

REFERENCE TITLE: physician assistants; physician relationship

State of Arizona
House of Representatives
Fifty-fourth Legislature
First Regular Session
2019

HB 2519

Introduced by
Representative Barto

AN ACT

AMENDING SECTIONS 32-2501, 32-2502, 32-2531, 32-2532, 32-2533, 32-2534, 32-2535 AND 32-2551, ARIZONA REVISED STATUTES; RELATING TO PHYSICIAN ASSISTANTS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 32-2501, Arizona Revised Statutes, is amended to
3 read:

4 32-2501. Definitions

5 In this chapter, unless the context otherwise requires:

6 1. "Active license" means a regular license issued pursuant to this
7 chapter.

8 2. "Adequate records" means legible medical records containing, at
9 a minimum, sufficient information to identify the patient, support the
10 diagnosis, justify the treatment, accurately document the results,
11 indicate advice and cautionary warnings provided to the patient and
12 provide sufficient information for another practitioner to assume
13 continuity of the patient's care at any point in the course of treatment.

14 3. "Advisory letter" means a nondisciplinary letter to notify a
15 physician assistant that either:

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

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

21 (c) While the licensee has demonstrated substantial compliance
22 through rehabilitation or remediation that has mitigated the need for
23 disciplinary action, the board believes that repetition of the activities
24 that led to the investigation may result in further board action against
25 the licensee.

26 4. "Approved program" means a physician assistant educational
27 program accredited by the accreditation review commission on education for
28 physician assistants, or one of its predecessor agencies, the committee on
29 allied health education and accreditation or the commission on the
30 accreditation of allied health educational programs.

31 5. "Board" means the Arizona regulatory board of physician
32 assistants.

33 ~~16.~~ 6. "~~Supervising~~ COLLABORATING physician" means a physician who
34 holds a current unrestricted license, who ~~supervises~~ COLLABORATES WITH a
35 physician assistant and who assumes legal responsibility for health care
36 tasks performed by the physician assistant.

37 7. "COLLABORATION":

38 (a) MEANS A PHYSICIAN'S OPPORTUNITY OR ABILITY TO PROVIDE OR
39 EXERCISE DIRECTION AND CONTROL OVER THE SERVICES OF A PHYSICIAN ASSISTANT.

40 (b) DOES NOT REQUIRE A PHYSICIAN'S CONSTANT PHYSICAL PRESENCE IF
41 THE COLLABORATING PHYSICIAN IS OR CAN BE EASILY IN CONTACT WITH THE
42 PHYSICIAN ASSISTANT BY TELECOMMUNICATION.

43 ~~6.~~ 8. "Completed application" means an application for which the
44 applicant has supplied all required fees, information and correspondence
45 requested by the board on forms and in a manner acceptable to the board.

1 ~~7.~~ 9. "Immediate family" means the spouse, natural or adopted
2 children, father, mother, brothers and sisters of the physician assistant
3 and the natural or adopted children, father, mother, brothers and sisters
4 of the physician assistant's spouse.

5 ~~8.~~ 10. "Letter of reprimand" means a disciplinary letter that is
6 issued by the board and that informs the physician assistant that the
7 physician assistant's conduct violates state or federal law and may
8 require the board to monitor the physician assistant.

9 ~~9.~~ 11. "Limit" means a nondisciplinary action that is taken by the
10 board and that alters a physician assistant's practice or medical
11 activities if there is evidence that the physician assistant is or may be
12 mentally or physically unable to safely engage in health care tasks.

13 ~~10.~~ 12. "Medically incompetent" means that a physician assistant
14 lacks sufficient medical knowledge or skills, or both, in performing
15 delegated health care tasks to a degree likely to endanger the health or
16 safety of patients.

17 ~~11.~~ 13. "Minor surgery" means those invasive procedures that may
18 be delegated to a physician assistant by a ~~supervising~~ COLLABORATING
19 physician, that are consistent with the training and experience of the
20 physician assistant, that are normally taught in courses of training
21 approved by the board and that have been approved by the board as falling
22 within a scope of practice of a physician assistant. Minor surgery does
23 not include a surgical abortion.

24 ~~12.~~ 14. "Physician" means a physician who is licensed pursuant to
25 chapter 13 or 17 of this title.

