SENATE BILL 1001

AN ACT

AMENDING SECTION 9-500.40, ARIZONA REVISED STATUTES; AMENDING TITLE 9, CHAPTER 4, ARTICLE 8, ARIZONA REVISED STATUTES, BY ADDING SECTION 9-500.41; AMENDING SECTION 11-269.18, ARIZONA REVISED STATUTES; AMENDING TITLE 11, CHAPTER 2, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 11-269.20 AND 11-269.21; AMENDING SECTION 13-2310, ARIZONA REVISED STATUTES; AMENDING TITLE 13, CHAPTER 34, ARIZONA REVISED STATUTES, BY ADDING SECTION 13-3423; REPEALING SECTION 13-3423, ARIZONA REVISED STATUTES; AMENDING TITLE 15, CHAPTER 13, ARTICLE 9, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 15-1756; AMENDING TITLE 20, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 32-854.01, 32-871, 32-1201.01, 32-1298, 32-1401, 32-1451.04, 32-1491, 32-1606, 32-1706, 32-1743, 32-1854 AND 32-1871, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 21, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 32-2239.01; AMENDING SECTIONS 32-2281, 32-2501, 32-2532, 32-2933 AND 32-2951, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 32, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 4; AMENDING TITLE 36, CHAPTER 1, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 36-109 AND 36-123; AMENDING TITLE 36, CHAPTER 1, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-192; AMENDING SECTION 36-407, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 4, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-425.04; AMENDING TITLE 36, CHAPTER 4, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 8; AMENDING SECTIONS 36-2228, 36-2267, 36-2525, 36-2604 AND 36-2606, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 29, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-2930.06; APPROPRIATING MONIES; RELATING TO CONTROLLED SUBSTANCES.

(TEXT OF BILL BEGINS ON NEXT PAGE)
S.B. 1001

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

Section 1. Section 9-500.40, Arizona Revised Statutes, is amended to read:

9-500.40. Structured sober living homes; standards; definitions

A. A city or town may adopt by ordinance standards for structured sober living homes that comply with state and federal fair housing laws and the Americans with disabilities act. If adopted, the standards for structured sober living homes may include:

1. A written notification from all structured sober living homes that includes:
   (a) The name and address of the structured sober living home.
   (b) The following information regarding the property:
      (i) The property owner's name, address and contact telephone number.
      (ii) If the property is leased, a copy of the lease that states that the property will be used as a structured sober living home.

2. Supervision requirements in the structured sober living home for the residents during all hours of operation.

3. The establishment and maintenance of an operation plan that facilitates the rehabilitative process, including discharge planning, and that addresses the maintenance of the property and noise abatement consistent with local ordinances.

B. A city or town that adopts standards for structured sober living homes pursuant to subsection A of this section:

1. SHALL REQUIRE STRUCTURED SOBER LIVING HOMES TO DEVELOP POLICIES AND PROCEDURES TO ALLOW INDIVIDUALS ON MEDICATION-ASSISTED TREATMENT TO CONTINUE TO RECEIVE THIS TREATMENT WHILE LIVING IN THE STRUCTURED SOBER LIVING HOME.

2. May exclude from regulation any structured sober living home that is subject to adequate oversight by another governmental entity or contractor.

C. For the purposes of this section: —

1. "MEDICATION-ASSISTED TREATMENT" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-3201.01.

2. "Structured sober living home":
   (a) Means any premises, place or building that provides alcohol-free or drug-free housing, promotes independent living and life skill development and provides structured activities that are directed primarily toward recovery from substance use disorders in a supervised setting to a group of unrelated individuals who are recovering from drug or alcohol addiction and who are receiving outpatient behavioral health services for substance abuse or addiction treatment while living in the home.
2. (b) Does not include a private residence in which a related family member is required to receive outpatient behavioral health services for substance abuse or addiction treatment as a condition of continuing to reside in the family dwelling.

Sec. 2. Title 9, chapter 4, article 8, Arizona Revised Statutes, is amended by adding section 9-500.41, to read:

9-500.41. 911 telephone calls; medical assistance requests; Good Samaritans

A CITY OR TOWN THAT RECEIVES 911 TELEPHONE CALLS SHALL REPORT TO THE DEPARTMENT OF HEALTH SERVICES, IN A FORMAT PRESCRIBED BY THE DEPARTMENT, THE NUMBER OF TELEPHONE CALLS RECEIVED UNDER SECTION 13-3423 AND ANY RELATED OVERDOSE DEATHS.

Sec. 3. Section 11-269.18, Arizona Revised Statutes, is amended to read:

11-269.18. Structured sober living homes; standards; definitions

A. A county may adopt by ordinance standards for structured sober living homes that comply with state and federal fair housing laws and the Americans with disabilities act. If adopted, the standards for structured sober living homes may include:

1. A written notification from all structured sober living homes that includes:
   (a) The name and address of the structured sober living home.
   (b) The following information regarding the property:
      (i) The property owner's name, address and contact telephone number.
      (ii) If the property is leased, a copy of the lease that states that the property will be used as a structured sober living home.

2. Supervision requirements in the structured sober living home for the residents during all hours of operation.

3. The establishment and maintenance of an operation plan that facilitates the rehabilitative process, including discharge planning, and that addresses the maintenance of the property and noise abatement consistent with local ordinances.

B. A county that adopts standards for structured sober living homes pursuant to subsection A of this section:

1. SHALL REQUIRE STRUCTURED SOBER LIVING HOMES TO DEVELOP POLICIES AND PROCEDURES TO ALLOW INDIVIDUALS ON MEDICATION-ASSISTED TREATMENT TO CONTINUE TO RECEIVE THIS TREATMENT WHILE LIVING IN THE STRUCTURED SOBER LIVING HOME.

2. May exclude from regulation any structured sober living home that is subject to adequate oversight by another governmental entity or contractor.
C. For the purposes of this section: —

  1. "MEDICATION-ASSISTED TREATMENT" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-3201.01.

  2. "Structured sober living home":

     a. Means any premises, place or building that provides alcohol-free or drug-free housing, promotes independent living and life skill development and provides structured activities that are directed primarily toward recovery from substance use disorders in a supervised setting to a group of unrelated individuals who are recovering from drug or alcohol addiction and who are receiving outpatient behavioral health services for substance abuse or addiction treatment while living in the home.

     b. Does not include a private residence in which a related family member is required to receive outpatient behavioral health services for substance abuse or addiction treatment as a condition of continuing to reside in the family dwelling.

Sec. 4. Title 11, chapter 2, article 4, Arizona Revised Statutes, is amended by adding sections 11-269.20 and 11-269.21, to read:

11-269.20. Drug and paraphernalia drop-off locations; referral

ON OR BEFORE DECEMBER 31, 2018, THE BOARD OF SUPERVISORS FROM EACH COUNTY SHALL ESTABLISH AT LEAST ONE LOCATION IN THE COUNTY WHERE A PERSON MAY DROP OFF ANY LEGAL OR ILLEGAL DRUG OR SUBSTANCE AND DRUG PARAPHERNALIA AND RECEIVE A REFERRAL TO A SUBSTANCE ABUSE TREATMENT FACILITY.

11-269.21. 911 telephone calls; medical assistance requests; Good Samaritans

A COUNTY THAT RECEIVES 911 TELEPHONE CALLS SHALL REPORT TO THE DEPARTMENT OF HEALTH SERVICES, IN A FORMAT PRESCRIBED BY THE DEPARTMENT, THE NUMBER OF TELEPHONE CALLS RECEIVED UNDER SECTION 13-3423 AND ANY RELATED OVERDOSE DEATHS.

Sec. 5. Section 13-2310, Arizona Revised Statutes, is amended to read:

13-2310. Fraudulent schemes and artifices; classification; definition

A. Any person who, pursuant to a scheme or artifice to defraud, knowingly obtains any benefit by means of false or fraudulent pretenses, representations, promises or material omissions is guilty of a class 2 felony.

B. Reliance on the part of any person shall not be a necessary element of the offense described in subsection A of this section.

C. A person who is convicted of a violation of this section that involved a benefit with a value of one hundred thousand dollars or more OR THE MANUFACTURE, SALE OR MARKETING OF OPIOIDS is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except pursuant to section 31-233, subsection A or B until the — 3 —
sentence imposed by the court has been served, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted.

D. The THIS state shall apply the aggregation prescribed by section 13-1801, subsection B to violations of this section in determining the applicable punishment.

E. As used in FOR THE PURPOSES OF this section, "scheme or artifice to defraud" includes a scheme or artifice to deprive a person of the intangible right of honest services.

Sec. 6. Title 13, chapter 34, Arizona Revised Statutes, is amended by adding section 13-3423, to read:

13-3423. Medical assistance requests; prohibited prosecution

A. A PERSON WHO, IN GOOD FAITH, SEEKS MEDICAL ASSISTANCE FOR SOMEONE EXPERIENCING A DRUG-RELATED OVERDOSE MAY NOT BE CHARGED OR PROSECUTED FOR THE POSSESSION OR USE OF A CONTROLLED SUBSTANCE OR DRUG PARAPHERNALIA OR A PREPARATORY OFFENSE IF THE EVIDENCE FOR THE VIOLATION WAS GAINED AS A RESULT OF THE PERSON'S SEEKING MEDICAL ASSISTANCE.

B. A PERSON WHO EXPERIENCES A DRUG-RELATED OVERDOSE, WHO IS IN NEED OF MEDICAL ASSISTANCE AND FOR WHOM MEDICAL ASSISTANCE IS SOUGHT PURSUANT TO SUBSECTION A OF THIS SECTION MAY NOT BE CHARGED OR PROSECUTED FOR THE POSSESSION OR USE OF A CONTROLLED SUBSTANCE OR DRUG PARAPHERNALIA IF THE EVIDENCE FOR THE VIOLATION WAS GAINED AS A RESULT OF THE PERSON'S OVERDOSE AND NEED FOR MEDICAL ASSISTANCE.

