REFERENCE TITLE: psychologists; prescribing authority

State of Arizona Senate Fifty-sixth Legislature First Regular Session 2023

### **SB 1457**

Introduced by Senator Shope

#### AN ACT

AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1459; AMENDING TITLE 32, CHAPTER 17, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1862; AMENDING SECTION 32-2061, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 19.1, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 5; AMENDING SECTION 36-2602, ARIZONA REVISED STATUTES; AMENDING SECTION 36-2604, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2022, CHAPTER 284, SECTION 1; REPEALING SECTION 36-2604, ARIZONA REVISED STATUTES, AS AMENDED BY LAWS 2022, CHAPTER 362, SECTION 12; AMENDING SECTION 36-2606, ARIZONA REVISED STATUTES; RELATING TO THE STATE BOARD OF PSYCHOLOGIST EXAMINERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

Section 1. Title 32, chapter 13, article 3, Arizona Revised Statutes, is amended by adding section 32-1459, to read:

32-1459. <u>Supervision authority</u>

SUBJECT TO THE RULES ADOPTED BY THE BOARD, A PHYSICIAN MAY SUPERVISE A PSYCHOLOGIST WHO IS LICENSED PURSUANT TO CHAPTER 19.1 OF THIS TITLE AND WHO HOLDS A CONDITIONAL PRESCRIPTION CERTIFICATE TO PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO CHAPTER 19.1, ARTICLE 5 OF THIS TITLE.

Sec. 2. Title 32, chapter 17, article 3, Arizona Revised Statutes, is amended by adding section 32-1862, to read:

32-1862. <u>Supervision authority</u>

SUBJECT TO THE RULES ADOPTED BY THE BOARD, A PHYSICIAN MAY SUPERVISE A PSYCHOLOGIST WHO IS LICENSED PURSUANT TO CHAPTER 19.1 OF THIS TITLE AND WHO HOLDS A CONDITIONAL PRESCRIPTION CERTIFICATE TO PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO CHAPTER 19.1, ARTICLE 5 OF THIS TITLE.

Sec. 3. Section 32-2061, Arizona Revised Statutes, is amended to read:

32-2061. <u>Definitions</u>

In this chapter, unless the context otherwise requires:

- 1. "Active license" means a valid and existing license to practice psychology.
- 2. "Adequate records" means records containing THAT CONTAIN, at a minimum, sufficient information to identify the client or patient, the dates of service, the fee for service, the payments for service, the type of service given and copies of any reports that may have been made.
  - 3. "Board" means the state board of psychologist examiners.
- 4. "Client" means a person or an entity that receives psychological services. A corporate entity, a governmental entity or any other organization may be a client if there is a professional contract to provide services or benefits primarily to an organization rather than to an individual. If an individual has a legal guardian, the legal guardian is the client for decision-making purposes, except that the individual receiving services is the client or patient for:
- (a) Issues that directly affect the physical or emotional safety of the individual, such as sexual or other exploitative relationships.
- (b) Issues that the LEGAL guardian agrees to specifically reserve to the individual.
- 5. "Committee on behavior analysts" means the committee established by section 32-2091.15.
- 6. "CONDITIONAL PRESCRIPTION CERTIFICATE" MEANS A DOCUMENT THAT IS ISSUED BY THE BOARD TO A PSYCHOLOGIST AND THAT ALLOWS THE PSYCHOLOGIST TO

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 PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS UNDER THE SUPERVISION OF A PHYSICIAN PURSUANT TO ARTICLE 5 OF THIS CHAPTER.

- 6. 7. "Exploit" means actions by a psychologist who takes undue advantage of the professional association with a client or patient, a student or a supervisee for the advantage or profit of the psychologist.
- 7.8. "Health care institution" means a facility as defined in section 36-401.
- 8. 9. "Letter of concern" means an advisory letter to notify a psychologist that while there is insufficient evidence to support disciplinary action the board believes the psychologist should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the board may result in action against the psychologist's license.
- 9. 10. "Patient" means a person who receives psychological services. If an individual has a legal guardian, the legal guardian is the client or patient for decision-making purposes, except that the individual receiving services is the client or patient for:
- (a) Issues that directly affect the physical or emotional safety of the individual, such as sexual or other exploitative relationships.
- (b) Issues that the LEGAL guardian agrees to specifically reserve to the individual.
- 11. "PHYSICIAN" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE.
- 10. 12. "Practice of psychology" means the psychological assessment, diagnosis, treatment or correction of mental, emotional, behavioral or psychological abilities, illnesses or disorders or purporting or attempting to do this consistent with section 32-2076.
- 13. "PRESCRIBING PSYCHOLOGIST" MEANS A PSYCHOLOGIST WHO HOLDS A VALID PRESCRIPTION CERTIFICATE.
- 14. "PRESCRIPTION CERTIFICATE" MEAN A DOCUMENT THAT IS ISSUED BY THE BOARD TO A PSYCHOLOGIST AND THAT ALLOWS THE PSYCHOLOGIST TO PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO ARTICLE 5 OF THIS CHAPTER.
- 11. 15. "Psychologically incompetent" means a person lacking in WHO LACKS sufficient psychological knowledge or skills to a degree likely to endanger the health of clients or patients.
- $\frac{12.}{16.}$  "Psychological service" means all actions of the psychologist in the practice of psychology.
- 13. 17. "Psychologist" means a natural person holding WHO HOLDS a license to practice psychology pursuant to this chapter.
- 18. "PSYCHOTROPIC MEDICATION" MEANS A CONTROLLED SUBSTANCE OR DANGEROUS DRUG THAT MAY NOT BE DISPENSED OR ADMINISTERED WITHOUT A PRESCRIPTION, WHOSE PRIMARY INDICATION FOR USE HAS BEEN APPROVED BY THE