26 ~~13.~~ 15. "Physician assistant" means a person who is licensed
27 pursuant to this chapter and who practices medicine with physician
28 ~~supervision~~ COLLABORATION.

29 ~~14.~~ 16. "Regular license" means a valid and existing license that
30 is issued pursuant to section 32-2521 to perform health care tasks.

31 ~~15.~~ 17. "Restrict" means a disciplinary action that is taken by
32 the board and that alters a physician assistant's practice or medical
33 activities if there is evidence that the physician assistant is or may be
34 medically incompetent or guilty of unprofessional conduct.

35 ~~17. "Supervision" means a physician's opportunity or ability to
36 provide or exercise direction and control over the services of a physician
37 assistant. Supervision does not require a physician's constant physical
38 presence if the supervising physician is or can be easily in contact with
39 the physician assistant by telecommunication.~~

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

42 (a) Violating any federal or state law or rule that applies to the
43 performance of health care tasks as a physician assistant. Conviction in
44 any court of competent jurisdiction is conclusive evidence of a violation.

- 1 (b) Claiming to be a physician or knowingly permitting another
2 person to represent that person as a physician.
- 3 (c) Performing health care tasks that have not been delegated by
4 the ~~supervising~~ COLLABORATING physician.
- 5 (d) Exhibiting a pattern of using or being under the influence of
6 alcohol or drugs or a similar substance while performing health care tasks
7 or to the extent that judgment may be impaired and the ability to perform
8 health care tasks detrimentally affected.
- 9 (e) Signing a blank, undated or predated prescription form.
- 10 (f) Committing gross malpractice, repeated malpractice or any
11 malpractice resulting in the death of a patient.
- 12 (g) Representing that a manifestly incurable disease or infirmity
13 can be permanently cured or that a disease, ailment or infirmity can be
14 cured by a secret method, procedure, treatment, medicine or device, if
15 this is not true.
- 16 (h) Refusing to divulge to the board on demand the means, method,
17 procedure, modality of treatment or medicine used in the treatment of a
18 disease, injury, ailment or infirmity.
- 19 (i) Prescribing or dispensing controlled substances or
20 prescription-only drugs for which the physician assistant is not approved
21 or in excess of the amount authorized pursuant to this chapter.
- 22 (j) Committing any conduct or practice that is or might be harmful
23 or dangerous to the health of a patient or the public.
- 24 (k) Violating a formal order, probation or stipulation issued by
25 the board.
- 26 (l) Failing to clearly disclose the person's identity as a
27 physician assistant in the course of the physician assistant's employment.
- 28 (m) Failing to use and affix the initials "P.A." or "P.A.-C." after
29 the physician assistant's name or signature on charts, prescriptions or
30 professional correspondence.
- 31 (n) Procuring or attempting to procure a physician assistant
32 license by fraud, misrepresentation or knowingly taking advantage of the
33 mistake of another.
- 34 (o) Having professional connection with or lending the physician
35 assistant's name to an illegal practitioner of any of the healing arts.
- 36 (p) Failing or refusing to maintain adequate records on a patient.
- 37 (q) Using controlled substances that have not been prescribed by a
38 physician, physician assistant, dentist or nurse practitioner for use
39 during a prescribed course of treatment.
- 40 (r) Prescribing or dispensing controlled substances to members of
41 the physician assistant's immediate family.
- 42 (s) Prescribing, dispensing or administering any controlled
43 substance or prescription-only drug for other than accepted therapeutic
44 purposes.