C. THE ACT OF SEEKING MEDICAL ASSISTANCE FOR SOMEONE WHO IS EXPERIENCING A DRUG-RELATED OVERDOSE MAY BE USED AS A MITIGATING FACTOR IN A CRIMINAL PROSECUTION FOR A VIOLATION OF THIS CHAPTER.

D. THIS SECTION DOES NOT LIMIT EITHER:

1. THE ADMISSIBILITY OF ANY EVIDENCE IN CONNECTION WITH THE INVESTIGATION OR PROSECUTION OF A CRIME WITH REGARD TO A DEFENDANT WHO DOES NOT QUALIFY UNDER SUBSECTION A OR B OF THIS SECTION OR WITH REGARD TO ANY OTHER CRIME.

2. THE ABILITY TO SEIZE CONTRABAND OR MAKE AN ARREST FOR ANY OTHER OFFENSE.

E. THIS SECTION DOES NOT PROHIBIT A PERSON SPECIFIED IN SUBSECTION A OR B OF THIS SECTION FROM BEING OFFERED A DIVERSION PROGRAM FOR AN OFFENSE OTHER THAN THE POSSESSION OR USE OF A CONTROLLED SUBSTANCE OR DRUG PARAPHERNALIA OR A PREPARATORY OFFENSE.

F. FOR THE PURPOSES OF THIS SECTION:

1. "MEDICAL ASSISTANCE" MEANS AID PROVIDED BY A HEALTH CARE PROFESSIONAL WHO IS LICENSED, REGISTERED OR CERTIFIED IN THIS STATE, WHO IS ACTING WITHIN THE HEALTH CARE PROFESSIONAL'S SCOPE OF PRACTICE AND WHO PROVIDES A DIAGNOSIS, TREATMENT OR OTHER MEDICAL SERVICE.

2. "SEEKS MEDICAL ASSISTANCE" MEANS TO CALL 911 OR OTHERWISE CONTACT LAW ENFORCEMENT, POISON CONTROL OR A HOSPITAL EMERGENCY DEPARTMENT.
Sec. 7. **Repeal**

Section 13-3423, Arizona Revised Statutes, as added by this act, is repealed from and after June 30, 2023.

Sec. 8. Title 15, chapter 13, article 9, Arizona Revised Statutes, is amended by adding section 15-1756, to read:

15-1756. **Medical programs; students; required opioid-related clinical education**

A STUDENT WHO IS ENROLLED IN A PUBLIC OR PRIVATE MEDICAL PROGRAM IN THIS STATE AND WHOSE INTENDED DEGREE MAY MAKE THE STUDENT ELIGIBLE FOR A UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATION SHALL TAKE AT LEAST THREE HOURS OF OPIOID-RELATED CLINICAL EDUCATION.

Sec. 9. Title 20, Arizona Revised Statutes, is amended by adding chapter 26, to read:

CHAPTER 26
PRIOR AUTHORIZATION FOR CERTAIN HEALTH CARE SERVICES

ARTICLE 1. GENERAL PROVISIONS

20-3401. **Definitions**

IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE OTHERWISE REQUIRES:

1. "ADVERSE DETERMINATION":
   (a) MEANS A DECISION BY A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT THAT THE HEALTH CARE SERVICES FURNISHED OR PROPOSED TO BE FURNISHED TO AN ENROLLEE ARE NOT MEDICALLY NECESSARY AND PLAN COVERAGE IS THEREFORE DENIED, REDUCED OR TERMINATED.
   (b) DOES NOT INCLUDE A DECISION TO DENY, REDUCE OR TERMINATE SERVICES THAT ARE NOT COVERED FOR REASONS OTHER THAN MEDICAL NECESSITY.

2. "AUTHORIZATION":
   (a) MEANS A DETERMINATION BY A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT THAT A HEALTH CARE SERVICE HAS BEEN REVIEWED AND, BASED ON THE INFORMATION PROVIDED, SATISFIES THE HEALTH CARE SERVICES PLAN’S REQUIREMENTS FOR MEDICAL NECESSITY AND Appropriateness AND THAT Payment UNDER THE PLAN WILL BE MADE FOR THAT HEALTH CARE SERVICE.
   (b) DOES NOT INCLUDE ANY DIFFERENT OR ADDITIONAL PROCEDURES, SERVICES OR TREATMENTS BEYOND THOSE SPECIFICALLY REVIEWED AND APPROVED BY THE HEALTH CARE SERVICES PLAN.

3. "EMERGENCY AMBULANCE SERVICES" HAS THE SAME MEANING PRESCRIBED IN SECTION 20-2801.

4. "EMERGENCY SERVICES" HAS THE SAME MEANING PRESCRIBED IN SECTION 20-2801.

5. "ENROLLEE" MEANS AN INDIVIDUAL OR A DEPENDENT OF THAT INDIVIDUAL WHO IS CURRENTLY ENROLLED WITH AND COVERED BY A HEALTH CARE SERVICES PLAN. ENROLLEE INCLUDES AN ENROLLEE’S LEGALLY AUTHORIZED REPRESENTATIVE.

6. "HEALTH CARE SERVICE":
   (a) MEANS A HEALTH CARE PROCEDURE, TREATMENT OR SERVICE FOR THE DIAGNOSIS, MANAGEMENT OR TREATMENT OF ACUTE PAIN, CHRONIC PAIN OR OPIOID USE DISORDER.
(b) Includes the provision of a prescription drug, device or durable medical equipment for the treatment or management of acute pain, chronic pain or opioid use disorder.

(c) Does not include treatments that are experimental, investigational or off label.

7. "Health care services plan":
   (a) Means a plan offered by a disability insurer, group disability insurer, blanket disability insurer, health care services organization, hospital service corporation or medical service corporation that contractually agrees to pay or make reimbursements for health care services expenses for one or more individuals residing in this state.
   (b) Does not include benefits provided under limited benefit coverage as defined in section 20-1137.

8. "Medically necessary" or "medical necessity":
   (a) Means covered health care services provided by a licensed provider acting within the provider's scope of practice in this state to prevent or treat disease, disability or other adverse conditions or their progression or to prolong life.
   (b) Does not include services that are experimental or investigational or prescriptions that are prescribed off label.

9. "Medication-assisted treatment" has the same meaning prescribed in section 32-3201.01.

10. "Prior authorization requirement":
    (a) Means a practice implemented by a health care services plan or its utilization review agent in which coverage of a health care service is dependent on an enrollee or a provider obtaining approval from the health care services plan before the service is performed, received or prescribed, as applicable.
    (b) Includes preadmission review, pretreatment review, prospective review or utilization review procedures conducted by a health care services plan or its utilization review agent before providing a health care service.
    (c) Does not include case management or step therapy protocols.

11. "Provider" means a physician, health care institution or other person or entity that is licensed or otherwise authorized to furnish health care services in this state.

12. "Urgent health care service" means a health care service with respect to which the application of the time periods for making a nonexpedited prior authorization decision, in the opinion of a provider with knowledge of the enrollee's medical condition, could either:
    (a) Seriously jeopardize the life or health of the enrollee or the ability of the enrollee to regain maximum function.
    (b) Subject the enrollee to severe pain that cannot be adequately managed without the care or treatment that is the subject of the utilization review.

20-3402. Prior authorization; exceptions

A. A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT MAY IMPOSE A PRIOR AUTHORIZATION REQUIREMENT FOR HEALTH CARE SERVICES PROVIDED TO AN ENROLLEE, EXCEPT FOR EMERGENCY AMBULANCE SERVICES AND EMERGENCY SERVICES AS SPECIFIED IN SECTION 20-2803, HEALTH CARE SERVICES ARISING AFTER THE INITIAL MEDICAL SCREENING EXAMINATION AND IMMEDIATELY NECESSARY STABILIZING TREATMENT AS SPECIFIED IN SECTION 20-2803.

B. A HEALTH CARE SERVICES PLAN MUST ALLOW AT LEAST ONE MODALITY OF MEDICATION-ASSISTED TREATMENT TO BE AVAILABLE WITHOUT PRIOR AUTHORIZATION.

20-3403. Prior authorization requirements; disclosures;

access

A. IF A HEALTH CARE SERVICES PLAN CONTAINS A PRIOR AUTHORIZATION REQUIREMENT, ALL OF THE FOLLOWING APPLY:

1. THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL MAKE AVAILABLE TO ALL PROVIDERS ON ITS WEBSITE OR PROVIDER PORTAL A LISTING OF ALL PRIOR AUTHORIZATION REQUIREMENTS. THE LISTING SHALL CLEARLY IDENTIFY THE SPECIFIC HEALTH CARE SERVICES, DRUGS OR DEVICES TO WHICH A PRIOR AUTHORIZATION REQUIREMENT EXISTS, INCLUDING SPECIFIC INFORMATION OR DOCUMENTATION THAT A PROVIDER MUST SUBMIT IN ORDER FOR THE PRIOR AUTHORIZATION REQUEST TO BE CONSIDERED COMPLETE.

2. THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL ALLOW PROVIDERS TO ACCESS THE PRIOR AUTHORIZATION REQUEST FORM THROUGH THE APPLICABLE ELECTRONIC SOFTWARE SYSTEM.

3. BEGINNING JANUARY 1, 2020, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL ACCEPT PRIOR AUTHORIZATION REQUESTS THROUGH A SECURE ELECTRONIC TRANSMISSION.

4. THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL PROVIDE AT LEAST TWO FORMS OF ACCESS TO REQUEST A PRIOR AUTHORIZATION INCLUDING TELEPHONE, FAX OR ELECTRONIC MEANS AND SHALL HAVE EMERGENCY AFTER-HOURS PROCEDURES.