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UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS AND THAT IS LISTED AS A PSYCHOTHERAPEUTIC AGENT IN THE MOST RECENT EDITION OF DRUG FACTS AND COMPARISONS OR IN THE AMERICAN HOSPITAL FORMULARY SERVICE DRUG INFORMATION.

14. 19. "Supervisee" means any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services.

15. 20. "Telepractice":

- (a) Means providing psychological services through interactive audio, video or electronic communication that occurs between the psychologist and the patient or client, including any electronic communication for diagnostic, treatment or consultation purposes in a secure platform, and that meets the requirements of telehealth pursuant to section 36-3602. Telepractice
  - (b) Includes supervision.
- $\frac{16.}{10.}$  21. "Unprofessional conduct" includes the following activities whether occurring in this state or elsewhere:
  - (a) Obtaining a fee by fraud or misrepresentation.
  - (b) Betraying professional confidences.
- (c) Making or using statements of a character tending to deceive or mislead.
- (d) Aiding or abetting a person who is not licensed pursuant to this chapter in representing that person as a psychologist.
  - (e) COMMITTING gross negligence in the practice of a psychologist.
- (f) HAVING sexual intimacies or sexual intercourse with a current client or patient or a supervisee or with a former client or patient within two years after the cessation or termination of treatment. For the purposes of this subdivision, "sexual intercourse" has the same meaning prescribed in section 13-1401.
- (g) Engaging or offering to engage as a psychologist in activities that are not congruent with the psychologist's professional education, training and experience.
- (h) Failing or refusing to maintain and retain adequate business, financial or professional records pertaining to the psychological services provided to a client or patient.
- (i) Commission of COMMITTING a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
- (j) Making a fraudulent or untrue statement to the board or its investigators, staff or consultants.
- (k) Violating any federal or state laws or rules that relate to the practice of psychology or to obtaining a license to practice psychology.

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- (1) Practicing psychology while impaired or incapacitated to the extent and in a manner that jeopardizes the welfare of the client or patient or renders the psychological services provided ineffective.
- (m) Using fraud, misrepresentation or deception to obtain or attempt to obtain a psychology license or to pass or attempt to pass a psychology licensing examination or in assisting another person to do so.
- (n) COMMITTING unprofessional conduct in another jurisdiction that resulted in censure, probation or a civil penalty or in the denial, suspension, restriction or revocation of a certificate or license to practice as a psychologist.
- (o) Providing services that are unnecessary or unsafe or otherwise engaging in activities as a psychologist that are unprofessional by current standards of practice.
- (p) Falsely or fraudulently claiming to have performed a professional service, charging for a service or representing a service as the licensee's own when the licensee has not rendered the service or assumed supervisory responsibility for the service.
- (q) Representing activities or services as being performed under the licensee's supervision if the psychologist has not assumed responsibility for them and has not exercised control, oversight and review.
- (r) Failing to obtain a client's or patient's informed and written consent to release personal or otherwise confidential information to another party unless the release is otherwise authorized by law.
- (s) Failing to make client or patient records in the psychologist's possession promptly available to another psychologist who is licensed pursuant to this chapter on receipt of proper authorization to do so from the client or patient, a minor client's or patient's parent, the client's or patient's legal guardian or the client's or patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.
- (t) Failing to take reasonable steps to inform or protect a client's or patient's intended victim and inform the proper law enforcement officials in circumstances in which the psychologist becomes aware during the course of providing or supervising psychological services that  $\frac{1}{2}$  THE client or patient intends or plans to inflict serious bodily harm on another person.
- (u) Failing to take reasonable steps to protect a client or patient in circumstances in which the psychologist becomes aware during the course of providing or supervising psychological services that  $\frac{1}{a}$  THE client or patient intends or plans to inflict serious bodily harm on self.
- (v) Abandoning or neglecting a client or patient in need of immediate care without making suitable arrangements for continuation of the care.

