

Senate Engrossed
psychologists; prescribing authority

State of Arizona
Senate
Fifty-seventh Legislature
First Regular Session
2025

SENATE BILL 1125

AN ACT

AMENDING SECTION 32-1403, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1460; AMENDING SECTION 32-1803, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 17, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1862; AMENDING TITLE 32, CHAPTER 19.1, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 5; AMENDING SECTIONS 36-2604 AND 36-2606, ARIZONA REVISED STATUTES; RELATING TO THE STATE BOARD OF PSYCHOLOGIST EXAMINERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:
2 Section 1. Section 32-1403, Arizona Revised Statutes, is amended to
3 read:

4 32-1403. Powers and duties of the board; compensation;
5 immunity; committee on executive director
6 selection and retention

7 A. The primary duty of the board is to protect the public from
8 unlawful, incompetent, unqualified, impaired or unprofessional
9 practitioners of allopathic medicine through licensure, regulation and
10 rehabilitation of the profession in this state. The powers and duties of
11 the board include:

12 1. Ordering and evaluating physical, psychological, psychiatric and
13 competency testing of licensed physicians and candidates for licensure as
14 may be determined necessary by the board.

15 2. Initiating investigations and determining on the board's own
16 motion whether a doctor of medicine has engaged in unprofessional conduct
17 or provided incompetent medical care or is mentally or physically unable
18 to engage in the practice of medicine.

19 3. Developing and recommending standards governing the profession.

20 4. Reviewing the credentials and the abilities of applicants whose
21 professional records or physical or mental capabilities may not meet the
22 requirements for licensure or registration as prescribed in article 2 of
23 this chapter in order for the board to make a final determination whether
24 the applicant meets the requirements for licensure pursuant to this
25 chapter.

26 5. Disciplining and rehabilitating physicians.

27 6. Engaging in a full exchange of information with the licensing
28 and disciplinary boards and medical associations of other states and
29 jurisdictions of the United States and foreign countries and the Arizona
30 medical association and its components.

31 7. Directing the preparation and circulation of educational
32 material the board determines is helpful and proper for licensees.

33 8. Adopting rules regarding the regulation and the qualifications
34 of doctors of medicine.

35 9. Establishing fees and penalties as provided pursuant to section
36 32-1436.

37 10. Delegating to the executive director the board's authority
38 pursuant to section 32-1405 or 32-1451. The board shall adopt substantive
39 policy statements pursuant to section 41-1091 for each specific licensing
40 and regulatory authority the board delegates to the executive director.

41 11. Determining whether a prospective or current Arizona licensed
42 physician has the training or experience to demonstrate the physician's
43 ability to treat and manage opiate-dependent patients as a qualifying
44 physician pursuant to 21 United States Code section 823(g)(2)(G)(ii).

1 12. Issuing registrations to administer general anesthesia and
2 sedation in dental offices and dental clinics pursuant to section 32-1272
3 to doctors of medicine who have completed residency training in
4 anesthesiology.

5 13. INVESTIGATING ANY CHARGE THAT INVOLVES PRESCRIBING BY A
6 PRESCRIBING PSYCHOLOGIST AND RECOMMENDING TO THE STATE BOARD OF
7 PSYCHOLOGIST EXAMINERS WHETHER THE ARIZONA MEDICAL BOARD BELIEVES THE
8 PRESCRIBING PSYCHOLOGIST ENGAGED IN UNPROFESSIONAL CONDUCT RELATED TO
9 PRESCRIBING OR PROVIDED INCOMPETENT MEDICAL CARE BASED ON THE PRESCRIBING
10 PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT. FOR THE PURPOSES OF
11 THIS PARAGRAPH, "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING
12 PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2095.

13 B. The board may appoint one of its members to the jurisdiction
14 arbitration panel pursuant to section 32-2907, subsection B.

15 C. There shall be no monetary liability on the part of and no cause
16 of action shall arise against the executive director or such other
17 permanent or temporary personnel or professional medical investigators for
18 any act done or proceeding undertaken or performed in good faith and in
19 furtherance of the purposes of this chapter.

20 D. In conducting its investigations pursuant to subsection A,
21 paragraph 2 of this section, the board may receive and review staff
22 reports relating to complaints and malpractice claims.

23 E. The board shall establish a program that is reasonable and
24 necessary to educate doctors of medicine regarding the uses and advantages
25 of autologous blood transfusions.

26 F. The board may make statistical information on doctors of
27 medicine and applicants for licensure under this article available to
28 academic and research organizations.

29 G. The committee on executive director selection and retention is
30 established consisting of the Arizona medical board and the chairperson
31 and vice chairperson of the Arizona regulatory board of physician
32 assistants. The committee is a public body and is subject to the
33 requirements of title 38, chapter 3, article 3.1. The committee is
34 responsible for appointing the executive director pursuant to section
35 32-1405. All members of the committee are voting members of the
36 committee. The committee shall elect a chairperson and a vice chairperson
37 when the committee meets but not more frequently than once a year. The
38 chairperson shall call meetings of the committee as necessary, and the
39 vice chairperson may call meetings of the committee that are necessary if
40 the chairperson is not available. The presence of eight members of the
41 committee at a meeting constitutes a quorum. The committee meetings may
42 be held using communications equipment that allows all members who are
43 participating in the meeting to hear each other. If any discussions occur
44 in an executive session of the committee, notwithstanding the requirement
45 that discussions made at an executive session be kept confidential as

1 specified in section 38-431.03, the chairperson and vice chairperson of
2 the Arizona regulatory board of physician assistants may discuss this
3 information with the Arizona regulatory board of physician assistants in
4 executive session. This disclosure of executive session information to
5 the Arizona regulatory board of physician assistants does not constitute a
6 waiver of confidentiality or any privilege, including the attorney-client
7 privilege.

