

Senate Engrossed

control substances; medical records integration

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

SENATE BILL 1639

AN ACT

AMENDING SECTION 36-2606, ARIZONA REVISED STATUTES; RELATING TO THE
CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 36-2606, Arizona Revised Statutes, is amended to
3 read:

4 36-2606. Registration; access; requirements; mandatory use;
5 annual user satisfaction survey; report;
6 definitions

7 A. A medical practitioner regulatory board shall notify each
8 medical practitioner who receives an initial or renewal license and who
9 intends to apply for registration or has an active registration under the
10 controlled substances act (21 United States Code sections 801 through 904)
11 of the medical practitioner's responsibility to register with the Arizona
12 state board of pharmacy and be granted access to the controlled substances
13 prescription monitoring program's central database tracking system. The
14 Arizona state board of pharmacy shall provide access to the central
15 database tracking system to each medical practitioner who has a valid
16 license pursuant to title 32 and who possesses an Arizona registration
17 under the controlled substances act (21 United States Code sections 801
18 through 904). The Arizona state board of pharmacy shall notify each
19 pharmacist of the pharmacist's responsibility to register with the Arizona
20 state board of pharmacy and be granted access to the controlled substances
21 prescription monitoring program's central database tracking system. The
22 Arizona state board of pharmacy shall provide access to the central
23 database tracking system to each pharmacist who has a valid license
24 pursuant to title 32, chapter 18 and who is employed by either:

25 1. A facility that has a valid United States drug enforcement
26 administration registration number.

27 2. The administration, a contractor or a health care insurer and
28 who has a national provider identifier number.

29 B. The registration is:

30 1. Valid in conjunction with a valid United States drug enforcement
31 administration registration number and a valid license issued by a medical
32 practitioner regulatory board established pursuant to title 32, chapter 7,
33 11, 13, 14, 15, 16, 17, 25 or 29.

34 2. Valid in conjunction with a valid license issued by the Arizona
35 state board of pharmacy for a pharmacist who is employed by either:

36 (a) A facility that has a valid United States drug enforcement
37 administration registration number.

38 (b) The administration, a contractor or a health care insurer and
39 who has a national provider identifier number.

40 3. Not transferable or assignable.

41 C. An applicant for registration pursuant to this section must
42 apply as prescribed by the board.

1 D. Pursuant to a fee prescribed by the board by rule, the board may
2 issue a replacement registration to a registrant who requests a
3 replacement because the original was damaged or destroyed, because of a
4 change of name or for any other good cause as prescribed by the board.

5 E. A person who is authorized to access the controlled substances
6 prescription monitoring program's central database tracking system may do
7 so using only that person's assigned identifier and may not use the
8 assigned identifier of another person.

9 F. Beginning the later of October 1, 2017 or sixty days after the
10 statewide health information exchange has integrated the controlled
11 substances prescription monitoring program data into the exchange, a
12 medical practitioner, before prescribing an opioid analgesic or
13 benzodiazepine controlled substance listed in schedule II, III or IV for a
14 patient, shall obtain a patient utilization report regarding the patient
15 for the preceding twelve months from the controlled substances
16 prescription monitoring program's central database tracking system at the
17 beginning of each new course of treatment and at least quarterly while
18 that prescription remains a part of the treatment. Each medical
19 practitioner regulatory board shall notify the medical practitioners
20 licensed by that board of the applicable date. A medical practitioner may
21 be granted a one-year waiver from the requirement in this subsection due
22 to technological limitations that are not reasonably within the control of
23 the practitioner or other exceptional circumstances demonstrated by the
24 practitioner, pursuant to a process established by rule by the Arizona
25 state board of pharmacy.

26 G. Before a pharmacist dispenses or before a pharmacy technician or
27 pharmacy intern of a remote dispensing site pharmacy dispenses a schedule
28 II controlled substance, a dispenser shall obtain a patient utilization
29 report regarding the patient for the preceding twelve months from the
30 controlled substances prescription monitoring program's central database
31 tracking system at the beginning of each new course of treatment.