B. BEGINNING JANUARY 1, 2020, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL ACCEPT AND RESPOND TO PRIOR AUTHORIZATION REQUESTS FOR PRESCRIPTION BENEFITS THROUGH A SECURE ELECTRONIC TRANSMISSION.

C. BEGINNING JANUARY 1, 2020, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT MAY ENTER INTO A CONTRACTUAL ARRANGEMENT WITH A PROVIDER UNDER WHICH THE PLAN AGREES TO PROCESS AND RESPOND TO PRIOR AUTHORIZATION REQUESTS THAT ARE NOT SUBMITTED ELECTRONICALLY BECAUSE OF THE FINANCIAL HARDSHIP THAT ELECTRONIC SUBMISSION OF PRIOR AUTHORIZATION REQUESTS WOULD CREATE FOR THE PROVIDER OR BECAUSE INTERNET CONNECTIVITY IS LIMITED OR UNAVAILABLE WHERE THE PROVIDER IS LOCATED.
20-3404. **Prior authorization requirement timelines**

A. IF A PLAN OFFERED BY A HEALTH CARE SERVICES PLAN CONTAINS A PRIOR AUTHORIZATION REQUIREMENT, ALL OF THE FOLLOWING APPLY:

1. FOR PRIOR AUTHORIZATION REQUESTS CONCERNING URGENT HEALTH CARE SERVICES, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL NOTIFY THE PROVIDER OF THE PRIOR AUTHORIZATION OR ADVERSE DETERMINATION NOT LATER THAN FIVE DAYS AFTER THE RECEIPT OF ALL NECESSARY INFORMATION TO SUPPORT THE PRIOR AUTHORIZATION REQUEST.

2. FOR PRIOR AUTHORIZATION REQUESTS CONCERNING HEALTH CARE SERVICES THAT ARE NOT URGENT HEALTH CARE SERVICES, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL NOTIFY THE PROVIDER OF THE PRIOR AUTHORIZATION OR ADVERSE DETERMINATION NOT LATER THAN FOURTEEN DAYS AFTER RECEIPT OF ALL NECESSARY INFORMATION TO SUPPORT THE PRIOR AUTHORIZATION REQUEST.

3. ON RECEIPT OF INFORMATION FROM THE PROVIDER IN SUPPORT OF A PRIOR AUTHORIZATION REQUEST, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL PROVIDE A RECEIPT IN THE SAME FORMAT THAT THE REQUEST WAS MADE TO THE PROVIDER ACKNOWLEDGING THAT THE INFORMATION WAS RECEIVED, UNLESS THE NECESSARY RETURN CONTACT INFORMATION IS NOT PROVIDED.

B. THE NOTIFICATION REQUIRED UNDER SUBSECTION A OF THIS SECTION SHALL STATE WHETHER THE PRIOR AUTHORIZATION REQUEST IS APPROVED, DENIED OR INCOMPLETE. IF THE PRIOR AUTHORIZATION REQUEST IS DENIED, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL STATE THE SPECIFIC REASON FOR THE DENIAL. FOR A REQUEST THAT IS CONSIDERED INCOMPLETE, THE PROVIDER SHALL HAVE THE OPPORTUNITY TO SUBMIT ADDITIONAL INFORMATION. ONCE THE PROVIDER SUBMITS ADDITIONAL INFORMATION ON INCOMPLETE REQUESTS, THE HEALTH CARE SERVICES PLAN HAS FIVE DAYS TO REVIEW AND RESPOND TO REQUESTS FOR HEALTH CARE SERVICES DEEMED URGENT AND FOURTEEN DAYS TO REVIEW AND RESPOND TO REQUESTS FOR HEALTH CARE SERVICES DEEMED NOT URGENT.

C. A PRIOR AUTHORIZATION REQUEST IS DEEMED GRANTED IF A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT FAILS TO COMPLY WITH THE DEADLINES AND NOTIFICATION REQUIREMENTS OF THIS SECTION.

D. A PRIOR AUTHORIZATION REQUEST, ONCE GRANTED OR DEEMED GRANTED, IS BINDING ON THE HEALTH CARE SERVICES PLAN, MAY BE RELIED ON BY THE ENROLLEE AND PROVIDER AND MAY NOT BE RESCinded OR MODIFIED BY A HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT AFTER THE PROVIDER RENDERS THE AUTHORIZED HEALTH CARE SERVICES IN GOOD FAITH AND PURSUANT TO THE AUTHORIZATION UNLESS THERE IS EVIDENCE OF FRAUD OR MISREPRESENTATION BY THE PROVIDER.

E. ON A DENIAL OF A PRIOR AUTHORIZATION REQUEST, THE ENROLLEE AND THE PROVIDER MAY EXERCISE THE REVIEW AND APPEAL RIGHTS SPECIFIED IN CHAPTER 15, ARTICLE 2 OF THIS TITLE.
20-3405. Prior authorization of prescription drugs for chronic pain conditions

A. FOR A PRIOR AUTHORIZATION REQUEST RELATED TO A CHRONIC PAIN CONDITION, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT SHALL HONOR A PRIOR AUTHORIZATION THAT IS GRANTED FOR AN APPROVED PRESCRIPTION DRUG FOR THE EARLIEST OF THE FOLLOWING:

1. SIX MONTHS AFTER THE DATE OF THE PRIOR AUTHORIZATION APPROVAL.
2. THE LAST DAY OF THE ENROLLEE'S COVERAGE UNDER THE PLAN.

B. IN RELATION TO A PRIOR AUTHORIZATION DESCRIBED IN SUBSECTION A OF THIS SECTION, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT MAY REQUEST THAT THE PROVIDER SUBMIT INFORMATION TO THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT INDICATING THAT THE ENROLLEE'S CHRONIC PAIN CONDITION HAS NOT CHANGED AND THAT THE CONTINUATION OF THE TREATMENT IS NOT NEGATIVELY IMPACTING THE ENROLLEE'S HEALTH. IF THE PROVIDER DOES NOT RESPOND WITHIN FIVE BUSINESS DAYS AFTER THE DATE ON WHICH THE REQUEST WAS RECEIVED, THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT MAY TERMINATE THE PRIOR AUTHORIZATION.

C. THIS SECTION DOES NOT APPLY TO:

1. PRESCRIPTION MEDICATIONS IF THE UNITED STATES FOOD AND DRUG ADMINISTRATION RECOMMENDS THAT THE DRUG BE USED ONLY FOR PERIODS OF LESS THAN SIX MONTHS.
2. ANY OPIOID OR BENZODIAZEPINE OR OTHER SCHEDULE I OR II CONTROLLED SUBSTANCE.

D. THIS SECTION DOES NOT PROHIBIT THE SUBSTITUTION OF ANY DRUG THAT HAS RECEIVED A SIX-MONTH PRIOR AUTHORIZATION UNDER SUBSECTION A OF THIS SECTION WHEN THERE IS A RELEASE OF A UNITED STATES FOOD AND DRUG ADMINISTRATION-APPROVED COMPARABLE BRAND PRODUCT OR A GENERIC COUNTERPART OF A BRAND PRODUCT THAT IS LISTED AS THERAPEUTICALLY EQUIVALENT IN THE UNITED STATES FOOD AND DRUG ADMINISTRATION'S PUBLICATION TITLED APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS.

E. THIS SECTION DOES NOT PROHIBIT A HEALTH CARE SERVICES PLAN FROM GRANTING A PRIOR AUTHORIZATION FOR A DURATION LONGER THAN SIX MONTHS.

Sec. 10. Section 32-854.01, Arizona Revised Statutes, is amended to read:

32-854.01. Unprofessional conduct

Unprofessional conduct includes the following conduct, whether it occurs in this state or elsewhere:

1. Requesting, listing, accepting or receiving any rebate or commission for prescribing or recommending any footwear, drug, medicine, or other article to the licensee's patients.
2. Prescribing, dispensing or pretending to use, in treating any patient, any secret remedial agent, or manifesting or promoting its use in any way, or guaranteeing or implying to guarantee any treatment, therapy or remedy.
3. Representing that a disease or infirmity can be permanently
cured, or that any disease, ailments AILMENT or infirmities INFIRMITY can
be cured by a secret method, procedure, treatment, medicine or devices
DEVICE, if this is not true.

4. Practicing podiatry under a trade name, under the name of
another podiatrist, under any other name than that which appears on the
practitioner's license, or under any title that misrepresents the practice
of podiatry.

5. Advertising in a false, deceptive or misleading manner or
advertising the quality of podiatric service.

6. Employing a solicitor to obtain business.

7. Fee splitting under any guise whatsoever.

8. Failing to report as required in section 32-852.01,
subsection A.

9. Failing to obtain written informed consent from a patient before
the licensee performs any surgical procedure on the patient.

10. Committing a felony, whether or not involving moral turpitude,
or a misdemeanor involving moral turpitude. In either case, conviction by
any court of competent jurisdiction is conclusive evidence that the
licensee committed the crime.

11. Failing or refusing to maintain adequate records on a patient
for at least seven years or failing or refusing to make the records
available to a physician or another podiatrist within twenty-one days
after request and receipt of proper authorization.

12. Habitual intemperance in the use of alcohol or habitual
substance abuse.

13. Use of controlled substances or prescription-only drugs
except if provided by a physician for use during a prescribed lawful
course of treatment.

14. Prescribing controlled substances to members of the
podiatrist's immediate family.

15. Providing any controlled substance or prescription-only drug
for other than accepted therapeutic purposes.

16. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN
OPIOID.

17. COMMITTING gross malpractice, repeated malpractice or any
malpractice resulting in the death of a patient.

18. Refusing to divulge to the board on demand the means,
method, procedure, modality of treatment or medicine used in the treatment
of a disease, injury, ailment or infirmity.

19. Violating any federal or state law applicable to the
practice of podiatry.

20. HAVING the refusal, revocation or suspension of a
LICENSEE'S license REFUSED, REVOKED OR SUSPENDED by any other licensing
jurisdiction for inability to safely and skillfully practice podiatry or
for unprofessional conduct as defined by that jurisdiction that directly
or indirectly corresponds to any act of unprofessional conduct as
prescribed by this section or any act under section 32-852.

