

House Engrossed

controlled substances prescription monitoring program

State of Arizona  
House of Representatives  
Fifty-seventh Legislature  
Second Regular Session  
2026

## **CHAPTER 94**

# **HOUSE BILL 2434**

AN ACT

AMENDING SECTIONS 36-2525, 36-2602, 36-2603, 36-2604, 36-2606 AND 36-2608,  
ARIZONA REVISED STATUTES; RELATING TO THE CONTROLLED SUBSTANCES  
PRESCRIPTION MONITORING PROGRAM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 36-2525, Arizona Revised Statutes, is amended to  
3 read:

4 36-2525. Prescription orders; labels; recordkeeping;  
5 definition

6 A. In addition to the requirements of section 32-1968 pertaining to  
7 prescription orders for prescription-only drugs, the prescription order  
8 for a controlled substance shall bear the name, address and federal  
9 registration number of the prescriber. A prescription order for a  
10 schedule II controlled substance drug other than a hospital drug order for  
11 a hospital inpatient shall contain only one drug order per prescription  
12 blank. If authorized verbally by the prescriber, the pharmacist may make  
13 changes to a written or electronic schedule II controlled substance  
14 prescription order, except for any of the following:

- 15 1. The patient's name.
- 16 2. The prescriber's name.
- 17 3. The drug name.

18 B. The pharmacist must document on the original prescription order  
19 the changes that were made pursuant to the verbal authorization and record  
20 the time and date the authorization was granted.

21 C. A person who is registered to dispense controlled substances  
22 under this chapter must keep and maintain prescription orders for  
23 controlled substances as follows:

24 1. Prescription orders for controlled substances listed in  
25 schedules I and II must be maintained in a separate prescription file for  
26 controlled substances listed in schedules I and II only.

27 2. Prescription orders for controlled substances listed in  
28 schedules III, IV and V must be maintained either in a separate  
29 prescription file for controlled substances listed in schedules III, IV  
30 and V only or in a form that allows them to be readily retrievable from  
31 the other prescription records of the registrant. For the purposes of  
32 this paragraph, "readily retrievable" means that, when the prescription is  
33 initially filed, the face of the prescription is stamped in red ink in the  
34 lower right corner with the letter "C" in a font that is at least one inch  
35 high and that the prescription is filed in the usual consecutively  
36 numbered prescription file for noncontrolled substance prescriptions. The  
37 requirement to stamp the hard copy prescription with a red "C" is waived  
38 if a registrant employs an electronic data processing system or other  
39 electronic recordkeeping system for prescriptions that allows  
40 identification by prescription number and retrieval of original documents  
41 by the prescriber's name, patient's name, drug dispensed and date filled.

42 D. Except in emergency situations in conformity with subsection E  
43 of this section, under the conditions specified in subsections F and G of  
44 this section or when dispensed directly by a medical practitioner to an  
45 ultimate user, a controlled substance in schedule II shall not be

1 dispensed without either the written prescription order in ink or  
2 indelible pencil or typewritten and manually signed by the medical  
3 practitioner or an electronic prescription order as prescribed by federal  
4 law or regulation. A schedule II controlled substance that is an opioid  
5 may be dispensed only with an electronic prescription order as prescribed  
6 by federal law or regulation. A prescription order for a schedule II  
7 controlled substance shall not be dispensed more than ninety days after  
8 the date on which the prescription order was issued. Notwithstanding any  
9 other provision of this section, a pharmacy may sell and dispense a  
10 schedule II controlled substance prescribed by a medical practitioner who  
11 is located in another state if the prescription was issued to the patient  
12 according to and in compliance with the applicable laws of the state of  
13 the prescribing medical practitioner and federal law. A prescription  
14 order for a schedule II controlled substance shall not be refilled.  
15 A pharmacist is not in violation of this subsection and may dispense a  
16 prescription order in the following circumstances:

17 1. During any time period in which an established electronic  
18 prescribing system or a pharmacy management system is not operational or  
19 available in a timely manner. If the electronic prescribing system or a  
20 pharmacy management system is not operational or available, the pharmacist  
21 may dispense a prescription order that is written for a schedule II  
22 controlled substance that is an opioid. The pharmacist must maintain a  
23 record, for a period of time prescribed by the board, of when the  
24 electronic prescribing system or pharmacy management system is not  
25 operational or available in a timely manner.

26 2. The prescription order for a schedule II controlled substance  
27 that is an opioid is in writing and indicates that the medical  
28 practitioner who issued the prescription order provided care for the  
29 patient in a veterans administration facility, a health facility on a  
30 military base, an Indian health services hospital or other Indian health  
31 service facility, or a tribal-owned clinic.

