

REFERENCE TITLE: **associate physicians; licensure; collaborative practice**

State of Arizona
Senate
Fifty-fifth Legislature
First Regular Session
2021

SB 1271

Introduced by
Senators Barto: Leach; Representatives Chávez, Cobb, Hernandez A, Meza

AN ACT

AMENDING SECTION 32-1422, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 13, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1432.04; AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1459; AMENDING SECTION 32-1822, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 17, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1829.01; AMENDING TITLE 32, CHAPTER 17, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1862; RELATING TO MEDICAL BOARD REGULATION.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 32-1422, Arizona Revised Statutes, is amended to
3 read:

4 32-1422. Basic requirements for granting a license to
5 practice medicine; credentials verification

6 A. An applicant for a license to practice medicine in this state
7 pursuant to this article shall meet each of the following basic
8 requirements:

9 1. Graduate from an approved school of medicine or receive a
10 medical education that the board deems to be of equivalent quality.

11 2. EXCEPT AS PROVIDED IN SECTION 32-1432.04, successfully complete
12 an approved twelve-month hospital internship, residency or clinical
13 fellowship program.

14 3. Have the physical and mental capability to safely engage in the
15 practice of medicine.

16 4. Have a professional record that indicates that the applicant has
17 not committed any act or engaged in any conduct that would constitute
18 grounds for disciplinary action against a licensee under this chapter.

19 5. Not have had a license to practice medicine revoked by a medical
20 regulatory board in another jurisdiction in the United States for an act
21 that occurred in that jurisdiction that constitutes unprofessional conduct
22 pursuant to this chapter.

23 6. Not be currently under investigation, suspension or restriction
24 by a medical regulatory board in another jurisdiction in the United States
25 for an act that occurred in that jurisdiction and that constitutes
26 unprofessional conduct pursuant to this chapter. If the applicant is
27 under investigation by a medical regulatory board in another jurisdiction,
28 the board shall suspend the application process and may not issue or deny
29 a license to the applicant until the investigation is resolved.

30 7. Not have surrendered a license to practice medicine in lieu of
31 disciplinary action by a medical regulatory board in another jurisdiction
32 in the United States for an act that occurred in that jurisdiction and
33 that constitutes unprofessional conduct pursuant to this chapter.

34 8. Pay all fees required by the board.

35 9. Complete the application as required by the board.

36 10. Complete a training unit as prescribed by the board relating to
37 the requirements of this chapter and board rules. The applicant shall
38 submit proof with the application form of having completed the training
39 unit.

40 11. Have submitted directly to the board, electronically or by hard
41 copy, verification of the following:

42 (a) Licensure from every state in which the applicant has ever held
43 a medical license.

1 (b) All medical employment for the five years preceding
2 application. If the applicant is employed by a hospital or medical group
3 or organization, the board shall accept the confirmation required under
4 this subdivision from the applicant's employer. For the purposes of this
5 subdivision, "medical employment" includes all medical professional
6 activities.

7 12. Have submitted a full set of fingerprints to the board for the
8 purpose of obtaining a state and federal criminal records check pursuant
9 to section 41-1750 and Public Law 92-544. The department of public safety
10 may exchange this fingerprint data with the federal bureau of
11 investigation.

12 B. The board may require the submission of credentials or other
13 evidence, written and oral, and make any investigation it deems necessary
14 to adequately inform itself with respect to an applicant's ability to meet
15 the requirements prescribed by this section, including a requirement that
16 the applicant for licensure undergo a physical examination, a mental
17 evaluation and an oral competence examination and interview, or any
18 combination thereof, as the board deems proper.

19 C. In determining ~~if~~ WHETHER the requirements of subsection A,
20 paragraph 4 of this section have been met, if the board finds that the
21 applicant committed an act or engaged in conduct that would constitute
22 grounds for disciplinary action, the board shall determine to its
23 satisfaction that the conduct has been corrected, monitored and
24 resolved. If the matter has not been resolved, the board shall determine
25 to its satisfaction that mitigating circumstances exist that prevent its
26 resolution.

27 D. In determining ~~if~~ WHETHER the requirements of subsection A,
28 paragraph 6 of this section have been met, if another jurisdiction has
29 taken disciplinary action against an applicant, the board shall determine
30 to its satisfaction that the cause for the action was corrected and the
31 matter resolved. If the matter has not been resolved by that
32 jurisdiction, the board shall determine to its satisfaction that
33 mitigating circumstances exist that prevent its resolution.

34 E. The board may delegate authority to the executive director to
35 deny licenses if applicants do not meet the requirements of this section.

36 F. Any credential information required to be submitted to the board
37 pursuant to this article must be submitted, electronically or by hard
38 copy, from the primary source where the document or information
39 originated, except that the board may accept primary-source verified
40 credentials from a credentials verification service approved by the board.
41 The board is not required to verify any documentation or information
42 received by the board from a credentials verification service that has
43 been approved by the board. If an applicant is unable to provide a
44 document or information from the primary source due to no fault of the

1 applicant, the executive director shall forward the issue to the full
2 board for review and determination. The board shall adopt rules
3 establishing the criteria that must be met in order to waive a
4 documentation requirement of this article.

5 Sec. 2. Title 32, chapter 13, article 2, Arizona Revised Statutes,
6 is amended by adding section 32-1432.04, to read:

7 32-1432.04. Associate physicians; licensure; applications;
8 rules; definitions

9 A. AN ASSOCIATE PHYSICIAN MAY PRACTICE AS AN ASSOCIATE PHYSICIAN AS
10 FOLLOWS:

11 1. BY PROVIDING ONLY PRIMARY CARE SERVICES AND ONLY IN MEDICALLY
12 UNDERSERVED RURAL OR URBAN AREAS OF THIS STATE.

13 2. UNDER THE TERMS OF AN ASSOCIATE PHYSICIAN COLLABORATIVE PRACTICE
14 ARRANGEMENT.

15 B. FOR A PHYSICIAN-ASSOCIATE PHYSICIAN TEAM WORKING IN A RURAL
16 HEALTH CLINIC UNDER THE 1977 FEDERAL ACT (P.L 95-210), AS AMENDED,
17 RELATING TO RURAL HEALTH CLINIC SERVICES:

18 1. THE ASSOCIATE PHYSICIAN SHALL BE CONSIDERED A PHYSICIAN ASSISTANT
19 FOR PURPOSES OF CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATIONS.

20 2. SUPERVISION REQUIREMENTS IN ADDITION TO THE MINIMUM FEDERAL
21 SUPERVISION REQUIREMENT ARE NOT REQUIRED.

22 C. FOR THE PURPOSES OF THIS SECTION, THE BOARD SHALL ESTABLISH
23 RULES, PURSUANT TO TITLE 41, CHAPTER 6, THAT PROVIDE FOR ALL OF THE
24 FOLLOWING:

25 1. LICENSURE AND LICENSE RENEWAL PROCEDURES.

26 2. PHYSICIAN SUPERVISION AND COLLABORATIVE PRACTICE ARRANGEMENTS.

27 3. FEES.

28 4. ANY OTHER MATTERS THAT ARE NECESSARY TO PROTECT THE PUBLIC AND
29 DISCIPLINE PROFESSIONALS.