8 H. The officers of the Arizona medical board and the Arizona
9 regulatory board of physician assistants shall meet twice a year to
10 discuss matters of mutual concern and interest.

11 I. The board may accept and expend grants, gifts, devises and other
12 contributions from any public or private source, including the federal
13 government. Monies received under this subsection do not revert to the
14 state general fund at the end of a fiscal year.

15 Sec. 2. Title 32, chapter 13, article 3, Arizona Revised Statutes,
16 is amended by adding section 32-1460, to read:

17 32-1460. Prescribing psychologists; collaborating physicians;
18 collaborative prescription agreements; definitions

19 A. SUBJECT TO THE RULES ADOPTED BY THE BOARD, A PHYSICIAN MAY ENTER
20 INTO A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A PRESCRIBING
21 PSYCHOLOGIST. A COLLABORATING PHYSICIAN MAY BE A PARTY TO ONLY FOUR
22 COLLABORATIVE PRESCRIPTION AGREEMENTS AT ANY TIME.

23 B. FOR THE PURPOSES OF THIS SECTION, "COLLABORATING PHYSICIAN",
24 "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE
25 THE SAME MEANINGS PRESCRIBED IN SECTION 32-2095.

26 Sec. 3. Section 32-1803, Arizona Revised Statutes, is amended to
27 read:

28 32-1803. Powers and duties

29 A. The board shall:

30 1. Protect the public from unlawful, incompetent, unqualified,
31 impaired and unprofessional practitioners of osteopathic medicine.

32 2. Issue licenses, conduct hearings, place physicians on probation,
33 revoke or suspend licenses, enter into stipulated orders, issue letters of
34 concern or decrees of censure and administer and enforce this chapter.

35 3. Maintain a record of its acts and proceedings, including the
36 issuance, denial, renewal, suspension or revocation of licenses to
37 practice according to this chapter. The board shall delete records of
38 complaints only as follows:

39 (a) If the board dismisses a complaint, the board shall delete the
40 public record of the complaint five years after the board dismissed the
41 complaint.

42 (b) If the board has issued a letter of concern but has taken no
43 further action on the complaint, the board shall delete the public record
44 of the complaint five years after the board issued the letter of concern.

5 4. Maintain a public directory of all physicians and surgeons who
6 are or were licensed pursuant to this chapter that includes:

(a) The name of the physician.

(b) The physician's current or last known address of record.

(c) The date and number of the license issued to the physician
want to this chapter.

(d) The date the license is scheduled to expire if not renewed or the date the license expired or was revoked, suspended or canceled.

(e) Any disciplinary actions taken against the physician by the board.

(f) Letters of concern, remedial continuing medical education ordered and dismissals of complaints against the physician until deleted from the public record pursuant to paragraph 3 of this subsection.

5. Adopt rules regarding the regulation, qualifications and training of medical assistants. The training requirements for a medical assistant may be satisfied through a training program that meets all of the following:

(a) Is designed and offered by a physician.

(b) Meets or exceeds any of the approved training program requirements specified in rule.

(c) Verifies the entry-level competencies of a medical assistant as prescribed by rule.

(d) Provides written verification to the individual of successful completion of the program.

6. Discipline and rehabilitate osteopathic physicians.

7. Determine whether a prospective or current Arizona licensed physician has the training or experience to demonstrate the physician's ability to treat and manage opiate-dependent patients as a qualifying physician pursuant to 21 United States Code section 823(g)(2)(G)(ii).

8. Issue registrations to administer general anesthesia and sedation in dental offices and dental clinics pursuant to section 32-1272 to physicians who have completed residency training in anesthesiology.

9. INVESTIGATE ANY CHARGE THAT INVOLVES PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST AND RECOMMEND TO THE STATE BOARD OF PSYCHOLOGIST EXAMINERS WHETHER THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY BELIEVES THE PRESCRIBING PSYCHOLOGIST ENGAGED IN UNPROFESSIONAL CONDUCT RELATED TO PRESCRIBING OR PROVIDED INCOMPETENT MEDICAL CARE BASED ON THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT. FOR THE PURPOSES OF THIS PARAGRAPH, "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2095.

1 B. The public records of the board are open to inspection at all
2 times during office hours.

3 C. The board may:

4 1. Adopt rules necessary or proper to administer this chapter.

5 2. Appoint one of its members to the jurisdiction arbitration panel
6 pursuant to section 32-2907, subsection B.

7 3. Accept and spend federal monies and private grants, gifts,
8 contributions and devises. These monies do not revert to the state
9 general fund at the end of a fiscal year.

10 4. Develop and publish advisory opinions and standards governing
11 the profession.

12 D. The board shall adopt and use a seal, the imprint of which,
13 together with the signature of either the president, vice president or
14 executive director, is evidence of its official acts.

15 E. In conducting investigations pursuant to this chapter, the board
16 may receive and review confidential internal staff reports relating to
17 complaints and malpractice claims.

18 F. The board may make available to academic and research
19 organizations public records regarding statistical information on doctors
20 of osteopathic medicine and applicants for licensure.

21 Sec. 4. Title 32, chapter 17, article 3, Arizona Revised Statutes,
22 is amended by adding section 32-1862, to read:

23 32-1862. Prescribing psychologists; collaborating physicians;
24 collaborative prescription agreements; definitions

25 A. SUBJECT TO THE RULES ADOPTED BY THE BOARD, A PHYSICIAN MAY ENTER
26 INTO A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A PRESCRIBING
27 PSYCHOLOGIST. A COLLABORATING PHYSICIAN MAY BE A PARTY TO ONLY FOUR
28 COLLABORATIVE PRESCRIPTION AGREEMENTS AT ANY TIME.

