

Senate Engrossed

~~physician assistants; oversight; practice~~
(now: physician assistants; practice; oversight)

State of Arizona
Senate
Fifty-fifth Legislature
Second Regular Session
2022

SENATE BILL 1367

AN ACT

AMENDING SECTIONS 32-2501, 32-2502 AND 32-2531, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 25, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-2531.01; AMENDING SECTION 32-2532 AND 32-2534, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 25, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING A NEW SECTION 32-2536; AMENDING SECTION 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 6. "COLLABORATION AGREEMENT" MEANS A WRITTEN OR ELECTRONIC SIGNED
34 AGREEMENT THAT DESCRIBES A PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE AND
35 THAT IS BETWEEN THE PHYSICIAN ASSISTANT AND THE PHYSICIAN ASSISTANT'S
36 EMPLOYER THAT ALSO EMPLOYS OR HAS ON MEDICAL STAFF AT LEAST ONE PHYSICIAN
37 WHO MAY PROVIDE OVERSIGHT, AS APPLICABLE. FOR THE PURPOSES OF THIS
38 PARAGRAPH, "EMPLOYER" INCLUDES A PHYSICIAN EMPLOYER, PHYSICIAN GROUP
39 PRACTICE, PHYSICIAN PRIVATE PRACTICE OR LICENSED HEALTH CARE INSTITUTION.

40 ~~6.~~ 7. "Completed application" means an application for which the
41 applicant has supplied all required fees, information and correspondence
42 requested by the board on forms and in a manner acceptable to the board.

43 ~~7.~~ 8. "Immediate family" means the spouse, natural or adopted
44 children, father, mother, brothers and sisters of the physician assistant

1 and the natural or adopted children, father, mother, brothers and sisters
2 of the physician assistant's spouse.

3 ~~8.~~ 9. "Letter of reprimand" means a disciplinary letter that is
4 issued by the board and that informs the physician assistant that the
5 physician assistant's conduct violates state or federal law and may
6 require the board to monitor the physician assistant.

7 ~~9.~~ 10. "Limit" means a nondisciplinary action that is taken by the
8 board and that alters a physician assistant's practice or medical
9 activities if there is evidence that the physician assistant is or may be
10 mentally or physically unable to safely engage in health care tasks.

11 ~~10.~~ 11. "Medically incompetent" means that a physician assistant
12 lacks sufficient medical knowledge or skills, or both, in performing
13 delegated health care tasks to a degree likely to endanger the health or
14 safety of patients.

15 ~~11.~~ 12. "Minor surgery":

16 (a) Means those invasive procedures that may be ~~delegated to~~
17 **PERFORMED BY** a physician assistant ~~by a supervising physician~~, that are
18 consistent with the training and experience of the physician assistant,
19 that are normally taught in courses of training approved by the board, ~~and~~
20 that have been approved by the board as falling within a scope of practice
21 of a physician assistant **AND THAT ARE CONSISTENT WITH THE PRACTICE SETTING**
22 **REQUIREMENTS OF THE PHYSICIAN ASSISTANT.** ~~Minor surgery~~

23 (b) Does not include a surgical abortion.

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

26 ~~13.~~ 14. "Physician assistant" means a person who is licensed
27 pursuant to this chapter ~~and who practices medicine with physician~~
28 ~~supervision.~~

29 ~~14.~~ 15. "Regular license" means a valid and existing license that
30 is issued pursuant to section 32-2521 to perform health care tasks.

31 ~~15.~~ 16. "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 ~~16.~~ 17. "Supervising physician" means a physician who holds a
36 current unrestricted license, who supervises a physician assistant and who
37 assumes legal responsibility for health care tasks performed by the
38 physician assistant.

39 ~~17.~~ 18. "Supervision" means a physician's opportunity or ability
40 to provide or exercise direction and control over the services of a
41 physician assistant. Supervision does not require a physician's constant
42 physical presence if the supervising physician is or can be easily in
43 contact with the physician assistant by telecommunication.

44 ~~18.~~ 19. "Unprofessional conduct" includes the following acts by a
45 physician assistant that occur in this state or elsewhere:

- 1 (a) Violating any federal or state law or rule that applies to the
2 performance of health care tasks as a physician assistant. Conviction in
3 any court of competent jurisdiction is conclusive evidence of a violation.
- 4 (b) Claiming to be a physician or knowingly ~~permitting~~ ALLOWING
5 another person to represent that person as a physician.
- 6 (c) Performing health care tasks that EITHER:
7 (i) Have not been delegated by the supervising physician IF THE
8 PHYSICIAN ASSISTANT IS SUBJECT TO SUPERVISION BY A SUPERVISING PHYSICIAN.
9 (ii) DO NOT MEET THE SCOPE OF PRACTICE OUTLINED IN A COLLABORATION
10 AGREEMENT IF THE PHYSICIAN ASSISTANT IS SUBJECT TO A COLLABORATION
11 AGREEMENT.
- 12 (d) Exhibiting a pattern of using or being under the influence of
13 alcohol or drugs or a similar substance while performing health care tasks
14 or to the extent that judgment may be impaired and the ability to perform
15 health care tasks detrimentally affected.
- 16 (e) Signing a blank, undated or predated prescription form.
- 17 (f) Committing gross malpractice, repeated malpractice or any
18 malpractice resulting in the death of a patient.
- 19 (g) Representing that a manifestly incurable disease or infirmity
20 can be permanently cured or that a disease, ailment or infirmity can be
21 cured by a secret method, procedure, treatment, medicine or device, if
22 this is not true.
- 23 (h) Refusing to divulge to the board on demand the means, method,
24 procedure, modality of treatment or medicine used in ~~the treatment of~~
25 TREATING a disease, injury, ailment or infirmity.
- 26 (i) Prescribing or dispensing controlled substances or
27 prescription-only drugs for which the physician assistant is not approved
28 or in excess of the amount authorized pursuant to this chapter.
- 29 (j) Committing any conduct or practice that is or might be harmful
30 or dangerous to the health of a patient or the public.
- 31 (k) Violating a formal order, probation or stipulation issued by
32 the board.
- 33 (l) Failing to clearly disclose the person's identity as a
34 physician assistant in the course of the physician assistant's employment.
- 35 (m) Failing to use and affix the initials "P.A." or "P.A.-C." after
36 the physician assistant's name or signature on charts, prescriptions or
37 professional correspondence.
- 38 (n) Procuring or attempting to procure a physician assistant
39 license by fraud, misrepresentation or knowingly taking advantage of the
40 mistake of another.
- 41 (o) Having professional connection with or lending the physician
42 assistant's name to an illegal practitioner of any of the healing arts.
- 43 (p) Failing or refusing to maintain adequate records ~~on~~ FOR a
44 patient.

- 1 (q) Using controlled substances that have not been prescribed by a
2 physician, physician assistant, dentist or nurse practitioner for use
3 during a prescribed course of treatment.
- 4 (r) Prescribing or dispensing controlled substances to members of
5 the physician assistant's immediate family.
- 6 (s) Prescribing, dispensing or administering any controlled
7 substance or prescription-only drug for other than accepted therapeutic
8 purposes.
- 9 (t) Dispensing a schedule II controlled substance that is an
10 opioid, except as provided in section 32-2532.
- 11 (u) Knowingly making any written or oral false or fraudulent
12 statement in connection with the performance of health care tasks or when
13 applying for privileges or renewing an application for privileges at a
14 health care institution.
- 15 (v) Committing a felony, whether or not involving moral turpitude,
16 or a misdemeanor involving moral turpitude. In either case, conviction by
17 a court of competent jurisdiction or a plea of no contest is conclusive
18 evidence of the commission.
- 19 (w) Having a certification or license refused, revoked, suspended,
20 limited or restricted by any other licensing jurisdiction for the
21 inability to safely and skillfully perform health care tasks or for
22 unprofessional conduct as defined by that jurisdiction that directly or
23 indirectly corresponds to any act of unprofessional conduct as prescribed
24 by this paragraph.
- 25 (x) Having sanctions including restriction, suspension or removal
26 from practice imposed by an agency of the federal government.
- 27 (y) Violating or attempting to violate, directly or indirectly, or
28 assisting in or abetting the violation of or conspiring to violate a
29 provision of this chapter.
- 30 (z) Using the term "doctor" or the abbreviation "Dr." on a name tag
31 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
33 this state.
- 34 (aa) Failing to furnish legally requested information to the board
35 or its investigator in a timely manner.
- 36 (bb) Failing to allow properly authorized board personnel to
37 examine on demand documents, reports and records of any kind relating to
38 the physician assistant's performance of health care tasks.
- 39 (cc) Knowingly making a false or misleading statement on a form
40 required by the board or in written correspondence or attachments
41 furnished to the board.
- 42 (dd) Failing to submit to a body fluid examination and other
43 examinations known to detect the presence of alcohol or other drugs
44 pursuant to an agreement with the board or an order of the board.

1 (ee) Violating a formal order, probation agreement or stipulation
2 issued or entered into by the board or its executive director.

3 (ff) Except as otherwise required by law, intentionally betraying a
4 professional secret or intentionally violating a privileged communication.

5 (gg) Allowing the use of the licensee's name in any way to enhance
6 or ~~permit~~ ALLOW the continuance of the activities of, or maintaining a
7 professional connection with, an illegal practitioner of medicine or the
8 performance of health care tasks by a person who is not licensed pursuant
9 to this chapter.

10 (hh) Committing false, fraudulent, deceptive or misleading
11 advertising by a physician assistant or the physician assistant's staff or
12 representative.

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

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

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

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

37 (i) A physician assistant who provides temporary patient care on
38 behalf of the patient's regular treating licensed health care
39 professional.

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

41 (iii) Prescriptions written to prepare a patient for a medical
42 examination.

43 (iv) Prescriptions written or antimicrobials dispensed to a contact
44 as defined in section 36-661 who is believed to have had significant
45 exposure risk as defined in section 36-661 with another person who has

1 been diagnosed with a communicable disease as defined in section 36-661 by
2 the prescribing or dispensing physician assistant.

3 (mm) Engaging in sexual conduct with a current patient or with a
4 former patient within six months after the last medical consultation
5 unless the patient was the licensee's spouse at the time of the contact
6 or, immediately preceding the professional relationship, was in a dating
7 or engagement relationship with the licensee. For the purposes of this
8 subdivision, "sexual conduct" includes:

9 (i) Engaging in or soliciting sexual relationships, whether
10 consensual or nonconsensual.

