

physician assistants; supervision; collaboration

State of Arizona
House of Representatives
Fifty-sixth Legislature
First Regular Session
2023

CHAPTER 54
HOUSE BILL 2043

AN ACT

AMENDING SECTIONS 32-2501, 32-2502, 32-2531, 32-2532 AND 32-2533, ARIZONA REVISED STATUTES; REPEALING SECTION 32-2534, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 25, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING A NEW SECTION 32-2534; AMENDING SECTION 32-2535, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 25, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-2536; AMENDING SECTION 32-2551, ARIZONA REVISED STATUTES; RELATING TO THE ARIZONA REGULATORY BOARD OF 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. "COLLABORATING PHYSICIAN OR ENTITY" MEANS A PHYSICIAN, PHYSICIAN
34 GROUP PRACTICE, PHYSICIAN PRIVATE PRACTICE OR LICENSED HEALTH CARE
35 INSTITUTION THAT EMPLOYS OR COLLABORATES WITH A PHYSICIAN ASSISTANT WHO
36 HAS AT LEAST EIGHT THOUSAND HOURS OF CLINICAL PRACTICE AS CERTIFIED BY THE
37 BOARD PURSUANT TO SECTION 32-2536 AND DOES NOT REQUIRE A SUPERVISION
38 AGREEMENT AND THAT DESIGNATES ONE OR MORE PHYSICIANS BY NAME OR POSITION
39 WHO IS RESPONSIBLE FOR THE OVERSIGHT OF THE PHYSICIAN ASSISTANT.

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.

1 ~~7.~~ 8. "Immediate family" means the spouse, natural or adopted
2 children, father, mother, brothers and sisters of the physician assistant
3 and the natural or adopted children, father, mother, brothers and sisters
4 of the physician assistant's spouse.

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

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

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

17 ~~11.~~ 12. "Minor surgery":

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

25 (b) Does not include a surgical abortion.

26 ~~12.~~ 13. "Physician" means a physician who is licensed pursuant to
27 chapter 13 or 17 of this title.

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

31 ~~14.~~ 15. "Regular license" means a valid and existing license that
32 is issued pursuant to section 32-2521 to perform health care tasks.

33 ~~15.~~ 16. "Restrict" means a disciplinary action that is taken by
34 the board and that alters a physician assistant's practice or medical
35 activities if there is evidence that the physician assistant is or may be
36 medically incompetent or guilty of unprofessional conduct.

37 ~~16.~~ 17. "Supervising physician" means a physician who holds a
38 current unrestricted license, who supervises a physician assistant WHO HAS
39 LESS THAN EIGHT THOUSAND HOURS OF CLINICAL PRACTICE and who assumes legal
40 responsibility for health care tasks performed by the physician assistant.

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

1 19. "SUPERVISION AGREEMENT" MEANS A WRITTEN OR ELECTRONIC SIGNED
2 AGREEMENT THAT BOTH:

3 (a) DESCRIBES THE SCOPE OF PRACTICE FOR A PHYSICIAN ASSISTANT WHO
4 HAS LESS THAN EIGHT THOUSAND HOURS OF CLINICAL PRACTICE.

5 (b) IS BETWEEN THE PHYSICIAN ASSISTANT AND A PHYSICIAN OR THE
6 PHYSICIAN ASSISTANT'S EMPLOYER THAT EMPLOYS OR HAS ON MEDICAL STAFF AT
7 LEAST ONE PHYSICIAN WHO MAY PROVIDE OVERSIGHT, AS APPLICABLE, AND WHO
8 HOLDS A CURRENT UNRESTRICTED LICENSE. FOR THE PURPOSES OF THIS
9 SUBDIVISION, "EMPLOYER" MEANS A PHYSICIAN, PHYSICIAN GROUP PRACTICE,
10 PHYSICIAN PRIVATE PRACTICE OR LICENSED HEALTH CARE INSTITUTION.

11 ~~18.~~ 20. "Unprofessional conduct" includes the following acts by a
12 physician assistant that occur in this state or elsewhere:

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

16 (b) Claiming to be a physician or knowingly ~~permitting~~ ALLOWING
17 another person to represent that person as a physician.

18 (c) Performing health care tasks that ~~have not been delegated by~~
19 ~~the supervising physician~~ DO NOT MEET THE SUPERVISION OR COLLABORATION
20 REQUIREMENTS, AS APPLICABLE, PURSUANT TO SECTION 32-2531.

21 (d) Exhibiting a pattern of using or being under the influence of
22 alcohol or drugs or a similar substance while performing health care tasks
23 or to the extent that judgment may be impaired and the ability to perform
24 health care tasks detrimentally affected.

25 (e) Signing a blank, undated or predated prescription form.

26 (f) Committing gross malpractice, repeated malpractice or any
27 malpractice resulting in the death of a patient.