29 B. FOR THE PURPOSES OF THIS SECTION, "COLLABORATING PHYSICIAN",
30 "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE
31 THE SAME MEANINGS PRESCRIBED IN SECTION 32-2095.

32 Sec. 5. Title 32, chapter 19.1, Arizona Revised Statutes, is
33 amended by adding article 5, to read:

34 ARTICLE 5. PRESCRIBING PSYCHOLOGISTS

35 32-2095. Definitions

36 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

37 1. "COLLABORATING PHYSICIAN" MEANS A PHYSICIAN WHO IS LICENSED
38 PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE AND WHO IS A PARTY TO A
39 COLLABORATIVE PRESCRIPTION AGREEMENT PURSUANT TO THIS ARTICLE.

40 2. "COLLABORATIVE PRESCRIPTION AGREEMENT" MEANS AN AGREEMENT
41 BETWEEN A COLLABORATING PHYSICIAN AND A PRESCRIBING PSYCHOLOGIST THAT
42 ALLOWS THE PRESCRIBING PSYCHOLOGIST TO PRESCRIBE PSYCHOTROPIC MEDICATION
43 PURSUANT TO THIS ARTICLE.

44 3. "PHYSICIAN" MEANS EITHER:

45 (a) A DOCTOR OF MEDICINE AS DEFINED IN SECTION 32-1401.

(b) A DOCTOR OF OSTEOPATHY AS DEFINED IN SECTION 32-1800.

4. "PRESCRIBING PSYCHOLOGIST" MEANS A PSYCHOLOGIST WHO HOLDS A VALID PRESCRIPTION LICENSE.

5. "PRESCRIPTION LICENSE" MEAN A DOCUMENT THAT IS ISSUED BY THE BOARD TO A PSYCHOLOGIST WHO MEETS THE REQUIREMENTS OF THIS ARTICLE AND THAT ALLOWS THE PSYCHOLOGIST WHO HAS A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A COLLABORATING PHYSICIAN TO PRESCRIBE PSYCHOTROPIC MEDICATION PURSUANT TO THIS ARTICLE.

6. "PSYCHOTROPIC MEDICATION":

(a) MEANS A CONTROLLED SUBSTANCE OR DANGEROUS DRUG THAT MAY BE DISPENSED OR ADMINISTERED ONLY WITH A PRESCRIPTION, THAT IS LIMITED TO THOSE AGENTS RELATED TO DIAGNOSING AND TREATING OR MANAGING MENTAL, NERVOUS, EMOTIONAL, BEHAVIORAL, SUBSTANCE USE OR COGNITIVE DISORDERS, INCLUDING MANAGING OR PROTECTING FROM SIDE EFFECTS THAT ARE A DIRECT RESULT OF THOSE AGENTS, AND WHOSE USE IS CONSISTENT WITH THE STANDARDS OF PRACTICE FOR CLINICAL PSYCHOPHARMACOLOGY.

(b) DOES NOT INCLUDE A NARCOTIC DRUG.

32-2095.01. Prescription licenses: qualifications:
application process; fees; approval; renewal

A. BEGINNING ON OR BEFORE JANUARY 1, 2027, A PSYCHOLOGIST MAY APPLY TO THE BOARD FOR A PRESCRIPTION LICENSE 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. 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 AS PRESCRIBED BY SECTION 32-2071.

2. HOLDS A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE.

3. PASSED A NATIONAL CERTIFICATION EXAMINATION APPROVED BY THE BOARD THAT INCLUDES TESTING ON INTEGRATING CLINICAL PSYCHOPHARMACOLOGY WITH THE PRACTICE OF PSYCHOLOGY.

4. SUCCESSFULLY COMPLETED AN ORGANIZED PROGRAM OF GRADUATE-LEVEL EDUCATION THAT INCLUDED IN-PERSON COMPONENTS, THAT IS APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY, AND THAT CONSISTS OF AT LEAST THE FOLLOWING CORE AREAS OF INSTRUCTION:

(a) BIOLOGICAL FOUNDATIONS OF PSYCHOPHARMACOLOGY.

(b) NEUROSCIENCE

(c) NEUROPHARMACOLOGY

(d) PSYCHOPHARMACOLOGY

(e) CLINICAL PHARMACOLOGY.

(f) PROFESSIONAL ISSUES AND PRACTICE MANAGEMENT.

(g) TREATMENT ISSUES IN PSYCHOPHARMACOLOGY, INCLUDING AFFECTIVE DISORDERS, PSYCHOTIC DISORDERS AND ANXIETY DISORDERS.

(h) APPROPRIATE AND RELEVANT PHYSICAL AND LABORATORY ASSESSMENTS.

5. SUCCESSFULLY COMPLETED UNDERGRADUATE BIOMEDICAL COURSEWORK, INCLUDING, AT A MINIMUM, THE FOLLOWING SUBJECT AREAS:

(a) CHEMISTRY I AND II.

(b) ORGANIC CHEMISTRY OR BIOCHEMISTRY.

(c) ANATOMY AND PHYSIOLOGY OR PHYSIOLOGY.

(d) GENERAL BIOLOGY I AND II.

(e) MICROBIOLOGY.