21. COMMITTING any conduct or practice that is or might be
harmful or dangerous to the health of the patient.

22. Violating any formal order, probation or stipulation
issued by the board pursuant to this chapter.

23. Violating or attempting to violate, directly or
indirectly, or assisting in or abetting the violation of or conspiring to
violate any provision of this chapter.

24. Charging or collecting a clearly excessive fee. In
determining the reasonableness of a fee, the fee customarily charged in
the locality for similar services shall be considered in light of
modifying factors, such as the time required, the complexity of the
service and the skill requisite to perform the service properly. This
paragraph does not apply if there is a clear written contract for a fixed
fee between the podiatrist and the patient that has been entered into
before the licensee provides the service.

25. Obtaining a fee by fraud, deceit or misrepresentation.

26. Charging a fee for services not rendered.

27. Failing to dispense drugs and devices in compliance with
article 4 of this chapter.

Sec. 11. Section 32-871, Arizona Revised Statutes, is amended to
read:

32-871. Dispensing of drugs and devices; conditions; civil
penalty; definition

A. A podiatrist may dispense drugs, EXCEPT SCHEDULE II CONTROLLED
SUBSTANCES THAT ARE OPIOIDS, and devices kept by the podiatrist if:

1. All drugs are dispensed in packages labeled with the following
information:
   (a) The dispensing podiatrist's name, address and telephone number.
   (b) The date the drug is dispensed.
   (c) The patient's name.
   (d) The name and strength of the drug, directions for its use and
      any cautionary statements.

2. The dispensing podiatrist enters into the patient's medical
record the name and strength of the drug dispensed, the date the drug is
dispensed and the therapeutic reason.

3. The dispensing podiatrist keeps all drugs in a locked cabinet or
room, controls access to the cabinet or room by a written procedure and
maintains an ongoing inventory of its contents.

B. Except in an emergency situation, a podiatrist who dispenses
drugs for a profit without being registered by the board to do so is
subject to a civil penalty by the board of not less than three hundred
dollars and not more than one thousand dollars for each transaction and is
prohibited from further dispensing for a period of time as prescribed by
the board.

C. Prior to BEFORE dispensing a drug pursuant to this section, the
patient shall be given a written prescription on which appears the
following statement in bold type: "This prescription may be filled by the
prescribing podiatrist or by a pharmacy of your choice."

D. A podiatrist shall dispense for profit only to his THE
PODIATRIST'S own patient and only for conditions being treated by that
podiatrist. The podiatrist shall provide direct supervision of a nurse or
attendant involved in the dispensing process. FOR THE PURPOSES OF this
subsection, "direct supervision" means that a podiatrist is present and
makes the determination as to the legitimacy or the advisability of the
drugs or devices to be dispensed.

E. This section shall be enforced by the board, which shall
establish rules regarding labeling, record keeping RECORDKEEPING, storage
and packaging of drugs that are consistent with the requirements of
chapter 18 of this title. The board may conduct periodic inspections of
dispensing practices to assure ENSURE compliance with this section and
applicable rules.

F. For the purposes of this section, "dispense" means the delivery
by a podiatrist of a prescription drug or device to a patient, except for
samples packaged for individual use by licensed manufacturers or
repackagers of drugs, and includes the prescribing, administering,
packaging, labeling and security necessary to prepare and safeguard the
drug or device for delivery.

Sec. 12. Section 32-1201.01, Arizona Revised Statutes, is amended
to read:

32-1201.01. Definition of unprofessional conduct
For the purposes of this chapter, "unprofessional conduct" means the
following acts, whether occurring in this state or elsewhere:

1. Intentional betrayal of INTENTIONALLY BETRAYING a professional
confidence or intentional violation of INTENTIONALLY VIOLATING a
privileged communication except as either of these may otherwise be
required by law. This paragraph does not prevent members of the board
from the full and free exchange of information with the licensing and
disciplinary boards of other states, territories or districts of the
United States or foreign countries, with the Arizona state dental
association or any of its component societies or with the dental societies
of other states, counties, districts, territories or foreign countries.

2. Using controlled substances as defined in section 36-2501,
narcotic drugs, dangerous drugs or marijuana as defined in section
13-3401, or hypnotic drugs, including acetylucrea derivatives, barbituric
acid derivatives, chloral, paraldehyde, phenylhydantoin derivatives,
sulfonmethane derivatives or any compounds, mixtures or preparations that
may be used for producing hypnotic effects, or alcohol to the extent that
it affects the ability of the dentist, denturist or dental hygienist to practice that person's profession.

3. Prescribing, dispensing or using drugs for other than accepted dental therapeutic purposes or for other than medically indicated supportive therapy in conjunction with managing a patient's dental needs.

4. COMMITTING gross malpractice or repeated acts constituting malpractice.

5. Acting or assuming to act as a member of the board if this is not true.

6. Procuring or attempting to procure a certificate of the national board of dental examiners or a license to practice dentistry or dental hygiene by fraud or misrepresentation or by knowingly taking advantage of the mistake of another.

7. Having professional connection with or lending one's name to an illegal practitioner of dentistry or any of the other healing arts.

8. Representing that a manifestly not correctable condition, disease, injury, ailment or infirmity can be permanently corrected, or that a correctable condition, disease, injury, ailment or infirmity can be corrected within a stated time, if this is not true.

9. Offering, undertaking or agreeing to correct, cure or treat a condition, disease, injury, ailment or infirmity by a secret means, method, device or instrumentality.

10. Refusing to divulge to the board, on reasonable notice and demand, the means, method, device or instrumentality used in the treatment of a condition, disease, injury, ailment or infirmity.

11. Dividing a professional fee or offering, providing or receiving any consideration for patient referrals among or between dental care providers or dental care institutions or entities. This paragraph does not prohibit the division of fees among licensees who are engaged in a bona fide employment, partnership, corporate or contractual relationship for the delivery of professional services.

12. Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of dentistry.

13. Refusal, revocation or suspension of HAVING a license REFUSED, REVOKED OR SUSPENDED or any other disciplinary action taken against a dentist by, or the voluntary surrender of VOLUNTARILY SURRENDERING a license in lieu of disciplinary action to, any other state, territory, district or country, unless the board finds that this action was not taken for reasons that relate to the person's ability to safely and skillfully practice dentistry or to any act of unprofessional conduct.

14. COMMITTING any conduct or practice that constitutes a danger to the health, welfare or safety of the patient or the public.

15. Obtaining a fee by fraud or misrepresentation, or wilfully or intentionally filing a fraudulent claim with a third party for services rendered or to be rendered to a patient.
16. COMMITTING repeated irregularities in billing.

17. Employing unlicensed persons to perform or aiding and abetting unlicensed persons in the performance of work that can be done legally only by licensed persons.

18. Practicing dentistry under a false or assumed name in this state, other than as allowed by section 32-1262.

19. Wilfully or intentionally causing or permitting supervised personnel or auxiliary personnel operating under the licensee's supervision to commit illegal acts or perform an act or operation other than that permitted under article 4 of this chapter and rules adopted by the board pursuant to section 32-1282.

20. COMMITTING the following advertising practices:
   (a) the publication PUBLISHING or circulation CIRCULATING, directly or indirectly, of any false, fraudulent or misleading statements concerning the skill, methods or practices of the licensee or of any other person.
   (b) Advertising in any manner that tends to deceive or defraud the public.

21. Failing to dispense drugs and devices in compliance with article 6 of this chapter.

22. Failing to comply with a board order, including an order of censure or probation.

23. Failing to comply with a board subpoena in a timely manner.

24. Failing or refusing to maintain adequate patient records.

25. Failing to allow properly authorized board personnel, on demand, to inspect the place of practice and examine and have access to documents, books, reports and records maintained by the licensee or certificate holder that relate to the dental practice or dental-related activity.

26. Refusing to submit to a body fluid examination as required through a monitored treatment program or pursuant to a board investigation into a licensee's or certificate holder's alleged substance abuse.

27. Failing to inform a patient of the type of material the dentist will use in the patient's dental filling and the reason why the dentist is using that particular filling.

28. Failing to report in writing to the board any evidence that a dentist, denturist or dental hygienist is or may be:
   (a) Professionally incompetent.
   (b) Engaging in unprofessional conduct.
   (c) Impaired by drugs or alcohol.
   (d) Mentally or physically unable to safely engage in the activities of a dentist, denturist or dental hygienist pursuant to this chapter.

29. Filing a false report pursuant to paragraph 28 of this section.
30. Practicing dentistry, dental hygiene or denturism in a business entity that is not registered with the board as required by section 32-1213.

31. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID.

Sec. 13. Section 32-1298, Arizona Revised Statutes, is amended to read:

32-1298. Dispensing of drugs and devices; conditions; civil penalty; definition

A. A dentist may dispense drugs, EXCEPT SCHEDULE II CONTROLLED SUBSTANCES THAT ARE OPIOIDS, and devices kept by the dentist if:

1. All drugs are dispensed in packages labeled with the following information:
   (a) The dispensing dentist's name, address and telephone number.
   (b) The date the drug is dispensed.
   (c) The patient's name.
   (d) The name and strength of the drug, directions for its use and any cautionary statements.

2. The dispensing dentist enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.

3. The dispensing dentist keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

B. Except in an emergency situation, a dentist who dispenses drugs for a profit without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

C. Prior to dispensing a drug pursuant to this section, the patient shall be given a written prescription on which appears the following statement in bold type: "This prescription may be filled by the prescribing dentist or by a pharmacy of your choice."

D. A dentist shall dispense for profit only to his own patient and only for conditions being treated by that dentist. The dentist shall provide direct supervision of an attendant involved in the dispensing process. FOR THE PURPOSES OF this subsection, "direct supervision" means that a dentist is present and makes the determination as to the legitimacy or advisability of the drugs or devices to be dispensed.