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- (w) Engaging in direct or indirect personal solicitation of clients or patients through the use of coercion, duress, undue influence, compulsion or intimidation practices.
  - (x) Engaging in false, deceptive or misleading advertising.
  - (y) Exploiting a client or patient, a student or a supervisee.
- (z) Failing to report information to the board regarding a possible act of unprofessional conduct committed by another psychologist who is licensed pursuant to this chapter unless this reporting violates the psychologist's confidential relationship with the client or patient pursuant to section 32-2085. Any psychologist who reports or provides information to the board in good faith is not subject to an action for civil damages. For the purposes of this subdivision, it is not an act of unprofessional conduct if a licensee addresses an ethical conflict in a manner that is consistent with the ethical standards contained in the document entitled "ethical principles of psychologists and code of conduct" as adopted by the American psychological association and in effect at the time the licensee makes the report.
- (aa) Violating a formal board order, consent agreement, term of probation or stipulated agreement issued under this chapter.
- (bb) Failing to furnish information in a timely manner to the board or its investigators or representatives if requested or subpoenaed by the board as prescribed by this chapter.
- (cc) Failing to make available to a client or patient or to the client's or patient's designated representative, on written request, a copy of the client's or patient's record, including raw test data, psychometric testing materials and other information as provided by law.
  - (dd) Violating an ethical standard adopted by the board.
- Sec. 4. Title 32, chapter 19.1, Arizona Revised Statutes, is amended by adding article 5, to read:

ARTICLE 5. PSYCHOLOGISTS' PRESCRIBING AUTHORITY

32-2095. <u>Psychotropic medication: authority</u>

- A. A PSYCHOLOGIST WHO HOLDS A CONDITIONAL PRESCRIPTION CERTIFICATE MAY PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS UNDER THE SUPERVISION OF A PHYSICIAN PURSUANT TO THIS ARTICLE.
- B. A PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO THIS ARTICLE.

32-2095.01. <u>Conditional prescription certificates:</u> requirements; immunity of supervising physician

A. A PSYCHOLOGIST MAY APPLY TO THE BOARD FOR A CONDITIONAL PRESCRIPTION CERTIFICATE ON A FORM APPROVED BY THE BOARD AND SHALL INCLUDE WITH THE APPLICATION EVIDENCE SATISFACTORY TO THE BOARD THAT THE APPLICANT MEETS ALL OF THE FOLLOWING REQUIREMENTS:

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- 1. COMPLETED A DOCTORAL PROGRAM IN PSYCHOLOGY FROM AN ACCREDITED INSTITUTION OF HIGHER EDUCATION OR PROFESSIONAL SCHOOL, OR, IF THE PROGRAM WAS NOT ACCREDITED AT THE TIME OF THE APPLICANT'S GRADUATION, THE PROGRAM MEETS PROFESSIONAL STANDARDS DETERMINED ACCEPTABLE BY THE BOARD.
  - 2. HOLDS A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE.
- 3. SUCCESSFULLY COMPLETED PHARMACOLOGICAL TRAINING FROM AN INSTITUTION OF HIGHER EDUCATION APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY OR FROM A PROVIDER OF CONTINUING EDUCATION APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.
- 4. PASSED A NATIONAL CERTIFICATION EXAMINATION APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY THAT TESTS THE APPLICANT'S KNOWLEDGE OF PHARMACOLOGY IN DIAGNOSING, CARING FOR AND TREATING MENTAL DISORDERS.
- 5. WITHIN FIVE YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION, SUCCESSFULLY COMPLETED AN ORGANIZED PROGRAM OF EDUCATION THAT IS APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY AND THAT CONSISTS OF DIDACTIC INSTRUCTION OF AT LEAST FOUR HUNDRED FIFTY CLASSROOM HOURS IN AT LEAST ALL OF THE FOLLOWING CORE AREAS OF INSTRUCTION:
  - (a) NEUROSCIENCE.
  - (b) PHARMACOLOGY.
  - (c) PSYCHOPHARMACOLOGY.
  - (d) PHYSIOLOGY.
  - (e) PATHOPHYSIOLOGY.
  - (f) APPROPRIATE AND RELEVANT PHYSICAL AND LABORATORY ASSESSMENT.
  - (g) CLINICAL PHARMACOTHERAPEUTICS.
- 6. WITHIN FIVE YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION, WAS CERTIFIED BY EACH OF THE APPLICANT'S SUPERVISING PHYSICIANS AS HAVING SUCCESSFULLY COMPLETED A SUPERVISED AND RELEVANT CLINICAL EXPERIENCE THAT IS APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY AND THAT INCLUDES BOTH OF THE FOLLOWING:
- (a) A PRACTICUM OF AT LEAST EIGHTY HOURS IN CLINICAL ASSESSMENT AND PATHOPHYSIOLOGY UNDER THE SUPERVISION OF A PHYSICIAN.
- (b) AN ADDITIONAL SUPERVISED PRACTICUM OF AT LEAST FOUR HUNDRED HOURS TREATING AT LEAST ONE HUNDRED PATIENTS WITH MENTAL DISORDERS THAT IS SUPERVISED BY ANY ONE OR A COMBINATION OF PSYCHIATRISTS OR OTHER APPROPRIATELY TRAINED PHYSICIANS AND THAT IS DETERMINED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY TO BE SUFFICIENT TO

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 COMPETENTLY TRAIN THE APPLICANT IN TREATING A DIVERSE PATIENT POPULATION. ONE-TO-ONE SUPERVISION UNDER THIS SUBDIVISION MUST BE PROVIDED EITHER IN PERSON, TELEPHONICALLY OR BY VIDEO CONFERENCE.