- 1 (t) Dispensing a schedule II controlled substance that is an
2 opioid, except as provided in section 32-2532.
- 3 (u) Knowingly making any written or oral false or fraudulent
4 statement in connection with the performance of health care tasks or when
5 applying for privileges or renewing an application for privileges at a
6 health care institution.
- 7 (v) Committing a felony, whether or not involving moral turpitude,
8 or a misdemeanor involving moral turpitude. In either case, conviction by
9 a court of competent jurisdiction or a plea of no contest is conclusive
10 evidence of the commission.
- 11 (w) Having a certification or license refused, revoked, suspended,
12 limited or restricted by any other licensing jurisdiction for the
13 inability to safely and skillfully perform health care tasks or for
14 unprofessional conduct as defined by that jurisdiction that directly or
15 indirectly corresponds to any act of unprofessional conduct as prescribed
16 by this paragraph.
- 17 (x) Having sanctions, including restriction, suspension or removal
18 from practice, imposed by an agency of the federal government.
- 19 (y) Violating or attempting to violate, directly or indirectly, or
20 assisting in or abetting the violation of or conspiring to violate a
21 provision of this chapter.
- 22 (z) Using the term "doctor" or the abbreviation "Dr." on a name tag
23 or in a way that leads the public to believe that the physician assistant
24 is licensed to practice as an allopathic or an osteopathic physician in
25 this state.
- 26 (aa) Failing to furnish legally requested information to the board
27 or its investigator in a timely manner.
- 28 (bb) Failing to allow properly authorized board personnel to
29 examine on demand documents, reports and records of any kind relating to
30 the physician assistant's performance of health care tasks.
- 31 (cc) Knowingly making a false or misleading statement on a form
32 required by the board or in written correspondence or attachments
33 furnished to the board.
- 34 (dd) Failing to submit to a body fluid examination and other
35 examinations known to detect the presence of alcohol or other drugs
36 pursuant to an agreement with the board or an order of the board.
- 37 (ee) Violating a formal order, probation agreement or stipulation
38 issued or entered into by the board or its executive director.
- 39 (ff) Except as otherwise required by law, intentionally betraying a
40 professional secret or intentionally violating a privileged
41 communication.
- 42 (gg) Allowing the use of the licensee's name in any way to enhance
43 or permit the continuance of the activities of, or maintaining a
44 professional connection with, an illegal practitioner of medicine or the

1 performance of health care tasks by a person who is not licensed pursuant
2 to this chapter.

3 (hh) Committing false, fraudulent, deceptive or misleading
4 advertising by a physician assistant or the physician assistant's staff or
5 representative.

6 (ii) Knowingly failing to disclose to a patient on a form that is
7 prescribed by the board and that is dated and signed by the patient or
8 guardian acknowledging that the patient or guardian has read and
9 understands that the licensee has a direct financial interest in a
10 separate diagnostic or treatment agency or in nonroutine goods or services
11 that the patient is being prescribed and if the prescribed treatment,
12 goods or services are available on a competitive basis. This subdivision
13 does not apply to a referral by one physician assistant to another
14 physician assistant or to a doctor of medicine or a doctor of osteopathic
15 medicine within a group working together.

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

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

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

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

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

34 (iii) Prescriptions written to prepare a patient for a medical
35 examination.

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

41 (mm) Engaging in sexual conduct with a current patient or with a
42 former patient within six months after the last medical consultation
43 unless the patient was the licensee's spouse at the time of the contact
44 or, immediately preceding the professional relationship, was in a dating

1 or engagement relationship with the licensee. For the purposes of this
2 subdivision, "sexual conduct" includes:

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

5 (ii) Making sexual advances, requesting sexual favors or engaging
6 in other verbal conduct or physical contact of a sexual nature with a
7 patient.

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

11 (nn) Performing health care tasks under a false or assumed name in
12 this state.

13 Sec. 2. Section 32-2502, Arizona Revised Statutes, is amended to
14 read:

15 32-2502. Arizona regulatory board of physician assistants:
16 membership; appointment; terms; immunity

17 A. The Arizona regulatory board of physician assistants is
18 established consisting of the following members:

19 1. Five physician assistants who hold a current regular license
20 pursuant to this chapter. The governor may appoint these members from a
21 list of qualified candidates submitted by the Arizona state association of
22 physician assistants. The governor may seek additional input and
23 nominations before the governor makes the physician assistant
24 appointments.

25 2. Two public members who are appointed by the governor.

26 3. Two physicians who are actively engaged in the practice of
27 medicine and who are licensed pursuant to chapter 17 of this title, **AT**
28 **LEAST** one of whom ~~supervises~~ **COLLABORATES WITH** a physician assistant at
29 the time of appointment, and who are appointed by the governor.

30 4. Two physicians who are actively engaged in the practice of
31 medicine and who are licensed pursuant to chapter 13 of this title, **AT**
32 **LEAST** one of whom ~~supervises~~ **COLLABORATES WITH** a physician assistant at
33 the time of appointment, and who are appointed by the governor.

