



ARIZONA STATE SENATE
Fifty-Fifth Legislature, First Regular Session

AMENDED
FACT SHEET FOR S.B. 1091

controlled substances monitoring program; delegates

Purpose

Requires any employee or contractor of the Arizona Health Care Cost Containment System (AHCCCS) or a health care insurer who has delegate access to the Controlled Substances Prescription Monitoring Program (CSPMP) to operate under the chief medical officer (CMO) or other authorized licensed health care professional. Permits the Arizona State Board of Pharmacy (Board) to release CSPMP data to specified entities and individuals under certain conditions.

Background

[Laws 2007, Chapter 269](#) established the CSPMP, a central database used to track the prescribing, dispensing and consumption of Schedule II, III and IV controlled substances that are dispensed by medical practitioners or pharmacies and track data from the Department of Health Services (DHS) pertaining to residents who possess a medical marijuana registry identification card. Current law requires medical practitioners, pharmacies, outpatient health care facilities and permitted nonresident pharmacies that dispense controlled substances to report certain information pertaining to the dispenser, prescriber, patient and controlled substance to the CSPMP ([A.R.S. § 36-2608](#)).

The Board is authorized to release data collected by the CSPMP to: 1) a person who is authorized to prescribe a controlled substance or their delegate; 2) an individual who requests their own prescription monitoring information; 3) a medical practitioner regulatory board; 4) a law enforcement or criminal justice agency if the information is necessary for an open investigation or complaint; 5) AHCCCS and AHCCCS contractors regarding persons receiving certain services if the information is necessary for an open investigation or complaint, for performing a drug utilization review for controlled substances to combat opioid overuse or to ensure the continuity of care; 6) a person who is serving a lawful order of a court of competent jurisdiction; 7) a person who is authorized to prescribe a controlled substance and is performing an evaluation on an individual who may be entitled to compensation; 8) a county medical examiner who is directing an investigation surrounding a death or their delegate; and 9) DHS regarding individuals receiving or prescribing controlled substances in order to implement a public health response to address opioid overuse.

Currently, *delegate* includes: 1) a licensed health care professional employed in the office of or in a hospital with the prescriber; 2) an unlicensed medical records technician, medical assistant or office manager employed in a hospital with specified training; 3) a forensic pathologist, medical death investigator or other qualified person who has duties connected to a death investigation; 4) a licensed pharmacy technician, pharmacy technician trainee or pharmacy intern; and 5) any employee of AHCCCS or AHCCCS contractor who is authorized by AHCCCS's CMO or the contractor's CMO ([A.R.S. § 36-2604](#)).

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

1. Requires any employee or contractor of AHCCCS or a health care insurer who is assigned delegate access to the CSPMP to operate under the entity's CMO or other employee who is a licensed health care professional that is authorized to prescribe or dispense controlled substances.
2. Requires a delegate to hold a valid health care professional license or certification as a condition of being assigned delegate access to the CSPMP by the Board.
3. Prohibits any AHCCCS employee, AHCCCS contractor or licensed health care professional who is authorized to prescribe controlled substances from authorizing more than 10 delegates.
4. Permits the Board to release CSPMP data to the following entities:
 - a) AHCCCS and AHCCCS contractors regarding people who are receiving AHCCCS or Medicare services;
 - b) health care insurers only if the insurer states in writing that the information is necessary for an investigation, complaint or drug utilization review in relation to opioid overuse prevention or the quality of care of the insured; and
 - c) a person who is authorized to prescribe or dispense a controlled substance, or the person's delegate, if the person is:
 - i. providing medical or pharmaceutical care for a patient;
 - ii. evaluating a patient in a licensed health care institution; or
 - iii. assisting or verifying compliance with CSPMP requirements and related Board and DHS rules.
5. Directs the Board to grant access to CSPMP information to licensed pharmacists who possess a national provider identifier number, or their delegates, and who are employed by AHCCCS, AHCCCS contractors or specified health care insurers.
6. Prohibits the use of CSPMP data provided by the Board for:
 - a) credentialing health care professionals;
 - b) determining payments;
 - c) preemployment screenings; or
 - d) any purpose other than preventing overuse or abuse of controlled substances and reviewing the safety and quality of care provided to an AHCCCS member.
7. Requires authorized licensed health care professionals and health care insurers to deactivate a delegate within five business days after a delegate's employment status change, the request of the delegate or the inappropriate use of the CSPMP.
8. Expands the definition of *delegate* to include any employee of a health care insurer who is authorized by the health care insurer's CMO or other licensed health care professional who is authorized to prescribe controlled substances.

9. Defines *health care insurer, administration* and *contractor*.

10. Makes technical and conforming changes.

11. Becomes effective on the general effective date.

Amendments Adopted by Committee

- Eliminates proposed language establishing failure to supervise a delegate as an act of unprofessional conduct.

Senate Action

HHS 2/3/21 DPA 7-0-1

Prepared by Senate Research

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