknowledges by signing the form that the licensee has disclosed the licensee's direct financial interest.
- 49. Prescribing, dispensing or furnishing a prescription medication or a prescription-only device to a person if the licensee has not conducted a physical or mental health status examination of that person or has not previously established a physician-patient relationship. The physical or mental health status examination may be conducted during a real-time telemedicine encounter with audio and video capability, unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This paragraph does not apply to:
  - (a) Emergencies.

- 27 -

- (b) A licensee who provides patient care on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.
- (c) Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.
- (d) Prescriptions for epinephrine auto-injectors written or dispensed for a school district or charter school to be stocked for emergency use pursuant to section 15-157 or for an authorized entity to be stocked pursuant to section 36-2226.01.
- (e) Prescriptions written by a licensee through a telemedicine program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.
- (f) Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that are written or dispensed for use pursuant to section 36-2228 or 36-2266.
- 50. If a licensee provides medical care by computer, failing to disclose the licensee's license number and the board's address and telephone number.
- Sec. 7. Section 32-1871, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 21, is amended to read:

# 32-1871. <u>Dispensing of drugs and devices; conditions;</u> <u>exception; civil penalty</u>

- A. Except as provided in subsection B of this section, an osteopathic physician may dispense drugs and devices kept by the physician if:
- 1. All drugs are dispensed in packages labeled with the following information:
  - (a) The dispensing physician's name, address and telephone number.
  - (b) The date the drug is dispensed.
  - (c) The patient's name.
- (d) The name and strength of the drug, directions for its use and any cautionary statements.
- 2. The dispensing physician enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.
- 3. The dispensing physician keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.
- 4. The dispensing physician annually registers with the board to dispense drugs and devices.

- 28 -

- 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 a schedule II controlled substance that is an opioid, except for AN IMPLANTABLE DEVICE OR an opioid that is for medication-assisted treatment for substance use disorders.
- 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.
- D. 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."
- E. A physician shall dispense only to the physician's patient and only for conditions being treated by that physician.
- F. The board shall enforce this section and shall establish rules regarding labeling, 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 ensure compliance with this section and applicable rules.
- 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. 8. Section 32-2501, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 24, is amended to read:

### 32-2501. Definitions

In this chapter, unless the context otherwise requires:

- 1. "Active license" means a regular license issued pursuant to this chapter.
- 2. "Adequate records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment.

- 29 -

- 3. "Advisory letter" means a nondisciplinary letter to notify a physician assistant that either:
- (a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee.
- (b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
- (c) While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.
- 4. "Approved program" means a physician assistant educational program accredited by the accreditation review commission on education for physician assistants, or one of its predecessor agencies, the committee on allied health education and accreditation or the commission on the accreditation of allied health educational programs.
- 5. "Board" means the Arizona regulatory board of physician assistants.
- 6. "Completed application" means an application for which the applicant has supplied all required fees, information and correspondence requested by the board on forms and in a manner acceptable to the board.
- 7. "Immediate family" means the spouse, natural or adopted children, father, mother, brothers and sisters of the physician assistant and the natural or adopted children, father, mother, brothers and sisters of the physician assistant's spouse.
- 8. "Letter of reprimand" means a disciplinary letter that is issued by the board and that informs the physician assistant that the physician assistant's conduct violates state or federal law and may require the board to monitor the physician assistant.
- 9. "Limit" means a nondisciplinary action that is taken by the board and that alters a physician assistant's practice or medical activities if there is evidence that the physician assistant is or may be mentally or physically unable to safely engage in health care tasks.
- 10. "Medically incompetent" means that a physician assistant lacks sufficient medical knowledge or skills, or both, in performing delegated health care tasks to a degree likely to endanger the health or safety of patients.
- 11. "Minor surgery" means those invasive procedures that may be delegated to a physician assistant by a supervising physician, that are consistent with the training and experience of the physician assistant, that are normally taught in courses of training approved by the board and that have been approved by the board as falling within a scope of practice of a physician assistant. Minor surgery does not include a surgical abortion.