34 B. Before appointment by the governor, a prospective member of the
35 board shall submit a full set of fingerprints to the governor for the
36 purpose of obtaining a state and federal criminal records check pursuant
37 to section 41-1750 and Public Law 92-544. The department of public safety
38 may exchange this fingerprint data with the federal bureau of
39 investigation.

40 C. The term of office of members of the board is four years to
41 begin and end on July 1.

42 D. Each board member is eligible for appointment to not more than
43 two full terms, except that the term of office for a member appointed to
44 fill a vacancy that is not caused by the expiration of a full term is for
45 the unexpired portion of that term and the governor may reappoint that

1 member to not more than two additional full terms. Each board member may
2 continue to hold office until the appointment and qualification of that
3 member's successor. However, the governor may remove a member after
4 notice and a hearing, on a finding of continued neglect of duty,
5 incompetence or unprofessional or dishonorable conduct. That member's
6 term ends when the finding is made.

7 E. A board member's term automatically ends:

8 1. On written resignation submitted to the board chairperson or to
9 the governor.

10 2. If the member is absent from this state for more than six months
11 during a one-year period.

12 3. If the member fails to attend three consecutive regular board
13 meetings.

14 4. Five years after retirement from active practice.

15 F. Board members are immune from civil liability for all good faith
16 actions they take pursuant to this chapter.

17 Sec. 3. Section 32-2531, Arizona Revised Statutes, is amended to
18 read:

19 32-2531. Physician assistant scope of practice; health care
20 tasks; collaborating physician duties; civil
21 penalty

22 A. A ~~supervising~~ COLLABORATING physician may delegate health care
23 tasks to a physician assistant.

24 B. A physician assistant shall not perform surgical abortions as
25 defined in section 36-2151.

26 C. The physician assistant may perform those duties and
27 responsibilities, including the ordering, prescribing, dispensing and
28 administration of drugs and medical devices, that are delegated by the
29 ~~supervising~~ COLLABORATING physician.

30 D. The physician assistant may provide any medical service that is
31 delegated by the ~~supervising~~ COLLABORATING physician if the service is
32 within the physician assistant's skills, is within the physician's scope
33 of practice and is ~~supervised by~~ IN COLLABORATION WITH the physician.

34 E. The physician assistant may pronounce death and, if delegated,
35 may authenticate by the physician assistant's signature any form that may
36 be authenticated by a physician's signature.

37 F. The physician assistant is the agent of the physician
38 assistant's ~~supervising~~ COLLABORATING physician in the performance of all
39 practice related activities, including the ordering of diagnostic,
40 therapeutic and other medical services.

41 G. The physician assistant may perform health care tasks in any
42 setting authorized by the ~~supervising~~ COLLABORATING physician, including
43 physician offices, clinics, hospitals, ambulatory surgical centers,
44 patient homes, nursing homes and other health care institutions. These
45 tasks may include:

- 1 1. Obtaining patient histories.
- 2 2. Performing physical examinations.
- 3 3. Ordering and performing diagnostic and therapeutic procedures.
- 4 4. Formulating a diagnostic impression.
- 5 5. Developing and implementing a treatment plan.
- 6 6. Monitoring the effectiveness of therapeutic interventions.
- 7 7. Assisting in surgery.
- 8 8. Offering counseling and education to meet patient needs.
- 9 9. Making appropriate referrals.
- 10 10. Prescribing schedule IV or V controlled substances as defined
11 in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat.
12 1242; 21 United States Code section 802) and prescription-only
13 medications.
- 14 11. Prescribing schedule II and III controlled substances as
15 defined in the federal controlled substances act of 1970.
- 16 12. Performing minor surgery as defined in section 32-2501.
- 17 13. Performing other nonsurgical health care tasks that are
18 normally taught in courses of training approved by the board, that are
19 consistent with the training and experience of the physician assistant and
20 that have been properly delegated by the ~~supervising~~ COLLABORATING
21 physician.
- 22 H. The ~~supervising~~ COLLABORATING physician shall:
 - 23 1. Meet the requirements established by the board for ~~supervising~~
24 COLLABORATING WITH a physician assistant.
 - 25 2. Accept responsibility for all tasks and duties the physician
26 delegates to a physician assistant.
 - 27 3. Notify the board and the physician assistant in writing if the
28 physician assistant exceeds the scope of the delegated health care tasks.
 - 29 4. Maintain a written agreement with the physician assistant. The
30 agreement must state that the physician will ~~exercise supervision over~~
31 COLLABORATE WITH the physician assistant and retains professional and
32 legal responsibility for the care rendered by the physician assistant.
33 The agreement must be signed by the ~~supervising~~ COLLABORATING physician
34 and the physician assistant and updated annually. The agreement must be
35 kept on file at the practice site and made available to the board on
36 request. Each year the board shall randomly audit at least five ~~per cent~~
37 PERCENT of these agreements for compliance.
- 38 I. A physician's ability to ~~supervise~~ COLLABORATE WITH a physician
39 assistant is not affected by restrictions imposed by the board on a
40 physician assistant pursuant to disciplinary action taken by the board.
- 41 J. ~~Supervision~~ COLLABORATION must be continuous but does not
42 require the personal presence of the physician at the place where health
43 care tasks are performed if the physician assistant is in contact with the
44 ~~supervising~~ COLLABORATING physician by telecommunication. If the
45 physician assistant practices in a location where a ~~supervising~~