30 D. AN APPLICATION FOR LICENSURE MAY BE DENIED OR THE LICENSURE OF
31 AN ASSOCIATE PHYSICIAN MAY BE SUSPENDED OR REVOKED BY THE BOARD IN THE
32 SAME MANNER AND FOR VIOLATING THE STANDARDS PRESCRIBED BY SECTION 32-1451
33 OR SUCH OTHER STANDARDS OF CONDUCT PRESCRIBED BY THE BOARD BY RULE. AN
34 ASSOCIATE PHYSICIAN IS NOT REQUIRED TO COMPLETE MORE HOURS OF CONTINUING
35 MEDICAL EDUCATION THAN THAT OF A LICENSED PHYSICIAN.

36 E. AN ASSOCIATE PHYSICIAN SHALL CLEARLY IDENTIFY HIMSELF OR HERSELF
37 AS AN ASSOCIATE PHYSICIAN AND MAY USE THE TERMS "DOCTOR", "DR.", OR "DOC".
38 AN ASSOCIATE PHYSICIAN MAY NOT PRACTICE OR ATTEMPT TO PRACTICE WITHOUT AN
39 ASSOCIATE PHYSICIAN COLLABORATIVE PRACTICE ARRANGEMENT AS PRESCRIBED IN
40 SECTION 32-1459, EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION AND IN AN
41 EMERGENCY SITUATION.

42 F. THE COLLABORATING PHYSICIAN IS RESPONSIBLE AT ALL TIMES FOR THE
43 OVERSIGHT OF THE ACTIVITIES OF AND ACCEPTS RESPONSIBILITY FOR PRIMARY CARE
44 SERVICES RENDERED BY THE ASSOCIATE PHYSICIAN.

1 G. AN ASSOCIATE PHYSICIAN'S LICENSE RENEWAL SHALL INCLUDE
2 VERIFICATION OF ACTUAL PRACTICE UNDER A COLLABORATIVE PRACTICE ARRANGEMENT
3 AS PRESCRIBED IN SECTION 32-1459 DURING THE IMMEDIATELY PRECEDING
4 LICENSURE PERIOD.

5 H. EACH HEALTH INSURANCE CARRIER OR HEALTH BENEFIT PLAN THAT OFFERS
6 OR ISSUES HEALTH BENEFIT PLANS THAT ARE DELIVERED, ISSUED FOR DELIVERY,
7 CONTINUED OR RENEWED IN THIS STATE SHALL REIMBURSE AN ASSOCIATE PHYSICIAN
8 FOR DIAGNOSING, CONSULTING OR TREATING AN INSURED OR ENROLLEE ON THE SAME
9 BASIS THAT THE HEALTH CARRIER OR HEALTH BENEFIT PLAN COVERS THE SERVICE
10 WHEN IT IS DELIVERED BY ANOTHER COMPARABLE MID-LEVEL HEALTH CARE PROVIDER,
11 INCLUDING A PHYSICIAN ASSISTANT.

12 I. FOR THE PURPOSES OF THIS SECTION:

13 1. "ASSOCIATE PHYSICIAN" MEANS A MEDICAL SCHOOL GRADUATE WHO MEETS
14 ALL OF THE FOLLOWING:

15 (a) IS A RESIDENT AND CITIZEN OF THE UNITED STATES OR IS A LEGAL
16 RESIDENT ALIEN.

17 (b) HAS SUCCESSFULLY COMPLETED STEP TWO OF THE UNITED STATES
18 MEDICAL LICENSING EXAMINATION OR THE EQUIVALENT OF SUCH A STEP OF ANY
19 OTHER BOARD-APPROVED MEDICAL LICENSING EXAMINATION EITHER:

20 (i) WITHIN THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING APPLICATION
21 FOR LICENSURE AS AN ASSOCIATE PHYSICIAN UNLESS, WHEN THE THREE-YEAR
22 ANNIVERSARY OCCURRED, THE PERSON WAS SERVING AS A RESIDENT PHYSICIAN IN AN
23 ACCREDITED RESIDENCY IN THE UNITED STATES AND CONTINUED TO DO SO WITHIN
24 THIRTY DAYS BEFORE APPLYING FOR LICENSURE AS AN ASSOCIATE PHYSICIAN.

25 (ii) WITHIN THREE YEARS BEFORE GRADUATION FROM A MEDICAL SCHOOL AND
26 THE GRADUATION OCCURRED WITHIN THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING
27 APPLICATION FOR LICENSURE AS AN ASSOCIATE PHYSICIAN.

28 (c) HAS NOT COMPLETED AN APPROVED POSTGRADUATE RESIDENCY.

29 (d) IS PROFICIENT IN THE ENGLISH LANGUAGE.

30 2. "COLLABORATIVE PRACTICE ARRANGEMENT" MEANS AN AGREEMENT BETWEEN
31 A PHYSICIAN AND AN ASSOCIATE PHYSICIAN THAT MEETS THE REQUIREMENTS OF THIS
32 SECTION AND SECTION 32-1459.

33 3. "MEDICAL SCHOOL GRADUATE" MEANS A PERSON WHO HAS GRADUATED FROM
34 AN APPROVED SCHOOL OF MEDICINE DESCRIBED IN SECTION 32-1422.

35 Sec. 3. Title 32, chapter 13, article 3, Arizona Revised Statutes,
36 is amended by adding section 32-1459, to read:

37 32-1459. Associate physicians; collaborative practice
38 arrangements; requirements; rules; controlled
39 substances; definitions

40 A. A PHYSICIAN MAY ENTER INTO COLLABORATIVE PRACTICE ARRANGEMENTS
41 WITH ASSOCIATE PHYSICIANS. COLLABORATIVE PRACTICE ARRANGEMENTS SHALL BE
42 IN THE FORM OF WRITTEN AGREEMENTS, JOINTLY AGREED-ON PROTOCOLS OR STANDING
43 ORDERS FOR THE DELIVERY OF HEALTH CARE SERVICES. COLLABORATIVE PRACTICE
44 ARRANGEMENTS:

1 1. SHALL BE IN WRITING.

2 2. MAY DELEGATE TO AN ASSOCIATE PHYSICIAN THE AUTHORITY TO
3 ADMINISTER OR DISPENSE DRUGS UNDER THE AUTHORITY PROVIDED BY AND
4 CONDITIONS OF SECTION 32-1491.

5 3. SHALL ALLOW THE ASSOCIATE PHYSICIAN TO PROVIDE TREATMENT AS LONG
6 AS THE DELIVERY OF THE HEALTH CARE SERVICES IS WITHIN THE SCOPE OF
7 PRACTICE OF THE ASSOCIATE PHYSICIAN AND IS CONSISTENT WITH THAT ASSOCIATE
8 PHYSICIAN'S SKILL, TRAINING AND COMPETENCE AND THE SKILL AND TRAINING OF
9 THE COLLABORATING PHYSICIAN.

10 B. THE COLLABORATIVE PRACTICE ARRANGEMENT SHALL CONTAIN AT LEAST
11 THE FOLLOWING PROVISIONS:

12 1. COMPLETE NAMES, HOME AND BUSINESS ADDRESSES, ZIP CODES AND
13 TELEPHONE NUMBERS OF THE COLLABORATING PHYSICIAN AND THE ASSOCIATE
14 PHYSICIAN.

15 2. A LIST OF ALL OTHER OFFICES OR LOCATIONS BESIDES THOSE LISTED IN
16 PARAGRAPH 1 OF THIS SUBSECTION WHERE THE COLLABORATING PHYSICIAN
17 AUTHORIZES THE ASSOCIATE PHYSICIAN TO PRESCRIBE.