32 E. In emergency situations, emergency quantities of schedule II  
33 controlled substances may be dispensed on an oral prescription order of a  
34 medical practitioner. Such an emergency prescription order shall be  
35 immediately reduced to writing by the pharmacist and shall contain all the  
36 information required for schedule II controlled substances except for the  
37 manual signing of the order by the medical practitioner. Within seven  
38 days after authorizing an emergency oral prescription order, the  
39 prescribing medical practitioner shall cause a written prescription order  
40 manually signed for the emergency quantity prescribed to be delivered to  
41 the dispensing pharmacist or an electronic prescription order to be  
42 transmitted to the dispensing pharmacist. In addition to conforming to  
43 other requirements for prescription orders for schedule II controlled  
44 substances, the prescription order shall indicate electronically or have  
45 written on its face "authorization for emergency dispensing" and the date

1 of the oral order. If the prescribing medical practitioner fails to  
2 deliver such an emergency prescription order within seven days in  
3 conformance with board rules, the pharmacist shall notify the board.  
4 Failure of the pharmacist to notify the board voids the authority  
5 conferred by this subsection to dispense without a prescription order of a  
6 medical practitioner that is electronic or that is written and manually  
7 signed.

8 F. Notwithstanding subsections D and N of this section, a patient's  
9 medical practitioner or the medical practitioner's agent may transmit to a  
10 pharmacy by fax a prescription order written for a schedule II controlled  
11 substance, including opioids, if the prescription order is any of the  
12 following:

13 1. To be compounded for the direct administration to a patient by  
14 parenteral, intravenous, intramuscular, subcutaneous or intraspinal  
15 infusion.

16 2. For a resident of a long-term care facility.

17 3. For a patient who is enrolled in a hospice care program that is  
18 certified or paid for by medicare under title XVIII or a hospice program  
19 that is licensed by this state. The medical practitioner or the medical  
20 practitioner's agent must note on the prescription that the patient is a  
21 hospice patient.

22 G. A fax transmitted pursuant to subsection F of this section is  
23 the original written prescription order for purposes of this section and  
24 must be maintained as required by subsection C of this section.

25 H. Except when dispensed directly by a medical practitioner to an  
26 ultimate user, a controlled substance included in schedule III or IV that  
27 requires a prescription order as determined under state or federal laws  
28 shall not be dispensed without a written or oral prescription order of a  
29 medical practitioner or an electronic prescription order as prescribed by  
30 federal law or regulation. The prescription order shall not be filled or  
31 refilled more than six months after the date on which the prescription  
32 order was issued. A prescription order authorized to be refilled shall  
33 not be refilled more than five times. Additional quantities may only be  
34 authorized by the prescribing medical practitioner through issuance of a  
35 new prescription order that shall be treated by the pharmacist as a new  
36 and separate prescription order.

37 I. Except when dispensed directly by a medical practitioner to an  
38 ultimate user, a controlled substance that is included in schedule V and  
39 that requires a prescription order as determined under state or federal  
40 laws shall not be dispensed without a written or oral prescription order  
41 of a medical practitioner. The prescription order may be refilled as  
42 authorized by the prescribing medical practitioner but shall not be filled  
43 or refilled more than one year after the date of issuance.

44 J. A controlled substance that is listed in schedule III, IV or V  
45 and that does not require a prescription order as determined under state

1 or federal laws may be dispensed at retail by a pharmacist or a pharmacy  
2 intern under the pharmacist's supervision without a prescription order to  
3 a purchaser who is at least eighteen years of age if all of the following  
4 are true:

5 1. It is for a legitimate medical purpose.

6 2. Not more than two hundred forty cubic centimeters (eight ounces)  
7 of any such controlled substance containing opium, nor more than one  
8 hundred twenty cubic centimeters (four ounces) of any other such  
9 controlled substance, nor more than forty-eight dosage units of any such  
10 controlled substance containing opium, nor more than twenty-four dosage  
11 units of any other controlled substance may be dispensed at retail to the  
12 same purchaser in any given forty-eight-hour period.

13 3. Not more than one hundred dosage units of any single active  
14 ingredient ephedrine preparation may be sold, offered for sale, bartered  
15 or given away to any one person in any one thirty-day period.

16 4. The pharmacist or pharmacy intern requires every purchaser of a  
17 controlled substance under this subsection who is not known to that person  
18 to furnish suitable identification, including proof of age if appropriate.