1 COLLABORATING physician is not routinely present, the physician assistant
2 must meet in person or by telecommunication with a ~~supervising~~
3 COLLABORATING physician at least once each week to ensure ongoing
4 direction and oversight of the physician assistant's work. The board by
5 order may require the personal presence of a ~~supervising~~ COLLABORATING
6 physician when designated health care tasks are performed.

7 K. At all times while a physician assistant is on duty, the
8 physician assistant shall wear a name tag with the designation "physician
9 assistant" on it.

10 L. The board by rule may prescribe a civil penalty for a violation
11 of this article. The penalty shall not exceed ~~fifty dollars~~ \$50 for each
12 violation. The board shall deposit, pursuant to sections 35-146 and
13 35-147, all monies it receives from this penalty in the state general
14 fund. A physician assistant and the ~~supervising~~ COLLABORATING physician
15 may contest the imposition of this penalty pursuant to board rule. The
16 imposition of a civil penalty is public information, and the board may use
17 this information in any future disciplinary actions.

18 Sec. 4. Section 32-2532, Arizona Revised Statutes, is amended to
19 read:

20 32-2532. Prescribing, administering and dispensing drugs;
21 limits and requirements; notice

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

24 1. A schedule II or schedule III controlled substance as defined in
25 the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242;
26 21 United States Code section 802) without delegation by the ~~supervising~~
27 COLLABORATING physician, board approval and United States drug enforcement
28 administration registration.

29 2. A schedule IV or schedule V controlled substance as defined in
30 the federal controlled substances act of 1970 without United States drug
31 enforcement administration registration and delegation by the ~~supervising~~
32 COLLABORATING physician.

33 3. Prescription-only medication without delegation by the
34 ~~supervising~~ COLLABORATING physician.

35 4. Prescription medication intended to perform or induce an
36 abortion.

37 B. All prescription orders issued by a physician assistant shall
38 contain the name, address and telephone number of the physician
39 assistant. A physician assistant shall issue prescription orders for
40 controlled substances under the physician assistant's own United States
41 drug enforcement administration registration number.

42 C. Unless certified for ninety-day prescription privileges pursuant
43 to section 32-2504, subsection A, a physician assistant shall not
44 prescribe a schedule II or schedule III controlled substance for a period
45 exceeding seventy-two hours. For each schedule IV or schedule V

1 controlled substance, a physician assistant may not prescribe the
2 controlled substance more than five times in a six-month period for each
3 patient.

4 D. A prescription for a schedule II or III controlled substance
5 that is an opioid or benzodiazepine is not refillable without the written
6 consent of the ~~supervising~~ COLLABORATING physician.

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

9 F. Except in an emergency, a physician assistant may dispense
10 schedule II or schedule III controlled substances for a period of use of
11 not to exceed seventy-two hours with board approval or any other
12 controlled substance for a period of use of not to exceed ninety days and
13 may administer controlled substances without board approval if it is
14 medically indicated in an emergency dealing with potential loss of life or
15 limb or major acute traumatic pain. Notwithstanding the authority granted
16 in this subsection, a physician assistant may not dispense a schedule II
17 controlled substance that is an opioid, except for an implantable device
18 or an opioid that is for medication-assisted treatment for substance use
19 disorders.