32 H. The medical practitioner or dispenser is not required to obtain
33 a patient utilization report from the central database tracking system
34 pursuant to subsection F of this section if any of the following applies:

35 1. The patient is receiving hospice care or palliative care for a
36 serious or chronic illness.

37 2. The patient is receiving care for cancer, a cancer-related
38 illness or condition or dialysis treatment.

39 3. A medical practitioner will administer the controlled substance.

40 4. The patient is receiving the controlled substance during the
41 course of inpatient or residential treatment in a hospital, nursing care
42 facility, assisted living facility, correctional facility or mental health
43 facility.

1 5. The medical practitioner is prescribing the controlled substance
2 to the patient for not more than a five-day period for an invasive medical
3 or dental procedure or a medical or dental procedure that results in acute
4 pain to the patient.

5 6. The medical practitioner is prescribing the controlled substance
6 to the patient for not more than a five-day period for a patient who has
7 suffered an acute injury or a medical or dental disease process that is
8 diagnosed in an emergency department setting and that results in acute
9 pain to the patient. An acute injury or medical disease process does not
10 include back pain.

11 I. ON OR BEFORE DECEMBER 31, 2026, A VENDOR THAT PROVIDES
12 ELECTRONIC MEDICAL RECORDS SERVICES TO A MEDICAL PRACTITIONER IN THIS
13 STATE SHALL INTEGRATE THE VENDOR'S ELECTRONIC MEDICAL RECORDS SYSTEM WITH
14 THE PROGRAM'S CENTRAL DATABASE TRACKING SYSTEM.

15 ~~I.~~ J. If a medical practitioner or dispenser uses electronic
16 medical records that integrate data from the controlled substances
17 prescription monitoring program, a review of the electronic medical
18 records with the integrated data shall be deemed compliant with the review
19 of the program's central database tracking system as required in
20 subsection F of this section.

21 ~~J.~~ K. The board shall promote and enter into data sharing
22 agreements to integrate and display patient utilization reports within
23 electronic medical records.

24 ~~K.~~ L. By complying with this section, a medical practitioner or
25 dispenser who acts in good faith, or the medical practitioner's or
26 dispenser's employer, is not subject to liability or disciplinary action
27 arising solely from either:

28 1. Requesting or receiving, or failing to request or receive,
29 prescription monitoring data from the program's central database tracking
30 system.

31 2. Acting or failing to act on the basis of the prescription
32 monitoring data provided by the program's central database tracking
33 system.

34 ~~L.~~ M. Notwithstanding any provision of this section to the
35 contrary, medical practitioners or dispensers and their delegates are not
36 in violation of this section during any time period in which the
37 controlled substances prescription monitoring program's central database
38 tracking system is suspended or is not operational or available in a
39 timely manner. If the program's central database tracking system is not
40 accessible, the medical practitioner or dispenser or the medical
41 practitioner's or dispenser's delegate shall document the date and time
42 the practitioner, dispenser or delegate attempted to use the central
43 database tracking system pursuant to a process established by board rule.

1 ~~M.~~ N. The board shall conduct an annual voluntary survey of
2 program users to assess user satisfaction with the program's central
3 database tracking system. The survey may be conducted electronically. On
4 or before December 1 of each year, the board shall provide a report of the
5 survey results to the president of the senate, the speaker of the house of
6 representatives and the governor and shall provide a copy of this report
7 to the secretary of state.

8 ~~N.~~ O. This section does not prohibit a medical practitioner
9 regulatory board or the Arizona state board of pharmacy from obtaining and
10 using information from the program's central database tracking system.

11 ~~O.~~ P. For the purposes of this section:

12 1. "Administration" has the same meaning prescribed in section
13 36-2901.

14 2. "Contractor" has the same meaning prescribed in section 36-2901.

15 3. "Dispenser" means a pharmacist who is licensed pursuant to title
16 32, chapter 18.

17 4. "Emergency department" means the unit within a hospital that is
18 designed to provide emergency services.

19 5. "Health care insurer" has the same meaning prescribed in section
20 20-3151.