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

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)

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

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

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

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

1. The patient's name.

2. The prescriber's name.

3. The drug name.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. It is for a legitimate medical purpose.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Be staffed by the board.

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

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

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

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

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

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

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

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

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

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

5. A prescriber report for two years.

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

36-2603. Compliance workgroup; membership; duties

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

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

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

3. Representatives of professional licensing boards.

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

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

~~6. Criminal prosecutors.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Credentialing health care professionals.

2. Determining payment.

3. Preemployment screening.

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

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

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

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

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

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

I. For the purposes of this section:

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

2. "Delegate" means any of the following:

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

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

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

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

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

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

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

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

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

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

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

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

B. The registration is:

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

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

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

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

3. Not transferable or assignable.

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

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

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

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

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

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

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

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

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

3. A medical practitioner will administer the controlled substance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 6. Section 36-2608, Arizona Revised Statutes, is amended to read:

36-2608. Reporting requirements; exceptions

A. If a medical practitioner OR PHARMACY dispenses a controlled substance listed in section 36-2513, 36-2514, 36-2515 or 36-2516 or the rules adopted pursuant to chapter 27, article 2 of this title, or if a prescription for a controlled substance listed in any of those sections that is approved by the United States food and drug administration is dispensed by a pharmacy in this state, a health care facility in this state for outpatient use or a board-permitted nonresident pharmacy for delivery to a person residing in this state, the medical practitioner, health care facility or pharmacy must report the following information as applicable and as prescribed by the board by rule:

1. The name, address, telephone number, prescription number and United States drug enforcement administration controlled substance registration number of the dispenser.

2. The name, address and date of birth of the person for whom the prescription is written.

3. The name, address, telephone number and United States drug enforcement administration controlled substance registration number of the prescribing medical practitioner.

4. The name, strength, quantity, dosage and national drug code number of the schedule II, III, IV or V controlled substance dispensed.

5. THROUGH JUNE 30, 2027, the date the prescription was dispensed. BEGINNING JULY 1, 2027, THE DATE THE PRESCRIPTION WAS FILLED.

6. BEGINNING JULY 1, 2027, THE DATE THE PRESCRIPTION WAS SOLD TO THE ULTIMATE USER OR THE ULTIMATE USER'S AGENT.

~~6.~~ 7. The number of refills, if any, authorized by the medical practitioner.

B. ~~Except as provided in subsection D of this section,~~ A dispenser must use the latest version of ~~the standard implementation guide for prescription monitoring programs published by the American society for automation in pharmacy~~ THIS STATE'S DATA SUBMISSION GUIDE to report the ~~required~~ information REQUIRED BY THIS SECTION.

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

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

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

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

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

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

3. A controlled substance sample.

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

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