28 (g) Representing that a manifestly incurable disease or infirmity
29 can be permanently cured or that a disease, ailment or infirmity can be
30 cured by a secret method, procedure, treatment, medicine or device, if
31 this is not true.

32 (h) Refusing to divulge to the board on demand the means, method,
33 procedure, modality of treatment or medicine used in ~~the treatment of~~
34 TREATING a disease, injury, ailment or infirmity.

35 (i) Prescribing or dispensing controlled substances or
36 prescription-only drugs for which the physician assistant is not approved
37 or in excess of the amount authorized pursuant to this chapter.

38 (j) Committing any conduct or practice that is or might be harmful
39 or dangerous to the health of a patient or the public.

40 (k) Violating a formal order, probation or stipulation issued by
41 the board.

42 (l) Failing to clearly disclose the person's identity as a
43 physician assistant in the course of the physician assistant's employment.

- 1 (m) Failing to use and affix the initials "P.A." or "P.A.-C." after
2 the physician assistant's name or signature on charts, prescriptions or
3 professional correspondence.
- 4 (n) Procuring or attempting to procure a physician assistant
5 license by fraud, misrepresentation or knowingly taking advantage of the
6 mistake of another.
- 7 (o) Having professional connection with or lending the physician
8 assistant's name to an illegal practitioner of any of the healing arts.
- 9 (p) Failing or refusing to maintain adequate records ~~on~~ FOR a
10 patient.
- 11 (q) Using controlled substances that have not been prescribed by a
12 physician, physician assistant, dentist or nurse practitioner for use
13 during a prescribed course of treatment.
- 14 (r) Prescribing or dispensing controlled substances to members of
15 the physician assistant's immediate family.
- 16 (s) Prescribing, dispensing or administering any controlled
17 substance or prescription-only drug for other than accepted therapeutic
18 purposes.
- 19 (t) Dispensing a schedule II controlled substance that is an
20 opioid, except as provided in section 32-2532.
- 21 (u) Knowingly making any written or oral false or fraudulent
22 statement in connection with the performance of health care tasks or when
23 applying for privileges or renewing an application for privileges at a
24 health care institution.
- 25 (v) Committing a felony, whether or not involving moral turpitude,
26 or a misdemeanor involving moral turpitude. In either case, conviction by
27 a court of competent jurisdiction or a plea of no contest is conclusive
28 evidence of the commission.
- 29 (w) Having a certification or license refused, revoked, suspended,
30 limited or restricted by any other licensing jurisdiction for the
31 inability to safely and skillfully perform health care tasks or for
32 unprofessional conduct as defined by that jurisdiction that directly or
33 indirectly corresponds to any act of unprofessional conduct as prescribed
34 by this paragraph.
- 35 (x) Having sanctions including restriction, suspension or removal
36 from practice imposed by an agency of the federal government.
- 37 (y) Violating or attempting to violate, directly or indirectly, or
38 assisting in or abetting the violation of or conspiring to violate a
39 provision of this chapter.
- 40 (z) Using the term "doctor" or the abbreviation "Dr." on a name tag
41 or in a way that leads the public to believe that the physician assistant
42 is licensed to practice as an allopathic or ~~an~~ osteopathic physician in
43 this state.
- 44 (aa) Failing to furnish legally requested information to the board
45 or its investigator in a timely manner.

- 1 (bb) Failing to allow properly authorized board personnel to
2 examine on demand documents, reports and records of any kind relating to
3 the physician assistant's performance of health care tasks.
- 4 (cc) Knowingly making a false or misleading statement on a form
5 required by the board or in written correspondence or attachments
6 furnished to the board.
- 7 (dd) Failing to submit to a body fluid examination and other
8 examinations known to detect the presence of alcohol or other drugs
9 pursuant to an agreement with the board or an order of the board.
- 10 (ee) Violating a formal order, probation agreement or stipulation
11 issued or entered into by the board or its executive director.
- 12 (ff) Except as otherwise required by law, intentionally betraying a
13 professional secret or intentionally violating a privileged communication.
- 14 (gg) Allowing the use of the licensee's name in any way to enhance
15 or ~~permit~~ ALLOW the continuance of the activities of, or maintaining a
16 professional connection with, an illegal practitioner of medicine or the
17 performance of health care tasks by a person who is not licensed pursuant
18 to this chapter.
- 19 (hh) Committing false, fraudulent, deceptive or misleading
20 advertising by a physician assistant or the physician assistant's staff or
21 representative.
- 22 (ii) Knowingly failing to disclose to a patient on a form that is
23 prescribed by the board and that is dated and signed by the patient or
24 guardian acknowledging that the patient or guardian has read and
25 understands that the licensee has a direct financial interest in a
26 separate diagnostic or treatment agency or in nonroutine goods or services
27 that the patient is being prescribed and ~~if~~ WHETHER the prescribed
28 treatment, goods or services are available on a competitive basis. This
29 subdivision does not apply to a referral by one physician assistant to
30 another physician assistant or to a doctor of medicine or a doctor of
31 osteopathic medicine within a group working together.
- 32 (jj) With the exception of heavy metal poisoning, using chelation
33 therapy in the treatment of arteriosclerosis or as any other form of
34 therapy without adequate informed patient consent or without conforming to
35 generally accepted experimental criteria, including protocols, detailed
36 records, periodic analysis of results and periodic review by a medical
37 peer review committee, or without approval by the United States food and
38 drug administration or its successor agency.
- 39 (kk) Prescribing, dispensing or administering anabolic or
40 androgenic steroids for other than therapeutic purposes.
- 41 (ll) Prescribing, dispensing or furnishing a prescription
42 medication or a prescription-only device as defined in section 32-1901 to
43 a person unless the licensee first conducts a physical examination of that
44 person or has previously established a professional relationship with the
45 person. This subdivision does not apply to:

1 (i) A physician assistant who provides temporary patient care on
2 behalf of the patient's regular treating licensed health care
3 professional.

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

5 (iii) Prescriptions written to prepare a patient for a medical
6 examination.

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

12 (mm) Engaging in sexual conduct with a current patient or with a
13 former patient within six months after the last medical consultation
14 unless the patient was the licensee's spouse at the time of the contact
15 or, immediately preceding the professional relationship, was in a dating
16 or engagement relationship with the licensee. For the purposes of this
17 subdivision, "sexual conduct" includes:

18 (i) Engaging in or soliciting sexual relationships, whether
19 consensual or nonconsensual.

20 (ii) Making sexual advances, requesting sexual favors or engaging
21 in other verbal conduct or physical contact of a sexual nature with a
22 patient.

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

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

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

30 32-2502. Arizona regulatory board of physician assistants;
31 membership; appointment; terms; immunity

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

34 1. Five physician assistants who hold a current regular license
35 pursuant to this chapter. The governor may appoint these members from a
36 list of qualified candidates submitted by the Arizona state association of
37 physician assistants. The governor may seek additional input and
38 nominations before the governor makes the physician assistant
39 appointments.

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

41 3. Two physicians who are actively engaged in the practice of
42 medicine and who are licensed pursuant to chapter 17 of this title, one of
43 whom supervises **OR COLLABORATES WITH** a physician assistant at the time of
44 appointment, and who are appointed by the governor.

1 4. Two physicians who are actively engaged in the practice of
2 medicine and who are licensed pursuant to chapter 13 of this title, one of
3 whom supervises **OR COLLABORATES WITH** a physician assistant at the time of
4 appointment, and who are appointed by the governor.

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

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

13 D. Each board member is eligible for appointment to not more than
14 two full terms, except that the term of office for a member appointed to
15 fill a vacancy that is not caused by the expiration of a full term is for
16 the unexpired portion of that term and the governor may reappoint that
17 member to not more than two additional full terms. Each board member may
18 continue to hold office until the appointment and qualification of that
19 member's successor. ~~However,~~ The governor may remove a member after
20 notice and a hearing, ~~on~~ on a finding of continued neglect of duty,
21 incompetence or unprofessional or dishonorable conduct. That member's
22 term ends when the finding is made.

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

24 1. On written resignation submitted to the board chairperson or to
25 the governor.

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

28 3. If the member fails to attend three consecutive regular board
29 meetings.

30 4. Five years after retirement from active practice.

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

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

35 32-2531. Physician assistant scope of practice; health care
36 tasks; supervision agreements; supervising
37 physician duties; civil penalty

38 ~~A. A supervising physician may delegate health care tasks to a~~
39 ~~physician assistant.~~

40 A. EXCEPT AS PROHIBITED IN SUBSECTION E OF THIS SECTION, A
41 PHYSICIAN ASSISTANT MAY PROVIDE ANY LEGAL MEDICAL SERVICE FOR WHICH THE
42 PHYSICIAN ASSISTANT HAS BEEN PREPARED BY EDUCATION, TRAINING AND
43 EXPERIENCE AND THAT THE PHYSICIAN ASSISTANT IS COMPETENT TO PERFORM,
44 INCLUDING:

- 1 1. OBTAINING COMPREHENSIVE HEALTH HISTORIES AND PERFORMING PHYSICAL
- 2 EXAMINATIONS.
- 3 2. EVALUATING AND DIAGNOSING PATIENTS AND MANAGING AND PROVIDING
- 4 MEDICAL TREATMENT AND THERAPEUTIC INTERVENTIONS.
- 5 3. ORDERING, PERFORMING AND INTERPRETING DIAGNOSTIC STUDIES AND
- 6 THERAPEUTIC PROCEDURES.
- 7 4. EDUCATING PATIENTS ON HEALTH PROMOTION AND DISEASE PREVENTION
- 8 AND PROVIDING COUNSELING AND EDUCATION TO MEET PATIENT NEEDS.
- 9 5. PROVIDING CONSULTATION ON REQUEST.
- 10 6. WRITING MEDICAL ORDERS.
- 11 7. OBTAINING INFORMED CONSENT.
- 12 8. ASSISTING IN SURGERY.
- 13 9. DELEGATING AND ASSIGNING THERAPEUTIC AND DIAGNOSTIC MEASURES TO
- 14 AND SUPERVISING LICENSED OR UNLICENSED PERSONNEL.
- 15 10. MAKING APPROPRIATE REFERRALS.
- 16 11. ORDERING, PRESCRIBING, DISPENSING AND ADMINISTERING DRUGS AND
- 17 MEDICAL DEVICES.
- 18 12. PRESCRIBING PRESCRIPTION-ONLY MEDICATIONS.
- 19 13. PRESCRIBING SCHEDULE IV OR SCHEDULE V CONTROLLED SUBSTANCES AS
- 20 DEFINED IN THE CONTROLLED SUBSTANCES ACT (P.L. 91-513; 84 STAT. 1242; 21
- 21 UNITED STATES CODE SECTION 802).
- 22 14. PRESCRIBING SCHEDULE II AND SCHEDULE III CONTROLLED SUBSTANCES
- 23 AS DEFINED IN THE CONTROLLED SUBSTANCES ACT.
- 24 15. PERFORMING MINOR SURGERY.
- 25 16. PERFORMING NONSURGICAL HEALTH CARE TASKS THAT ARE NORMALLY
- 26 TAUGHT IN COURSES OF TRAINING APPROVED BY THE BOARD AND THAT ARE
- 27 CONSISTENT WITH THE PHYSICIAN ASSISTANT'S EDUCATION, TRAINING AND
- 28 EXPERIENCE.
- 29 17. CERTIFYING THE HEALTH OR DISABILITY OF A PATIENT AS REQUIRED BY
- 30 ANY LOCAL, STATE OR FEDERAL PROGRAM.
- 31 18. ORDERING HOME HEALTH SERVICES.
- 32 B. PURSUANT TO THE REQUIREMENTS OF THIS CHAPTER AND THE STANDARD OF
- 33 CARE, A PHYSICIAN ASSISTANT WHO HAS AT LEAST EIGHT THOUSAND HOURS OF
- 34 CLINICAL PRACTICE CERTIFIED BY THE BOARD PURSUANT TO SECTION 32-2536 IS
- 35 NOT REQUIRED TO PRACTICE PURSUANT TO A SUPERVISION AGREEMENT BUT SHALL
- 36 CONTINUE TO COLLABORATE WITH, CONSULT WITH OR REFER TO THE APPROPRIATE
- 37 HEALTH CARE PROFESSIONAL AS INDICATED BY THE PATIENT'S CONDITION AND BY
- 38 THE PHYSICIAN ASSISTANT'S EDUCATION, EXPERIENCE AND COMPETENCIES. THE
- 39 LEVEL OF COLLABORATION REQUIRED BY THIS SUBSECTION IS DETERMINED BY THE
- 40 POLICIES OF THE PRACTICE SETTING AT WHICH THE PHYSICIAN ASSISTANT IS
- 41 EMPLOYED, INCLUDING A PHYSICIAN EMPLOYER, PHYSICIAN GROUP PRACTICE OR
- 42 HEALTH CARE INSTITUTION. COLLABORATION, CONSULTATION OR A REFERRAL
- 43 PURSUANT TO THIS SUBSECTION MAY OCCUR THROUGH ELECTRONIC MEANS AND DOES
- 44 NOT REQUIRE THE PHYSICAL PRESENCE OF THE APPROPRIATE HEALTH CARE
- 45 PROFESSIONAL AT THE TIME OR PLACE THE PHYSICIAN ASSISTANT PROVIDES MEDICAL

1 SERVICES. THIS SUBSECTION DOES NOT PROHIBIT A PHYSICIAN ASSISTANT WHO HAS
2 AT LEAST EIGHT THOUSAND HOURS OF CLINICAL PRACTICE CERTIFIED BY THE BOARD
3 PURSUANT TO SECTION 32-2536 FROM PRACTICING PURSUANT TO A SUPERVISION
4 AGREEMENT.