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

- 22 1. Prepackaged in a unit-of-use package by a pharmacist.
- 23 2. Labeled to show the name of the physician assistant.

24 H. A physician assistant shall not obtain a drug from any source
25 other than the ~~supervising~~ COLLABORATING physician or a pharmacist. A
26 physician assistant may receive manufacturers' samples if delegated to do
27 so by the ~~supervising~~ COLLABORATING physician.

28 I. If a physician assistant is approved by the board to prescribe,
29 administer or dispense schedule II and schedule III controlled substances,
30 the physician assistant shall maintain an up-to-date and complete log of
31 all schedule II and schedule III controlled substances the physician
32 assistant administers or dispenses. The board may not grant a physician
33 assistant the authority to dispense schedule II controlled substances that
34 are opioids, except for implantable devices or opioids that are for
35 medication-assisted treatment for substance use disorders.

36 J. The ARIZONA REGULATORY board OF PHYSICIAN ASSISTANTS shall
37 advise the Arizona state board of pharmacy and the United States drug
38 enforcement administration of all physician assistants who are authorized
39 to prescribe or dispense drugs and any modification of their authority.

40 K. The Arizona state board of pharmacy shall notify all pharmacies
41 at least quarterly of physician assistants who are authorized to prescribe
42 or dispense drugs.

1 Sec. 5. Section 32-2533, Arizona Revised Statutes, is amended to
2 read:

3 32-2533. Collaborating physicians; responsibilities

4 A. A ~~supervising~~ COLLABORATING physician is responsible for all
5 aspects of the performance of a physician assistant, whether or not the
6 ~~supervising~~ COLLABORATING physician actually pays the physician assistant
7 a salary. The ~~supervising~~ COLLABORATING physician is responsible for
8 ~~supervising~~ COLLABORATING WITH the physician assistant and ensuring that
9 the health care tasks performed by a physician assistant are within the
10 physician assistant's scope of training and experience and have been
11 properly delegated by the ~~supervising~~ COLLABORATING physician.

12 B. Each physician-physician assistant team must ensure that:

13 1. The physician assistant's scope of practice is identified.

14 2. The delegation of medical tasks is appropriate to the physician
15 assistant's level of competence.

16 3. The relationship of, and access to, the ~~supervising~~
17 COLLABORATING physician is defined.

18 4. A process for evaluation of the physician assistant's
19 performance is established.

20 C. A ~~supervising~~ COLLABORATING physician shall not ~~supervise~~
21 COLLABORATE WITH more than four physician assistants who work at the same
22 time.

23 D. A ~~supervising~~ COLLABORATING physician shall develop a system for
24 recordation and review of all instances in which the physician assistant
25 prescribes schedule II or schedule III controlled substances.

26 Sec. 6. Section 32-2534, Arizona Revised Statutes, is amended to
27 read:

28 32-2534. Initiation of practice

29 A physician assistant may not perform health care tasks until the
30 physician assistant has completed and signed a written agreement with a
31 ~~supervising~~ COLLABORATING physician pursuant to section 32-2531,
32 subsection H, paragraph 4.

33 Sec. 7. Section 32-2535, Arizona Revised Statutes, is amended to
34 read:

35 32-2535. Emergency medical care; collaboration

36 A. Notwithstanding the requirements of this article, in response to
37 a natural disaster, accident or other emergency, a physician assistant who
38 is licensed pursuant to this chapter, licensed or certified by another
39 regulatory jurisdiction in the United States or credentialed as a
40 physician assistant by a federal employer may provide medical care at any
41 location and with or without ~~supervision~~ A COLLABORATING PHYSICIAN.

42 B. A physician who ~~supervises~~ COLLABORATES WITH a physician
43 assistant who is providing medical care pursuant to this section is not
44 required to comply with the requirements of this article relating to
45 ~~supervising~~ COLLABORATING physicians.