E. This section shall be enforced by the board, which shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of
dispensing practices to assure ENSURE compliance with this section and applicable rules.

F. For the purposes of this section, "dispense" means the delivery by a dentist of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

Sec. 14. Section 32-1401, Arizona Revised Statutes, is amended to read:

32-1401. Definitions

In this chapter, unless the context otherwise requires:

1. "Active license" means a valid and existing license to practice medicine.

2. "Adequate records" means legible medical records, produced by hand or electronically, containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment.

3. "Advisory letter" means a nondisciplinary letter to notify a licensee that either:
   (a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee.
   (b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
   (c) While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.

4. "Approved hospital internship, residency or clinical fellowship program" means a program at a hospital that at the time the training occurred was legally incorporated and that had a program that was approved for internship, fellowship or residency training by the accreditation council for graduate medical education, the association of American medical colleges, the royal college of physicians and surgeons of Canada or any similar body in the United States or Canada approved by the board whose function is that of approving hospitals for internship, fellowship or residency training.

5. "Approved school of medicine" means any school or college offering a course of study that, on successful completion, results in the degree of doctor of medicine and whose course of study has been approved
or accredited by an educational or professional association, recognized by
the board, including the association of American medical colleges, the
association of Canadian medical colleges or the American medical
association.

6. "Board" means the Arizona medical board.

7. "Completed application" means that the applicant has supplied
all required fees, information and correspondence requested by the board
on forms and in a manner acceptable to the board.

8. "Direct supervision" means that a physician, physician assistant
licensed pursuant to chapter 25 of this title or nurse practitioner
certified pursuant to chapter 15 of this title is within the same room or
office suite as the medical assistant in order to be available for
consultation regarding those tasks the medical assistant performs pursuant
to section 32-1456.

9. "Dispense" means the delivery by a doctor of medicine of a
prescription drug or device to a patient, except for samples packaged for
individual use by licensed manufacturers or repackagers of drugs, and
includes the prescribing, administering, packaging, labeling and security
necessary to prepare and safeguard the drug or device for delivery.

10. "Doctor of medicine" means a natural person holding a license,
registration or permit to practice medicine pursuant to this chapter.

11. "Full-time faculty member" means a physician who is employed
full time as a faculty member while holding the academic position of
assistant professor or a higher position at an approved school of
medicine.

12. "Health care institution" means any facility as defined in
section 36-401, any person authorized to transact disability insurance, as
defined in title 20, chapter 6, article 4 or 5, any person who is issued a
certificate of authority pursuant to title 20, chapter 4, article 9 or any
other partnership, association or corporation that provides health care to
consumers.

13. "Immediate family" means the spouse, natural or adopted
children, father, mother, brothers and sisters of the doctor and the
natural or adopted children, father, mother, brothers and sisters of the
doctor's spouse.

14. "Letter of reprimand" means a disciplinary letter that is
issued by the board and that informs the physician that the physician's
conduct violates state or federal law and may require the board to monitor
the physician.

15. "Limit" means taking a nondisciplinary action that alters the
physician's practice or professional activities if the board determines
that there is evidence that the physician is or may be mentally or
physically unable to safely engage in the practice of medicine.

16. "Medical assistant" means an unlicensed person who meets the
requirements of section 32-1456, has completed an education program
approved by the board, assists in a medical practice under the supervision of a doctor of medicine, physician assistant or nurse practitioner and performs delegated procedures commensurate with the assistant's education and training but does not diagnose, interpret, design or modify established treatment programs or perform any functions that would violate any statute applicable to the practice of medicine.

17. "Medically incompetent" means a person who the board determines is incompetent based on a variety of factors, including:
(a) A lack of sufficient medical knowledge or skills, or both, to a degree likely to endanger the health of patients.
(b) When considered with other indications of medical incompetence, failing to obtain a scaled score of at least seventy-five percent on the written special purpose licensing examination.

18. "Medical peer review" means:
(a) The participation by a doctor of medicine in the review and evaluation of the medical management of a patient and the use of resources for patient care.
(b) Activities relating to a health care institution's decision to grant or continue privileges to practice at that institution.

19. "Medicine" means allopathic medicine as practiced by the recipient of a degree of doctor of medicine.

20. "Office based surgery" means a medical procedure conducted in a physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center.

21. "Physician" means a doctor of medicine who is licensed pursuant to this chapter.

22. "Practice of medicine" means the diagnosis, the treatment or the correction of or the attempt or the claim to be able to diagnose, treat or correct any and all human diseases, injuries, ailments, infirmities or deformities, physical or mental, real or imaginary, by any means, methods, devices or instrumentalities, except as the same may be among the acts or persons not affected by this chapter. The practice of medicine includes the practice of medicine alone or the practice of surgery alone, or both.

23. "Restrict" means taking a disciplinary action that alters the physician's practice or professional activities if the board determines that there is evidence that the physician is or may be medically incompetent or guilty of unprofessional conduct.

24. "Special purpose licensing examination" means an examination that is developed by the national board of medical examiners on behalf of the federation of state medical boards for use by state licensing boards to test the basic medical competence of physicians who are applying for licensure and who have been in practice for a considerable period of time in another jurisdiction and to determine the competence of a physician who is under investigation by a state licensing board.
25. "Teaching hospital's accredited graduate medical education program" means that the hospital is incorporated and has an internship, fellowship or residency training program that is accredited by the accreditation council for graduate medical education, the American medical association, the association of American medical colleges, the royal college of physicians and surgeons of Canada or a similar body in the United States or Canada that is approved by the board and whose function is that of approving hospitals for internship, fellowship or residency training.

26. "Teaching license" means a valid license to practice medicine as a full-time faculty member of an approved school of medicine or a teaching hospital's accredited graduate medical education program.

27. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:
   (a) Violating any federal or state laws, rules or regulations applicable to the practice of medicine.
   (b) Intentionally disclosing a professional secret or intentionally disclosing a privileged communication except as either act may otherwise be required by law.
   (c) COMMITTING false, fraudulent, deceptive or misleading advertising by a doctor of medicine or the doctor's staff, employer or representative.
   (d) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by any court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
   (e) Failing or refusing to maintain adequate records on a patient.
   (f) EXHIBITING a pattern of using or being under the influence of alcohol or drugs or a similar substance while practicing medicine or to the extent that judgment may be impaired and the practice of medicine detrimentally affected.
   (g) Using controlled substances except if prescribed by another physician for use during a prescribed course of treatment.
   (h) Prescribing or dispensing controlled substances to members of the physician's immediate family.
   (i) Prescribing, dispensing or administering schedule II controlled substances as defined in section 36-2513, including amphetamines and similar schedule II sympathomimetic drugs in the treatment of exogenous obesity for a period in excess of thirty days in any one year, or the nontherapeutic use of injectable amphetamines.
   (j) Prescribing, dispensing or administering any controlled substance or prescription-only drug for other than accepted therapeutic purposes.
   (k) DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID.
(l) Signing a blank, undated or predated prescription form.
(m) COMMITTING conduct that the board determines is gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
(n) Representing that a manifestly incurable disease or infirmity can be permanently cured, or that any disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if this is not true.
(o) Refusing to divulge to the board on demand the means, method, procedure, modality of treatment or medicine used in the treatment of a disease, injury, ailment or infirmity.
(p) HAVING action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine or the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.
(q) HAVING sanctions imposed by an agency of the federal government, including restricting, suspending, limiting or removing a person from the practice of medicine or restricting that person's ability to obtain financial remuneration.
(r) COMMITTING any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.
(s) Violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.
(t) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision of this chapter.
(u) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or if applying for privileges or renewing an application for privileges at a health care institution.
(v) Charging a fee for services not rendered or dividing a professional fee for patient referrals among health care providers or health care institutions or between these providers and institutions or a contractual arrangement that has the same effect. This subdivision does not apply to payments from a medical researcher to a physician in connection with identifying and monitoring patients for a clinical trial regulated by the United States food and drug administration.
(w) Obtaining a fee by fraud, deceit or misrepresentation.
(w) Charging or collecting a clearly excessive fee. In determining whether a fee is clearly excessive, the board shall consider the fee or range of fees customarily charged in this state for similar services in light of modifying factors such as the time required, the complexity of the service and the skill requisite to perform the service properly. This subdivision does not apply if there is a clear written contract for a fixed fee between the physician and the patient that has been entered into before the provision of the service.

(y) COMMITTING conduct that is in violation of section 36-2302.

(z) The use of experimental forms of diagnosis and treatment without adequate informed patient consent, and without conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee as approved by the United States food and drug administration or its successor agency.

(aa) Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee. For the purposes of this subdivision, “sexual conduct” includes:

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

(ii) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical contact of a sexual nature.

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

(bb) Procuring or attempting to procure a license to practice medicine or a license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency.

(cc) Representing or claiming to be a medical specialist if this is not true.

(dd) Maintaining a professional connection with or lending one's name to enhance or continue the activities of an illegal practitioner of medicine.

(ee) Failing to furnish information in a timely manner to the board or the board's investigators or representatives if legally requested by the board.

(ff) Failing to allow properly authorized board personnel on demand to examine and have access to documents, reports and records maintained by the physician that relate to the physician's medical practice or medically related activities.
(ff) Knowingly failing to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the doctor has a direct financial interest in a separate diagnostic or treatment agency or in nonroutine goods or services that the patient is being prescribed if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one doctor of medicine to another doctor of medicine within a group of doctors of medicine practicing together.

(hh) Using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy, with the exception of treatment of heavy metal poisoning, without:

(i) Adequate informed patient consent.

(ii) Conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee.

(iii) Approval by the United States food and drug administration or its successor agency.