6. IS CERTIFIED BY EACH OF THE APPLICANT'S SUPERVISING PHYSICIANS
HAVING SUCCESSFULLY COMPLETED A PRACTICUM THAT IS APPROVED BY THE
THE PRACTICUM MUST CONSIST OF AT LEAST ONE THOUSAND NINE HUNDRED
TOTAL OVER THE COURSE OF AT LEAST TWENTY-FOUR MONTHS IN CLINICAL
ASSESSMENT AND PATHOPHYSIOLOGY UNDER THE SUPERVISION OF A PHYSICIAN. AT
ONE THOUSAND HOURS OF THE PRACTICUM MUST MEET ALL OF THE FOLLOWING
CRITERIA:

(a) BE SUPERVISED BY ONE OR A COMBINATION OF PSYCHIATRISTS OR OTHER APPROPRIATELY TRAINED PHYSICIANS WHO ARE DETERMINED BY THE BOARD TO BE SUFFICIENT TO COMPETENTLY TRAIN THE APPLICANT IN TREATING VARIOUS PATIENT POPULATIONS AS DETERMINED BY THE BOARD.

(b) INVOLVE PATIENT POPULATIONS OF WHICH THE MAJORITY ARE NOT INCARCERATED.

(c) BE SUPERVISED IN PERSON.

7. HAS MALPRACTICE INSURANCE SUFFICIENT TO SATISFY THE RULES
ADOPTED BY THE BOARD THAT WILL COVER THE APPLICANT UP TO \$1,000,000 PER
INCIDENT AND \$3,000,000 PER YEAR OR AS OTHERWISE APPROVED BY THE BOARD.

8. PAYS THE PRESCRIPTION LICENSE FEE AS PRESCRIBED BY THE BOARD IN RULE.

B. THE BOARD SHALL ISSUE A CONDITIONAL APPROVAL FOR A PRESCRIPTION LICENSE IF THE BOARD FINDS THAT THE APPLICANT MEETS THE REQUIREMENTS OF SUBSECTION A OF THIS SECTION. A PSYCHOLOGIST SHALL NOT PRESCRIBE MEDICATION WITH A CONDITIONAL PRESCRIPTION LICENSE.

C. ONCE THE CONDITIONAL APPROVAL FOR A PRESCRIPTION LICENSE IS GRANTED BY THE BOARD PURSUANT TO SUBSECTION B OF THIS SECTION, THE APPLICANT MAY INITIATE A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A COLLABORATING PHYSICIAN. A PRESCRIBING PSYCHOLOGIST MUST HAVE A COLLABORATIVE PRESCRIPTION AGREEMENT IN PLACE IN ORDER TO PRESCRIBE MEDICATION.

D. ONCE AN APPLICANT WITH CONDITIONAL APPROVAL PURSUANT TO SUBSECTION B OF THIS SECTION HAS ESTABLISHED A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A COLLABORATING PHYSICIAN, THE APPLICANT MUST FILE THE COLLABORATIVE PRESCRIPTION AGREEMENT WITH THE STATE BOARD OF PSYCHOLOGIST EXAMINERS FOR APPROVAL. ON APPROVAL, THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL FORWARD A COPY OF THE APPROVED COLLABORATIVE PRESCRIPTION AGREEMENT WITHIN TEN BUSINESS DAYS TO THE COLLABORATING PHYSICIAN'S REGULATORY BOARD.

1 E. A PRESCRIBING PSYCHOLOGIST'S PRESCRIPTION LICENSE IS VALID FOR A
2 PERIOD OF TWO YEARS. AT THE END OF THE TWO-YEAR PERIOD, THE PRESCRIBING
3 PSYCHOLOGIST MAY APPLY TO RENEW THE PRESCRIPTION LICENSE. THE PRESCRIBING
4 PSYCHOLOGIST SHALL PAY A PRESCRIPTION LICENSE RENEWAL FEE AS PRESCRIBED BY
5 THE BOARD IN RULE AT THE TIME THE PRESCRIBING PSYCHOLOGIST APPLIES TO
6 RENEW THE PRESCRIPTION LICENSE.

7 32-2095.02. Collaborative prescription agreements; guidelines

8 A. A COLLABORATIVE PRESCRIPTION AGREEMENT IS REQUIRED FOR ALL
9 PRESCRIBING PSYCHOLOGISTS PRACTICING WITH A PRESCRIPTION LICENSE ISSUED
10 PURSUANT TO THIS ARTICLE.

11 B. A COLLABORATIVE PRESCRIPTION AGREEMENT MUST MEET ALL OF THE
12 FOLLOWING:

13 1. BE IN WRITING.

14 2. DESCRIBE THE WORKING RELATIONSHIP BETWEEN THE PRESCRIBING
15 PSYCHOLOGIST AND THE COLLABORATING PHYSICIAN AND DETAIL HOW THE
16 COLLABORATING PHYSICIAN WILL ENSURE THAT THE PRESCRIBING PSYCHOLOGIST
17 MEETS THE REQUIREMENTS OF THE COLLABORATIVE PRESCRIPTION AGREEMENT.

18 3. IDENTIFY BY BRAND NAME OR GENERIC NAME THE PSYCHOTROPIC
19 MEDICATION THAT THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE. THE
20 PSYCHOTROPIC MEDICATION LISTED IN THE COLLABORATIVE PRESCRIPTION AGREEMENT
21 MAY BE ONLY MEDICATION THAT THE COLLABORATING PHYSICIAN GENERALLY PROVIDES
22 TO THE COLLABORATING PHYSICIAN'S PATIENTS TO TREAT MENTAL HEALTH AND
23 SUBSTANCE USE DISORDERS IN THE NORMAL COURSE OF THE COLLABORATING
24 PHYSICIAN'S CLINICAL PRACTICE.

25 4. PROMOTE THE EXERCISE OF PROFESSIONAL JUDGMENT BY THE PRESCRIBING
26 PSYCHOLOGIST CONSISTENT WITH THE PRESCRIBING PSYCHOLOGIST'S TRAINING,
27 EDUCATION AND EXPERIENCE.