5 C. A PHYSICIAN ASSISTANT WHO HAS LESS THAN EIGHT THOUSAND HOURS OF
6 CLINICAL PRACTICE CERTIFIED BY THE BOARD SHALL WORK IN ACCORDANCE WITH A
7 SUPERVISION AGREEMENT THAT DESCRIBES THE PHYSICIAN ASSISTANT'S SCOPE OF
8 PRACTICE. A PHYSICIAN ASSISTANT MAY NOT PERFORM HEALTH CARE TASKS UNTIL
9 THE PHYSICIAN ASSISTANT HAS COMPLETED AND SIGNED A SUPERVISION AGREEMENT.
10 UNDER A SUPERVISION AGREEMENT, SUPERVISION MAY OCCUR THROUGH ELECTRONIC
11 MEANS AND DOES NOT REQUIRE THE PHYSICAL PRESENCE OF THE SUPERVISING
12 PHYSICIAN AT THE TIME OR PLACE THE PHYSICIAN ASSISTANT PROVIDES MEDICAL
13 SERVICES. THE SUPERVISION AGREEMENT MUST BE KEPT ON FILE AT THE MAIN
14 LOCATION OF THE PHYSICIAN ASSISTANT'S PRACTICE AND, ON REQUEST, BE MADE
15 AVAILABLE TO THE BOARD OR THE BOARD'S REPRESENTATIVE. ON RECEIPT OF BOARD
16 CERTIFICATION OF THE PHYSICIAN ASSISTANT'S COMPLETION OF AT LEAST EIGHT
17 THOUSAND HOURS OF CLINICAL PRACTICE, A PHYSICIAN ASSISTANT IS NO LONGER
18 SUBJECT TO THE REQUIREMENTS OF THIS SUBSECTION. THE BOARD MAY COUNT
19 PRACTICE HOURS EARNED IN ANOTHER JURISDICTION TOWARD THE HOURS OF CLINICAL
20 PRACTICE REQUIRED BY THIS SUBSECTION.

21 D. A PHYSICIAN ASSISTANT WHO DOES NOT PRACTICE PURSUANT TO A
22 SUPERVISION AGREEMENT IS LEGALLY RESPONSIBLE FOR THE HEALTH CARE SERVICES
23 PERFORMED BY THE PHYSICIAN ASSISTANT.

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

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

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

34 ~~E.~~ F. ~~The~~ A physician assistant may pronounce death and, ~~if~~
35 ~~delegated,~~ may authenticate, by the physician assistant's signature,
36 CERTIFICATION, STAMP, VERIFICATION, AFFIDAVIT OR ENDORSEMENT, any form
37 that may be authenticated by a physician's signature, CERTIFICATION,
38 STAMP, VERIFICATION, AFFIDAVIT OR ENDORSEMENT.

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

43 ~~G. The physician assistant may perform health care tasks in any
44 setting authorized by the supervising physician, including physician
45 offices, clinics, hospitals, ambulatory surgical centers, patient homes,~~

1 ~~nursing homes and other health care institutions. These tasks may~~
2 ~~include:~~

- 3 ~~1. Obtaining patient histories.~~
- 4 ~~2. Performing physical examinations.~~
- 5 ~~3. Ordering and performing diagnostic and therapeutic procedures.~~
- 6 ~~4. Formulating a diagnostic impression.~~
- 7 ~~5. Developing and implementing a treatment plan.~~
- 8 ~~6. Monitoring the effectiveness of therapeutic interventions.~~
- 9 ~~7. Assisting in surgery.~~
- 10 ~~8. Offering counseling and education to meet patient needs.~~
- 11 ~~9. Making appropriate referrals.~~
- 12 ~~10. Prescribing schedule IV or V controlled substances as defined in~~
13 ~~the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242;~~
14 ~~21 United States Code section 802) and prescription-only medications.~~
- 15 ~~11. Prescribing schedule II and III controlled substances as defined~~
16 ~~in the federal controlled substances act of 1970.~~
- 17 ~~12. Performing minor surgery as defined in section 32-2501.~~
- 18 ~~13. Performing other nonsurgical health care tasks that are normally~~
19 ~~taught in courses of training approved by the board, that are consistent~~
20 ~~with the training and experience of the physician assistant and that have~~
21 ~~been properly delegated by the supervising physician.~~

22 ~~H. The supervising physician shall:~~

- 23 ~~1. Meet the requirements established by the board for supervising a~~
24 ~~physician assistant.~~
- 25 ~~2. Accept responsibility for all tasks and duties the physician~~
26 ~~delegates to a physician assistant.~~
- 27 ~~3. Notify the board and the physician assistant in writing if the~~
28 ~~physician assistant exceeds the scope of the delegated health care tasks.~~
- 29 ~~4. Maintain a written agreement with the physician assistant. The~~
30 ~~agreement must state that the physician will exercise supervision over the~~
31 ~~physician assistant and retains professional and legal responsibility for~~
32 ~~the care rendered by the physician assistant. The agreement must be~~
33 ~~signed by the supervising physician and the physician assistant and~~
34 ~~updated annually. The agreement must be kept on file at the practice site~~
35 ~~and made available to the board on request. Each year the board shall~~
36 ~~randomly audit at least five per cent of these agreements for compliance.~~

37 ~~I. A physician's ability to supervise a physician assistant is not~~
38 ~~affected by restrictions imposed by the board on a physician assistant~~
39 ~~pursuant to disciplinary action taken by the board.~~