19 5. A bound record book for dispensing controlled substances under  
20 this subsection is maintained by the pharmacist and contains the name and  
21 address of the purchaser, the name and quantity of the controlled  
22 substance purchased, the date of each purchase and the name or initials of  
23 the pharmacist or pharmacy intern who dispensed the substance to the  
24 purchaser. The book shall be maintained in conformity with the  
25 recordkeeping requirements of section 36-2523.

26 K. In the absence of a law requiring a prescription for a  
27 schedule V controlled substance, the board, by rules, may require, or  
28 remove the requirement of, a prescription order for a schedule V  
29 controlled substance.

30 L. The label on a container of a controlled substance that is  
31 directly dispensed by a medical practitioner or pharmacist and that is not  
32 for the immediate administration to the ultimate user, such as a bed  
33 patient in a hospital, shall bear the name and address of the dispensing  
34 medical practitioner or pharmacist, the serial number, the date of  
35 dispensing, the name of the prescriber, the name of the patient or, if an  
36 animal, the name of the owner of the animal and the species of the animal,  
37 the directions for use and cautionary statements, if any, contained in the  
38 prescription order or required by law. If the controlled substance is  
39 included in schedule II, III or IV, the label shall bear a transfer  
40 warning to the effect: "Caution: federal law prohibits the transfer of  
41 this drug to any person other than the patient for whom it was  
42 prescribed". The container of a schedule II controlled substance that is  
43 an opioid that is directly dispensed by a pharmacist and that is not for  
44 the immediate administration to the ultimate user shall have a warning  
45 label prescribed by the board about potential addiction.

1 M. Controlled substances in schedules II, III, IV and V may be  
2 dispensed as electronically transmitted prescriptions if the prescribing  
3 medical practitioner is all of the following:

4 1. Properly registered by the United States drug enforcement  
5 administration.

6 2. Licensed in good standing in the United States jurisdiction in  
7 which the medical practitioner practices.

8 3. Authorized to issue such prescriptions in the jurisdiction in  
9 which the medical practitioner is licensed.

10 N. Notwithstanding any other provision of this section, each  
11 prescription order, except a prescription order under subsection F of this  
12 section, that is issued by a medical practitioner for a schedule II  
13 controlled substance that is an opioid shall be transmitted electronically  
14 to the dispensing pharmacy. A medical practitioner is not in violation of  
15 this subsection:

16 1. During any time in which an established electronic prescribing  
17 system or a pharmacy management system is not operational or available in  
18 a timely manner. If the electronic prescribing system or a pharmacy  
19 management system is not operational or available, the medical  
20 practitioner may write a prescription order for a schedule II controlled  
21 substance that is an opioid. The medical practitioner shall indicate on  
22 the written prescription order that the electronic prescribing system or  
23 pharmacy management system is not operational or available. The medical  
24 practitioner must maintain a record, for a period of time prescribed by  
25 the board, of when the electronic prescribing system or pharmacy  
26 management system is not operational or available in a timely manner.

27 2. If the medical practitioner writes a prescription order for a  
28 schedule II controlled substance that is an opioid that will be dispensed  
29 for the patient from a veterans administration facility, a health facility  
30 on a military base, an Indian health services hospital or other Indian  
31 health service facility, or a tribal-owned clinic.

32 O. The requirement in subsections D and N of this section for an  
33 electronic prescription order does not apply to a prescription order for a  
34 schedule II controlled substance that is an opioid that is issued for  
35 medication-assisted treatment for a substance use disorder.

36 P. The board, by rule, may provide additional requirements for  
37 prescribing and dispensing controlled substances.

38 Q. In consultation with the ~~task force~~ COMPLIANCE WORKGROUP  
39 established pursuant to section 36-2603, the board may prescribe by rule  
40 additional exceptions to the electronic prescribing requirements specified  
41 in this section for both pharmacists and medical practitioners.

42 R. Notwithstanding subsections D and N of this section, a medical  
43 practitioner who is licensed pursuant to title 32, chapter 21 is not  
44 required to comply with the electronic prescribing requirements of  
45 subsections D and N of this section until the Arizona state veterinary

1 medical examining board determines that electronic prescribing software is  
2 widely available for veterinarians and notifies the Arizona state board of  
3 pharmacy of that determination.

4 S. For the purposes of this section, "medication-assisted  
5 treatment" has the same meaning prescribed in section 32-3201.01.