28 5. IDENTIFY WHETHER THE PRESCRIBING PSYCHOLOGIST HAS THE AUTHORITY
29 TO ORDER LABORATORY TESTING, IMAGING AND MEDICAL TESTS NECESSARY BEFORE
30 PRESCRIBING MEDICATION, DURING THE PERIOD OF PRESCRIBED MEDICATION AND AT
31 THE END OF A PERIOD OF PRESCRIBED MEDICATION.

32 6. IDENTIFY WHETHER THE PRESCRIBING PSYCHOLOGIST HAS THE AUTHORITY
33 TO ADMINISTER PSYCHOTROPIC MEDICATION INJECTIONS.

34 7. PROVIDE METHODS, FREQUENCY AND GUIDELINES FOR COMMUNICATION
35 BETWEEN THE COLLABORATING PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST,
36 INCLUDING IN-PERSON, ELECTRONIC AND TELEPHONIC COMMUNICATIONS. THE
37 COLLABORATING PHYSICIAN IS NOT REQUIRED TO BE PERSONALLY PRESENT AT THE
38 PLACE WHERE THE PRESCRIBING PSYCHOLOGIST RENDERS SERVICES WHILE THE
39 SERVICES ARE BEING RENDERED.

40 8. PROVIDE FOR ADEQUATE COLLABORATION BETWEEN THE COLLABORATING
41 PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST AS DETERMINED BY THE STATE
42 BOARD OF PSYCHOLOGIST EXAMINERS IN CONSULTATION WITH THE ARIZONA MEDICAL
43 BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND
44 SURGERY.

1 9. ADDRESS THE TERMINATION OF OR CHANGES TO THE COLLABORATIVE
2 PRESCRIPTION AGREEMENT.

3 10. CONTAIN THE NATIONAL PROVIDER IDENTIFIER NUMBER OF BOTH THE
4 PRESCRIBING PSYCHOLOGIST AND THE COLLABORATING PHYSICIAN.

5 C. THE COLLABORATIVE PRESCRIPTION AGREEMENT MAY NOT RESTRICT
6 THIRD-PARTY PAYMENT SOURCES ACCEPTED BY THE PRESCRIBING PSYCHOLOGIST
7 UNLESS THERE IS AN EMPLOYMENT RELATIONSHIP BETWEEN THE COLLABORATING
8 PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST.

9 D. A COLLABORATIVE PRESCRIPTION AGREEMENT MAY BE TERMINATED BY
10 EITHER THE PRESCRIBING PSYCHOLOGIST OR THE COLLABORATING PHYSICIAN. THE
11 PRESCRIBING PSYCHOLOGIST SHALL NOTIFY THE STATE BOARD OF PSYCHOLOGIST
12 EXAMINERS AND THE COLLABORATING PHYSICIAN'S REGULATORY BOARD AT LEAST
13 THIRTY DAYS BEFORE A COLLABORATIVE PRESCRIPTION AGREEMENT IS TERMINATED.

14 E. IF THE COLLABORATIVE PRESCRIPTION AGREEMENT IS TERMINATED BY
15 EITHER PARTY, THE PRESCRIBING PSYCHOLOGIST'S PRESCRIBING LICENSE REMAINS
16 ACTIVE WITH THE STATE BOARD OF PSYCHOLOGIST EXAMINERS PENDING A NEW
17 COLLABORATIVE PRESCRIPTION AGREEMENT. THE PRESCRIBING PSYCHOLOGIST MAY NOT
18 PRESCRIBE MEDICATIONS UNTIL A NEW COLLABORATIVE PRESCRIPTION AGREEMENT IS
19 FILED WITH THE STATE BOARD OF PSYCHOLOGIST EXAMINERS AND THE NEW
20 COLLABORATING PHYSICIAN'S REGULATORY BOARD.

21 32-2095.03. Prescription requirements and limits; disclosure;
22 definition

23 A. EACH PRESCRIPTION WRITTEN BY A PRESCRIBING PSYCHOLOGIST MUST
24 MEET ALL OF THE FOLLOWING REQUIREMENTS:

25 1. COMPLY WITH APPLICABLE STATE AND FEDERAL LAWS.

26 2. INDICATE THAT THE PRESCRIPTION IS ISSUED BY A PRESCRIBING
27 PSYCHOLOGIST.

28 3. INCLUDE THE PRESCRIBING PSYCHOLOGIST'S BOARD-ASSIGNED
29 IDENTIFICATION NUMBER.

30 B. THE FOLLOWING LIMITS APPLY TO A PRESCRIBING PSYCHOLOGIST WHEN
31 PRESCRIBING PSYCHOTROPIC MEDICATIONS THAT ARE CONTROLLED SUBSTANCES:

32 1. THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE AND ADMINISTER
33 STIMULANTS TO TREAT ATTENTION DEFICIT HYPERACTIVITY DISORDER REGARDLESS OF
34 THE STIMULANT SCHEDULE CLASSIFICATION IF THE MEDICATION IS INCLUDED IN THE
35 COLLABORATIVE PRESCRIPTION AGREEMENT.

36 2. THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE SCHEDULE II
37 CONTROLLED SUBSTANCES FOR SUBSTANCE USE DISORDER PURSUANT TO THIS ARTICLE
38 ONLY IF THE POPULATION IS IDENTIFIED IN THE COLLABORATIVE PRESCRIPTION
39 AGREEMENT.

40 C. A COLLABORATING PHYSICIAN IS NOT LIABLE FOR THE ACTS OF A
41 PRESCRIBING PSYCHOLOGIST UNLESS THE INJURY OR LOSS ARISES FROM AN ACT
42 UNDER THE DIRECTION AND CONTROL OF THE COLLABORATING PHYSICIAN.