40 ~~J. Supervision must be continuous but does not require the personal~~
41 ~~presence of the physician at the place where health care tasks are~~
42 ~~performed if the physician assistant is in contact with the supervising~~
43 ~~physician by telecommunication. If the physician assistant practices in a~~
44 ~~location where a supervising physician is not routinely present, the~~
45 ~~physician assistant must meet in person or by telecommunication with a~~

1 ~~supervising physician at least once each week to ensure ongoing direction~~
2 ~~and oversight of the physician assistant's work. The board by order may~~
3 ~~require the personal presence of a supervising physician when designated~~
4 ~~health care tasks are performed.~~

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

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

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

19 32-2532. Prescribing, administering and dispensing drugs:
20 limits and requirements; notice

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

23 1. A schedule II or schedule III controlled substance as defined in
24 the ~~federal~~ controlled substances act ~~of 1970~~ (P.L. 91-513; 84 Stat. 1242;
25 21 United States Code section 802) without ~~delegation by the supervising~~
26 ~~physician,~~ board approval and United States drug enforcement
27 administration registration. **IF THE PHYSICIAN ASSISTANT HAS LESS THAN**
28 **EIGHT THOUSAND CLINICAL PRACTICE HOURS, THE SUPERVISION AGREEMENT SHALL**
29 **SPECIFY THE PHYSICIAN ASSISTANT'S ABILITY TO PRESCRIBE, DISPENSE OR**
30 **ADMINISTER A SCHEDULE II OR SCHEDULE III CONTROLLED SUBSTANCE.**

31 2. A schedule IV or schedule V controlled substance as defined in
32 the ~~federal~~ controlled substances act ~~of 1970~~ without United States drug
33 enforcement administration registration ~~and delegation by the supervising~~
34 ~~physician.~~ **IF THE PHYSICIAN ASSISTANT HAS LESS THAN EIGHT THOUSAND**
35 **CLINICAL PRACTICE HOURS, THE SUPERVISION AGREEMENT SHALL SPECIFY THE**
36 **PHYSICIAN ASSISTANT'S ABILITY TO PRESCRIBE, DISPENSE OR ADMINISTER A**
37 **SCHEDULE IV OR SCHEDULE V CONTROLLED SUBSTANCE.**

38 ~~3. Prescription-only medication without delegation by the~~
39 ~~supervising physician.~~

40 ~~4.~~ 3. Prescription medication intended to perform or induce an
41 abortion.

42 **B. IF THE PHYSICIAN ASSISTANT HAS LESS THAN EIGHT THOUSAND CLINICAL**
43 **PRACTICE HOURS, THE SUPERVISION AGREEMENT SHALL SPECIFY THE PHYSICIAN**
44 **ASSISTANT'S ABILITY TO PRESCRIBE, DISPENSE OR ADMINISTER PRESCRIPTION-ONLY**
45 **MEDICATION.**

1 ~~B.~~ C. All prescription orders issued by a physician assistant
2 shall contain the name, address and telephone number of the physician
3 assistant. A physician assistant shall issue prescription orders for
4 controlled substances under the physician assistant's own United States
5 drug enforcement administration registration number.

6 ~~C.~~ D. If THE PHYSICIAN ASSISTANT IS certified for prescription
7 privileges pursuant to section 32-2504, subsection A, initial
8 prescriptions BY THE PHYSICIAN ASSISTANT for schedule II controlled
9 substances that are opioids are subject to the limits prescribed in
10 sections 32-3248 and 32-3248.01 ~~if the physician assistant has been~~
11 ~~delegated to prescribe schedule II controlled substances by the~~
12 ~~supervising physician pursuant to this section.~~ For each schedule IV or
13 schedule V controlled substance, the physician assistant may not prescribe
14 the controlled substance more than five times in a six-month period for
15 each patient.

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

19 ~~E.~~ F. A PHYSICIAN ASSISTANT MAY NOT DISPENSE, PRESCRIBE OR REFILL
20 prescription-only drugs ~~shall not be dispensed, prescribed or refillable~~
21 for a period exceeding one year FOR EACH PATIENT.

22 ~~F.~~ G. Except in an emergency, a physician assistant may dispense
23 schedule II or schedule III controlled substances for a period of use of
24 not to exceed seventy-two hours with board approval or any other
25 controlled substance for a period of use of not to exceed ninety days and
26 may administer controlled substances without board approval if it is
27 medically indicated in an emergency dealing with potential loss of life or
28 limb or major acute traumatic pain. Notwithstanding the authority granted
29 in this subsection, a physician assistant may not dispense a schedule II
30 controlled substance that is an opioid, except for an implantable device
31 or an opioid that is for medication-assisted treatment for substance use
32 disorders.

33 ~~G.~~ H. Except for samples provided by manufacturers, all drugs
34 dispensed by a physician assistant shall be labeled to show the name of
35 the physician assistant.