18 3. A REQUIREMENT THAT THERE BE POSTED AT EVERY OFFICE WHERE THE
19 ASSOCIATE PHYSICIAN IS AUTHORIZED TO PRESCRIBE, IN COLLABORATION WITH A
20 PHYSICIAN, A PROMINENTLY DISPLAYED DISCLOSURE STATEMENT INFORMING PATIENTS
21 THAT THEY MAY BE SEEN BY AN ASSOCIATE PHYSICIAN AND HAVE THE RIGHT TO SEE
22 THE COLLABORATING PHYSICIAN.

23 4. ALL SPECIALTY OR BOARD CERTIFICATIONS OF THE COLLABORATING
24 PHYSICIAN AND ALL CERTIFICATIONS OF THE ASSOCIATE PHYSICIAN.

25 5. THE MANNER OF COLLABORATION BETWEEN THE COLLABORATING PHYSICIAN
26 AND THE ASSOCIATE PHYSICIAN, INCLUDING HOW THE COLLABORATING PHYSICIAN AND
27 THE ASSOCIATE PHYSICIAN WILL:

28 (a) ENGAGE IN COLLABORATIVE PRACTICE CONSISTENT WITH EACH
29 PROFESSIONAL'S SKILL, TRAINING, EDUCATION AND COMPETENCE.

30 (b) MAINTAIN GEOGRAPHIC PROXIMITY, EXCEPT THAT THE COLLABORATIVE
31 PRACTICE ARRANGEMENT MAY ALLOW FOR GEOGRAPHIC PROXIMITY TO BE WAIVED FOR A
32 MAXIMUM OF TWENTY-EIGHT DAYS PER CALENDAR YEAR FOR RURAL HEALTH CLINICS AS
33 DEFINED IN 42 UNITED STATES CODE SECTION 1395x, AS LONG AS THE
34 COLLABORATIVE PRACTICE ARRANGEMENT INCLUDES ALTERNATIVE COVERAGE AS
35 REQUIRED BY SUBDIVISION (c) OF THIS PARAGRAPH. THE GEOGRAPHIC PROXIMITY
36 EXCEPTION APPLIES ONLY TO INDEPENDENT RURAL HEALTH CLINICS, PROVIDER-BASED
37 RURAL HEALTH CLINICS IF THE PROVIDER IS A CRITICAL ACCESS HOSPITAL AS
38 PROVIDED IN 42 UNITED STATES CODE SECTION 1395i-4 OR PROVIDER-BASED RURAL
39 HEALTH CLINICS IF THE MAIN LOCATION OF THE HOSPITAL SPONSOR IS MORE THAN
40 FIFTY MILES FROM THE CLINIC. THE COLLABORATING PHYSICIAN SHALL MAINTAIN
41 DOCUMENTATION RELATED TO THIS REQUIREMENT AND PRESENT IT TO THE BOARD ON
42 REQUEST.

43 (c) PROVIDE FOR ALTERNATIVE COVERAGE DURING ABSENCE, INCAPACITY OR
44 INFIRMITY OR AN EMERGENCY.

1 6. A DESCRIPTION OF THE ASSOCIATE PHYSICIAN'S CONTROLLED SUBSTANCE
2 PRESCRIPTIVE AUTHORITY IN COLLABORATION WITH THE PHYSICIAN, INCLUDING A
3 LIST OF THE CONTROLLED SUBSTANCES THE COLLABORATING PHYSICIAN AUTHORIZES
4 THE ASSOCIATE PHYSICIAN TO PRESCRIBE AND DOCUMENTATION THAT IT IS
5 CONSISTENT WITH EACH PROFESSIONAL'S EDUCATION, KNOWLEDGE, SKILL AND
6 COMPETENCE.

7 7. A LIST OF ANY OTHER WRITTEN PRACTICE AGREEMENT OF THE
8 COLLABORATING PHYSICIAN AND THE ASSOCIATE PHYSICIAN.

9 8. THE DURATION OF ANY OTHER WRITTEN PRACTICE AGREEMENT BETWEEN THE
10 COLLABORATING PHYSICIAN AND THE ASSOCIATE PHYSICIAN.

11 9. A DESCRIPTION OF THE TIME AND MANNER OF THE COLLABORATING
12 PHYSICIAN'S REVIEW OF THE ASSOCIATE PHYSICIAN'S DELIVERY OF HEALTH CARE
13 SERVICES, INCLUDING PROVISIONS THAT THE ASSOCIATE PHYSICIAN MUST SUBMIT A
14 MINIMUM OF TEN PERCENT OF THE CHARTS DOCUMENTING THE ASSOCIATE PHYSICIAN'S
15 DELIVERY OF HEALTH CARE SERVICES TO THE COLLABORATING PHYSICIAN FOR REVIEW
16 BY THE COLLABORATING PHYSICIAN, OR ANY OTHER PHYSICIAN DESIGNATED IN THE
17 COLLABORATIVE PRACTICE ARRANGEMENT, EVERY FOURTEEN DAYS.

18 10. A REQUIREMENT THAT THE COLLABORATING PHYSICIAN, OR ANY OTHER
19 PHYSICIAN DESIGNATED IN THE COLLABORATIVE PRACTICE ARRANGEMENT, REVIEW
20 EVERY FOURTEEN DAYS A MINIMUM OF TWENTY PERCENT OF THE CHARTS IN WHICH THE
21 ASSOCIATE PHYSICIAN PRESCRIBES CONTROLLED SUBSTANCES. THE CHARTS REVIEWED
22 UNDER THIS PARAGRAPH MAY BE COUNTED IN THE NUMBER OF CHARTS REQUIRED TO BE
23 REVIEWED UNDER PARAGRAPH 9 OF THIS SUBSECTION.

24 C. THE BOARD SHALL ADOPT RULES, PURSUANT TO TITLE 41, CHAPTER 6,
25 REGULATING THE USE OF COLLABORATIVE PRACTICE ARRANGEMENTS FOR ASSOCIATE
26 PHYSICIANS THAT SPECIFY:

27 1. GEOGRAPHIC AREAS TO BE COVERED.

28 2. THE METHODS OF TREATMENT THAT MAY BE COVERED BY COLLABORATIVE
29 PRACTICE ARRANGEMENTS.

30 3. IN CONJUNCTION WITH DEANS OF MEDICAL SCHOOLS AND PRIMARY CARE
31 RESIDENCY PROGRAM DIRECTORS IN THIS STATE, THE DEVELOPMENT AND
32 IMPLEMENTATION OF EDUCATIONAL METHODS AND PROGRAMS UNDERTAKEN DURING THE
33 COLLABORATIVE PRACTICE SERVICE THAT FACILITATES THE ADVANCEMENT OF THE
34 ASSOCIATE PHYSICIAN'S MEDICAL KNOWLEDGE AND CAPABILITIES AND THAT MAY LEAD
35 TO CREDIT TOWARD A FUTURE RESIDENCY PROGRAM FOR PROGRAMS THAT DEEM SUCH
36 DOCUMENTED EDUCATIONAL ACHIEVEMENTS ACCEPTABLE.

37 4. THE REQUIREMENTS FOR REVIEW OF SERVICES PROVIDED UNDER
38 COLLABORATIVE PRACTICE ARRANGEMENTS, INCLUDING DELEGATING AUTHORITY TO
39 PRESCRIBE CONTROLLED SUBSTANCES.