(ii) Prescribing, dispensing or administering anabolic-androgenic steroids to a person for other than therapeutic purposes.

(jj) EXHIBITING A lack of or inappropriate direction, collaboration or direct supervision of a medical assistant or a licensed, certified or registered health care provider employed by, supervised by or assigned to the physician.

(kk) Knowingly making a false or misleading statement to the board or on a form required by the board or in a written correspondence, including attachments, with the board.

(ll) Failing to dispense drugs and devices in compliance with article 6 of this chapter.

(mm) COMMITTING conduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.

(nn) The MAKING A representation by a doctor of medicine or the doctor’s staff, employer or representative that the doctor is boarded or board certified if this is not true or the standing is not current or without supplying the full name of the specific agency, organization or entity granting this standing.

(oo) Refusing to submit to a body fluid examination or any other examination known to detect the presence of alcohol or other drugs as required by the board pursuant to section 32-1452 or pursuant to a board investigation into a doctor of medicine’s alleged substance abuse.

(pp) Failing to report in writing to the Arizona medical board or the Arizona regulatory board of physician assistants any evidence that a doctor of medicine or a physician assistant is or may be medically
incompetent, guilty of unprofessional conduct or mentally or physically unable to safely practice medicine or to perform as a physician assistant.

(pp) The failure of a physician who is the chief executive officer, the medical director or the medical chief of staff of a health care institution, FAILING to report in writing to the board that the hospital privileges of a doctor of medicine have been denied, revoked, suspended, supervised or limited because of actions by the doctor that appear to show that the doctor is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be unable to engage safely in the practice of medicine.

(rr) Claiming to be a current member of the board or its staff or a board medical consultant if this is not true.

(ss) Failing to make patient medical records in the physician's possession promptly available to a physician assistant, a nurse practitioner, a person licensed pursuant to this chapter or a podiatrist, chiropractor, naturopathic physician, osteopathic physician or homeopathic physician licensed under chapter 7, 8, 14, 17 or 29 of this title on receipt of proper authorization to do so from the patient, a minor patient's parent, the patient's legal guardian or the patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.

(tt) Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical or mental health status examination of that person or has previously established a doctor-patient relationship. The physical or mental health status examination may be conducted during a real-time telemedicine encounter with audio and video capability, unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This subdivision does not apply to:

(i) A physician who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.

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

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

(iv) Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs or emergency treatment or in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism. For the purposes of this item, "bioterrorism" has the same meaning prescribed in section 36-781.

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

(vi) Prescriptions written or prescription medications issued for administration of immunizations or vaccines listed in the United States centers for disease control and prevention's recommended immunization schedule to a household member of a patient. 

(vii) Prescriptions for epinephrine auto-injectors written or dispensed for a school district or charter school to be stocked for emergency use pursuant to section 15-157 or for an authorized entity to be stocked pursuant to section 36-2226.01. 

(viii) Prescriptions written by a licensee through a telemedicine program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center. 

(ix) Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that are written or dispensed for use pursuant to section 36-2228 or 36-2266. 

(uu) Performing office based surgery using sedation in violation of board rules. 

(vv) Practicing medicine under a false or assumed name in this state. 

Sec. 15. Section 32-1451.04, Arizona Revised Statutes, is amended to read: 

32-1451.04. Burden of proof 
Except for disciplinary matters brought pursuant to section 32-1401, paragraph 27, subdivision (aa), the board has the burden of proof by clear and convincing evidence for disciplinary matters brought pursuant to this chapter. 

Sec. 16. Section 32-1491, Arizona Revised Statutes, is amended to read: 

32-1491. Dispensing of drugs and devices; exception; civil penalty; conditions; definition 
A. EXCEPT AS PROVIDED IN SUBSECTION B OF THIS SECTION, a doctor of medicine may dispense drugs and devices kept by the doctor if: 

1. All drugs are dispensed in packages labeled with the following information: 
   (a) The dispensing doctor's name, address and telephone number. 
   (b) The date the drug is dispensed. 
   (c) The patient's name. 
   (d) The name and strength of the drug, directions for its use and any cautionary statements. 

2. The dispensing doctor enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.
3. The dispensing doctor keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

4. The doctor registers with the board to dispense drugs and devices and pays the registration fee prescribed by section 32-1436.

B. A DOCTOR OF MEDICINE MAY NOT DISPENSE A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID, EXCEPT FOR AN OPIOID THAT IS FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

C. Except in an emergency situation, a doctor who dispenses drugs without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

D. Before a physician dispenses a drug pursuant to this section, the physician shall give the patient a prescription and inform the patient that the prescription may be filled by the prescribing physician or by a pharmacy of the patient's choice.

E. A doctor shall dispense only to the doctor's own patient and only for conditions being treated by that doctor. The doctor shall provide direct supervision of a medical assistant, nurse or attendant involved in the dispensing process. FOR THE PURPOSES OF this subsection, "direct supervision" means that a doctor is present and makes the determination as to the legitimacy or the advisability of the drugs or devices to be dispensed.

F. This section shall be enforced by the board, which shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic reviews of dispensing practices to ensure compliance with this section and applicable rules.

G. For the purposes of this section, "dispense" means the delivery by a doctor of medicine of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

Sec. 17. Section 32-1606, Arizona Revised Statutes, is amended to read:

32-1606. Powers and duties of board
A. The board may:
1. Adopt and revise rules necessary to carry into effect this chapter.
2. Publish advisory opinions regarding registered and practical nursing practice and nursing education.
3. Issue limited licenses or certificates if it determines that an applicant or licensee cannot function safely in a specific setting or within the full scope of practice.

4. Refer criminal violations of this chapter to the appropriate law enforcement agency.

5. Establish a confidential program for the monitoring of licensees who are chemically dependent and who enroll in rehabilitation programs that meet the criteria established by the board. The board may take further action if the licensee refuses to enter into a stipulated agreement or fails to comply with its terms. In order to protect the public health and safety, the confidentiality requirements of this paragraph do not apply if the licensee does not comply with the stipulated agreement.

6. On the applicant's or regulated party's request, establish a payment schedule with the applicant or regulated party.

7. Provide education regarding board functions.

8. Collect or assist in the collection of workforce data.


10. Grant retirement status on request to retired nurses who are or were licensed under this chapter, who have no open complaint or investigation pending against them and who are not subject to discipline.

11. Accept and spend federal monies and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These monies do not revert to the state general fund at the end of the fiscal year.

B. The board shall:

1. Approve regulated training and educational programs that meet the requirements of this chapter and rules adopted by the board.

2. By rule, establish approval and reapproval processes for nursing and nursing assistant training programs that meet the requirements of this chapter and board rules.

3. Prepare and maintain a list of approved nursing programs for the preparation of registered and practical nurses whose graduates are eligible for licensing under this chapter as registered nurses or as practical nurses if they satisfy the other requirements of this chapter and board rules.

4. Examine qualified registered and practical nurse applicants.

5. License and renew the licenses of qualified registered and practical nurse applicants and licensed nursing assistants who are not qualified to be licensed by the executive director.

6. Adopt a seal, which the executive director shall keep.

7. Keep a record of all proceedings.
8. For proper cause, deny or rescind approval of a regulated training or educational program for failure to comply with this chapter or the rules of the board.

9. Adopt rules for the approval of credential evaluation services that evaluate the qualifications of applicants who graduated from an international nursing program.

10. Determine and administer appropriate disciplinary action against all regulated parties who are found guilty of violating this chapter or rules adopted by the board.

11. Perform functions necessary to carry out the requirements of nursing assistant and nurse aide training and competency evaluation program as set forth in the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall include:
   (a) Testing and registration of certified nursing assistants.
   (b) Testing and licensing of licensed nursing assistants.
   (c) Maintaining a list of board-approved training programs.
   (d) Maintaining a registry of nursing assistants for all certified nursing assistants and licensed nursing assistants.
   (e) Assessing fees.

12. Adopt rules establishing those acts that may be performed by a registered nurse practitioner or certified nurse midwife, except that the board does not have authority to decide scope of practice relating to abortion as defined in section 36-2151.

13. ADOPT RULES THAT PROHIBIT REGISTERED NURSE PRACTITIONERS OR CERTIFIED NURSE MIDWIVES FROM DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID, EXCEPT FOR AN OPIOID THAT IS FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.


15. Publish copies of board rules and distribute these copies on request.

16. Require each applicant for initial licensure or certification to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.

17. Except for a licensee who has been convicted of a felony that has been designated a misdemeanor pursuant to section 13-604, revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to section 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions three
or more years before the date of filing an application pursuant to this chapter.

18. Establish standards for approving and reapproving nurse practitioner and clinical nurse specialist programs and provide for surveys of nurse practitioner and clinical nurse specialist programs as it deems necessary.

19. Provide the licensing authorities of health care institutions, facilities and homes any information the board receives regarding practices that place a patient's health at risk.

20. Limit the multistate licensure privilege of any person who holds or applies for a license in this state pursuant to section 32-1668.

21. Adopt rules to establish competency standards for obtaining and maintaining a license.

22. Adopt rules for the qualification and certification of clinical nurse specialists.

23. Adopt rules for approval and reapproval of refresher courses for nurses who are not currently practicing.

24. Maintain a list of approved medication assistant training programs.

25. Test and certify medication assistants.

26. Maintain a registry and disciplinary record of medication assistants who are certified pursuant to this chapter.

C. The board may conduct an investigation on receipt of information that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter. Following the investigation, the board may take disciplinary action pursuant to this chapter.

D. The board may limit, revoke or suspend the privilege of a nurse to practice in this state granted pursuant to section 32-1668.

E. Failure to comply with any final order of the board, including an order of censure or probation, is cause for suspension or revocation of a license or a certificate.

F. The president or a member of the board designated by the president may administer oaths in transacting the business of the board.