6 Sec. 2. Section 36-2602, Arizona Revised Statutes, is amended to  
7 read:

8 36-2602. Controlled substances prescription monitoring  
9 program; contracts; retention and maintenance of  
10 records

11 A. The board shall adopt rules to establish a controlled substances  
12 prescription monitoring program. The program shall:

13 1. Be operated, monitored and maintained by the board.

14 2. Be staffed by the board.

15 3. Include a computerized central database tracking system to track  
16 the prescribing, ~~AND~~ dispensing ~~and consumption~~ of schedule II, III, IV  
17 and V controlled substances that are dispensed by a medical practitioner  
18 or by a pharmacy that holds a valid license or permit issued pursuant to  
19 title 32. The database shall include data from the department of health  
20 services that identifies residents of this state who possess a registry  
21 identification card issued pursuant to chapter 28.1 of this title. The  
22 tracking system shall not interfere with the legal use of a controlled  
23 substance for managing severe or intractable pain.

24 4. Assist law enforcement to identify illegal activity related to  
25 prescribing, ~~AND~~ dispensing ~~and consuming~~ schedule II, III, IV and V  
26 controlled substances.

27 5. Provide information to patients, medical practitioners and  
28 pharmacists to help avoid the inappropriate use of schedule II, III, IV  
29 and V controlled substances.

30 6. Be designed to minimize inconvenience to patients, prescribing  
31 medical practitioners and pharmacies while effectuating the collection and  
32 storage of information.

33 B. The board may enter into private or public contracts, including  
34 intergovernmental agreements pursuant to title 11, chapter 7, article 3,  
35 to ensure the effective operation of the program. Each contractor must  
36 comply with the confidentiality requirements prescribed in this article  
37 and is subject to the criminal penalties prescribed in section 36-2610.

38 C. The board shall maintain the following records for the following  
39 periods of time:

40 1. A record of dispensing a controlled substance for seven years  
41 after the date the controlled substance was dispensed.

42 2. ~~Affidavits~~ SEARCH WARRANTS for the purpose of an open  
43 investigation by law enforcement for two years.

44 3. Court orders requesting medical record information in the  
45 program for two years.

1 4. A patient's request of the patient's own prescription history  
2 for two years.

3 5. A prescriber report for two years.

4 Sec. 3. Section 36-2603, Arizona Revised Statutes, is amended to  
5 read:

6 36-2603. Compliance workgroup; membership; duties

7 A. The board shall appoint a ~~task force to help it administer the~~  
8 ~~computerized central database tracking system, to identify educational,~~  
9 ~~outreach and support services to advance medical practitioners' adoption~~  
10 ~~of electronic prescribing of schedule II controlled substances and~~  
11 ~~pharmacy implementation of section 36-2525 and to consult with regarding~~  
12 ~~recommendations for exceptions to the electronic prescribing requirements~~  
13 ~~prescribed in section 36-2525~~ COMPLIANCE WORKGROUP TO IDENTIFY POTENTIAL  
14 NONCOMPLIANCE WITH THE REQUIREMENT TO USE THE CONTROLLED SUBSTANCES  
15 PRESCRIPTION MONITORING PROGRAM. The chairperson of the board shall ~~chair~~  
16 ~~serve as chairperson of the task force~~ WORKGROUP. The ~~task force~~  
17 WORKGROUP shall include the following members:

18 1. Pharmacists, medical practitioners and other licensed health  
19 care providers.

20 2. Representatives of professional societies and associations for  
21 pharmacists, medical practitioners and other licensed health care  
22 providers.

23 3. Representatives of professional licensing boards.

24 4. Representatives of the Arizona health care cost containment  
25 system administration.

26 ~~5. Representatives of state and federal agencies that have an~~  
27 ~~interest in controlling controlled substances.~~

28 ~~6. Criminal prosecutors.~~

29 ~~7. Representatives of a health information organization in this~~  
30 ~~state.~~

31 B. The ~~task force~~ WORKGROUP shall meet to establish the procedures  
32 and conditions relating to the release of prescription information  
33 pursuant to section 36-2604. The ~~task force~~ WORKGROUP shall meet at least  
34 once each year and at the call of the chairperson.

35 C. ~~Task force~~ WORKGROUP members serve at the pleasure of the board  
36 and are not eligible to receive compensation or reimbursement of expenses.