11 (ii) Making sexual advances, requesting sexual favors or engaging
12 in other verbal conduct or physical contact of a sexual nature with a
13 patient.

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

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

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

21 32-2502. Arizona regulatory board of physician assistants;
22 membership; appointment; terms; immunity

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

25 1. Five physician assistants who hold a current regular license
26 pursuant to this chapter. The governor may appoint these members from a
27 list of qualified candidates submitted by the Arizona state association of
28 physician assistants. The governor may seek additional input and
29 nominations before the governor makes the physician assistant
30 appointments.

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

32 3. Two physicians who are actively engaged in the practice of
33 medicine and who are licensed pursuant to chapter 17 of this title, one of
34 whom supervises OR WORKS WITH a physician assistant at the time of
35 appointment, and who are appointed by the governor.

36 4. Two physicians who are actively engaged in the practice of
37 medicine and who are licensed pursuant to chapter 13 of this title, one of
38 whom supervises OR WORKS WITH a physician assistant at the time of
39 appointment, and who are appointed by the governor.

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

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

3 D. Each board member is eligible for appointment to not more than
4 two full terms, except that the term of office for a member appointed to
5 fill a vacancy that is not caused by the expiration of a full term is for
6 the unexpired portion of that term and the governor may reappoint that
7 member to not more than two additional full terms. Each board member may
8 continue to hold office until the appointment and qualification of that
9 member's successor. ~~However,~~ The governor may remove a member after
10 notice and a hearing, ~~on~~ on a finding of continued neglect of duty,
11 incompetence or unprofessional or dishonorable conduct. That member's
12 term ends when the finding is made.

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

14 1. On written resignation submitted to the board chairperson or to
15 the governor.

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

18 3. If the member fails to attend three consecutive regular board
19 meetings.

20 4. Five years after retirement from active practice.

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

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

25 32-2531. Physician assistant scope of practice; health care
26 tasks; supervising physician duties; civil penalty

27 A. **EXCEPT AS PROVIDED FOR IN SECTION 32-2531.01**, a supervising
28 physician may delegate health care tasks to a physician assistant.

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

31 C. The physician assistant may perform those duties and
32 responsibilities, including ~~the~~ ordering, prescribing, dispensing and
33 ~~administration of~~ **ADMINISTERING** drugs and medical devices, that are
34 delegated by the supervising physician.

35 D. The physician assistant may provide any medical service that is
36 delegated by the supervising physician if the service is within the
37 physician assistant's skills, is within the physician's scope of practice
38 and is supervised by the physician.

39 E. The physician assistant may pronounce death and, ~~if delegated,~~
40 may authenticate by the physician assistant's signature any form that may
41 be authenticated by a physician's signature.

42 F. The physician assistant ~~is the agent~~ **PRACTICES MEDICINE WITH**
43 **SUPERVISION** of the physician assistant's supervising physician in ~~the~~
44 ~~performance of~~ **PERFORMING** all practice related activities, including ~~the~~
45 ordering ~~of~~ diagnostic, therapeutic and other medical services.

1 G. The physician assistant may perform health care tasks in any
2 setting authorized by the supervising physician, including physician
3 offices, clinics, hospitals, ambulatory surgical centers, patient homes,
4 nursing homes and other health care institutions. These tasks may
5 include:

6 1. Obtaining patient **COMPREHENSIVE HEALTH** histories **AND INFORMED**
7 **CONSENT**.

8 2. Performing physical examinations.

9 3. **EVALUATING AND DIAGNOSING PATIENTS AND MANAGING AND PROVIDING**
10 **MEDICAL TREATMENT AND THERAPEUTIC INTERVENTIONS**.

11 ~~3.~~ 4. Ordering, ~~and~~ performing **AND INTERPRETING** diagnostic **STUDIES**
12 and therapeutic procedures.

13 ~~4.~~ 5. Formulating a diagnostic impression.

14 ~~5.~~ 6. Developing and implementing a treatment plan.

15 ~~6.~~ 7. Monitoring the effectiveness of therapeutic interventions.

16 ~~7.~~ 8. Assisting in surgery.

17 ~~8.~~ 9. Offering counseling and education to meet patient needs.

18 ~~9.~~ 10. **WRITING MEDICAL ORDERS AND** making appropriate referrals.

19 11. **ORDERING, PRESCRIBING, DISPENSING AND ADMINISTERING DRUGS AND**
20 **MEDICAL DEVICES**.

21 12. **PRESCRIBING PRESCRIPTION-ONLY MEDICATION**.

22 ~~10.~~ 13. Prescribing schedule IV or V controlled substances as
23 defined in the ~~federal~~ controlled substances act ~~of 1970~~ (P.L. 91-513; 84
24 Stat. 1242; 21 United States Code section 802) and prescription-only
25 medications.

26 ~~11.~~ 14. Prescribing schedule II and III controlled substances as
27 defined in the ~~federal~~ controlled substances act ~~of 1970~~.

28 ~~12.~~ 15. Performing minor surgery ~~as defined in section 32-2501~~.

29 16. **CERTIFYING THE HEALTH OR DISABILITY OF A PATIENT**.