43 D. A PRESCRIBING PSYCHOLOGIST MAY NOT DELEGATE PRESCRIBING
44 AUTHORITY TO ANY OTHER PERSON. A PRESCRIBING PSYCHOLOGIST SHALL MAINTAIN

1 IN A PATIENT'S RECORDS DETAILS OF ALL PRESCRIPTIONS THE PRESCRIBING
2 PSYCHOLOGIST PROVIDES FOR THAT PATIENT.

3 E. EACH PRESCRIBING PSYCHOLOGIST SHALL FILE WITH THE STATE BOARD OF
4 PSYCHOLOGIST EXAMINERS, IN THE FORM AND MANNER DETERMINED BY THE STATE
5 BOARD OF PSYCHOLOGIST EXAMINERS, ALL INDIVIDUAL FEDERAL DRUG ENFORCEMENT
6 ADMINISTRATION REGISTRATIONS AND NUMBERS. THE STATE BOARD OF PSYCHOLOGIST
7 EXAMINERS SHALL MAKE THAT INFORMATION AVAILABLE TO THE ARIZONA MEDICAL
8 BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND
9 SURGERY ON REQUEST AND MAINTAIN CURRENT RECORDS ON EACH PRESCRIBING
10 PSYCHOLOGIST, INCLUDING THE PRESCRIBING PSYCHOLOGIST'S FEDERAL DRUG
11 ENFORCEMENT ADMINISTRATION REGISTRATIONS AND NUMBERS.

12 F. A PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE ONLY TO A PATIENT WITH
13 WHOM THE PRESCRIBING PSYCHOLOGIST HAS AN ESTABLISHED PSYCHOLOGIST-PATIENT
14 RELATIONSHIP AND MUST CONTINUE TO PROVIDE CLINICAL SERVICES THROUGHOUT THE
15 PERIOD OF PRESCRIBED MEDICATION.

16 G. A PRESCRIBING PSYCHOLOGIST MAY NOT PRESCRIBE FOR PERSONS WHO ARE
17 ANY OF THE FOLLOWING:

- 18 1. UNDER EIGHTEEN YEARS OF AGE.
- 19 2. OVER SIXTY-FIVE YEARS OF AGE.
- 20 3. PREGNANT.

21 4. MEDICALLY COMPLEX, AS DETERMINED BY THE COLLABORATING PHYSICIAN.

22 H. A PRESCRIBING PSYCHOLOGIST SHALL ASK EACH PATIENT FOR
23 INFORMATION REGARDING THE PATIENT'S PRIMARY HEALTH CARE PRACTITIONER
24 DURING INTAKE. IF THE PATIENT IDENTIFIES A PRIMARY HEALTH CARE
25 PRACTITIONER, THE PRESCRIBING PSYCHOLOGIST SHALL PROVIDE INFORMATION TO
26 THE PATIENT'S PRIMARY HEALTH CARE PRACTITIONER REGARDING ANY PRESCRIPTION
27 THE PRESCRIBING PSYCHOLOGIST ISSUES TO THE PATIENT WITHIN TWENTY-FOUR
28 HOURS AFTER ISSUING THE PRESCRIPTION. THIS SUBSECTION DOES NOT REQUIRE A
29 PRESCRIBING PSYCHOLOGIST TO GIVE PRIOR NOTICE TO OR OBTAIN PRIOR APPROVAL
30 FROM A PATIENT'S PRIMARY HEALTH CARE PRACTITIONER TO PRESCRIBE
31 PSYCHOTROPIC MEDICATION TO A PATIENT WITH WHOM THE PRESCRIBING
32 PSYCHOLOGIST HAS ESTABLISHED A PSYCHOLOGIST-PATIENT RELATIONSHIP.

33 I. THE PRESCRIBING PSYCHOLOGIST SHALL DISCLOSE TO EACH PATIENT TO
34 WHOM THE PRESCRIBING PSYCHOLOGIST PRESCRIBES A PSYCHOTROPIC MEDICATION
35 THAT THE PRESCRIBING PSYCHOLOGIST IS NOT A PHYSICIAN LICENSED TO PRACTICE
36 MEDICINE. THE DISCLOSURE MUST BE IN WRITING, BE SIGNED BY THE PATIENT AND
37 BE KEPT IN THE PATIENT'S RECORD ON FILE WITH THE PRESCRIBING PSYCHOLOGIST.

38 J. FOR THE PURPOSES OF THIS SECTION, "PRIMARY HEALTH CARE
39 PRACTITIONER" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OR
40 17 OF THIS TITLE, A NURSE PRACTITIONER OR CLINICAL NURSE SPECIALIST WHO IS
41 LICENSED PURSUANT TO CHAPTER 15 OF THIS TITLE OR A PHYSICIAN ASSISTANT WHO
42 IS LICENSED PURSUANT TO CHAPTER 25 OF THIS TITLE.

1 32-2095.04. Continuing requirements; continuing education
2 A PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE PSYCHOTROPIC MEDICATION
3 UNDER A COLLABORATIVE PRESCRIPTION AGREEMENT IF THE PRESCRIBING
4 PSYCHOLOGIST CONTINUES TO MEET ALL OF THE FOLLOWING:

- 5 1. HOLDS A CURRENT LICENSE IN GOOD STANDING TO PRACTICE PSYCHOLOGY
6 IN THIS STATE AS PRESCRIBED IN SECTION 32-2074.
- 7 2. MAINTAINS MALPRACTICE INSURANCE AS REQUIRED BY THIS ARTICLE.
- 8 3. COMPLETES AT LEAST FORTY HOURS OF CONTINUING EDUCATION EVERY TWO
9 YEARS IN THE AREAS OF PHARMACOLOGY AND PSYCHOPHARMACOLOGY FOR PRESCRIBING
10 PSYCHOLOGISTS AS REQUIRED BY THE BOARD. THE CONTINUING EDUCATION REQUIRED
11 TO MAINTAIN A PRESCRIBING LICENSE IS IN ADDITION TO ANY CONTINUING
12 EDUCATION REQUIRED TO MAINTAIN A LICENSE TO PRACTICE PSYCHOLOGY.