37 Sec. 4. Section 36-2604, Arizona Revised Statutes, is amended to  
38 read:

39 36-2604. Use and release of confidential information;  
40 definitions

41 A. Except as otherwise provided in this section, prescription  
42 information submitted to the board pursuant to this article is  
43 confidential and is not subject to public inspection. The board shall  
44 establish procedures to ensure THAT the privacy and confidentiality of  
45 ~~patients and that patient information~~ ALL DISPENSING DATA that is

1 collected, recorded and transmitted pursuant to this article is not  
2 disclosed except as prescribed in this section.

3 B. The board or its designee shall review the prescription  
4 information collected pursuant to this article. If the board or its  
5 designee has reason to believe an act of unprofessional or illegal conduct  
6 has occurred, the board or its designee shall notify the appropriate  
7 professional licensing board. The board may delegate the duties  
8 prescribed in this subsection to the executive director pursuant to  
9 section 32-1904.

10 C. The board may release data collected by the program to the  
11 following:

12 1. A person who is authorized to prescribe or dispense controlled  
13 substances, or a delegate who is authorized by the prescriber or  
14 dispenser, to assist that person to provide medical or pharmaceutical care  
15 to a patient or to evaluate a patient or to assist with or verify  
16 compliance with the requirements of this chapter, the rules adopted  
17 pursuant to this chapter and the rules adopted by the department of health  
18 services to reduce opioid overdose and death.

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

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

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

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

37 6. A health care insurer. Except as required pursuant to  
38 subsection B of this section, the board shall provide this information  
39 only if the health care insurer ~~states in writing~~ ATTESTS that the  
40 information is necessary for an open investigation or complaint or for  
41 performing a drug utilization review for controlled substances that  
42 supports the prevention of opioid overuse or abuse and the safety and  
43 quality of care provided to the insured.

44 7. A person who is serving a lawful order of a court of competent  
45 jurisdiction.

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

4           9. A county medical examiner or alternate medical examiner who is  
5 directing an investigation into the circumstances surrounding a death as  
6 described in section 11-593 or a delegate who is authorized by the county  
7 medical examiner or alternate medical examiner.

8           10. The department of health services regarding persons who are  
9 receiving or prescribing controlled substances in order to implement a  
10 public health response to address opioid overuse or abuse, including a  
11 review pursuant to section 36-198. Except as required pursuant to  
12 subsection B of this section, the board shall provide this information  
13 only if the department states in writing that the information is necessary  
14 to implement a public health response to help combat opioid overuse or  
15 abuse.

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

- 18           1. Credentialing health care professionals.
- 19           2. Determining payment.
- 20           3. Preemployment screening.
- 21           4. Any purpose other than as specified in this section.

22           E. For a fee determined by the board, the board may provide data to  
23 public or private entities for statistical, research or educational  
24 purposes after removing ANY PERSONAL IDENTIFYING information ~~that could be~~  
25 ~~used to identify individual patients or persons who received prescriptions~~  
26 ~~from dispensers.~~

27           F. Any employee of the administration, a contractor or a health  
28 care insurer who is assigned delegate access to the program shall operate  
29 under the authority and responsibility of the administration's,  
30 contractor's or health care insurer's chief medical officer or other  
31 employee who is a licensed health care professional and who is authorized  
32 to prescribe or dispense controlled substances. A delegate of the  
33 administration, a contractor or a health care insurer shall hold a valid  
34 license or certification issued pursuant to title 32, chapter 7, 11, 13,  
35 14, 15, 16, 17, 18, 19.1, 25, 29 or 33 as a condition of being assigned  
36 and provided delegate access to the program by the board. Each employee  
37 of the administration, a contractor or a health care insurer who is a  
38 licensed health care professional and who is authorized to prescribe or  
39 dispense controlled substances may authorize not more than ten delegates.

40           G. If, after reviewing the information provided pursuant to  
41 subsection C, paragraph 4 of this section, an investigator finds no  
42 evidence of a statutory crime but suspects a medical practitioner of  
43 prescribing controlled substances inappropriately in manner or amount, the  
44 investigator may refer the medical practitioner to the relevant  
45 professional licensing board for investigation of possible deviation from

1 the standard of care but may not arrest or otherwise undertake criminal  
2 proceedings against the medical practitioner.

3 H. A person who is authorized to prescribe or dispense controlled  
4 substances or the chief medical officer or other licensed health care  
5 professional of the administration, a contractor or a health care insurer  
6 who is authorized to prescribe or dispense controlled substances shall  
7 deactivate a delegate within five business days after an employment status  
8 change, the request of the delegate or the inappropriate use of the  
9 controlled substances prescription monitoring program's central database  
10 tracking system.

11 I. For the purposes of this section:

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

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

15 (a) A licensed health care professional who is employed ~~in~~ BY the  
16 office of or ~~in~~ BY a hospital with the prescriber or dispenser.