30 17. **DELEGATING AND ASSIGNING THERAPEUTIC AND DIAGNOSTIC MEASURES TO**
31 **AND SUPERVISING LICENSED OR UNLICENSED PERSONNEL**.

32 ~~13.~~ 18. Performing other nonsurgical health care tasks that are
33 normally taught in courses of training approved by the board, that are
34 consistent with the training and experience of the physician assistant and
35 that have been properly delegated by the supervising physician.

36 H. The supervising physician shall:

37 1. Meet the requirements established by the board for supervising a
38 physician assistant.

39 2. Accept responsibility for all tasks and duties the physician
40 delegates to a physician assistant.

41 3. Notify the board and the physician assistant in writing if the
42 physician assistant exceeds the scope of the delegated health care tasks.

43 4. Maintain a written agreement with the physician assistant. The
44 agreement must state that the physician will exercise supervision over the
45 physician assistant and retains professional and legal responsibility for

1 the care rendered by the physician assistant. The agreement must be
2 signed by the supervising physician and the physician assistant and
3 updated annually. The agreement must be kept on file at the practice site
4 and made available to the ARIZONA REGULATORY board OF PHYSICIAN ASSISTANTS
5 on request. IF THE ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
6 REQUESTS AN AGREEMENT, THE ARIZONA REGULATORY BOARD OF PHYSICIAN
7 ASSISTANTS SHALL SHARE THE AGREEMENT WITH THE ARIZONA MEDICAL BOARD OR THE
8 ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE OR SURGERY IF REQUESTED
9 BECAUSE THE SUPERVISING PHYSICIAN IS BEING INVESTIGATED FOR THE
10 PHYSICIAN'S ROLE AS A SUPERVISING PHYSICIAN. Each year the ARIZONA
11 REGULATORY board OF PHYSICIAN ASSISTANTS shall randomly audit at least
12 five ~~percent~~ PERCENT of these agreements for compliance.

13 I. A physician's ability to supervise a physician assistant is not
14 affected by restrictions imposed by the board on a physician assistant
15 pursuant to disciplinary action taken by the board.

16 J. Supervision must be continuous but does not require the personal
17 presence of the physician at the place where health care tasks are
18 performed if the physician assistant is in contact with the supervising
19 physician by telecommunication. If the physician assistant practices in a
20 location where a supervising physician is not routinely present, the
21 physician assistant must meet in person or by telecommunication with a
22 supervising physician at least once each week to ensure ongoing direction
23 and oversight of the physician assistant's work. The board by order may
24 require the personal presence of a supervising physician when designated
25 health care tasks are performed.

26 K. At all times while a physician assistant is on duty, the
27 physician assistant shall wear a name tag with the designation "physician
28 assistant" on it.

29 L. The board by rule may prescribe a civil penalty for a violation
30 of this article. The penalty shall not exceed ~~fifty dollars~~ \$50 for each
31 violation. The board shall deposit, pursuant to sections 35-146 and
32 35-147, all monies it receives from this penalty in the state general
33 fund. A physician assistant and the supervising physician OR AN EMPLOYER
34 THAT IS PARTY TO A COLLABORATION AGREEMENT may contest the imposition of
35 this penalty pursuant to board rule. The imposition of a civil penalty is
36 public information, and the board may use this information in any future
37 disciplinary actions.

38 Sec. 4. Title 32, chapter 25, article 3, Arizona Revised Statutes,
39 is amended by adding section 32-2531.01, to read:

40 32-2531.01. Physician assistants; legal medical services;
41 collaboration agreements

42 A. A PHYSICIAN ASSISTANT WHO HAS COMPLETED FEWER THAN EIGHT
43 THOUSAND HOURS OF LICENSED CLINICAL PRACTICE WITH SUPERVISION DOCUMENTED
44 TO THE BOARD OVER A PERIOD OF AT LEAST THIRTY-SIX MONTHS SHALL WORK WITHIN

1 THE SCOPE OF PRACTICE DELEGATED TO THE PHYSICIAN ASSISTANT BY THE
2 SUPERVISING PHYSICIAN PURSUANT TO SECTION 32-2531.

3 B. PURSUANT TO THE REQUIREMENTS OF THIS CHAPTER AND THE STANDARD OF
4 CARE, A PHYSICIAN ASSISTANT WHO HAS COMPLETED AT LEAST EIGHT THOUSAND
5 HOURS OF LICENSED CLINICAL PRACTICE WITH SUPERVISION DOCUMENTED TO THE
6 BOARD OVER A PERIOD OF AT LEAST THIRTY-SIX MONTHS MAY EITHER WORK WITHIN
7 THE SCOPE OF PRACTICE DELEGATED TO THE PHYSICIAN ASSISTANT BY A
8 SUPERVISING PHYSICIAN PURSUANT TO SECTION 32-2531 OR MAY WORK UNDER A
9 COLLABORATION AGREEMENT PURSUANT TO THIS SECTION. A PHYSICIAN AND
10 PHYSICIAN ASSISTANT MAY CONTINUE IN AN AGREEMENT PURSUANT TO SECTION
11 32-2531 AFTER THE PHYSICIAN ASSISTANT HAS COMPLETED EIGHT THOUSAND HOURS
12 OF LICENSED CLINICAL PRACTICE WITH SUPERVISION.