13 32-2095.05. Board oversight; referral of complaints; right to
14 investigate; disciplinary action; reimbursement

15 A. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL REFER ANY
16 COMPLAINT INVOLVING PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST TO EITHER:
17 1. THE ARIZONA MEDICAL BOARD IF THE PRESCRIBING PSYCHOLOGIST'S
18 COLLABORATIVE PRESCRIPTION AGREEMENT IS WITH A COLLABORATING PHYSICIAN WHO
19 IS LICENSED PURSUANT TO CHAPTER 13 OF THIS TITLE.

20 2. THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND
21 SURGERY IF THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION
22 AGREEMENT IS WITH A COLLABORATING PHYSICIAN WHO IS LICENSED PURSUANT TO
23 CHAPTER 17 OF THIS TITLE.

24 B. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL BOTH RECEIVE
25 RECOMMENDATIONS AND PURSUE ACTION BASED ON THE RECOMMENDATIONS FROM EITHER
26 THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN
27 MEDICINE AND SURGERY REGARDING MATTERS RELATED TO PRESCRIBING BY A
28 PRESCRIBING PSYCHOLOGIST.

29 C. FOR ANY COMPLAINT REFERRED TO THE ARIZONA MEDICAL BOARD OR THE
30 ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY PURSUANT TO
31 SUBSECTION A OF THIS SECTION, THE STATE BOARD OF PSYCHOLOGIST EXAMINERS
32 MAINTAINS THE RIGHT TO INVESTIGATE THE PORTION OF THE COMPLAINT THAT
33 INVOLVES THE LICENSED PRACTICE OF PSYCHOLOGY PURSUANT TO ARTICLE 3 OF THIS
34 CHAPTER.

35 D. THE BOARD MAY TAKE ACTION PURSUANT TO THIS ARTICLE OR ARTICLE 3
36 OF THIS CHAPTER ON THE PRESCRIBING PSYCHOLOGIST'S PRESCRIPTION LICENSE IF
37 THE PRESCRIBING PSYCHOLOGIST FAILS TO MEET THE REQUIREMENTS OUTLINED IN
38 THIS ARTICLE.

39 E. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL ENTER INTO AN
40 INTERAGENCY SERVICE AGREEMENT TO ALLOW THE STATE BOARD OF PSYCHOLOGIST
41 EXAMINERS TO REIMBURSE THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF
42 OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY FOR ANY COSTS ASSOCIATED
43 WITH ADMINISTERING OR REGULATING A PRESCRIBING PSYCHOLOGIST OR A PHYSICIAN
44 WHO IS A PARTY TO A COLLABORATION AGREEMENT.

1 Sec. 6. Section 36-2604, Arizona Revised Statutes, is amended to
2 read:

3 **36-2604. Use and release of confidential information;**
4 **definitions**

5 A. Except as otherwise provided in this section, prescription
6 information submitted to the board pursuant to this article is
7 confidential and is not subject to public inspection. The board shall
8 establish procedures to ensure the privacy and confidentiality of patients
9 and that patient information that is collected, recorded and transmitted
10 pursuant to this article is not disclosed except as prescribed in this
11 section.

12 B. The board or its designee shall review the prescription
13 information collected pursuant to this article. If the board or its
14 designee has reason to believe an act of unprofessional or illegal conduct
15 has occurred, the board or its designee shall notify the appropriate
16 professional licensing board. The board may delegate the duties
17 prescribed in this subsection to the executive director pursuant to
18 section 32-1904.

19 C. The board may release data collected by the program to the
20 following:

21 1. A person who is authorized to prescribe or dispense controlled
22 substances, or a delegate who is authorized by the prescriber or
23 dispenser, to assist that person to provide medical or pharmaceutical care
24 to a patient or to evaluate a patient or to assist with or verify
25 compliance with the requirements of this chapter, the rules adopted
26 pursuant to this chapter and the rules adopted by the department of health
27 services to reduce opioid overdose and death.

28 2. An individual who requests the individual's own prescription
29 monitoring information pursuant to section 12-2293.

30 3. A medical practitioner regulatory board established pursuant to
31 title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, **19.1**, 25 or 29.

32 4. A local, state or federal law enforcement or criminal justice
33 agency. The board shall provide this information only if the requesting
34 agency has a valid search warrant and is using the information for an open
35 investigation or complaint.

36 5. The Arizona health care cost containment system administration
37 and contractors regarding persons who are receiving services pursuant to
38 chapters 29 and 34 of this title or title XVIII of the social security
39 act. Except as required pursuant to subsection B of this section, the
40 board shall provide this information only if the administration or a
41 contractor states in writing that the information is necessary for an open
42 investigation or complaint or for performing a drug utilization review for
43 controlled substances that supports the prevention of opioid overuse or
44 abuse and the safety and quality of care provided to the member.

1 6. A health care insurer. Except as required pursuant to
2 subsection B of this section, the board shall provide this information
3 only if the health care insurer states in writing that the information is
4 necessary for an open investigation or complaint or for performing a drug
5 utilization review for controlled substances that supports the prevention
6 of opioid overuse or abuse and the safety and quality of care provided to
7 the insured.