1 Sec. 8. Section 32-2551, Arizona Revised Statutes, is amended to
2 read:

3 32-2551. Grounds for disciplinary action; duty to report;
4 immunity; proceedings; board action; notice; civil
5 penalty

6 A. The board on its own motion may investigate any evidence that
7 appears to show that a physician assistant is or may be medically
8 incompetent, is or may be guilty of unprofessional conduct or is or may be
9 mentally or physically unable to carry out approved health care
10 tasks. Any physician, physician assistant or health care institution as
11 defined in section 36-401 shall, and any other person may, report to the
12 board any information the physician, physician assistant, health care
13 institution or other person has that appears to show that a physician
14 assistant is or may be medically incompetent, is or may be guilty of
15 unprofessional conduct or is or may be mentally or physically unable to
16 carry out approved health care tasks. If the board begins an investigation
17 pursuant to this section, it may require the physician assistant to
18 promptly provide the name and address of the physician assistant's
19 ~~supervising~~ COLLABORATING physician or physicians. The board or the
20 executive director shall notify the physician assistant and the
21 ~~supervising~~ COLLABORATING physician of the content of the reported
22 information in writing within one hundred twenty days ~~of~~ AFTER its receipt
23 of the information. Any physician, physician assistant, health care
24 institution or other person that reports or provides information to the
25 board in good faith is not subject to an action for civil damages as a
26 result of reporting or providing information, and, if requested, the name
27 of the reporter shall not be disclosed unless the information is essential
28 to proceedings conducted pursuant to this section.

29 B. The board or, if delegated by the board, the executive director
30 may require a mental, physical or medical competency examination or any
31 combination of those examinations or may make investigations including
32 investigational interviews between representatives of the board and the
33 physician assistant and the ~~supervising~~ COLLABORATING physician as it
34 deems necessary to fully inform itself with respect to any information
35 reported pursuant to subsection A of this section. These examinations may
36 include biological fluid testing and other examinations known to detect
37 the presence of alcohol or other drugs. The board or, if delegated by the
38 board, the executive director may require the physician assistant, at the
39 physician assistant's expense, to undergo assessment by a board approved
40 rehabilitative, retraining or assessment program.

41 C. If the board finds, based on the information it receives under
42 subsections A and B of this section, that the public safety imperatively
43 requires emergency action, and incorporates a finding to that effect in
44 its order, the board may restrict a license or order a summary suspension
45 of a license pending proceedings for revocation or other action. If the

1 board acts pursuant to this subsection, the physician assistant shall also
2 be served with a written notice of complaint and formal hearing, setting
3 forth the charges, and is entitled to a formal hearing before the board or
4 an administrative law judge on the charges within sixty days pursuant to
5 title 41, chapter 6, article 10.

6 D. If, after completing its investigation, the board finds that the
7 information provided pursuant to subsection A of this section is not of
8 sufficient seriousness to merit disciplinary action against the physician
9 assistant's license, it may take the following actions:

10 1. Dismiss if, in the opinion of the board, the complaint is
11 without merit.

12 2. File an advisory letter. The licensee may file a written
13 response with the board within thirty days after receiving the advisory
14 letter.

15 3. Require the licensee to complete designated continuing medical
16 education courses.

17 E. If the board finds that it can take rehabilitative or
18 disciplinary action without the presence of the physician assistant at a
19 formal interview, it may enter into a consent agreement with the physician
20 assistant to limit or restrict the physician assistant's practice or to
21 rehabilitate the physician assistant, protect the public and ensure the
22 physician assistant's ability to safely practice. The board may also
23 require the physician assistant to successfully complete a ~~board approved~~
24 **BOARD-APPROVED** rehabilitative, retraining or assessment program at the
25 physician assistant's own expense.

26 F. The board shall not disclose the name of the person who provided
27 the information regarding a licensee's drug or alcohol impairment or the
28 name of the person who files a complaint if that person requests
29 anonymity.

30 G. If, after completing its investigation, the board believes that
31 the information is or may be true and that the information may be of
32 sufficient seriousness to merit direct action against the physician
33 assistant's license, it may request a formal interview with the physician
34 assistant and the ~~supervising~~ **COLLABORATING** physician. If the physician
35 assistant refuses the invitation for a formal interview, the board may
36 issue a formal complaint and order that a hearing be held pursuant to
37 title 41, chapter 6, article 10. The board shall notify the physician
38 assistant in writing of the time, date and place of the formal interview
39 at least twenty days before the interview. The notice shall include the
40 right to be represented by counsel and shall fully set forth the conduct
41 or matters to be discussed.