17 (b) An unlicensed medical records technician, medical assistant or  
18 office manager who is employed ~~in~~ BY the office of or ~~in~~ BY a hospital  
19 with the prescriber or dispenser and who has received training regarding  
20 both the health insurance portability and accountability act privacy  
21 standards (45 Code of Federal Regulations part 164, subpart E) and  
22 security standards (45 Code of Federal Regulations part 164, subpart C).

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

26 (d) A registered pharmacy technician trainee, licensed pharmacy  
27 technician or licensed pharmacy intern who ~~works in a facility with~~ IS  
28 EMPLOYED BY THE PHARMACY OF OR BY A HOSPITAL OF the dispenser IN THIS  
29 STATE.

30 (e) Any employee of the administration, a contractor or a health  
31 care insurer who is authorized by the administration's, contractor's or  
32 health care insurer's chief medical officer or other licensed health care  
33 professional who is authorized to prescribe or dispense controlled  
34 substances.

35 3. "Health care insurer" has the same meaning prescribed in section  
36 20-3151.

37 Sec. 5. Section 36-2606, Arizona Revised Statutes, is amended to  
38 read:

39 36-2606. Registration; access; requirements; mandatory use;  
40 annual user satisfaction survey; report;  
41 definitions

42 A. A medical practitioner regulatory board shall notify each  
43 medical practitioner who receives an initial or renewal license and who  
44 intends to apply for registration or has an active registration under the  
45 controlled substances act (21 United States Code sections 801 through 904)

1 WITH AN ADDRESS IN THIS STATE of the medical practitioner's responsibility  
2 to register with the Arizona state board of pharmacy and be granted access  
3 to the controlled substances prescription monitoring program's central  
4 database tracking system. The Arizona state board of pharmacy shall  
5 provide access to the central database tracking system to each medical  
6 practitioner who has a valid license pursuant to title 32 and who  
7 possesses ~~an Arizona~~ A registration under the controlled substances act  
8 (21 United States Code sections 801 through 904) WITH AN ADDRESS IN THIS  
9 STATE. The Arizona state board of pharmacy shall notify each pharmacist  
10 of the pharmacist's responsibility to register with the Arizona state  
11 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 pharmacist who has a valid license  
15 pursuant to title 32, chapter 18 and who is employed by either:

16 1. A facility that has a valid United States drug enforcement  
17 administration registration number.

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

20 B. The registration is:

21 1. Valid in conjunction with a valid United States drug enforcement  
22 administration registration number and a valid license issued by a medical  
23 practitioner regulatory board established pursuant to title 32, chapter 7,  
24 11, 13, 14, 15, 16, 17, 25 or 29.

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

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

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

31 3. Not transferable or assignable.

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

34 ~~D. Pursuant to a fee prescribed by the board by rule, the board may  
35 issue a replacement registration to a registrant who requests a  
36 replacement because the original was damaged or destroyed, because of a  
37 change of name or for any other good cause as prescribed by the board.~~

38 ~~E. D.~~ D. A person who is authorized to access the controlled  
39 substances prescription monitoring program's central database tracking  
40 system may do so using only that person's assigned identifier and may not  
41 use the assigned identifier of another person.

42 ~~F. E. Beginning the later of October 1, 2017 or sixty days after  
43 the statewide health information exchange has integrated the controlled  
44 substances prescription monitoring program data into the exchange, A  
45 medical practitioner, before prescribing an opioid analgesic or~~

1 benzodiazepine controlled substance listed in schedule II, III or IV for a  
2 patient, shall obtain a patient utilization report regarding the patient  
3 for the preceding twelve months from the controlled substances  
4 prescription monitoring program's central database tracking system ~~at the~~  
5 ~~beginning of each new course of treatment and at least quarterly while~~  
6 ~~that prescription remains a part of the treatment~~ BEFORE ISSUING A  
7 PRESCRIPTION AND BEFORE PRESCRIBING ANY SUBSEQUENT REFILL OF THAT  
8 PRESCRIPTION. Each medical practitioner regulatory board shall notify the  
9 medical practitioners licensed by that board of the ~~applicable date. A~~  
10 ~~medical practitioner may be granted a one-year waiver from the requirement~~  
11 ~~in this subsection due to technological limitations that are not~~  
12 ~~reasonably within the control of the practitioner or other exceptional~~  
13 ~~circumstances demonstrated by the practitioner, pursuant to a process~~  
14 ~~established by rule by the Arizona state board of pharmacy~~ MANDATORY USE  
15 REQUIREMENTS OUTLINED IN THIS SUBSECTION.