13 C. THE COLLABORATION AGREEMENT SHALL DESCRIBE THE PHYSICIAN
14 ASSISTANT'S SCOPE OF PRACTICE AND SHALL CONSIDER THE ABILITY OF THE
15 PHYSICIAN ASSISTANT TO COLLABORATE WITH, CONSULT WITH OR REFER TO A
16 PHYSICIAN OR ANOTHER HEALTH CARE PROFESSIONAL AS INDICATED BY THE
17 PATIENT'S CONDITION AND BY THE PHYSICIAN ASSISTANT'S EDUCATION, EXPERIENCE
18 AND COMPETENCIES. THE COLLABORATION AGREEMENT SHALL PRESCRIBE HOW THE
19 EMPLOYER WILL PROVIDE OVERSIGHT OF THE PHYSICIAN ASSISTANT. THE
20 COLLABORATION AGREEMENT MUST BE SIGNED BY AN AUTHORIZED OFFICER OR
21 PRINCIPAL OF THE EMPLOYER AND THE PHYSICIAN ASSISTANT AND BE UPDATED
22 REGULARLY AT LEAST EVERY TWO YEARS. THE COLLABORATION AGREEMENT MUST BE
23 KEPT ON FILE AT THE MAIN LOCATION OF THE PHYSICIAN ASSISTANT'S PRACTICE
24 AND, ON REQUEST, BE MADE AVAILABLE TO THE BOARD OR THE BOARD'S
25 REPRESENTATIVE. THE EMPLOYER SHALL NOTIFY THE BOARD AND THE PHYSICIAN
26 ASSISTANT IN WRITING IF THE PHYSICIAN ASSISTANT EXCEEDS THE SCOPE OF
27 PRACTICE IN THE COLLABORATION AGREEMENT.

28 D. THE PHYSICIAN ASSISTANT MAY PERFORM HEALTH CARE TASKS IN ANY
29 SETTING AUTHORIZED BY THE COLLABORATION AGREEMENT, INCLUDING PHYSICIAN
30 OFFICES, LICENSED CLINICS, HOSPITALS, AMBULATORY SURGICAL CENTERS, PATIENT
31 HOMES, NURSING HOMES AND OTHER HEALTH CARE INSTITUTIONS. THESE TASKS MAY
32 INCLUDE:

- 33 1. OBTAINING PATIENT COMPREHENSIVE HEALTH HISTORIES AND INFORMED
34 CONSENT.
- 35 2. PERFORMING PHYSICAL EXAMINATIONS.
- 36 3. EVALUATING AND DIAGNOSING PATIENTS AND MANAGING AND PROVIDING
37 MEDICAL TREATMENT AND THERAPEUTIC INTERVENTIONS.
- 38 4. ORDERING, PERFORMING AND INTERPRETING DIAGNOSTIC STUDIES AND
39 THERAPEUTIC PROCEDURES.
- 40 5. FORMULATING A DIAGNOSTIC IMPRESSION.
- 41 6. DEVELOPING AND IMPLEMENTING A TREATMENT PLAN.
- 42 7. MONITORING THE EFFECTIVENESS OF THERAPEUTIC INTERVENTIONS.
- 43 8. ASSISTING IN SURGERY.
- 44 9. OFFERING COUNSELING AND EDUCATION TO MEET PATIENT NEEDS.
- 45 10. WRITING MEDICAL ORDERS AND MAKING APPROPRIATE REFERRALS.

1 11. ORDERING, PRESCRIBING, DISPENSING AND ADMINISTERING DRUGS AND
2 MEDICAL DEVICES.

3 12. PRESCRIBING PRESCRIPTION-ONLY MEDICATION.

4 13. PRESCRIBING SCHEDULE IV OR V CONTROLLED SUBSTANCES AS DEFINED
5 IN THE CONTROLLED SUBSTANCES ACT (P.L. 91-513; 84 STAT. 1242; 21 UNITED
6 STATES CODE SECTION 802) AND PRESCRIPTION-ONLY MEDICATIONS.

7 14. PRESCRIBING SCHEDULE II AND III CONTROLLED SUBSTANCES AS
8 DEFINED IN THE CONTROLLED SUBSTANCES ACT.

9 15. PERFORMING MINOR SURGERY.

10 16. CERTIFYING THE HEALTH OR DISABILITY OF A PATIENT.

11 17. DELEGATING AND ASSIGNING THERAPEUTIC AND DIAGNOSTIC MEASURES TO
12 AND SUPERVISING LICENSED OR UNLICENSED PERSONNEL.

13 18. PERFORMING OTHER NONSURGICAL HEALTH CARE TASKS AND PROVIDING
14 OTHER MEDICAL SERVICES IF THE TASK OR SERVICE IS WITHIN THE PHYSICIAN
15 ASSISTANT'S SKILLS AND SCOPE OF PRACTICE AS OUTLINED IN THE COLLABORATION
16 AGREEMENT.

17 19. PRONOUNCING DEATH AND AUTHENTICATING BY THE PHYSICIAN
18 ASSISTANT'S SIGNATURE ANY FORM THAT MAY BE AUTHENTICATED BY A PHYSICIAN'S
19 SIGNATURE.