42 H. After the formal interview, the board may take the following
43 actions:

44 1. Dismiss if, in the opinion of the board, the information is
45 without merit.

1 2. File an advisory letter. The licensee may file a written
2 response with the board within thirty days after receiving the advisory
3 letter.

4 3. Enter into a stipulation with the physician assistant to
5 restrict or limit the physician assistant's practice or medical activities
6 or to rehabilitate, retrain or assess the physician assistant, in order to
7 protect the public and ensure the physician assistant's ability to safely
8 perform health care tasks. The board may also require the physician
9 assistant to successfully complete a board approved rehabilitative,
10 retraining or assessment program at the physician assistant's own expense
11 as prescribed in subsection E of this section.

12 4. File a letter of reprimand.

13 5. Issue a decree of censure. A decree of censure is a
14 disciplinary action against the physician assistant's license and may
15 include a requirement for restitution of fees to a patient resulting from
16 violations of this chapter or rules adopted under this chapter.

17 6. Fix a period and terms of probation best adapted to protect the
18 public health and safety and rehabilitate or educate the physician
19 assistant. Failure to comply with any terms of probation is cause for
20 initiating formal proceedings pursuant to title 41, chapter 6, article 10.
21 Probation may include:

22 (a) Restrictions on the health care tasks the physician assistant
23 may perform.

24 (b) Temporary suspension for not to exceed twelve months.

25 (c) Restitution of patient fees.

26 (d) Education or rehabilitation at the licensee's own expense.

27 7. Require the licensee to complete designated continuing medical
28 education courses.

29 I. If the board finds that the information provided pursuant to
30 subsection A of this section warrants suspension or revocation of a
31 physician assistant's license, it shall immediately initiate formal
32 proceedings for the suspension or revocation of the license as provided in
33 title 41, chapter 6, article 10. The notice of complaint and hearing is
34 fully effective by mailing a true copy of the notice of complaint and
35 hearing by certified mail addressed to the physician assistant's last
36 known address of record in the board's files. The notice of complaint and
37 hearing is complete at the time of its deposit in the mail.

38 J. A physician assistant who after a formal hearing pursuant to
39 title 41, chapter 6, article 10 is found to be medically incompetent,
40 guilty of unprofessional conduct or mentally or physically unable to
41 safely carry out the physician assistant's approved health care tasks, or
42 any combination of these, is subject to censure, probation, suspension or
43 revocation, or any combination of these, for a period of time or
44 permanently and under conditions the board deems appropriate for the
45 protection of the public health and safety.

1 K. In a formal interview pursuant to subsection G of this section
2 or in a hearing pursuant to subsection I of this section, the board in
3 addition to any other action may impose a civil penalty in the amount of
4 not less than ~~three hundred dollars~~ \$300 nor more than ~~ten thousand~~
5 ~~dollars~~ \$10,000 for each violation of this chapter or a rule adopted under
6 this chapter.

7 L. An advisory letter is a public document and may be used in
8 future disciplinary actions against a physician assistant.

9 M. The board may charge the costs of a formal hearing to the
10 licensee if it finds the licensee in violation of this chapter.

11 N. If the ARIZONA REGULATORY board OF PHYSICIAN ASSISTANTS acts to
12 modify a physician assistant's prescription writing privileges, the
13 Arizona regulatory board of physician assistants shall immediately notify
14 the Arizona state board of pharmacy and the United States drug enforcement
15 administration of this modification.

16 O. If during the course of an investigation the ~~Arizona regulatory~~
17 ~~board of physician assistants~~ determines that a criminal violation may
18 have occurred involving the performance of health care tasks, it shall
19 provide evidence of the violation to the appropriate criminal justice
20 agency.

21 P. The board may accept the surrender of an active license from a
22 person who admits in writing to any of the following:

- 23 1. Being unable to safely engage in the practice of medicine.
- 24 2. Having committed an act of unprofessional conduct.
- 25 3. Having violated this chapter or a board rule.

26 Q. In determining the appropriate disciplinary action under this
27 section, the board shall consider all previous nondisciplinary and
28 disciplinary actions against a licensee.