- 30 -

- 12. "Physician" means a physician who is licensed pursuant to chapter 13 or 17 of this title.
- 13. "Physician assistant" means a person who is licensed pursuant to this chapter and who practices medicine with physician supervision.
- 14. "Regular license" means a valid and existing license that is issued pursuant to section 32-2521 to perform health care tasks.
- 15. "Restrict" means a disciplinary action that is taken by the board and that alters a physician assistant's practice or medical activities if there is evidence that the physician assistant is or may be medically incompetent or guilty of unprofessional conduct.
- 16. "Supervising physician" means a physician who holds a current unrestricted license, who supervises a physician assistant and who assumes legal responsibility for health care tasks performed by the physician assistant.
- 17. "Supervision" means a physician's opportunity or ability to provide or exercise direction and control over the services of a physician assistant. Supervision does not require a physician's constant physical presence if the supervising physician is or can be easily in contact with the physician assistant by telecommunication.
- 18. "Unprofessional conduct" includes the following acts by a physician assistant that occur in this state or elsewhere:
- (a) Violating any federal or state law or rule that applies to the performance of health care tasks as a physician assistant. Conviction in any court of competent jurisdiction is conclusive evidence of a violation.
- (b) Claiming to be a physician or knowingly permitting another person to represent that person as a physician.
- (c) Performing health care tasks that have not been delegated by the supervising physician.
- (d) Exhibiting habitual intemperance in the use of alcohol or habitual substance abuse.
  - (e) Signing a blank, undated or predated prescription form.
- (f) Committing gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
- (g) Representing that a manifestly incurable disease or infirmity can be permanently cured or that a disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if this is not true.
- (h) Refusing to divulge to the board on demand the means, method, procedure, modality of treatment or medicine used in the treatment of a disease, injury, ailment or infirmity.
- (i) Prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter.
- (j) Committing any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.

- 31 -

- (k) Violating a formal order, probation or stipulation issued by the board.
- (1) Failing to clearly disclose the person's identity as a physician assistant in the course of the physician assistant's employment.
- (m) Failing to use and affix the initials "P.A." or "P.A.-C." after the physician assistant's name or signature on charts, prescriptions or professional correspondence.
- (n) Procuring or attempting to procure a physician assistant license by fraud, misrepresentation or knowingly taking advantage of the mistake of another.
- (o) Having professional connection with or lending the physician assistant's name to an illegal practitioner of any of the healing arts.
  - (p) Failing or refusing to maintain adequate records on a patient.
- (q) Using controlled substances that have not been prescribed by a physician, physician assistant, dentist or nurse practitioner for use during a prescribed course of treatment.
- (r) Prescribing or dispensing controlled substances to members of the physician assistant's immediate family.
- (s) Prescribing, dispensing or administering any controlled substance or prescription-only drug for other than accepted therapeutic purposes.
- (t) Dispensing a schedule II controlled substance that is an opioid, EXCEPT AS PROVIDED IN SECTION 32-2532.
- (u) Knowingly making any written or oral false or fraudulent statement in connection with the performance of health care tasks or when applying for privileges or renewing an application for privileges at a health care institution.
- (v) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
- (w) Having a certification or license refused, revoked, suspended, limited or restricted by any other licensing jurisdiction for the inability to safely and skillfully perform health care tasks or for unprofessional conduct as defined by that jurisdiction that directly or indirectly corresponds to any act of unprofessional conduct as prescribed by this paragraph.
- (x) Having sanctions including restriction, suspension or removal from practice imposed by an agency of the federal government.
- (y) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate a provision of this chapter.
- (z) Using the term "doctor" or the abbreviation "Dr." on a name tag or in a way that leads the public to believe that the physician assistant

- 32 -

is licensed to practice as an allopathic or an osteopathic physician in this state.

- (aa) Failing to furnish legally requested information to the board or its investigator in a timely manner.
- (bb) Failing to allow properly authorized board personnel to examine on demand documents, reports and records of any kind relating to the physician assistant's performance of health care tasks.
- (cc) Knowingly making a false or misleading statement on a form required by the board or in written correspondence or attachments furnished to the board.
- (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.
- (ee) Violating a formal order, probation agreement or stipulation issued or entered into by the board or its executive director.
- (ff) Except as otherwise required by law, intentionally betraying a professional secret or intentionally violating a privileged communication.
- (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.
- (hh) Committing false, fraudulent, deceptive or misleading advertising by a physician assistant or the physician assistant's staff or representative.
- (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 osteopathic medicine within a group working together.
- (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.
- (kk) Prescribing, dispensing or administering anabolic or androgenic steroids for other than therapeutic purposes.

- 33 -

- (11) 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.
- (iii) Prescriptions written to prepare a patient for a medical examination.
- (iv) Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician assistant.
- (mm) 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 professional 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 other verbal conduct or physical contact of a sexual nature with a patient.
- (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.
- (nn) Performing health care tasks under a false or assumed name in this state.
- Sec. 9. Section 32-2532, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 25, is amended to read:

# 32-2532. <u>Prescribing, administering and dispensing drugs;</u> <u>limits and requirements; notice</u>

- A. Except as provided in subsection F of this section, a physician assistant shall not prescribe, dispense or administer:
- 1. A schedule II or schedule III controlled substance as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) without delegation by the supervising physician, board approval and United States drug enforcement administration registration.