20 E. DOCUMENTATION OF CLINICAL HOURS COMPLETED WITH SUPERVISION AS
21 REQUIRED IN SUBSECTIONS A AND B OF THIS SECTION MAY INCLUDE VERIFICATION
22 FROM A SUPERVISING PHYSICIAN OR VERIFICATION FROM THE PHYSICIAN
23 ASSISTANT'S EMPLOYER OR EMPLOYERS, AS APPLICABLE AND AS ACCEPTED BY THE
24 BOARD. THE BOARD MAY COUNT CLINICAL PRACTICE HOURS WITH SUPERVISION
25 EARNED IN ANOTHER JURISDICTION TOWARDS THE CLINICAL PRACTICE REQUIRED BY
26 THIS SECTION.

27 F. A PHYSICIAN ASSISTANT IS LEGALLY RESPONSIBLE AND ASSUMES LEGAL
28 LIABILITY FOR THE HEALTH CARE THE PHYSICIAN ASSISTANT PROVIDES PURSUANT TO
29 A COLLABORATION AGREEMENT.

30 G. IF THE ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
31 REQUESTS A COLLABORATION AGREEMENT, THE ARIZONA REGULATORY BOARD OF
32 PHYSICIAN ASSISTANTS SHALL SHARE THE COLLABORATION AGREEMENT WITH THE
33 DEPARTMENT OF HEALTH SERVICES, THE ARIZONA MEDICAL BOARD OR THE ARIZONA
34 BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE OR SURGERY IF REQUESTED BECAUSE
35 THE PHYSICIAN OR EMPLOYER THAT IS PARTY TO THE COLLABORATION AGREEMENT IS
36 BEING INVESTIGATED FOR THE PHYSICIAN'S OR EMPLOYER'S ROLE UNDER THE
37 COLLABORATION AGREEMENT. EACH YEAR THE ARIZONA REGULATORY BOARD OF
38 PHYSICIAN ASSISTANTS SHALL RANDOMLY AUDIT AT LEAST FIVE PERCENT OF THE
39 COLLABORATION AGREEMENTS FOR COMPLIANCE.

40 Sec. 5. Section 32-2532, Arizona Revised Statutes, is amended to
41 read:

42 32-2532. Prescribing, administering and dispensing drugs;
43 limits and requirements; notice

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

1 1. A schedule II or schedule III controlled substance as defined in
2 the ~~federal~~ controlled substances act ~~of 1970~~ (P.L. 91-513; 84 Stat. 1242;
3 21 United States Code section 802) without ALL OF THE FOLLOWING:

4 (a) Delegation by the supervising physician, ~~OR SPECIFICATION IN A~~
5 COLLABORATION AGREEMENT IF THE PHYSICIAN ASSISTANT IS PARTY TO A
6 COLLABORATION AGREEMENT.

7 (b) Board approval. ~~and~~

8 (c) United States drug enforcement administration registration.

9 2. A schedule IV or schedule V controlled substance as defined in
10 the ~~federal~~ controlled substances act ~~of 1970~~ without BOTH:

11 (a) United States drug enforcement administration registration. ~~and~~

12 (b) Delegation by the supervising physician OR SPECIFICATION IN A
13 COLLABORATION AGREEMENT IF THE PHYSICIAN ASSISTANT IS PARTY TO A
14 COLLABORATION AGREEMENT.

15 3. Prescription-only medication without delegation by the
16 supervising physician OR SPECIFICATION IN A COLLABORATION AGREEMENT IF THE
17 PHYSICIAN ASSISTANT IS PARTY TO A COLLABORATION AGREEMENT.

18 4. Prescription medication intended to perform or induce an
19 abortion.

20 B. All prescription orders issued by a physician assistant shall
21 contain the name, address and telephone number of the physician
22 assistant. A physician assistant shall issue prescription orders for
23 controlled substances under the physician assistant's own United States
24 drug enforcement administration registration number.

25 C. If THE PHYSICIAN ASSISTANT IS certified for prescription
26 privileges pursuant to section 32-2504, subsection A, initial
27 prescriptions BY THE PHYSICIAN ASSISTANT for schedule II controlled
28 substances that are opioids are subject to the limits prescribed in
29 sections 32-3248 and 32-3248.01 if the physician assistant has been
30 delegated to prescribe schedule II controlled substances by the
31 supervising physician pursuant to this section OR SPECIFIED IN A
32 COLLABORATION AGREEMENT IF THE PHYSICIAN ASSISTANT IS PARTY TO A
33 COLLABORATION AGREEMENT. For each schedule IV or schedule V controlled
34 substance, the physician assistant may not prescribe the controlled
35 substance more than five times in a six-month period for each patient.

36 D. A prescription BY A PHYSICIAN ASSISTANT for a schedule III
37 controlled substance that is an opioid or benzodiazepine is not refillable
38 without the written consent of ~~the supervising A~~ physician.

39 E. A PHYSICIAN ASSISTANT MAY NOT DISPENSE, PRESCRIBE OR REFILL
40 prescription-only drugs ~~shall not be dispensed, prescribed or refillable~~
41 for a period exceeding one year.

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

12 G. Except for samples provided by manufacturers, all drugs
13 dispensed by a physician assistant shall be labeled to show the name of
14 the physician assistant.