40 D. THE BOARD SHALL ADOPT RULES APPLICABLE TO ASSOCIATE PHYSICIANS
41 THAT ARE CONSISTENT WITH GUIDELINES FOR FEDERALLY FUNDED CLINICS. THE
42 RULEMAKING AUTHORITY GRANTED IN THIS SUBSECTION DOES NOT EXTEND TO
43 COLLABORATIVE PRACTICE ARRANGEMENTS OF HOSPITAL EMPLOYEES PROVIDING
44 INPATIENT CARE WITHIN ACCREDITED HOSPITALS AS DEFINED IN SECTION 36-401.

1 E. THE BOARD MAY NOT DENY, REVOKE, SUSPEND OR OTHERWISE TAKE
2 DISCIPLINARY ACTION AGAINST THE LICENSE OF A COLLABORATING PHYSICIAN FOR
3 HEALTH CARE SERVICES DELEGATED TO AN ASSOCIATE PHYSICIAN IF THIS SECTION
4 AND THE RULES ADOPTED PURSUANT TO THIS SECTION ARE SATISFIED.

5 F. THE BOARD SHALL REQUIRE EACH PHYSICIAN, ON LICENSURE RENEWAL, TO
6 IDENTIFY WHETHER THE PHYSICIAN IS ENGAGED IN ANY COLLABORATIVE PRACTICE
7 ARRANGEMENT, INCLUDING COLLABORATIVE PRACTICE ARRANGEMENTS DELEGATING THE
8 AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES, AND TO REPORT TO THE BOARD
9 THE NAME OF EACH ASSOCIATE PHYSICIAN WITH WHOM THE PHYSICIAN HAS A
10 COLLABORATIVE PRACTICE ARRANGEMENT. THE BOARD MAY MAKE SUCH INFORMATION
11 AVAILABLE TO THE PUBLIC. THE BOARD SHALL TRACK THE REPORTED INFORMATION
12 AND MAY ROUTINELY CONDUCT RANDOM REVIEWS OF THE COLLABORATIVE PRACTICE
13 ARRANGEMENTS TO ENSURE THEY ARE CARRIED OUT IN COMPLIANCE WITH THIS
14 CHAPTER AND THE RULES ADOPTED PURSUANT TO THIS CHAPTER.

15 G. A COLLABORATING PHYSICIAN MAY NOT ENTER INTO A COLLABORATIVE
16 PRACTICE ARRANGEMENT WITH MORE THAN SIX FULL-TIME EQUIVALENT ASSOCIATE
17 PHYSICIANS OR FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS, OR ANY
18 COMBINATION THEREOF.

19 H. THE COLLABORATING PHYSICIAN SHALL DETERMINE AND DOCUMENT THE
20 COMPLETION OF AT LEAST A ONE-MONTH PERIOD OF TIME DURING WHICH THE
21 ASSOCIATE PHYSICIAN PRACTICES IN A SETTING IN WHICH THE COLLABORATING
22 PHYSICIAN IS CONTINUOUSLY PRESENT BEFORE PRACTICING WHEN THE COLLABORATING
23 PHYSICIAN IS NOT CONTINUOUSLY PRESENT. BOARD RULES MAY NOT REQUIRE THE
24 COLLABORATING PHYSICIAN TO REVIEW MORE THAN TEN PERCENT OF THE ASSOCIATE
25 PHYSICIAN'S PATIENT CHARTS OR RECORDS DURING THAT ONE-MONTH PERIOD.

26 I. A COLLABORATIVE PRACTICE ARRANGEMENT UNDER THIS SECTION MAY NOT
27 SUPERSEDE CURRENT HOSPITAL LICENSING REGULATIONS GOVERNING HOSPITAL
28 MEDICATION ORDERS UNDER PROTOCOLS OR STANDING ORDERS FOR THE PURPOSE OF
29 DELIVERING INPATIENT OR EMERGENCY CARE WITHIN AN ACCREDITED HOSPITAL AS
30 DEFINED IN SECTION 36-401 IF SUCH PROTOCOLS OR STANDING ORDERS HAVE BEEN
31 APPROVED BY THE HOSPITAL'S MEDICAL STAFF AND PHARMACEUTICAL THERAPEUTICS
32 COMMITTEE.

33 J. A CONTRACT OR OTHER AGREEMENT MAY NOT REQUIRE A PHYSICIAN TO ACT
34 AS A COLLABORATING PHYSICIAN FOR AN ASSOCIATE PHYSICIAN AGAINST THE
35 PHYSICIAN'S WILL. A PHYSICIAN MAY REFUSE TO ACT AS A COLLABORATING
36 PHYSICIAN, WITHOUT PENALTY, FOR A PARTICULAR ASSOCIATE PHYSICIAN. A
37 CONTRACT OR OTHER AGREEMENT MAY NOT LIMIT THE COLLABORATING PHYSICIAN'S
38 ULTIMATE AUTHORITY OVER ANY PROTOCOLS OR STANDING ORDERS OR IN DELEGATING
39 THE PHYSICIAN'S AUTHORITY TO ANY ASSOCIATE PHYSICIAN, AND A PHYSICIAN, IN
40 IMPLEMENTING SUCH PROTOCOLS, STANDING ORDERS OR DELEGATION, MAY NOT
41 VIOLATE APPLICABLE STANDARDS FOR SAFE MEDICAL PRACTICE ESTABLISHED BY A
42 HOSPITAL'S MEDICAL STAFF.

1 K. A CONTRACT OR OTHER AGREEMENT MAY NOT REQUIRE ANY ASSOCIATE
2 PHYSICIAN TO SERVE AS A COLLABORATING ASSOCIATE PHYSICIAN FOR ANY
3 COLLABORATING PHYSICIAN AGAINST THE ASSOCIATE PHYSICIAN'S WILL. AN
4 ASSOCIATE PHYSICIAN MAY REFUSE TO COLLABORATE, WITHOUT PENALTY, WITH A
5 PARTICULAR PHYSICIAN.

6 L. EACH COLLABORATING PHYSICIAN AND ASSOCIATE PHYSICIAN IN A
7 COLLABORATIVE PRACTICE ARRANGEMENT SHALL WEAR IDENTIFICATION BADGES WHILE
8 ACTING WITHIN THE SCOPE OF THEIR COLLABORATIVE PRACTICE ARRANGEMENT. THE
9 IDENTIFICATION BADGES SHALL PROMINENTLY DISPLAY THE LICENSURE STATUS OF
10 EACH COLLABORATING PHYSICIAN AND ASSOCIATE PHYSICIAN.