- 34 -

- 2. A schedule IV or schedule V controlled substance as defined in the federal controlled substances act of 1970 without United States drug enforcement administration registration and delegation by the supervising physician.
- 3. Prescription-only medication without delegation by the supervising physician.
- 4. Prescription medication intended to perform or induce an abortion.
- B. All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the supervising physician. A physician assistant shall issue prescription orders for controlled substances under the physician assistant's own United States drug enforcement administration registration number.
- C. Unless certified for thirty-day prescription privileges pursuant to section 32-2504, subsection A, a physician assistant shall not prescribe a schedule II or schedule III controlled substance for a period exceeding seventy-two hours. For each schedule IV or schedule V controlled substance, a physician assistant may not prescribe the controlled substance more than five times in a six-month period for each patient.
- D. A prescription for a schedule II or III controlled substance is not refillable without the written consent of the supervising physician.
- E. Prescription-only drugs shall not be dispensed, prescribed or refillable for a period exceeding one year.
- F. Except in an emergency, a physician assistant may dispense schedule II or schedule III controlled substances for a period of use of not to exceed seventy-two hours with board approval or any other controlled substance for a period of use of not to exceed thirty-four days and may administer controlled substances without board approval if it is medically indicated in an emergency dealing with potential loss of life or limb or major acute traumatic pain. Notwithstanding the authority granted in this subsection, a physician assistant may not dispense a schedule II controlled substance that is an opioid, except for AN IMPLANTABLE DEVICE OR an opioid that is for medication-assisted treatment for substance use disorders.
- G. Except for samples provided by manufacturers, all drugs dispensed by a physician assistant shall be:
- 1. Prepackaged in a unit-of-use package by the supervising physician or a pharmacist acting on a written order of the supervising physician.
- 2. Labeled to show the name of the supervising physician and physician assistant.
- $\mbox{H.}$  A physician assistant shall not obtain a drug from any source other than the supervising physician or a pharmacist acting on a written

- 35 -

order of the supervising physician. A physician assistant may receive manufacturers' samples if allowed to do so by the supervising physician.

- I. If a physician assistant is approved by the board to prescribe, administer or dispense schedule II and schedule III controlled substances, the physician assistant shall maintain an up-to-date and complete log of all schedule II and schedule III controlled substances the physician assistant administers or dispenses. The board may not grant a physician assistant the authority to dispense schedule II controlled substances that are opioids, except for IMPLANTABLE DEVICES OR opioids that are for medication-assisted treatment for substance use disorders.
- J. The board shall advise the Arizona state board of pharmacy and the United States drug enforcement administration of all physician assistants who are authorized to prescribe or dispense drugs and any modification of their authority.
- K. The Arizona state board of pharmacy shall notify all pharmacies at least quarterly of physician assistants who are authorized to prescribe or dispense drugs.
- Sec. 10. Section 32-3248.01, Arizona Revised Statutes, as added by Laws 2018, first special session, chapter 1, section 29, is amended to read:

# 32-3248.01. <u>Schedule II controlled substances: dosage limit:</u> exceptions; morphine; opioid antagonist

- A. A health professional who is authorized under this title to prescribe controlled substances may not issue a new prescription order TO BE FILLED OR DISPENSED FOR A PATIENT OUTSIDE OF A HEALTH CARE INSTITUTION for a schedule II controlled substance that is an opioid that exceeds ninety morphine milligram equivalents per day.
- B. The limit prescribed by subsection A of this section does not apply to:
- 1. A continuation of a prior prescription  $\frac{\text{order}}{\text{order}}$  that was issued within the previous sixty days.
- 2. An opioid with a maximum approved total daily dose in the labeling as approved by the United States food and drug administration.
- 3. A PRESCRIPTION THAT IS ISSUED FOLLOWING A SURGICAL PROCEDURE AND THAT IS LIMITED TO NOT MORE THAN A FOURTEEN-DAY SUPPLY.
  - 3. 4. A patient who:
  - (a) Has an active oncology diagnosis.
  - (b) Has a traumatic injury, not including a surgical procedure.
  - (c) Is receiving hospice care.
  - (d) Is receiving end-of-life care.
  - (e) Is receiving palliative care.
  - (f) Is receiving skilled nursing facility care.
  - (g) Is receiving treatment for burns.
- (h) Is receiving medication-assisted treatment for a substance use disorder.

- 36 -

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### (i) Is hospitalized.