36 ~~H.~~ I. A physician assistant shall not obtain a drug from any
37 source other than ~~the supervising A~~ physician or a pharmacist. A
38 physician assistant may receive manufacturers' samples ~~if delegated to do~~
39 ~~so by the supervising physician.~~

40 ~~I.~~ J. If a physician assistant is approved by the board to
41 prescribe, administer or dispense schedule II and schedule III controlled
42 substances, the physician assistant shall maintain an up-to-date and
43 complete log of all schedule II and schedule III controlled substances the
44 physician assistant administers or dispenses. The board may not grant a
45 physician assistant the authority to dispense schedule II controlled

1 substances that are opioids, except for implantable devices or opioids
2 that are for medication-assisted treatment for substance use disorders.

3 ~~J.~~ K. The ARIZONA REGULATORY board OF PHYSICIAN ASSISTANTS shall
4 advise the Arizona state board of pharmacy and the United States drug
5 enforcement administration of all physician assistants who are authorized
6 to prescribe or dispense drugs and any modification of their authority.

7 ~~K.~~ L. The Arizona state board of pharmacy shall notify all
8 pharmacies at least quarterly of physician assistants who are authorized
9 to prescribe or dispense drugs.

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

12 32-2533. Supervising physicians; responsibilities

13 A. A supervising physician is responsible for all aspects of the
14 performance of a physician assistant WHO HAS LESS THAN EIGHT THOUSAND
15 HOURS OF CLINICAL PRACTICE, whether or not the supervising physician
16 actually pays the physician assistant a salary. The supervising physician
17 is responsible for supervising the physician assistant and ensuring that
18 the health care tasks performed by a physician assistant are within the
19 physician assistant's scope of training and experience and have been
20 properly delegated by the supervising physician.

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

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

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

25 3. The relationship of, and access to, the supervising physician is
26 defined.

27 4. A process for evaluating the physician assistant's performance
28 is established.

29 C. A supervising physician shall not supervise more than six
30 physician assistants who work at the same time.

31 D. A supervising physician shall develop a system for recording and
32 reviewing all instances in which the physician assistant prescribes
33 schedule II or schedule III controlled substances.

34 Sec. 6. Repeal

35 Section 32-2534, Arizona Revised Statutes, is repealed.

36 Sec. 7. Title 32, chapter 25, article 3, Arizona Revised Statutes,
37 is amended by adding a new section 32-2534, to read:

38 32-2534. Billing; direct payment

39 A PHYSICIAN ASSISTANT MAY BILL AND RECEIVE DIRECT PAYMENT FOR THE
40 PROFESSIONAL SERVICES PROVIDED BY THE PHYSICIAN ASSISTANT.

41 Sec. 8. Section 32-2535, Arizona Revised Statutes, is amended to
42 read:

43 32-2535. Emergency medical care

44 A. Notwithstanding the requirements of this article, in response to
45 a natural disaster, accident or other emergency, a physician assistant who

1 is licensed pursuant to this chapter, licensed or certified by another
2 regulatory jurisdiction in the United States or credentialed as a
3 physician assistant by a federal employer may provide medical care at any
4 location, and ~~with or without supervision.~~ THE PHYSICIAN ASSISTANT IS NOT
5 REQUIRED TO HAVE COMPLETED EIGHT THOUSAND CLINICAL PRACTICE HOURS PURSUANT
6 TO SECTION 32-2531.

7 B. A physician who supervises a physician assistant who is
8 providing medical care pursuant to this section is not required to comply
9 with the requirements of this article relating to supervising physicians.

10 Sec. 9. Title 32, chapter 25, article 3, Arizona Revised Statutes,
11 is amended by adding section 32-2536, to read:

12 32-2536. Physician assistants; documentation; certification;
13 rules

14 A. A PHYSICIAN ASSISTANT WHO IS LICENSED PURSUANT TO THIS CHAPTER,
15 WHO IS IN GOOD STANDING, WHO HAS GRADUATED FROM AN ACCREDITED PHYSICIAN
16 ASSISTANT PROGRAM IN THE UNITED STATES AND WHO HAS AT LEAST EIGHT THOUSAND
17 CLINICAL PRACTICE HOURS WITHIN THE PREVIOUS FIVE YEARS IN THIS STATE OR
18 ANOTHER JURISDICTION SHALL PROVIDE THE BOARD WITH DOCUMENTATION OF HAVING
19 COMPLETED AT LEAST EIGHT THOUSAND HOURS OF CLINICAL PRACTICE IN ORDER TO
20 MEET THE REQUIREMENTS OF SECTION 32-2531, SUBSECTION B. THE BOARD SHALL
21 DEVELOP:

22 1. A POLICY THAT SETS FORTH THE PROCESS OF ATTESTATION OR
23 DOCUMENTATION REQUIRED AS PROOF OF COMPLETION OF AT LEAST EIGHT THOUSAND
24 CLINICAL PRACTICE HOURS AND ISSUANCE OF CERTIFICATION OF COMPLETION OF THE
25 EIGHT THOUSAND CLINICAL PRACTICE HOURS.