11 M. AN ASSOCIATE PHYSICIAN WHO IS GRANTED CONTROLLED SUBSTANCES
12 PRESCRIPTIVE AUTHORITY AS PROVIDED IN THIS CHAPTER MAY PRESCRIBE ANY
13 CONTROLLED SUBSTANCE LISTED IN SCHEDULE III, IV OR V, AND MAY HAVE
14 RESTRICTED AUTHORITY IN SCHEDULE II, WHEN DELEGATED THE AUTHORITY TO
15 PRESCRIBE CONTROLLED SUBSTANCES IN A COLLABORATIVE PRACTICE ARRANGEMENT.
16 PRESCRIPTIONS FOR SCHEDULE II MEDICATIONS PRESCRIBED BY AN ASSOCIATE
17 PHYSICIAN WHO HAS A CERTIFICATE OF CONTROLLED SUBSTANCES PRESCRIPTIVE
18 AUTHORITY ARE RESTRICTED TO ONLY THOSE MEDICATIONS CONTAINING HYDROCODONE.
19 SUCH AUTHORITY SHALL BE FILED WITH THE BOARD. THE COLLABORATING PHYSICIAN
20 MAY LIMIT A SPECIFIC SCHEDULED DRUG OR SCHEDULED DRUG CATEGORY THAT THE
21 ASSOCIATE PHYSICIAN IS ALLOWED TO PRESCRIBE. ANY LIMITS SHALL BE LISTED
22 IN THE COLLABORATIVE PRACTICE ARRANGEMENT. ASSOCIATE PHYSICIANS MAY NOT
23 PRESCRIBE CONTROLLED SUBSTANCES FOR THEMSELVES OR MEMBERS OF THEIR
24 FAMILIES. SCHEDULE III CONTROLLED SUBSTANCES AND SCHEDULE II HYDROCODONE
25 PRESCRIPTIONS ARE LIMITED TO A FIVE-DAY SUPPLY WITHOUT REFILL, EXCEPT THAT
26 BUPRENORPHINE MAY BE PRESCRIBED FOR UP TO A THIRTY-DAY SUPPLY WITHOUT
27 REFILL FOR PATIENTS RECEIVING MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE
28 USE DISORDERS UNDER THE DIRECTION OF THE COLLABORATING PHYSICIAN.
29 ASSOCIATE PHYSICIANS WHO ARE AUTHORIZED TO PRESCRIBE CONTROLLED SUBSTANCES
30 UNDER THIS CHAPTER SHALL REGISTER WITH THE UNITED STATES DRUG ENFORCEMENT
31 ADMINISTRATION AND SHALL INCLUDE THE UNITED STATES DRUG ENFORCEMENT
32 ADMINISTRATION REGISTRATION NUMBER ON PRESCRIPTIONS FOR CONTROLLED
33 SUBSTANCES. THE COLLABORATING PHYSICIAN SHALL DETERMINE AND DOCUMENT THE
34 COMPLETION OF AT LEAST ONE HUNDRED TWENTY HOURS IN A FOUR-MONTH PERIOD BY
35 THE ASSOCIATE PHYSICIAN DURING WHICH THE ASSOCIATE PHYSICIAN PRACTICES
36 WITH THE COLLABORATING PHYSICIAN ON-SITE BEFORE PRESCRIBING CONTROLLED
37 SUBSTANCES WHEN THE COLLABORATING PHYSICIAN IS NOT ON-SITE.

38 N. THIS SECTION AND SECTION 32-1432.04 DO NOT LIMIT THE AUTHORITY
39 OF HOSPITALS OR HOSPITAL MEDICAL STAFF TO MAKE EMPLOYMENT OR MEDICAL STAFF
40 CREDENTIALING OR PRIVILEGING DECISIONS.

41 O. FOR THE PURPOSES OF THIS SECTION, "ASSOCIATE PHYSICIAN" AND
42 "COLLABORATIVE PRACTICE ARRANGEMENT" HAVE THE SAME MEANINGS PRESCRIBED IN
43 SECTION 32-1432.04.

1 Sec. 4. Section 32-1822, Arizona Revised Statutes, is amended to
2 read:

3 32-1822. Qualifications of applicant; application;
4 fingerprinting; fees

5 A. On a form and in a manner prescribed by the board, an applicant
6 for licensure shall submit proof that the applicant:

7 1. Is the person named on the application and on all supporting
8 documents submitted.

9 2. Is a citizen of the United States or a resident alien.

10 3. Is a graduate of a school of osteopathic medicine approved by
11 the American osteopathic association.

12 4. EXCEPT AS PROVIDED IN SECTION 32-1829.01, has successfully
13 completed an approved internship, the first year of an approved
14 multiple-year residency or a board-approved equivalency.

15 5. Has passed the approved examinations for licensure within seven
16 years of application or has the board-approved equivalency of practice
17 experience.

18 6. Has not engaged in any conduct that, if it occurred in this
19 state, would be considered unprofessional conduct or, if the applicant has
20 engaged in unprofessional conduct, is rehabilitated from the underlying
21 conduct.

22 7. Is physically, mentally and emotionally able to practice
23 medicine, or, if limited, restricted or impaired in the ability to
24 practice medicine, consents to contingent licensure pursuant to subsection
25 E of this section or to entry into a program prescribed in section
26 32-1861.

27 8. Is of good moral character.

28 9. ~~Beginning September 1, 2017,~~ Has submitted a full set of
29 fingerprints to the board for the purpose of obtaining a state and federal
30 criminal records check pursuant to section 41-1750 and Public Law
31 92-544. The department of public safety may exchange this fingerprint
32 data with the federal bureau of investigation.

33 B. An applicant must submit with the application the nonrefundable
34 application fee prescribed in section 32-1826 and pay the prescribed
35 license issuance fee to the board at the time the license is issued.

36 C. The board or the executive director may require an applicant to
37 submit to a personal interview, a physical examination or a mental
38 evaluation or any combination of these, at the applicant's expense, at a
39 reasonable time and place as prescribed by the board if the board
40 determines that this is necessary to provide the board adequate
41 information regarding the applicant's ability to meet the licensure
42 requirements of this chapter. An interview may include medical knowledge
43 questions and other matters that are relevant to licensure.

1 D. The board may deny a license for any unprofessional conduct that
2 would constitute grounds for disciplinary action pursuant to this chapter
3 or as determined by a competent domestic or foreign jurisdiction.

4 E. The board may issue a license that is contingent on the
5 applicant entering into a stipulated order that may include a period of
6 probation or a restriction on the licensee's practice.

7 F. The executive director may issue licenses to applicants who meet
8 the requirements of this section.

9 G. A person whose license has been revoked, denied or surrendered
10 in this or any other state may apply for licensure not sooner than five
11 years after the revocation, denial or surrender.

12 H. A license issued pursuant to this section is valid for the
13 remainder of the calendar year in which it was issued, at which time it is
14 eligible for renewal.

15 Sec. 4. Title 32, chapter 17, article 2, Arizona Revised Statutes,
16 is amended by adding section 32-1829.01, to read:

17 32-1829.01. Associate physicians; licensure; application;
18 rules; definitions

19 A. AN ASSOCIATE PHYSICIAN MAY PRACTICE AS AN ASSOCIATE PHYSICIAN AS
20 FOLLOWS:

21 1. BY PROVIDING ONLY PRIMARY CARE SERVICES AND ONLY IN MEDICALLY
22 UNDERSERVED RURAL OR URBAN AREAS OF THIS STATE.

23 2. UNDER THE TERMS OF AN ASSOCIATE PHYSICIAN COLLABORATIVE PRACTICE
24 ARRANGEMENT.

25 B. FOR A PHYSICIAN-ASSOCIATE PHYSICIAN TEAM WORKING IN A RURAL
26 HEALTH CLINIC UNDER THE 1977 FEDERAL ACT (P.L. 95-210), AS AMENDED,
27 RELATING TO RURAL HEALTH CLINIC SERVICES:

28 1. THE ASSOCIATE PHYSICIAN SHALL BE CONSIDERED A PHYSICIAN
29 ASSISTANT FOR PURPOSES OF CENTERS FOR MEDICARE AND MEDICAID SERVICES
30 REGULATIONS.