8 7. A person who is serving a lawful order of a court of competent
9 jurisdiction.

10 8. A person who is authorized to prescribe or dispense controlled
11 substances and who performs an evaluation on an individual pursuant to
12 section 23-1026.

13 9. A county medical examiner or alternate medical examiner who is
14 directing an investigation into the circumstances surrounding a death as
15 described in section 11-593 or a delegate who is authorized by the county
16 medical examiner or alternate medical examiner.

17 10. The department of health services regarding persons who are
18 receiving or prescribing controlled substances in order to implement a
19 public health response to address opioid overuse or abuse, including a
20 review pursuant to section 36-198. Except as required pursuant to
21 subsection B of this section, the board shall provide this information
22 only if the department states in writing that the information is necessary
23 to implement a public health response to help combat opioid overuse or
24 abuse.

25 D. Data provided by the board pursuant to this section may not be
26 used for any of the following:

27 1. Credentialing health care professionals.

28 2. Determining payment.

29 3. Preemployment screening.

30 4. Any purpose other than as specified in this section.

31 E. For a fee determined by the board, the board may provide data to
32 public or private entities for statistical, research or educational
33 purposes after removing information that could be used to identify
34 individual patients or persons who received prescriptions from dispensers.

35 F. Any employee of the administration, a contractor or a health
36 care insurer who is assigned delegate access to the program shall operate
37 under the authority and responsibility of the administration's,
38 contractor's or health care insurer's chief medical officer or other
39 employee who is a licensed health care professional and who is authorized
40 to prescribe or dispense controlled substances. A delegate of the
41 administration, a contractor or a health care insurer shall hold a valid
42 license or certification issued pursuant to title 32, chapter 7, 11, 13,
43 14, 15, 16, 17, 18, 19.1, 25, 29 or 33 as a condition of being assigned
44 and provided delegate access to the program by the board. Each employee
45 of the administration, a contractor or a health care insurer who is a

1 licensed health care professional and who is authorized to prescribe or
2 dispense controlled substances may authorize not more than ten delegates.

3 G. If, after reviewing the information provided pursuant to
4 subsection C, paragraph 4 of this section, an investigator finds no
5 evidence of a statutory crime but suspects a medical practitioner of
6 prescribing controlled substances inappropriately in manner or amount, the
7 investigator may refer the medical practitioner to the relevant
8 professional licensing board for investigation of possible deviation from
9 the standard of care but may not arrest or otherwise undertake criminal
10 proceedings against the medical practitioner.

11 H. A person who is authorized to prescribe or dispense controlled
12 substances or the chief medical officer or other licensed health care
13 professional of the administration, a contractor or a health care insurer
14 who is authorized to prescribe or dispense controlled substances shall
15 deactivate a delegate within five business days after an employment status
16 change, the request of the delegate or the inappropriate use of the
17 controlled substances prescription monitoring program's central database
18 tracking system.

19 I. For the purposes of this section:

20 1. "Administration" and "contractor" have the same meanings
21 prescribed in section 36-2901.

22 2. "Delegate" means any of the following:

23 (a) A licensed health care professional who is employed in the
24 office of or in a hospital with the prescriber or dispenser.

25 (b) An unlicensed medical records technician, medical assistant or
26 office manager who is employed in the office of or in a hospital with the
27 prescriber or dispenser and who has received training regarding both the
28 health insurance portability and accountability act privacy standards
29 (45 Code of Federal Regulations part 164, subpart E) and security
30 standards (45 Code of Federal Regulations part 164, subpart C).

31 (c) A forensic pathologist, medical death investigator or other
32 qualified person who is assigned duties in connection with a death
33 investigation pursuant to section 11-594.

34 (d) A registered pharmacy technician trainee, licensed pharmacy
35 technician or licensed pharmacy intern who works in a facility with the
36 dispenser.

37 (e) Any employee of the administration, a contractor or a health
38 care insurer who is authorized by the administration's, contractor's or
39 health care insurer's chief medical officer or other licensed health care
40 professional who is authorized to prescribe or dispense controlled
41 substances.

42 3. "Health care insurer" has the same meaning prescribed in section
43 20-3151.

1 Sec. 7. Section 36-2606, Arizona Revised Statutes, is amended to
2 read:

3 36-2606. Registration; access; requirements; mandatory use;
4 annual user satisfaction survey; report;
5 definitions

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

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

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

28 B. The registration is:

29 1. Valid in conjunction with a valid United States drug enforcement
30 administration registration number and a valid license issued by a medical
31 practitioner regulatory board established pursuant to title 32, chapter 7,
32 11, 13, 14, 15, 16, 17, 19.1, 25 or 29.

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

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

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

39 3. Not transferable or assignable.

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

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

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

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

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

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

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

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

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

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

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

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

11 I. On or before December 31, 2026, a vendor that provides
12 electronic medical records services to a medical practitioner in this
13 state shall integrate the vendor's electronic medical records system with
14 the program's central database tracking system either directly or through
15 the statewide health information exchange or a third-party vendor.

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

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

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

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

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

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

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

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

11 P. For the purposes of this section:

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

14 2. "Contractor" has the same meaning prescribed in section 36-2901.
15 3. "Dispenser" means a pharmacist who is licensed pursuant to title
16 32, chapter 18.

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

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

21 Sec. 8. Exemption from rulemaking

22 Notwithstanding any other law, for the purposes of this act, the
23 state board of psychologist examiners, the Arizona medical board and the
24 Arizona board of osteopathic examiners in medicine and surgery are exempt
25 from the rulemaking requirements of title 41, chapter 6, Arizona Revised
26 Statutes, for two years after the effective date of this act.