- C. If a health professional believes that a patient requires more than ninety morphine milligram equivalents per day and the patient is not exempt from the limit pursuant to subsection B of this section, the health professional shall first consult with a physician who is licensed pursuant to chapter 13 or 17 of this title and who is board-certified in pain, OR AN OPIOID ASSISTANCE AND REFERRAL CALL SERVICE, IF AVAILABLE, THAT IS DESIGNATED BY THE DEPARTMENT OF HEALTH SERVICES. The consultation may be done by telephone or through telemedicine. IF THE OPIOID CALL SERVICE AGREES WITH THE HIGHER DOSE, THE HEALTH PROFESSIONAL MAY ISSUE A PRESCRIPTION FOR MORE THAN NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY. IF THE CONSULTING PHYSICIAN AGREES WITH THE HIGHER DOSE, THE HEALTH PROFESSIONAL MAY ISSUE A PRESCRIPTION FOR MORE THAN NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY. If the consulting physician is not available to consult within forty-eight hours after the request, the health professional may prescribe the amount that the health professional believes the patient requires and subsequently have the consultation. the health professional is a physician who is licensed pursuant to chapter 13 or 17 of this title and is board-certified in pain, the health professional may issue a prescription order for more than ninety morphine milligram equivalents per day without a consultation under this subsection.
- D. If a patient is prescribed more than ninety morphine milligram equivalents per day pursuant to subsection B or C of this section, the prescribing health professional shall also prescribe for the patient naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for the treatment of opioid-related overdoses.
- E. For the purposes of this section, "prescription order" has the same meaning prescribed in section 32-1901.
- Sec. 11. Section 36-448.02, Arizona Revised Statutes, as added by Laws 2018, first special session, chapter 1, section 34, is amended to read:

# 36-448.02. <u>Pain management clinics; licensure requirements;</u> rules

- A. Beginning January 1, 2019, a pain management clinic shall meet the same licensure requirements as prescribed in article 2 of this chapter for health care institutions. At the time of licensure, a pain management clinic shall submit to the director all documentation required by this article.
- B. The department shall adopt rules that prescribe the following for pain management clinics:
  - 1. Informed consent requirements.
  - 2. The responsibilities of the medical director.
  - 3. Record maintenance.

- 37 -

- 4. Reporting requirements.
- 5. Physical examination requirements.
- C. WITHIN SIXTY DAYS AFTER A HEALTH CARE INSTITUTION OR A PRIVATE OFFICE OR CLINIC OF A HEALTH CARE PROVIDER THAT IS LICENSED PURSUANT TO TITLE 32 MEETS THE DEFINITION OF PAIN MANAGEMENT CLINIC, THE HEALTH CARE INSTITUTION OR PRIVATE OFFICE OR CLINIC SHALL APPLY FOR LICENSURE PURSUANT TO THIS SECTION.
  - C. D. Each pain management clinic shall:
- 1. On or before each anniversary of the issue date of the pain management clinic's license, submit to the director all documentation required by this article.
- 2. Comply with all department rules that govern pain management clinics.
- 3. Have a medical director who is a physician licensed pursuant to title 32, chapter 13 or 17 and who is under an unrestricted and unencumbered license OR A REGISTERED NURSE PRACTITIONER WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 15, WHO HAS ADVANCED PAIN CERTIFICATION FROM A NATIONALLY RECOGNIZED ACCREDITATION OR CERTIFICATION ENTITY AND WHO IS UNDER AN UNRESTRICTED AND UNENCUMBERED LICENSE.
- Sec. 12. Section 36-1161, Arizona Revised Statutes, is amended to read:
  - 36-1161. Poison and drug information centers and Arizona poison control system established; staff; functions
- A. The department of health services shall establish the Arizona poison control system consisting of the following two poison control centers:
- 1. The Arizona poison and drug information center. This center shall be located at and affiliated with the university of Arizona college of pharmacy, shall serve the needs of citizens in all counties outside of Maricopa county and shall be affiliated with the toxicology training programs of the Arizona health sciences center.
- 2. A poison and drug information center that shall serve the needs of citizens of Maricopa county and that shall be located in Maricopa county. This center shall be separate from the center specified in paragraph 1 of this subsection, shall be privately operated and shall be affiliated with an accredited medical toxicology fellowship postgraduate training program for physicians.
- B. The Arizona poison control system shall provide comprehensive poison and drug information and management of poisoned persons.
- C. Each poison control center shall employ a full-time staff, including a clinical or medical toxicologist and poison and drug information specialists and treatment consultants.
- D. Each poison control center shall assume responsibility for the following functions in its respective region:

- 38 -

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          1. Poison prevention.
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          2. Data collection.
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          3. Education.
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          4. Management of poisoned persons.
          5. Drug information services.
          E. THE ARIZONA POISON CONTROL SYSTEM MAY PROVIDE OPIOID ASSISTANCE
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 7
    AND REFERRAL RESOURCES THROUGH A TOLL-FREE TELEPHONE SERVICE FOR ALL
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    COMMUNITIES IN THIS STATE.
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          Sec. 13. Retroactivity
          Sections 32-1401, 32-1491, 32-1606, 32-1854, 32-1871, 32-2501,
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    32-2532 and 32-3248.01, Arizona Revised Statutes, as amended by this act,
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    apply retroactively to from and after April 25, 2018.
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- 39 -