31 2. SUPERVISION REQUIREMENTS IN ADDITION TO THE MINIMUM FEDERAL
32 SUPERVISION REQUIREMENT ARE NOT REQUIRED.

33 C. FOR THE PURPOSES OF THIS SECTION, THE BOARD SHALL ESTABLISH
34 RULES, PURSUANT TO TITLE 41, CHAPTER 6, THAT PROVIDE FOR ALL OF THE
35 FOLLOWING:

36 1. LICENSURE AND LICENSE RENEWAL PROCEDURES.

37 2. PHYSICIAN SUPERVISION AND COLLABORATIVE PRACTICE ARRANGEMENTS.

38 3. FEES.

39 4. ANY OTHER MATTERS THAT ARE NECESSARY TO PROTECT THE PUBLIC AND
40 DISCIPLINE PROFESSIONALS.

41 D. AN APPLICATION FOR LICENSURE MAY BE DENIED OR THE LICENSURE OF
42 AN ASSOCIATE PHYSICIAN MAY BE SUSPENDED OR REVOKED BY THE BOARD IN THE
43 SAME MANNER AND FOR COMMITTING UNPROFESSIONAL CONDUCT AS PRESCRIBED BY
44 SECTION 32-1854 OR VIOLATING SUCH OTHER STANDARDS OF CONDUCT PRESCRIBED BY

1 THE BOARD BY RULE. AN ASSOCIATE PHYSICIAN IS NOT REQUIRED TO COMPLETE
2 MORE HOURS OF CONTINUING MEDICAL EDUCATION THAN THAT OF A LICENSED
3 PHYSICIAN.

4 E. AN ASSOCIATE PHYSICIAN SHALL CLEARLY IDENTIFY HIMSELF OR HERSELF
5 AS AN ASSOCIATE PHYSICIAN AND MAY USE THE TERMS "DOCTOR", "DR.", OR "DOC".
6 AN ASSOCIATE PHYSICIAN MAY NOT PRACTICE OR ATTEMPT TO PRACTICE WITHOUT AN
7 ASSOCIATE PHYSICIAN COLLABORATIVE PRACTICE ARRANGEMENT AS PRESCRIBED IN
8 SECTION 32-1862, EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION AND IN AN
9 EMERGENCY SITUATION.

10 F. THE COLLABORATING PHYSICIAN IS RESPONSIBLE AT ALL TIMES FOR THE
11 OVERSIGHT OF THE ACTIVITIES OF AND ACCEPTS RESPONSIBILITY FOR PRIMARY CARE
12 SERVICES RENDERED BY THE ASSOCIATE PHYSICIAN.

13 G. AN ASSOCIATE PHYSICIAN'S LICENSE RENEWAL SHALL INCLUDE
14 VERIFICATION OF ACTUAL PRACTICE UNDER A COLLABORATIVE PRACTICE ARRANGEMENT
15 AS PRESCRIBED IN SECTION 32-1862 DURING THE IMMEDIATELY PRECEDING
16 LICENSURE PERIOD.

17 H. EACH HEALTH INSURANCE CARRIER OR HEALTH BENEFIT PLAN THAT OFFERS
18 OR ISSUES HEALTH BENEFIT PLANS THAT ARE DELIVERED, ISSUED FOR DELIVERY,
19 CONTINUED OR RENEWED IN THIS STATE SHALL REIMBURSE AN ASSOCIATE PHYSICIAN
20 FOR DIAGNOSING, CONSULTING OR TREATING AN INSURED OR ENROLLEE ON THE SAME
21 BASIS THAT THE HEALTH CARRIER OR HEALTH BENEFIT PLAN COVERS THE SERVICE
22 WHEN IT IS DELIVERED BY ANOTHER COMPARABLE MID-LEVEL HEALTH CARE PROVIDER,
23 INCLUDING A PHYSICIAN ASSISTANT.

24 I. FOR THE PURPOSES OF THIS SECTION:

25 1. "ASSOCIATE PHYSICIAN" MEANS A MEDICAL SCHOOL GRADUATE WHO MEETS
26 ALL OF THE FOLLOWING:

27 (a) IS A RESIDENT AND CITIZEN OF THE UNITED STATES OR IS A LEGAL
28 RESIDENT ALIEN.

29 (b) HAS SUCCESSFULLY COMPLETED STEP TWO OF THE UNITED STATES
30 MEDICAL LICENSING EXAMINATION OR THE EQUIVALENT OF SUCH A STEP OF ANY
31 OTHER BOARD-APPROVED MEDICAL LICENSING EXAMINATION EITHER:

32 (i) WITHIN THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING APPLICATION
33 FOR LICENSURE AS AN ASSOCIATE PHYSICIAN UNLESS, WHEN THE THREE-YEAR
34 ANNIVERSARY OCCURRED, THE PERSON WAS SERVING AS A RESIDENT PHYSICIAN IN AN
35 ACCREDITED RESIDENCY IN THE UNITED STATES AND CONTINUED TO DO SO WITHIN
36 THIRTY DAYS BEFORE APPLYING FOR LICENSURE AS AN ASSOCIATE PHYSICIAN.

37 (ii) WITHIN THREE YEARS BEFORE GRADUATION FROM A MEDICAL SCHOOL AND
38 THE GRADUATION OCCURRED WITHIN THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING
39 APPLICATION FOR LICENSURE AS AN ASSOCIATE PHYSICIAN.

40 (c) HAS NOT COMPLETED AN APPROVED POSTGRADUATE RESIDENCY.

41 (d) IS PROFICIENT IN THE ENGLISH LANGUAGE.

42 2. "COLLABORATIVE PRACTICE ARRANGEMENT" MEANS AN AGREEMENT BETWEEN
43 A PHYSICIAN AND AN ASSOCIATE PHYSICIAN THAT MEETS THE REQUIREMENTS OF THIS
44 SECTION AND SECTION 32-1862.

1 DEFINED IN 42 UNITED STATES CODE SECTION 1395x, AS LONG AS THE
2 COLLABORATIVE PRACTICE ARRANGEMENT INCLUDES ALTERNATIVE COVERAGE AS
3 REQUIRED BY SUBDIVISION (c) OF THIS PARAGRAPH. THE GEOGRAPHIC PROXIMITY
4 EXCEPTION APPLIES ONLY TO INDEPENDENT RURAL HEALTH CLINICS, PROVIDER-BASED
5 RURAL HEALTH CLINICS IF THE PROVIDER IS A CRITICAL ACCESS HOSPITAL AS
6 PROVIDED IN 42 UNITED STATES CODE SECTION 1395i-4 OR PROVIDER-BASED RURAL
7 HEALTH CLINICS IF THE MAIN LOCATION OF THE HOSPITAL SPONSOR IS MORE THAN
8 FIFTY MILES FROM THE CLINIC. THE COLLABORATING PHYSICIAN SHALL MAINTAIN
9 DOCUMENTATION RELATED TO THIS REQUIREMENT AND PRESENT IT TO THE BOARD ON
10 REQUEST.

11 (c) PROVIDE FOR ALTERNATIVE COVERAGE DURING ABSENCE, INCAPACITY OR
12 INFIRMITY OR AN EMERGENCY.