- 7. HAS MALPRACTICE INSURANCE IN PLACE THAT IS SUFFICIENT TO SATISFY THE RULES ADOPTED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY AND THAT WILL COVER THE APPLICANT DURING THE PERIOD THE CONDITIONAL PRESCRIPTION CERTIFICATE IS IN EFFECT.
- 8. ALL OTHER REQUIREMENTS DETERMINED BY THE BOARD IN RULE FOR OBTAINING A CONDITIONAL PRESCRIPTION CERTIFICATE.
- B. THE BOARD SHALL ISSUE A CONDITIONAL PRESCRIPTION CERTIFICATE IF THE BOARD FINDS THAT THE APPLICANT MEETS THE REQUIREMENTS OF SUBSECTION A OF THIS SECTION. THE CONDITIONAL PRESCRIPTION CERTIFICATE IS VALID FOR A PERIOD OF TWO YEARS. AT THE END OF THE TWO-YEAR PERIOD, THE HOLDER MAY AGAIN APPLY FOR A CONDITIONAL PRESCRIPTION CERTIFICATE PURSUANT TO SUBSECTION A OF THIS SECTION.
- C. A PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE MAY PRESCRIBE PSYCHOTROPIC MEDICATION UNDER THE SUPERVISION OF A SUPERVISING PHYSICIAN SUBJECT TO ALL OF THE FOLLOWING CONDITIONS:
- 1. THE PSYCHOLOGIST CONTINUES TO HOLD A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE AND CONTINUES TO MAINTAIN MALPRACTICE INSURANCE.
- 2. THE PSYCHOLOGIST NOTIFIES THE BOARD OF THE NAME OF THE PSYCHOLOGIST'S SUPERVISING PHYSICIAN.
- 3. THE PSYCHOLOGIST'S SUPERVISING PHYSICIAN NOTIFIES THE SUPERVISING PHYSICIAN'S OWN LICENSING BOARD OF THE NAME OF EACH PSYCHOLOGIST UNDER THE SUPERVISING PHYSICIAN'S SUPERVISION.
- D. A SUPERVISING PHYSICIAN IS NOT LIABLE FOR THE ACTS OF A PSYCHOLOGIST UNDER THE SUPERVISING PHYSICIAN'S SUPERVISION UNLESS THE INJURY OR LOSS ARISES FROM AN ACT UNDER THE DIRECTION AND CONTROL OF THE SUPERVISING PHYSICIAN.

# 32-2095.02. <u>Prescription certificates: prescribing psychologist: requirements: rules</u>

- A. A PSYCHOLOGIST MAY APPLY TO THE BOARD FOR A PRESCRIPTION CERTIFICATE ON A FORM APPROVED BY THE BOARD AND SHALL INCLUDE WITH THE APPLICATION EVIDENCE SATISFACTORY TO THE BOARD THAT THE APPLICANT MEETS ALL OF THE FOLLOWING REQUIREMENTS:
- 1. HAS BEEN ISSUED A CONDITIONAL PRESCRIPTION CERTIFICATE UNDER SECTION 32-2095.01 AND SUCCESSFULLY COMPLETED TWO YEARS OF PRESCRIBING PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS AS CERTIFIED BY THE SUPERVISING PHYSICIAN.
- 2. SUCCESSFULLY UNDERWENT A PROCESS OF INDEPENDENT PEER REVIEW APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.

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- 3. HOLDS A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE.
- 4. HAS MALPRACTICE INSURANCE IN PLACE THAT IS SUFFICIENT TO SATISFY THE RULES ADOPTED BY THE BOARD AND THAT WILL COVER THE APPLICANT AS A PRESCRIBING PSYCHOLOGIST.
- 5. ALL OTHER REQUIREMENTS DETERMINED BY THE BOARD IN RULE FOR OBTAINING A PRESCRIPTION CERTIFICATE.
- B. THE BOARD SHALL ISSUE A PRESCRIPTION CERTIFICATE IF THE BOARD FINDS THAT THE APPLICANT MEETS THE REQUIREMENTS OF SUBSECTION A OF THIS SECTION.
- C. A PSYCHOLOGIST WITH A PRESCRIPTION CERTIFICATE MAY PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO THIS ARTICLE IF THE PSYCHOLOGIST DOES BOTH OF THE FOLLOWING:
- 1. CONTINUES TO HOLD A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE AND CONTINUES TO MAINTAIN MALPRACTICE INSURANCE.
- 2. ANNUALLY SATISFIES THE CONTINUING EDUCATION REQUIREMENTS FOR PRESCRIBING PSYCHOLOGISTS, AS SET BY THE BOARD, WHICH SHALL REQUIRE AT LEAST TWENTY HOURS EACH YEAR.