16 ~~G.~~ F. Before a pharmacist dispenses or before a pharmacy  
17 technician or pharmacy intern of a remote dispensing site pharmacy  
18 dispenses a schedule II controlled substance, a dispenser shall obtain a  
19 patient utilization report regarding the patient for the preceding twelve  
20 months from the controlled substances prescription monitoring program's  
21 central database tracking system ~~at the beginning of each new course of~~  
22 ~~treatment.~~

23 ~~H.~~ G. The medical practitioner or dispenser is not required to  
24 obtain a patient utilization report from the central database tracking  
25 system pursuant to subsection ~~F~~ E of this section if any of the following  
26 applies:

- 27 1. The patient is receiving hospice care or palliative care for a  
28 serious or chronic illness.
- 29 2. The patient is receiving care for cancer, a cancer-related  
30 illness or condition or dialysis treatment.
- 31 3. A medical practitioner will administer the controlled substance.
- 32 4. The patient is receiving the controlled substance during the  
33 course of inpatient or residential treatment in a hospital, nursing care  
34 facility, assisted living facility, correctional facility or mental health  
35 facility.
- 36 5. The medical practitioner is prescribing the controlled substance  
37 to the patient for not more than a five-day period for an invasive medical  
38 or dental procedure or a medical or dental procedure that results in acute  
39 pain to the patient.
- 40 6. The medical practitioner is prescribing the controlled substance  
41 to the patient for not more than a five-day period for a patient who has  
42 suffered an acute injury or a medical or dental disease process that is  
43 diagnosed in an emergency department setting and that results in acute  
44 pain to the patient. An acute injury or medical disease process does not  
45 include back pain.

1           ~~F.~~ H. On or before December 31, 2026, a vendor that provides  
2 electronic medical records services to a medical practitioner in this  
3 state shall integrate the vendor's electronic medical records system with  
4 the program's central database tracking system either directly or through  
5 the statewide health information exchange or a third-party vendor.

6           ~~G.~~ I. If a medical practitioner or dispenser uses electronic  
7 medical records that integrate data from the controlled substances  
8 prescription monitoring program, a review of the electronic medical  
9 records with the integrated data shall be deemed compliant with the review  
10 of the program's central database tracking system as required in  
11 subsection ~~F~~ E of this section.

12           ~~H.~~ J. The board shall promote and enter into data sharing  
13 agreements to integrate and display patient utilization reports within  
14 electronic medical records.

15           ~~I.~~ K. By complying with this section, a medical practitioner or  
16 dispenser who acts in good faith, or the medical practitioner's or  
17 dispenser's employer, is not subject to liability or disciplinary action  
18 arising solely from either:

19           1. Requesting or receiving, or failing to request or receive,  
20 prescription monitoring data from the program's central database tracking  
21 system.

22           2. Acting or failing to act on the basis of the prescription  
23 monitoring data provided by the program's central database tracking  
24 system.

25           ~~J.~~ L. Notwithstanding any provision of this section to the  
26 contrary, medical practitioners or dispensers and their delegates are not  
27 in violation of this section during any time period in which the  
28 controlled substances prescription monitoring program's central database  
29 tracking system is suspended or is not operational or available in a  
30 timely manner. If the program's central database tracking system is not  
31 accessible, the medical practitioner or dispenser or the medical  
32 practitioner's or dispenser's delegate shall document the date and time  
33 the practitioner, dispenser or delegate attempted to use the central  
34 database tracking system pursuant to a process established by board rule.

35           ~~K.~~ M. The board shall conduct an annual voluntary survey of  
36 program users to assess user satisfaction with the program's central  
37 database tracking system. The survey may be conducted electronically. On  
38 or before December 1 of each year, the board shall provide a report of the  
39 survey results to the president of the senate, the speaker of the house of  
40 representatives and the governor and shall provide a copy of this report  
41 to the secretary of state.

42           ~~L.~~ N. This section does not prohibit a medical practitioner  
43 regulatory board or the Arizona state board of pharmacy from obtaining and  
44 using information from the program's central database tracking system.