13 6. A DESCRIPTION OF THE ASSOCIATE PHYSICIAN'S CONTROLLED SUBSTANCE
14 PRESCRIPTIVE AUTHORITY IN COLLABORATION WITH THE PHYSICIAN, INCLUDING A
15 LIST OF THE CONTROLLED SUBSTANCES THE COLLABORATING PHYSICIAN AUTHORIZES
16 THE ASSOCIATE PHYSICIAN TO PRESCRIBE AND DOCUMENTATION THAT IT IS
17 CONSISTENT WITH EACH PROFESSIONAL'S EDUCATION, KNOWLEDGE, SKILL AND
18 COMPETENCE.

19 7. A LIST OF ANY OTHER WRITTEN PRACTICE AGREEMENT OF THE
20 COLLABORATING PHYSICIAN AND THE ASSOCIATE PHYSICIAN.

21 8. THE DURATION OF ANY OTHER WRITTEN PRACTICE AGREEMENT BETWEEN THE
22 COLLABORATING PHYSICIAN AND THE ASSOCIATE PHYSICIAN.

23 9. A DESCRIPTION OF THE TIME AND MANNER OF THE COLLABORATING
24 PHYSICIAN'S REVIEW OF THE ASSOCIATE PHYSICIAN'S DELIVERY OF HEALTH CARE
25 SERVICES, INCLUDING PROVISIONS THAT THE ASSOCIATE PHYSICIAN MUST SUBMIT A
26 MINIMUM OF TEN PERCENT OF THE CHARTS DOCUMENTING THE ASSOCIATE PHYSICIAN'S
27 DELIVERY OF HEALTH CARE SERVICES TO THE COLLABORATING PHYSICIAN FOR REVIEW
28 BY THE COLLABORATING PHYSICIAN, OR ANY OTHER PHYSICIAN DESIGNATED IN THE
29 COLLABORATIVE PRACTICE ARRANGEMENT, EVERY FOURTEEN DAYS.

30 10. A REQUIREMENT THAT THE COLLABORATING PHYSICIAN, OR ANY OTHER
31 PHYSICIAN DESIGNATED IN THE COLLABORATIVE PRACTICE ARRANGEMENT, REVIEW
32 EVERY FOURTEEN DAYS A MINIMUM OF TWENTY PERCENT OF THE CHARTS IN WHICH THE
33 ASSOCIATE PHYSICIAN PRESCRIBES CONTROLLED SUBSTANCES. THE CHARTS REVIEWED
34 UNDER THIS PARAGRAPH MAY BE COUNTED IN THE NUMBER OF CHARTS REQUIRED TO BE
35 REVIEWED UNDER PARAGRAPH 9 OF THIS SUBSECTION.

36 C. THE BOARD SHALL ADOPT RULES, PURSUANT TO TITLE 41, CHAPTER 6,
37 REGULATING THE USE OF COLLABORATIVE PRACTICE ARRANGEMENTS FOR ASSOCIATE
38 PHYSICIANS THAT SPECIFY:

39 1. GEOGRAPHIC AREAS TO BE COVERED.

40 2. THE METHODS OF TREATMENT THAT MAY BE COVERED BY COLLABORATIVE
41 PRACTICE ARRANGEMENTS.

42 3. IN CONJUNCTION WITH DEANS OF MEDICAL SCHOOLS AND PRIMARY CARE
43 RESIDENCY PROGRAM DIRECTORS IN THIS STATE, THE DEVELOPMENT AND
44 IMPLEMENTATION OF EDUCATIONAL METHODS AND PROGRAMS UNDERTAKEN DURING THE

1 COLLABORATIVE PRACTICE SERVICE THAT FACILITATES THE ADVANCEMENT OF THE
2 ASSOCIATE PHYSICIAN'S MEDICAL KNOWLEDGE AND CAPABILITIES AND THAT MAY LEAD
3 TO CREDIT TOWARD A FUTURE RESIDENCY PROGRAM FOR PROGRAMS THAT DEEM SUCH
4 DOCUMENTED EDUCATIONAL ACHIEVEMENTS ACCEPTABLE.

5 4. THE REQUIREMENTS FOR REVIEW OF SERVICES PROVIDED UNDER
6 COLLABORATIVE PRACTICE ARRANGEMENTS, INCLUDING DELEGATING AUTHORITY TO
7 PRESCRIBE CONTROLLED SUBSTANCES.

8 D. THE BOARD SHALL ADOPT RULES APPLICABLE TO ASSOCIATE PHYSICIANS
9 THAT ARE CONSISTENT WITH GUIDELINES FOR FEDERALLY FUNDED CLINICS. THE
10 RULEMAKING AUTHORITY GRANTED IN THIS SUBSECTION DOES NOT EXTEND TO
11 COLLABORATIVE PRACTICE ARRANGEMENTS OF HOSPITAL EMPLOYEES PROVIDING
12 INPATIENT CARE WITHIN ACCREDITED HOSPITALS AS DEFINED IN SECTION 36-401.

13 E. THE BOARD MAY NOT DENY, REVOKE, SUSPEND OR OTHERWISE TAKE
14 DISCIPLINARY ACTION AGAINST THE LICENSE OF A COLLABORATING PHYSICIAN FOR
15 HEALTH CARE SERVICES DELEGATED TO AN ASSOCIATE PHYSICIAN IF THIS SECTION
16 AND THE RULES ADOPTED PURSUANT TO THIS SECTION ARE SATISFIED.

17 F. THE BOARD SHALL REQUIRE EACH PHYSICIAN, ON LICENSURE RENEWAL, TO
18 IDENTIFY WHETHER THE PHYSICIAN IS ENGAGED IN ANY COLLABORATIVE PRACTICE
19 ARRANGEMENT, INCLUDING COLLABORATIVE PRACTICE ARRANGEMENTS DELEGATING THE
20 AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES, AND TO REPORT TO THE BOARD
21 THE NAME OF EACH ASSOCIATE PHYSICIAN WITH WHOM THE PHYSICIAN HAS A
22 COLLABORATIVE PRACTICE ARRANGEMENT. THE BOARD MAY MAKE SUCH INFORMATION
23 AVAILABLE TO THE PUBLIC. THE BOARD SHALL TRACK THE REPORTED INFORMATION
24 AND MAY ROUTINELY CONDUCT RANDOM REVIEWS OF THE COLLABORATIVE PRACTICE
25 ARRANGEMENTS TO ENSURE THEY ARE CARRIED OUT IN COMPLIANCE WITH THIS
26 CHAPTER AND THE RULES ADOPTED PURSUANT TO THIS CHAPTER.

27 G. A COLLABORATING PHYSICIAN MAY NOT ENTER INTO A COLLABORATIVE
28 PRACTICE ARRANGEMENT WITH MORE THAN SIX FULL-TIME EQUIVALENT ASSOCIATE
29 PHYSICIANS OR FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS, OR ANY
30 COMBINATION THEREOF.

31 H. THE COLLABORATING PHYSICIAN SHALL DETERMINE AND DOCUMENT THE
32 COMPLETION OF AT LEAST A ONE-MONTH PERIOD OF TIME DURING WHICH THE
33 ASSOCIATE PHYSICIAN PRACTICES IN A SETTING IN WHICH THE COLLABORATING
34 PHYSICIAN IS CONTINUOUSLY PRESENT BEFORE PRACTICING WHEN THE COLLABORATING
35 PHYSICIAN IS NOT CONTINUOUSLY PRESENT. BOARD RULES MAY NOT REQUIRE THE
36 COLLABORATING PHYSICIAN TO REVIEW MORE THAN TEN PERCENT OF THE ASSOCIATE
37 PHYSICIAN'S PATIENT CHARTS OR RECORDS DURING THAT ONE-MONTH PERIOD.