15 H. A physician assistant shall not obtain a drug from any source
16 other than ~~the supervising~~ A physician or a pharmacist. A physician
17 assistant may receive manufacturers' samples ~~if delegated to do so by the~~
18 ~~supervising physician.~~

19 I. If a physician assistant is approved by the board to prescribe,
20 administer or dispense schedule II and schedule III controlled substances,
21 the physician assistant shall maintain an up-to-date and complete log of
22 all schedule II and schedule III controlled substances the physician
23 assistant administers or dispenses. The board may not grant a physician
24 assistant the authority to dispense schedule II controlled substances that
25 are opioids, except for implantable devices or opioids that are for
26 medication-assisted treatment for substance use disorders.

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

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

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

36 32-2534. Initiation of practice

37 A physician assistant WHO HAS COMPLETED FEWER THAN EIGHT THOUSAND
38 HOURS OF LICENSED CLINICAL PRACTICE WITH SUPERVISION DOCUMENTED TO THE
39 BOARD OVER A PERIOD OF AT LEAST THIRTY-SIX MONTHS may not perform health
40 care tasks until the physician assistant has completed and signed a
41 written agreement with a supervising physician pursuant to section
42 32-2531, subsection H, paragraph 4. A PHYSICIAN ASSISTANT WHO HAS
43 COMPLETED AT LEAST EIGHT THOUSAND HOURS OF LICENSED CLINICAL PRACTICE WITH
44 SUPERVISION DOCUMENTED TO THE BOARD OVER A PERIOD OF AT LEAST THIRTY-SIX

1 MONTHS MAY NOT PERFORM HEALTH CARE TASKS UNLESS THE PHYSICIAN ASSISTANT
2 HAS EITHER:

3 1. SIGNED A WRITTEN AGREEMENT WITH A SUPERVISING PHYSICIAN PURSUANT
4 TO SECTION 32-2531, SUBSECTION H, PARAGRAPH 4.

5 2. SIGNED A COLLABORATION AGREEMENT PURSUANT TO SECTION 32-2531.01.

6 Sec. 7. Title 32, chapter 25, article 3, Arizona Revised Statutes,
7 is amended by adding a new section 32-2536, to read:

8 32-2536. Billing; direct payment

9 A PHYSICIAN ASSISTANT MAY BILL AND RECEIVE DIRECT PAYMENT FOR THE
10 PROFESSIONAL SERVICES PROVIDED BY THE PHYSICIAN ASSISTANT IF AUTHORIZED TO
11 DO SO BY THE PHYSICIAN ASSISTANT'S EMPLOYER.

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

14 32-2551. Grounds for disciplinary action; duty to report;
15 immunity; proceedings; board action; notice; civil
16 penalty

17 A. The board on its own motion may investigate any evidence that
18 appears to show that a physician assistant is or may be medically
19 incompetent, is or may be guilty of unprofessional conduct or is or may be
20 mentally or physically unable to carry out approved health care tasks.
21 Any physician, physician assistant or health care institution as defined
22 in section 36-401 shall, and any other person may, report to the board any
23 information the physician, physician assistant, health care institution or
24 other person has that appears to show that a physician assistant is or may
25 be medically incompetent, is or may be guilty of unprofessional conduct or
26 is or may be mentally or physically unable to carry out approved health
27 care tasks. If the board begins an investigation pursuant to this
28 section, it may require the physician assistant to promptly provide the
29 name and address of the physician assistant's supervising physician, ~~or~~
30 ~~physicians~~ IF APPLICABLE, OR THE HEALTH CARE PROFESSIONAL THE PHYSICIAN
31 ASSISTANT COLLABORATED OR CONSULTED WITH OR REFERRED TO PURSUANT TO
32 SECTION 32-2531.01. The board or the executive director shall notify the
33 physician assistant ~~and the supervising physician~~ of the content of the
34 reported information in writing within one hundred twenty days ~~of its~~
35 AFTER THE BOARD'S receipt of the information. Any physician, physician
36 assistant, health care institution or other person that reports or
37 provides information to the board in good faith is not subject to an
38 action for civil damages as a result of reporting or providing
39 information, and, if requested, the name of the reporter shall not be
40 disclosed unless the information is essential to proceedings conducted
41 pursuant to this section.

42 B. The board or, if delegated by the board, the executive director
43 may require a mental, physical or medical competency examination or any
44 combination of those examinations or may make investigations, including
45 investigational interviews, between representatives of the board, ~~and~~ the

1 physician assistant and the supervising physician, ~~if~~ **IF APPLICABLE**, as ~~if~~
2 **THE BOARD** deems necessary to fully inform itself with respect to any
3 information reported pursuant to subsection A of this section. These
4 examinations may include biological fluid testing and other examinations
5 known to detect the presence of alcohol or other drugs. The board or, if
6 delegated by the board, the executive director may require the physician
7 assistant, at the physician assistant's expense, to undergo assessment by
8 a ~~board-approved~~ **BOARD-APPROVED** rehabilitative, retraining or assessment
9 program.

10 C. If the board finds, based on the information it receives under
11 subsections A and B of this section, that the public safety imperatively
12 requires emergency action, ~~and~~ and incorporates a finding to that effect in
13 its order, the board may restrict a license or order a summary suspension
14 of a license pending proceedings for revocation or other action. If the
15 board acts pursuant to this subsection, the physician assistant shall also
16 be served with a written notice of complaint and formal hearing, setting
17 forth the charges, and is entitled to a formal hearing before the board or
18 an administrative law judge on the charges within sixty days pursuant to
19 title 41, chapter 6, article 10.