32-2095.03. Rules

THE BOARD SHALL ADOPT RULES THAT DO ALL OF THE FOLLOWING:

- 1. PROVIDE FOR THE PROCEDURES TO BE FOLLOWED IN OBTAINING A CONDITIONAL PRESCRIPTION CERTIFICATE, A PRESCRIPTION CERTIFICATE AND RENEWALS OF A PRESCRIPTION CERTIFICATE.
  - 2. ESTABLISH APPLICATION AND RENEWAL FEES.
- 3. ESTABLISH THE GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF CONDITIONAL PRESCRIPTION CERTIFICATES AND PRESCRIPTION CERTIFICATES AUTHORIZED TO BE ISSUED PURSUANT TO THIS ARTICLE, INCLUDING A PROVISION FOR SUSPENDING OR REVOKING A LICENSE TO PRACTICE PSYCHOLOGY ON THE SUSPENSION OR REVOCATION OF THE PSYCHOLOGIST'S CONDITIONAL PRESCRIPTION CERTIFICATE OR PRESCRIPTION CERTIFICATE. THE DENIAL, SUSPENSION OR REVOCATION OF CONDITIONAL PRESCRIPTION CERTIFICATES AND PRESCRIPTION CERTIFICATES SHALL BE IN ACCORDANCE WITH TITLE 41, CHAPTER 6, ARTICLE 10.

32-2095.04. Prescribing practices; collaborative relationships; guidelines; annual list; definitions

- A. A PRESCRIBING PSYCHOLOGIST OR A PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE MAY ADMINISTER AND PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS WITHIN THE RECOGNIZED SCOPE OF THE PROFESSION, INCLUDING ORDERING AND REVIEWING LABORATORY TESTS IN CONJUNCTION WITH THE PRESCRIPTION, TO TREAT MENTAL DISORDERS.
- B. WHEN PRESCRIBING PSYCHOTROPIC MEDICATION OR ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS FOR A PATIENT, THE PRESCRIBING PSYCHOLOGIST OR THE PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE SHALL MAINTAIN AN ONGOING

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44 45 COLLABORATIVE RELATIONSHIP WITH THE HEALTH CARE PRACTITIONER WHO OVERSES THE PATIENT'S GENERAL MEDICAL CARE TO ENSURE THAT NECESSARY MEDICAL EXAMINATIONS ARE CONDUCTED, THAT THE PSYCHOTROPIC MEDICATION OR OTHER PRESCRIBED MEDICATION IS APPROPRIATE FOR THE PATIENT'S MEDICAL CONDITION AND THAT SIGNIFICANT CHANGES IN THE PATIENT'S MEDICAL OR PSYCHOLOGICAL CONDITION ARE DISCUSSED.

- THE ONGOING COLLABORATIVE RELATIONSHIP SHALL BE MAINTAINED PURSUANT TO GUIDELINES DEVELOPED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY, WHICH SHALL OPTIMIZE PATIENT CARE. GUIDELINES SHALL ENSURE THAT THE PRESCRIBING PSYCHOLOGIST OR PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE AND THE HEALTH CARE PRACTITIONER COORDINATE AND COLLABORATE ON THE CARE OF THE PATIENT TO PROVIDE OPTIMAL CARE. THIS SUBSECTION DOES NOT REQUIRE A PRESCRIBING PSYCHOLOGIST OR A PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE TO GIVE PRIOR NOTICE TO OR OBTAIN PRIOR APPROVAL FROM A HEALTH CARE PRACTITIONER TO PRESCRIBE PSYCHOTROPIC MEDICATION OR ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS TO A PATIENT WITH WHOM THE PSYCHOLOGIST HAS ESTABLISHED A PSYCHOLOGIST-PATIENT RELATIONSHIP. THE PSYCHOLOGIST MUST PROVIDE WRITTEN NOTICE OF THE PRESCRIPTION TO THE PATIENT'S HEALTH CARE PRACTITIONER WITHIN TWENTY-FOUR HOURS AFTER ISSUING THE PRESCRIPTION TO THE PATIENT.
- D. EACH PRESCRIPTION WRITTEN BY A PRESCRIBING PSYCHOLOGIST OR A PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE SHALL MEET ALL OF THE FOLLOWING REQUIREMENTS:
  - 1. COMPLY WITH APPLICABLE STATE AND FEDERAL LAWS.
- 2. INDICATE THAT THE PRESCRIPTION IS ISSUED BY A PSYCHOLOGIST WHO IS CERTIFIED TO PRESCRIBE.
  - 3. INCLUDE THE PSYCHOLOGIST'S BOARD-ASSIGNED IDENTIFICATION NUMBER.
- E. A PRESCRIBING PSYCHOLOGIST OR A PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE MAY NOT DELEGATE PRESCRIPTIVE AUTHORITY TO ANY OTHER PERSON. RECORDS OF ALL PRESCRIPTIONS SHALL BE MAINTAINED IN PATIENT RECORDS.
- F. IF AUTHORIZED TO PRESCRIBE CONTROLLED SUBSTANCES, A PRESCRIBING PSYCHOLOGIST OR A PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE SHALL FILE WITH THE BOARD IN A TIMELY MANNER ALL INDIVIDUAL UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATIONS AND NUMBERS. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY SHALL MAINTAIN CURRENT RECORDS ON EACH PSYCHOLOGIST WHO HAS PRESCRIPTIVE AUTHORITY UNDER THIS ARTICLE, INCLUDING FEDERAL REGISTRATIONS AND NUMBERS.
- G. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL PROVIDE TO THE ARIZONA STATE BOARD OF PHARMACY, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY AN ANNUAL LIST OF PRESCRIBING PSYCHOLOGISTS AND PSYCHOLOGISTS WITH CONDITIONAL PRESCRIPTION