26 2. AN ALTERNATIVE COMPARABLE STANDARD FOR CERTIFICATION OF EIGHT
27 THOUSAND HOURS OF CLINICAL PRACTICE FOR PHYSICIAN ASSISTANTS WHO HAVE BEEN
28 ACTIVELY PRACTICING FOR MORE THAN FIVE YEARS.

29 B. THE BOARD SHALL ADOPT RULES ESTABLISHING ADDITIONAL
30 CERTIFICATION STANDARDS OR REQUIREMENTS FOR PHYSICIAN ASSISTANTS WHO
31 PREVIOUSLY COMPLETED EIGHT THOUSAND CLINICAL PRACTICE HOURS CERTIFIED BY
32 THE BOARD AND WHO ARE SEEKING EMPLOYMENT WITH A COLLABORATING PHYSICIAN OR
33 ENTITY FOR A POSITION THAT IS NOT SUBSTANTIALLY SIMILAR TO THE PRACTICE
34 SETTING OR SPECIALTY IN WHICH THE PHYSICIAN ASSISTANT WAS PREVIOUSLY
35 CERTIFIED. THE CERTIFICATION STANDARDS OR REQUIREMENTS SHALL ENSURE
36 APPROPRIATE TRAINING AND OVERSIGHT, INCLUDING A SUPERVISION AGREEMENT IF
37 WARRANTED, FOR THE PHYSICIAN ASSISTANT'S NEW PRACTICE SETTING OR
38 SPECIALTY.

39 Sec. 10. Section 32-2551, Arizona Revised Statutes, is amended to
40 read:

41 32-2551. Grounds for disciplinary action; duty to report;
42 immunity; proceedings; board action; notice; civil
43 penalty

44 A. The board on its own motion may investigate any evidence that
45 appears to show that a physician assistant is or may be medically

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

22 B. The board or, if delegated by the board, the executive director
23 may require a mental, physical or medical competency examination or any
24 combination of those examinations or may make investigations, including
25 investigational interviews, between representatives of the board and the
26 physician assistant and the supervising physician, THE COLLABORATING
27 PHYSICIAN OR A PHYSICIAN REPRESENTATIVE OF THE COLLABORATING ENTITY, AS
28 APPLICABLE, as ~~it~~ THE BOARD deems necessary to fully inform itself with
29 respect to any information reported pursuant to subsection A of this
30 section. These examinations may include biological fluid testing and
31 other examinations known to detect the presence of alcohol or other drugs.
32 The board or, if delegated by the board, the executive director may
33 require the physician assistant, at the physician assistant's expense, to
34 undergo assessment by a ~~board-approved~~ BOARD-APPROVED rehabilitative,
35 retraining or assessment program.

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

1 D. If, after completing its investigation, the board finds that the
2 information provided pursuant to subsection A of this section is not of
3 sufficient seriousness to merit disciplinary action against the physician
4 assistant's license, ~~††~~ THE BOARD may take the following actions:

5 1. Dismiss if, in the opinion of the board, the complaint is
6 without merit.

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

10 3. Require the licensee to complete designated continuing medical
11 education courses.

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

21 F. The board shall not disclose the name of the person who provided
22 the information regarding a licensee's drug or alcohol impairment or the
23 name of the person who files a complaint if that person requests
24 anonymity.

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

38 H. After the formal interview, the board may take the following
39 actions:

40 1. Dismiss if, in the opinion of the board, the information is
41 without merit.

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

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

9 4. File a letter of reprimand.

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

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

19 (a) Restrictions on the health care tasks the physician assistant
20 may perform.

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

22 (c) Restitution of patient fees.

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

24 7. Require the licensee to complete designated continuing medical
25 education courses.

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

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

44 K. In a formal interview pursuant to subsection G of this section
45 or in a hearing pursuant to subsection I of this section, the board in

1 addition to any other action may impose a civil penalty in the amount of
2 ~~not less than three hundred dollars nor~~ AT LEAST \$300 BUT NOT more than
3 ~~ten thousand dollars~~ \$10,000 for each violation of this chapter or a rule
4 adopted under this chapter.

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

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

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

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

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

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

23 Q. In determining the appropriate disciplinary action under this
24 section, the board shall consider all previous nondisciplinary and
25 disciplinary actions against a licensee.

26 Sec. 11. Rulemaking; exemption

27 Notwithstanding any other law, for the purposes of this act, the
28 Arizona regulatory board of physician assistants is exempt from the
29 rulemaking requirements of title 41, chapter 6, Arizona Revised Statutes,
30 for one year after the effective date of this act.

31 Sec. 12. Effective date

32 This act is effective from and after December 31, 2023.

APPROVED BY THE GOVERNOR APRIL 17, 2023.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 17, 2023.