20 D. If, after completing its investigation, the board finds that the
21 information provided pursuant to subsection A of this section is not of
22 sufficient seriousness to merit disciplinary action against the physician
23 assistant's license, ~~if~~ **THE BOARD** may take the following actions:

24 1. Dismiss if, in the opinion of the board, the complaint is
25 without merit.

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

29 3. Require the licensee to complete designated continuing medical
30 education courses.

31 E. If the board finds that it can take rehabilitative or
32 disciplinary action without the presence of the physician assistant at a
33 formal interview it may enter into a consent agreement with the physician
34 assistant to limit or restrict the physician assistant's practice or to
35 rehabilitate the physician assistant, protect the public and ensure the
36 physician assistant's ability to safely practice. The board may also
37 require the physician assistant to successfully complete a ~~board-approved~~
38 **BOARD-APPROVED** rehabilitative, retraining or assessment program at the
39 physician assistant's own expense.

40 F. The board shall not disclose the name of the person who provided
41 the information regarding a licensee's drug or alcohol impairment or the
42 name of the person who files a complaint if that person requests
43 anonymity.

44 G. If, after completing its investigation, the board believes that
45 the information is or may be true and that the information may be of

1 sufficient seriousness to merit direct action against the physician
2 assistant's license, it may request a formal interview with the physician
3 assistant and the supervising physician, **IF APPLICABLE**. If the physician
4 assistant refuses the invitation for a formal interview, the board may
5 issue a formal complaint and order that a hearing be held pursuant to
6 title 41, chapter 6, article 10. The board shall notify the physician
7 assistant in writing of the time, date and place of the formal interview
8 at least twenty days before the interview. The notice shall include the
9 right to be represented by counsel and shall fully set forth the conduct
10 or matters to be discussed.

11 H. After the formal interview, the board may take the following
12 actions:

13 1. Dismiss if, in the opinion of the board, the information is
14 without merit.

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

18 3. Enter into a stipulation with the physician assistant to
19 restrict or limit the physician assistant's practice or medical activities
20 or to rehabilitate, retrain or assess the physician assistant, in order to
21 protect the public and ensure the physician assistant's ability to safely
22 perform health care tasks. The board may also require the physician
23 assistant to successfully complete a ~~board-approved~~ **BOARD-APPROVED**
24 rehabilitative, retraining or assessment program at the physician
25 assistant's own expense as prescribed in subsection E of this section.

26 4. File a letter of reprimand.

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

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

36 (a) Restrictions on the health care tasks the physician assistant
37 may perform.

38 (b) Temporary suspension for not ~~to exceed~~ **MORE THAN** twelve months.

39 (c) Restitution of patient fees.

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

41 7. Require the licensee to complete designated continuing medical
42 education courses.

43 I. If the board finds that the information provided pursuant to
44 subsection A of this section warrants suspension or revocation of a
45 physician assistant's license, ~~it~~ **THE BOARD** shall immediately initiate

1 formal proceedings ~~for the suspension~~ TO SUSPEND or ~~revocation of~~ REVOKE
2 the license as provided in title 41, chapter 6, article 10. The notice of
3 complaint and hearing is fully effective by mailing a true copy of the
4 notice of complaint and hearing by certified mail addressed to the
5 physician assistant's last known address of record in the board's files.
6 The notice of complaint and hearing is complete at the time of its deposit
7 in the mail.

8 J. A physician assistant who after a formal hearing pursuant to
9 title 41, chapter 6, article 10 is found to be medically incompetent,
10 guilty of unprofessional conduct or mentally or physically unable to
11 safely carry out the physician assistant's approved health care tasks, or
12 any combination of these, is subject to censure, probation, suspension or
13 revocation, or any combination of these, for a period of time or
14 permanently and under conditions the board deems appropriate ~~for the~~
15 ~~protection of~~ TO PROTECT the public health and safety.

16 K. In a formal interview pursuant to subsection G of this section
17 or in a hearing pursuant to subsection I of this section, the board in
18 addition to any other action may impose a civil penalty in the amount of
19 ~~not less than three hundred dollars nor~~ AT LEAST \$300 BUT NOT more than
20 ~~ten thousand dollars~~ \$10,000 for each violation of this chapter or a rule
21 adopted under this chapter.

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

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

26 N. If the board acts to modify a physician assistant's prescription
27 writing privileges, the Arizona regulatory board of physician assistants
28 shall immediately notify the Arizona state board of pharmacy and the
29 United States drug enforcement administration of this modification.

30 O. If during the course of an investigation the ~~Arizona regulatory~~
31 ~~board of physician assistants~~ determines that a criminal violation may
32 have occurred involving the PHYSICIAN ASSISTANT'S performance of health
33 care tasks, ~~it~~ THE BOARD shall provide evidence of the violation to the
34 appropriate criminal justice agency.

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

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

40 Q. In determining the appropriate disciplinary action under this
41 section, the board shall consider all previous nondisciplinary and
42 disciplinary actions against a licensee.