Sec. 18. Section 32-1706, Arizona Revised Statutes, is amended to read:

32-1706. Use of pharmaceutical agents

A. A licensee may prescribe, dispense and administer over-the-counter pharmaceuticals and topical prescription pharmaceuticals subject to the pharmaceutical agent classifications specified in section 32-1728.

B. Except as provided in subsection C of this section, a licensee may prescribe, dispense and administer the following oral prescription pharmaceuticals for the treatment of diseases of the eye and its adnexa for any one patient for each occurrence for a period of not more than the...
day limit recommended by the manufacturer or the physicians' desk reference, unless otherwise specified in this subsection, subject to the pharmaceutical agent classifications specified in section 32-1728:

1. Anti-infectives classified as tetracycline and its derivatives, cephalosporins, penicillin and its derivatives, macrolides, fluoroquinolones and antivirals.
2. Antihistamines.
4. Agents for the treatment of angle-closure glaucoma, including carbonic anhydrase inhibitors.
5. Steroids in an amount that does not exceed the amount packaged for a single course of therapy of not more than seven days.

C. A licensee may not prescribe, dispense or administer an oral pharmaceutical specified in subsection B of this section or a controlled substance as specified in subsection D of this section to a person who is under six years of age.

D. A licensee may prescribe, dispense and administer a schedule III controlled substance only if it is an analgesic and MAY PRESCRIBE OR ADMINISTER any controlled substance only if it is an analgesic that is reclassified from schedule III to schedule II after January 1, 2014.

E. A licensee shall not prescribe, dispense or administer the following prescription substances:
1. An oral antifungal.
2. An oral antimetabolite.
3. An oral immunosuppressive.
4. A substance administered intravenously.
5. Except as provided in subsection F of this section, substances administered by injection.
6. Except as provided in subsection D of this section, a schedule I, II, IV or V controlled substance.

F. A licensee may use epinephrine auto-injectors to counteract an anaphylactic reaction.

Sec. 19. Section 32-1743, Arizona Revised Statutes, is amended to read:

32-1743. Grounds for censure, civil penalty, probation, suspension, revocation, denial or renewal of license, certificate or registration

A. After notice and a hearing the board in its discretion may censure, impose a civil penalty, prescribe probation, suspend or revoke the license of a doctor of optometry or refuse to issue or renew a license, certificate or registration for any of the following reasons:
1. Conviction BEING CONVICTED of a felony or any offense involving moral turpitude.
2. Procuring or attempting to procure a license to practice optometry or a certificate to use pharmaceutical agents by fraud, deceit,
misrepresentation or knowingly taking advantage of the mistake of another person or agency.

3. COMMITTING conduct likely to deceive or defraud the public.
4. COMMITTING unprofessional conduct.
5. Employment of EMPLOYING a solicitor to solicit business or soliciting from house to house or person to person.
6. Obtaining a fee or compensation by fraud or misrepresentation.
7. Employment of EMPLOYING a person to engage in the practice of the profession of optometry who does not hold a license to practice the profession of optometry in this state.
8. Using any device to evade or defeat the provisions of this chapter, such as a profit sharing plan or partnership with a person not licensed to practice the profession of optometry in this state.
9. COMMITTING the practice of the profession of optometry under a false or assumed name.
10. VIOLATING any provision of this chapter or any board order.
11. VIOLATING any of the rules adopted by the board pursuant to this chapter.
12. Any violation of VIOLATING any statutes, laws or rules regulating the practice of optometry in this state or any other jurisdiction in the United States.
13. Providing any controlled substance or pharmaceutical agent THAT IS not authorized by this chapter or providing any controlled substance or prescription-only drug for other than accepted therapeutic purposes for diagnosis and treatment of conditions of the human eye and its adnexa.
14. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID.
15. COMMITTING gross malpractice or repeated acts constituting malpractice.
16. Failing to maintain or submit records as required by this chapter.

B. To determine the appropriate disciplinary action pursuant to this section, the board may consider any previous nondisciplinary and disciplinary actions against a licensee.

Sec. 20. Section 32-1854, Arizona Revised Statutes, is amended to read:

32-1854. Definition of unprofessional conduct
For the purposes of this chapter, "unprofessional conduct" includes the following acts, whether occurring in this state or elsewhere:

1. Knowingly betraying a professional secret or wilfully violating a privileged communication except as either of these may otherwise be required by law. This paragraph does not prevent members of the board from exchanging information with the licensing and disciplinary boards of other states, territories or districts of the United States or with foreign countries or with osteopathic medical organizations located in
this state or in any state, district or territory of this country or in any foreign country.

2. Committing a felony or a misdemeanor involving moral turpitude. In either case conviction by any court of competent jurisdiction is conclusive evidence of the commission of the offense.

3. Practicing medicine while under the influence of alcohol, a dangerous drug as defined in section 13-3401, narcotic or hypnotic drugs or any substance that impairs or may impair the licensee's ability to safely and skillfully practice medicine.

4. Being diagnosed by a physician licensed under this chapter or chapter 13 of this title or a psychologist licensed under chapter 19.1 of this title as excessively or illegally using alcohol or a controlled substance.

5. Prescribing, dispensing or administering controlled substances or prescription-only drugs for other than accepted therapeutic purposes.

6. Engaging in the practice of medicine in a manner that harms or may harm a patient or that the board determines falls below the community standard.

7. Impersonating another physician.

8. Acting or assuming to act as a member of the board if this is not true.

9. Procuring, renewing or attempting to procure or renew a license to practice osteopathic medicine by fraud or misrepresentation.

10. Having professional connection with or lending one's name to an illegal practitioner of osteopathic medicine or any of the other healing arts.

11. Representing that a manifestly incurable disease, injury, ailment or infirmity can be permanently cured or that a curable disease, injury, ailment or infirmity can be cured within a stated time, if this is not true.

12. Failing to reasonably disclose and inform the patient or the patient's representative of the method, device or instrumentality the licensee uses to treat the patient's disease, injury, ailment or infirmity.

13. Refusing to divulge to the board on demand the means, method, device or instrumentality used in the treatment of a disease, injury, ailment or infirmity.

14. Charging a fee for services not rendered or dividing a professional fee for patient referrals. This paragraph does not apply to payments from a medical researcher to a physician in connection with identifying and monitoring patients for clinical trial regulated by the United States food and drug administration.

15. Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or when applying for or renewing privileges at a health care institution or a health care program.
16. Advertising in a false, deceptive or misleading manner.
17. Representing or claiming to be an osteopathic medical
   specialist if the physician has not satisfied the applicable requirements
   of this chapter or board rules.
18. The denial of HAVING A LICENSE DENIED or disciplinary action
   TAKEN against a license by any other state, territory, district or
   country, unless it can be shown that this occurred for reasons that did
   not relate to the person's ability to safely and skillfully practice
   osteopathic medicine or to any act of unprofessional conduct as provided
   in this section.
19. COMMITTING any conduct or practice contrary to recognized
   standards of ethics of the osteopathic medical profession.
20. Violating or attempting to violate, directly or indirectly, or
   assisting in or abetting the violation of or conspiring to violate any of
   the provisions of this chapter.
21. Failing or refusing to establish and maintain adequate records
   on a patient as follows:
      (a) If the patient is an adult, for at least six years after the
          last date the licensee provided the patient with medical or health care
          services.
      (b) If the patient is a child, either for at least three years
          after the child's eighteenth birthday or for at least six years after the
          last date the licensee provided that patient with medical or health care
          services, whichever date occurs later.
22. Using controlled substances or prescription-only drugs unless
    they are provided by a medical practitioner, as defined in section
    32-1901, as part of a lawful course of treatment.
23. Prescribing controlled substances to members of one's immediate
    family unless there is no other physician available within fifty miles to
    treat a member of the family and an emergency exists.
24. COMMITTING nontherapeutic use of injectable amphetamines.
25. Violating a formal order, probation or a stipulation issued by
    the board under this chapter.
26. Charging or collecting an inappropriate fee. This paragraph
    does not apply to a fee that is fixed in a written contract between the
    physician and the patient and entered into before treatment begins.
27. Using experimental forms of therapy without adequate informed
    patient consent or without conforming to generally accepted criteria and
    complying with federal and state statutes and regulations governing
    experimental therapies.
28. Failing to make patient medical records in the physician's
    possession promptly available to a physician assistant, a nurse
    practitioner, a person licensed pursuant to this chapter or a podiatrist,
    chiropractor, naturopathic physician, physician or homeopathic physician
    licensed under chapter 7, 8, 13, 14 or 29 of this title on receipt of
proper authorization to do so from the patient, a minor patient's parent,
the patient's legal guardian or the patient's authorized representative or
failing to comply with title 12, chapter 13, article 7.1.

29. Failing to allow properly authorized board personnel to have,
on presentation of a subpoena, access to any documents, reports or records
that are maintained by the physician and that relate to the physician's
medical practice or medically related activities pursuant to section
32-1855.01.

30. Signing a blank, undated or predated prescription form.

31. Obtaining a fee by fraud, deceit or misrepresentation.

32. Failing to report to the board an osteopathic physician and
surgeon who is or may be guilty of unprofessional conduct or is or may be
mentally or physically unable safely to engage in the practice of
medicine.

33. Referring a patient to a diagnostic or treatment facility or
prescribing goods and services without disclosing that the physician has a
direct pecuniary interest in the facility, goods or services to which the
patient has been referred or prescribed. This paragraph does not apply to
a referral by one physician to another physician within a group of
physicians practicing together.

34. EXHIBITING A lack of or inappropriate direction, collaboration
or supervision of a licensed, certified or registered health care provider
or office personnel employed by or assigned to the physician in the
medical care of patients.

35. Violating a federal law, a state law or a rule applicable to
the practice of medicine.

36. Prescribing or dispensing controlled substances or
prescription-only medications without establishing and maintaining
adequate patient records.

37. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN
OPIOID.