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CERTIFICATES THAT CONTAINS THE INFORMATION AGREED ON BETWEEN THE BOARDS. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL PROMPTLY NOTIFY THE ARIZONA STATE BOARD OF PHARMACY OF PSYCHOLOGISTS WHO ARE ADDED TO OR DELETED FROM THE LIST.

- H. FOR THE PURPOSES OF THIS SECTION:
- 1. "COLLABORATIVE RELATIONSHIP" MEANS A COOPERATIVE WORKING RELATIONSHIP BETWEEN A PRESCRIBING PSYCHOLOGIST OR A PSYCHOLOGIST WITH A CONDITIONAL PRESCRIPTION CERTIFICATE AND A HEALTH CARE PRACTITIONER IN PROVIDING PATIENT CARE, INCLUDING DIAGNOSIS AND COOPERATION IN MANAGING AND DELIVERING PHYSICAL AND MENTAL HEALTH CARE.
- 2. "HEALTH CARE PRACTITIONER" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE, A NURSE PRACTITIONER OR CLINICAL NURSE SPECIALIST WHO IS LICENSED PURSUANT TO CHAPTER 15 OF THIS TITLE OR A PHYSICIAN ASSISTANT WHO IS LICENSED PURSUANT TO CHAPTER 25 OF THIS TITLE.
- Sec. 5. Section 36-2602, Arizona Revised Statutes, is amended to read:

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36-2602. <u>Controlled substances prescription monitoring program: contracts: retention and maintenance of records</u>
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- A. The board shall adopt rules to establish a controlled substances prescription monitoring program. The program shall:
  - 1. Be operated, monitored and maintained by the board.
  - 2. Be staffed by the board.
- 3. Include a computerized central database tracking system to track the prescribing, dispensing and consumption of schedule II, III, IV and V controlled substances that are dispensed by a medical practitioner or by a pharmacy that holds a valid license, CERTIFICATE or permit issued pursuant to title 32. The database shall include data from the department of health services that identifies residents of this state who possess a registry identification card issued pursuant to chapter 28.1 of this title. The tracking system shall not interfere with the legal use of a controlled substance for managing severe or intractable pain.
- 4. Assist law enforcement to identify illegal activity related to prescribing, dispensing and consuming schedule II, III, IV and V controlled substances.
- 5. Provide information to patients, medical practitioners and pharmacists to help avoid the inappropriate use of schedule II, III, IV and V controlled substances.
- 6. Be designed to minimize inconvenience to patients, prescribing medical practitioners and pharmacies while effectuating the collection and storage of information.
- B. The board may enter into private or public contracts, including intergovernmental agreements pursuant to title 11, chapter 7, article 3, to ensure the effective operation of the program. Each contractor must

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comply with the confidentiality requirements prescribed in this article and is subject to the criminal penalties prescribed in section 36-2610.

- C. The board shall maintain the following records for the following periods of time:
- 1. A record of dispensing a controlled substance for seven years after the date the controlled substance was dispensed.
- 2. Affidavits for the purpose of an open investigation by law enforcement for two years.
- 3. Court orders requesting medical record information in the program for two years.
- 4. A patient's request of the patient's own prescription history for two years.
  - 5. A prescriber report for two years.
- Sec. 6. Section 36-2604, Arizona Revised Statutes, as amended by Laws 2022, chapter 284, section 1, is amended to read:

## 36-2604. <u>Use and release of confidential information;</u> <u>definitions</u>

- A. Except as otherwise provided in this section, prescription information submitted to the board pursuant to this article is confidential and is not subject to public inspection. The board shall establish procedures to ensure the privacy and confidentiality of patients and that patient information that is collected, recorded and transmitted pursuant to this article is not disclosed except as prescribed in this section.
- B. The board or its designee shall review the prescription information collected pursuant to this article. If the board or its designee has reason to believe an act of unprofessional or illegal conduct has occurred, the board or its designee shall notify the appropriate professional licensing board. The board may delegate the duties prescribed in this subsection to the executive director pursuant to section 32-1904.
- C. The board may release data collected by the program to the following:
- 1. A person who is authorized to prescribe or dispense controlled substances, or a delegate who is authorized by the prescriber or dispenser, to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient or to assist with or verify compliance with the requirements of this chapter, the rules adopted pursuant to this chapter and the rules adopted by the department of health services to reduce opioid overdose and death.
- 2. An individual who requests the individual's own prescription monitoring information pursuant to section 12-2293.
- 3. A medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, 19.1, 25 or 29.