1           ~~P.~~ 0. For the purposes of this section:  
2           1. "Administration" has the same meaning prescribed in section  
3 36-2901.  
4           2. "Contractor" has the same meaning prescribed in section 36-2901.  
5           3. "Dispenser" means a pharmacist who is licensed pursuant to title  
6 32, chapter 18.  
7           4. "Emergency department" means the unit within a hospital that is  
8 designed to provide emergency services.  
9           5. "Health care insurer" has the same meaning prescribed in section  
10 20-3151.  
11          Sec. 6. Section 36-2608, Arizona Revised Statutes, is amended to  
12 read:  
13          36-2608. Reporting requirements; exceptions  
14          A. If a medical practitioner OR PHARMACY dispenses a controlled  
15 substance listed in section 36-2513, 36-2514, 36-2515 or 36-2516 or the  
16 rules adopted pursuant to chapter 27, article 2 of this title, or if a  
17 prescription for a controlled substance listed in any of those sections  
18 that is approved by the United States food and drug administration is  
19 dispensed by a pharmacy in this state, a health care facility in this  
20 state for outpatient use or a board-permitted nonresident pharmacy for  
21 delivery to a person residing in this state, the medical practitioner,  
22 health care facility or pharmacy must report the following information as  
23 applicable and as prescribed by the board by rule:  
24           1. The name, address, telephone number, prescription number and  
25 United States drug enforcement administration controlled substance  
26 registration number of the dispenser.  
27           2. The name, address and date of birth of the person for whom the  
28 prescription is written.  
29           3. The name, address, telephone number and United States drug  
30 enforcement administration controlled substance registration number of the  
31 prescribing medical practitioner.  
32           4. The name, strength, quantity, dosage and national drug code  
33 number of the schedule II, III, IV or V controlled substance dispensed.  
34           5. THROUGH JUNE 30, 2027, the date the prescription was dispensed.  
35 BEGINNING JULY 1, 2027, THE DATE THE PRESCRIPTION WAS FILLED.  
36           6. BEGINNING JULY 1, 2027, THE DATE THE PRESCRIPTION WAS SOLD TO  
37 THE ULTIMATE USER OR THE ULTIMATE USER'S AGENT.  
38           ~~6.~~ 7. The number of refills, if any, authorized by the medical  
39 practitioner.  
40          B. ~~Except as provided in subsection D of this section,~~ A dispenser  
41 must use the latest version of ~~the standard implementation guide for~~  
42 ~~prescription monitoring programs published by the American society for~~  
43 ~~automation in pharmacy~~ THIS STATE'S DATA SUBMISSION GUIDE to report the  
44 ~~required~~ information REQUIRED BY THIS SECTION.

1 C. The board shall allow the reporter to transmit the required  
2 information by electronic data transfer ~~if feasible or, if not feasible,~~  
3 ~~on reporting forms as prescribed by the board.~~ The reporter shall submit  
4 the required information ~~once each day~~ WITHIN ONE BUSINESS DAY AFTER THE  
5 DATE THE PRESCRIPTION WAS SOLD. IF THERE IS NO INFORMATION TO REPORT, THE  
6 REPORTER SHALL REPORT ZERO AS A TRANSACTION.

7 ~~D. A dispenser who does not have an automated recordkeeping system~~  
8 ~~capable of producing an electronic report in the established format may~~  
9 ~~request a waiver from electronic reporting by submitting a written request~~  
10 ~~to the board. The board shall grant the request if the dispenser agrees~~  
11 ~~in writing to report the data by submitting a completed universal claim~~  
12 ~~form as prescribed by the board by rule.~~

13 ~~E. The board by rule may prescribe the prescription form to be used~~  
14 ~~in prescribing a schedule II, III, IV or V controlled substance if the~~  
15 ~~board determines that this would facilitate the reporting requirements of~~  
16 ~~this section.~~

17 ~~F.~~ D. The reporting requirements of this section do not apply to  
18 the following:

19 1. A controlled substance that is administered directly to a  
20 patient.

21 2. A controlled substance that is dispensed by a medical  
22 practitioner at a health care facility licensed by this state if the  
23 quantity dispensed is limited to an amount adequate to treat the patient  
24 for a maximum of seventy-two hours with not more than two seventy-two-hour  
25 cycles within any fifteen-day period.

26 3. A controlled substance sample.

27 4. The wholesale distribution of a schedule II, III, IV or V  
28 controlled substance. For the purposes of this paragraph, "wholesale  
29 distribution" has the same meaning prescribed in section 32-1981.

30 5. A facility that is registered by the United States drug  
31 enforcement administration as a narcotic treatment program and that is  
32 subject to the recordkeeping provisions of 21 Code of Federal Regulations  
33 section 1304.24.

APPROVED BY THE GOVERNOR JUNE 4, 2026.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JUNE 5, 2026.