38 I. A COLLABORATIVE PRACTICE ARRANGEMENT UNDER THIS SECTION MAY NOT
39 SUPERSEDE CURRENT HOSPITAL LICENSING REGULATIONS GOVERNING HOSPITAL
40 MEDICATION ORDERS UNDER PROTOCOLS OR STANDING ORDERS FOR THE PURPOSE OF
41 DELIVERING INPATIENT OR EMERGENCY CARE WITHIN AN ACCREDITED HOSPITAL AS
42 DEFINED IN SECTION 36-401 IF SUCH PROTOCOLS OR STANDING ORDERS HAVE BEEN
43 APPROVED BY THE HOSPITAL'S MEDICAL STAFF AND PHARMACEUTICAL THERAPEUTICS
44 COMMITTEE.

1 J. A CONTRACT OR OTHER AGREEMENT MAY NOT REQUIRE A PHYSICIAN TO ACT
2 AS A COLLABORATING PHYSICIAN FOR AN ASSOCIATE PHYSICIAN AGAINST THE
3 PHYSICIAN'S WILL. A PHYSICIAN MAY REFUSE TO ACT AS A COLLABORATING
4 PHYSICIAN, WITHOUT PENALTY, FOR A PARTICULAR ASSOCIATE PHYSICIAN. A
5 CONTRACT OR OTHER AGREEMENT MAY NOT LIMIT THE COLLABORATING PHYSICIAN'S
6 ULTIMATE AUTHORITY OVER ANY PROTOCOLS OR STANDING ORDERS OR IN DELEGATING
7 THE PHYSICIAN'S AUTHORITY TO ANY ASSOCIATE PHYSICIAN, AND A PHYSICIAN, IN
8 IMPLEMENTING SUCH PROTOCOLS, STANDING ORDERS OR DELEGATION, MAY NOT
9 VIOLATE APPLICABLE STANDARDS FOR SAFE MEDICAL PRACTICE ESTABLISHED BY A
10 HOSPITAL'S MEDICAL STAFF.

11 K. A CONTRACT OR OTHER AGREEMENT MAY NOT REQUIRE ANY ASSOCIATE
12 PHYSICIAN TO SERVE AS A COLLABORATING ASSOCIATE PHYSICIAN FOR ANY
13 COLLABORATING PHYSICIAN AGAINST THE ASSOCIATE PHYSICIAN'S WILL. AN
14 ASSOCIATE PHYSICIAN MAY REFUSE TO COLLABORATE, WITHOUT PENALTY, WITH A
15 PARTICULAR PHYSICIAN.

16 L. EACH COLLABORATING PHYSICIAN AND ASSOCIATE PHYSICIAN IN A
17 COLLABORATIVE PRACTICE ARRANGEMENT SHALL WEAR IDENTIFICATION BADGES WHILE
18 ACTING WITHIN THE SCOPE OF THEIR COLLABORATIVE PRACTICE ARRANGEMENT. THE
19 IDENTIFICATION BADGES SHALL PROMINENTLY DISPLAY THE LICENSURE STATUS OF
20 EACH COLLABORATING PHYSICIAN AND ASSOCIATE PHYSICIAN.

21 M. AN ASSOCIATE PHYSICIAN WHO IS GRANTED CONTROLLED SUBSTANCES
22 PRESCRIPTIVE AUTHORITY AS PROVIDED IN THIS CHAPTER MAY PRESCRIBE ANY
23 CONTROLLED SUBSTANCE LISTED IN SCHEDULE III, IV OR V, AND MAY HAVE
24 RESTRICTED AUTHORITY IN SCHEDULE II, WHEN DELEGATED THE AUTHORITY TO
25 PRESCRIBE CONTROLLED SUBSTANCES IN A COLLABORATIVE PRACTICE ARRANGEMENT.
26 PRESCRIPTIONS FOR SCHEDULE II MEDICATIONS PRESCRIBED BY AN ASSOCIATE
27 PHYSICIAN WHO HAS A CERTIFICATE OF CONTROLLED SUBSTANCES PRESCRIPTIVE
28 AUTHORITY ARE RESTRICTED TO ONLY THOSE MEDICATIONS CONTAINING HYDROCODONE.
29 SUCH AUTHORITY SHALL BE FILED WITH THE BOARD. THE COLLABORATING PHYSICIAN
30 MAY LIMIT A SPECIFIC SCHEDULED DRUG OR SCHEDULED DRUG CATEGORY THAT THE
31 ASSOCIATE PHYSICIAN IS ALLOWED TO PRESCRIBE. ANY LIMITS SHALL BE LISTED
32 IN THE COLLABORATIVE PRACTICE ARRANGEMENT. ASSOCIATE PHYSICIANS MAY NOT
33 PRESCRIBE CONTROLLED SUBSTANCES FOR THEMSELVES OR MEMBERS OF THEIR
34 FAMILIES. SCHEDULE III CONTROLLED SUBSTANCES AND SCHEDULE II HYDROCODONE
35 PRESCRIPTIONS ARE LIMITED TO A FIVE-DAY SUPPLY WITHOUT REFILL, EXCEPT THAT
36 BUPRENORPHINE MAY BE PRESCRIBED FOR UP TO A THIRTY-DAY SUPPLY WITHOUT
37 REFILL FOR PATIENTS RECEIVING MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE
38 USE DISORDERS UNDER THE DIRECTION OF THE COLLABORATING PHYSICIAN.
39 ASSOCIATE PHYSICIANS WHO ARE AUTHORIZED TO PRESCRIBE CONTROLLED SUBSTANCES
40 UNDER THIS CHAPTER SHALL REGISTER WITH THE UNITED STATES DRUG ENFORCEMENT
41 ADMINISTRATION AND SHALL INCLUDE THE UNITED STATES DRUG ENFORCEMENT
42 ADMINISTRATION REGISTRATION NUMBER ON PRESCRIPTIONS FOR CONTROLLED
43 SUBSTANCES. THE COLLABORATING PHYSICIAN SHALL DETERMINE AND DOCUMENT THE
44 COMPLETION OF AT LEAST ONE HUNDRED TWENTY HOURS IN A FOUR-MONTH PERIOD BY

1 THE ASSOCIATE PHYSICIAN DURING WHICH THE ASSOCIATE PHYSICIAN PRACTICES
2 WITH THE COLLABORATING PHYSICIAN ON-SITE BEFORE PRESCRIBING CONTROLLED
3 SUBSTANCES WHEN THE COLLABORATING PHYSICIAN IS NOT ON-SITE.

4 N. THIS SECTION AND SECTION 32-1829.01 DO NOT LIMIT THE AUTHORITY
5 OF HOSPITALS OR HOSPITAL MEDICAL STAFF TO MAKE EMPLOYMENT OR MEDICAL STAFF
6 CREDENTIALING OR PRIVILEGING DECISIONS.

7 O. FOR THE PURPOSES OF THIS SECTION, "ASSOCIATE PHYSICIAN" AND
8 "COLLABORATIVE PRACTICE ARRANGEMENT" HAVE THE SAME MEANINGS PRESCRIBED IN
9 SECTION 32-1829.01.