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- 4. A local, state or federal law enforcement or criminal justice agency. The board shall provide this information only if the requesting agency has a valid search warrant and is using the information for an open investigation or complaint.
- 5. The Arizona health care cost containment system administration and contractors regarding persons who are receiving services pursuant to chapters 29 and 34 of this title or title XVIII of the social security act. Except as required pursuant to subsection B of this section, the board shall provide this information only if the administration or a contractor states in writing that the information is necessary for an open investigation or complaint or for performing a drug utilization review for controlled substances that supports the prevention of opioid overuse or abuse and the safety and quality of care provided to the member.
- 6. A health care insurer. Except as required pursuant to subsection B of this section, the board shall provide this information only if the health care insurer states in writing that the information is necessary for an open investigation or complaint or for performing a drug utilization review for controlled substances that supports the prevention of opioid overuse or abuse and the safety and quality of care provided to the insured.
- 7. A person who is serving a lawful order of a court of competent jurisdiction.
- 8. A person who is authorized to prescribe or dispense controlled substances and who performs an evaluation on an individual pursuant to section 23-1026.
- 9. A county medical examiner or alternate medical examiner who is directing an investigation into the circumstances surrounding a death as described in section 11-593 or a delegate who is authorized by the county medical examiner or alternate medical examiner.
- 10. The department of health services regarding persons who are receiving or prescribing controlled substances in order to implement a public health response to address opioid overuse or abuse, including a review pursuant to section 36-198. Except as required pursuant to subsection B of this section, the board shall provide this information only if the department states in writing that the information is necessary to implement a public health response to help combat opioid overuse or abuse.
- D. Data provided by the board pursuant to this section may not be used for any of the following:
  - 1. Credentialing health care professionals.
  - 2. Determining payment.
  - 3. Preemployment screening.
  - 4. Any purpose other than as specified in this section.
- E. For a fee determined by the board, the board may provide data to public or private entities for statistical, research or educational

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purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.

- F. Any employee of the administration, a contractor or a health care insurer who is assigned delegate access to the program shall operate and responsibility of the the authority administration's. contractor's or health care insurer's chief medical officer or other employee who is a licensed health care professional and who is authorized to prescribe or dispense controlled substances. A delegate of the administration, a contractor or a health care insurer shall hold a valid license or certification issued pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, 19.1, 25, 29 or 33 as a condition of being assigned and provided delegate access to the program by the board. Each employee of the administration, a contractor or a health care insurer who is a licensed health care professional and who is authorized to prescribe or dispense controlled substances may authorize not more than ten delegates.
- G. If, after reviewing the information provided pursuant to subsection C, paragraph 4 of this section, an investigator finds no evidence of a statutory crime but suspects a medical practitioner of prescribing controlled substances inappropriately in manner or amount, the investigator may refer the medical practitioner to the relevant professional licensing board for investigation of possible deviation from the standard of care but may not arrest or otherwise undertake criminal proceedings against the medical practitioner.
- H. A person who is authorized to prescribe or dispense controlled substances or the chief medical officer or other licensed health care professional of the administration, a contractor or a health care insurer who is authorized to prescribe or dispense controlled substances shall deactivate a delegate within five business days after an employment status change, the request of the delegate or the inappropriate use of the controlled substances prescription monitoring program's central database tracking system.
  - I. For the purposes of this section:
- 1. "Administration" and "contractor" have the same meanings prescribed in section 36-2901.
  - 2. "Delegate" means any of the following:
- (a) A licensed health care professional who is employed in the office of or in a hospital with the prescriber or dispenser.
- (b) An unlicensed medical records technician, medical assistant or office manager who is employed in the office of or in a hospital with the prescriber or dispenser and who has received training regarding both the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 164, subpart E) and security standards (45 Code of Federal Regulations part 164, subpart C).

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- (c) A forensic pathologist, medical death investigator or other qualified person who is assigned duties in connection with a death investigation pursuant to section 11-594.
- (d) A  $\frac{1}{1}$  REGISTERED pharmacy technician trainee, LICENSED pharmacy technician or LICENSED pharmacy intern who works in a facility with the dispenser.
- (e) Any employee of the administration, a contractor or a health care insurer who is authorized by the administration's, contractor's or health care insurer's chief medical officer or other licensed health care professional who is authorized to prescribe or dispense controlled substances.
- 3. "Health care insurer" has the same meaning prescribed in section 20-3151.

Sec. 7. Repeal

Section 36-2604, Arizona Revised Statutes, as amended by Laws 2022, chapter 362, section 12, is repealed.

Sec. 8. Section 36-2606, Arizona Revised Statutes, is amended to read:

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

- A. A medical practitioner regulatory board shall notify each medical practitioner who receives an initial or renewal license and who intends to apply for registration or has an active registration under the controlled substances act (21 United States Code sections 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. Arizona state board of pharmacy shall provide access to the central database tracking system to each medical practitioner who has a valid license pursuant to title 32 and who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904). The Arizona state board of pharmacy shall notify each pharmacist of the pharmacist's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. The Arizona state board of pharmacy shall provide access to the central database tracking system to each pharmacist who has a valid license pursuant to title 32, chapter 18 and who is employed by either:
- 1. A facility that has a valid United States drug enforcement administration registration number.
- 2. The administration, a contractor or a health care insurer and who has a national provider identifier number.

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- B. The registration is:
- 1. Valid in conjunction with a valid United States drug enforcement administration registration number and a valid license OR CERTIFICATE issued by a medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 19.1, 25 or 29.
- 2. Valid in conjunction with a valid license issued by the Arizona state board of pharmacy for a pharmacist who is employed by either:
- (a) A facility that has a valid United States drug enforcement administration registration number.
- (b) The administration, a contractor or a health care insurer and who has a national provider identifier number.
  - 3. Not transferable or assignable.
- C. An applicant for registration pursuant to this section must apply as prescribed by the board.
- D. Pursuant to a fee prescribed by the board by rule, the board may issue a replacement registration to a registrant who requests a replacement because the original was damaged or destroyed, because of a change of name or for any other good cause as prescribed by the board.
- E. A person who is authorized to access the controlled substances prescription monitoring program's central database tracking system may do so using only that person's assigned identifier and may not use the assigned identifier of another person.
- F. Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. Each medical practitioner regulatory board shall notify the medical practitioners licensed by that board of the applicable date. A medical practitioner may be granted a one-year waiver from the requirement in this subsection due to technological limitations that are not reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by rule by the Arizona state board of pharmacy.
- G. Before a pharmacist dispenses or before a pharmacy technician or pharmacy intern of a remote dispensing site pharmacy dispenses a schedule II controlled substance, a dispenser shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment.

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- H. The medical practitioner or dispenser is not required to obtain a patient utilization report from the central database tracking system pursuant to subsection F of this section if any of the following applies:
- 1. The patient is receiving hospice care or palliative care for a serious or chronic illness.
- 2. The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
  - 3. A medical practitioner will administer the controlled substance.
- 4. The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
- 5. The medical practitioner is prescribing the controlled substance to the patient for not more than a five-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.
- 6. The medical practitioner is prescribing the controlled substance to the patient for not more than a five-day period for a patient who has suffered an acute injury or a medical or dental disease process that is diagnosed in an emergency department setting and that results in acute pain to the patient. An acute injury or medical disease process does not include back pain.
- I. On or before December 31, 2026, a vendor that provides electronic medical records services to a medical practitioner in this state shall integrate the vendor's electronic medical records system with the program's central database tracking system either directly or through the statewide health information exchange or a third-party vendor.
- J. If a medical practitioner or dispenser uses electronic medical records that integrate data from the controlled substances prescription monitoring program, a review of the electronic medical records with the integrated data shall be deemed compliant with the review of the program's central database tracking system as required in subsection F of this section.
- K. The board shall promote and enter into data sharing agreements to integrate and display patient utilization reports within electronic medical records.
- L. By complying with this section, a medical practitioner or dispenser who acts in good faith, or the medical practitioner's or dispenser's employer, is not subject to liability or disciplinary action arising solely from either:
- 1. Requesting or receiving, or failing to request or receive, prescription monitoring data from the program's central database tracking system.

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- 2. Acting or failing to act on the basis of the prescription monitoring data provided by the program's central database tracking system.
- M. Notwithstanding any provision of this section to the contrary, medical practitioners or dispensers and their delegates are not in violation of this section during any time period in which the controlled substances prescription monitoring program's central database tracking system is suspended or is not operational or available in a timely manner. If the program's central database tracking system is not accessible, the medical practitioner or dispenser or the medical practitioner's or dispenser's delegate shall document the date and time the practitioner, dispenser or delegate attempted to use the central database tracking system pursuant to a process established by board rule.
- N. The board shall conduct an annual voluntary survey of program users to assess user satisfaction with the program's central database tracking system. The survey may be conducted electronically. On or before December 1 of each year, the board shall provide a report of the survey results to the president of the senate, the speaker of the house of representatives and the governor and shall provide a copy of this report to the secretary of state.
- O. This section does not prohibit a medical practitioner regulatory board or the Arizona state board of pharmacy from obtaining and using information from the program's central database tracking system.
  - P. For the purposes of this section:
- 1. "Administration" has the same meaning prescribed in section 36-2901.
  - 2. "Contractor" has the same meaning prescribed in section 36-2901.
- 3. "Dispenser" means a pharmacist who is licensed pursuant to title 32, chapter 18.
- 4. "Emergency department" means the unit within a hospital that is designed to provide emergency services.
- 5. "Health care insurer" has the same meaning prescribed in section 20-3151.

### Sec. 9. Exemption from rulemaking

Notwithstanding any other law, for the purposes of this act, the state board of psychologist examiners is exempt from the rulemaking requirements of title 41, chapter 6, Arizona Revised Statutes, for one year after the effective date of this act.

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