38. Failing to dispense drugs and devices in compliance with
article 4 of this chapter.

39. COMMITTING any conduct or practice that endangers a
patient's or the public's health or may reasonably be expected to do so.

40. COMMITTING any conduct or practice that impairs the
licensee's ability to safely and skillfully practice medicine or that may
reasonably be expected to do so.

41. With the exception of heavy metal poisoning, using
chelation therapy in the treatment of arteriosclerosis or as any other
form of therapy without adequate informed patient consent and without
conforming to generally accepted experimental criteria, including
protocols, detailed records, periodic analysis of results and periodic
review by a medical peer review committee.

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41. Prescribing, dispensing or administering anabolic-androgenic steroids to a person for other than therapeutic purposes.

42. Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee. For the purposes of this paragraph, "sexual conduct" includes:
   (a) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual.
   (b) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical conduct of a sexual nature.

43. COMMITTING conduct that is in violation of section 36-2302.

44. COMMITTING conduct that the board determines constitutes gross negligence, repeated negligence or negligence that results in harm or death of a patient.

45. COMMITTING conduct in the practice of medicine that evidences moral unfitness to practice medicine.

46. Engaging in disruptive or abusive behavior in a professional setting.

47. Prescribing, dispensing or furnishing a prescription medication or a prescription-only device to a person if the licensee has not conducted a physical or mental health status examination of that person or has not previously established a physician-patient relationship. The physical or mental health status examination may be conducted during a real-time telemedicine encounter with audio and video capability, unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This paragraph does not apply to:
(a) Emergencies.  
(b) A licensee who provides patient care on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.  
(c) Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.  
(d) Prescriptions for epinephrine auto-injectors written or dispensed for a school district or charter school to be stocked for emergency use pursuant to section 15-157 or for an authorized entity to be stocked pursuant to section 36-2226.01.  
(e) Prescriptions written by a licensee through a telemedicine program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.  
(f) Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that are written or dispensed for use pursuant to section 36-2228 or 36-2266.

Sec. 21. Section 32-1871, Arizona Revised Statutes, is amended to read:

32-1871. Dispensing of drugs and devices; conditions; exception; civil penalty
A. EXCEPT AS PROVIDED IN SUBSECTION B OF THIS SECTION, an osteopathic physician may dispense drugs and devices kept by the physician if:

1. All drugs are dispensed in packages labeled with the following information:
   (a) The dispensing physician's name, address and telephone number.
   (b) The date the drug is dispensed.
   (c) The patient's name.
   (d) The name and strength of the drug, directions for its use and any cautionary statements.
2. The dispensing physician enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.
3. The dispensing physician keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.
4. The dispensing physician annually registers with the board to dispense drugs and devices.
5. The dispensing physician pays the registration fee prescribed by
the board pursuant to section 32-1826. This paragraph does not apply if
the physician is dispensing in a nonprofit practice and neither the
patient nor a third party pays or reimburses the physician or the
nonprofit practice for the drugs or devices dispensed.

6. The dispensing physician labels dispensed drugs and devices and
stores them according to rules adopted by the board.

B. AN OSTEOPATHIC PHYSICIAN MAY NOT DISPENSE A SCHEDULE II
CONTROLLED SUBSTANCE THAT IS AN OPIOID, EXCEPT FOR AN OPIOID THAT IS FOR
MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

C. Except in an emergency situation, a physician who dispenses
drugs without being registered by the board to do so is subject to a civil
penalty by the board of not less than three hundred dollars and not more
than one thousand dollars for each transaction and is prohibited from
further dispensing for a period of time as prescribed by the board.

D. Prior to dispensing a drug pursuant to this section,
the patient shall be given a written prescription on which appears the
following statement in bold type: "This prescription may be filled by the
prescribing physician or by a pharmacy of your choice."

E. A physician shall dispense only to the physician's patient
and only for conditions being treated by that physician.

F. The board shall enforce this section and shall establish
rules regarding labeling, RECORDKEEPING, storage and
packaging of drugs that are consistent with the requirements of chapter 18
of this title. The board may conduct periodic inspections of dispensing
practices to ENSURE compliance with this section and applicable
rules.

G. If a physician fails to renew a registration to dispense or
ceases to dispense for any reason, within thirty days that physician must
notify the board in writing of the remaining inventory of drugs and
devices and the manner in which they were disposed.

Sec. 22. Title 32, chapter 21, article 3, Arizona Revised Statutes,
is amended by adding section 32-2239.01, to read:

32-2239.01. Duty to report; clients seeking controlled
substances; immunity

A. A VETERINARIAN WHO REASONABLY SUSPECTS OR BELIEVES THAT A CLIENT
OR PERSON IS TRYING TO OBTAIN CONTROLLED SUBSTANCES WITH AN INTENT OTHER
THAN TO TREAT THE PATIENT ANIMAL SHALL REPORT THAT SUSPICION, OR CAUSE A
REPORT TO BE MADE, TO LOCAL LAW ENFORCEMENT WITHIN FORTY-EIGHT HOURS AFTER
THE TREATMENT OR EXAMINATION. THE REPORT SHALL INCLUDE THE NAME AND
ADDRESS OF THE CLIENT OR PERSON WHO SOUGHT THE EXAMINATION OR TREATMENT.
THE VETERINARY RECORDS PERTAINING TO THE INVESTIGATION INITIATED PURSUANT
TO THE REPORT TO LAW ENFORCEMENT UNDER THIS SUBSECTION SHALL BE PROVIDED
TO LOCAL LAW ENFORCEMENT ON REQUEST FOR ANY FURTHER CRIMINAL
INVESTIGATION.
B. A veterinarian who files a report or causes a report to be filed pursuant to subsection A of this section is immune from civil liability with respect to any report made in good faith.

Sec. 23. Section 32-2281, Arizona Revised Statutes, is amended to read:

32-2281. Dispensing of drugs and devices; conditions; definition

A. A veterinarian may dispense drugs and devices kept by the veterinarian if:

1. All prescription-only drugs are dispensed in packages labeled with the following information:
   (a) The dispensing veterinarian's name, address and telephone number.
   (b) The date the drug is dispensed.
   (c) The animal owner's name and the animal's or herd's identification.
   (d) The name, strength and quantity of the drug, directions for its use and any cautionary statements.

2. The dispensing veterinarian enters into the medical record the name, strength and quantity of the drug dispensed, the date the drug is dispensed and the therapeutic reason.

B. A veterinarian dispensing a schedule II controlled substance or a benzodiazepine shall comply with the following:

1. Limit the initial amount of a schedule II controlled substance dispensed by the veterinarian to a five-day supply at a dosage clinically appropriate for the animal being treated. A prescription that is filled at a pharmacy is not subject to this limit.

2. Limit the initial amount of a benzodiazepine dispensed by the veterinarian to a fourteen-day supply at a dosage clinically appropriate for the animal being treated. A prescription that is filled at a pharmacy is not subject to this limit.

3. For treatment of an animal with a chronic condition that requires long-term use of a schedule II controlled substance or benzodiazepine, after the initial five-day or fourteen-day period pursuant to paragraph 1 or 2 of this subsection, dispense not more than a thirty-day supply at one time at a dosage clinically appropriate for the animal being treated. A prescription for a chronic condition that is filled at a pharmacy is not subject to this limit. For the purposes of this paragraph, "chronic condition" means a condition that requires ongoing treatment beyond the five-day or fourteen-day period prescribed in paragraph 1 or 2 of this subsection, including cancer, postsurgical treatment, posttraumatic injury, neuropathic pain, chronic severe cough, collapsing trachea and congestive heart failure.

C. The board shall adopt rules providing that the animal's owner or the person responsible for the animal shall be notified that some
prescription-only drugs may be available at a pharmacy and a written prescription may be provided to the animal's owner or the person responsible for the animal if requested.

D. A veterinarian shall dispense only to the animal's owner or person responsible for the animal the VETERINARIAN is treating and only for conditions being treated by that veterinarian. The veterinarian shall supervise the dispensing process. FOR THE PURPOSES OF this subsection, "supervision" means that a veterinarian makes the determination as to the legitimacy or the advisability of the drugs or devices to be dispensed.

E. This section shall be enforced by the board, which shall establish rules regarding access to and labeling, RECORDKEEPING, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to assure compliance with this section and applicable rules.

F. For the purposes of this section, "dispense" means the delivery by a veterinarian of a prescription-only drug or device to an animal, an animal's owner or the person responsible for an animal and includes the prescribing, administering, packaging, labeling, compounding and security necessary to prepare and safeguard the drug or device for delivery.

Sec. 24. Section 32-2501, Arizona Revised Statutes, is amended to read:

32-2501. Definitions
In this chapter, unless the context otherwise requires:
1. "Active license" means a regular license issued pursuant to this chapter.
2. "Adequate records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment.
3. "Advisory letter" means a nondisciplinary letter to notify a physician assistant that either:
   (a) While there is insufficient evidence to support disciplinary action, the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee.
   (b) The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
   (c) While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the board believes that repetition of the activities that led to the investigation may result in further board action against the licensee.
4. "Approved program" means a physician assistant educational program accredited by the accreditation review commission on education for physician assistants, or one of its predecessor agencies, the committee on allied health education and accreditation or the commission on the accreditation of allied health educational programs.

5. "Board" means the Arizona regulatory board of physician assistants.

6. "Completed application" means an application for which the applicant has supplied all required fees, information and correspondence requested by the board on forms and in a manner acceptable to the board.

7. "Immediate family" means the spouse, natural or adopted children, father, mother, brothers and sisters of the physician assistant and the natural or adopted children, father, mother, brothers and sisters of the physician assistant's spouse.

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

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

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

11. "Minor surgery" means those invasive procedures that may be delegated to a physician assistant by a supervising physician, that are consistent with the training and experience of the physician assistant, that are normally taught in courses of training approved by the board and that have been approved by the board as falling within a scope of practice of a physician assistant. Minor surgery does not include a surgical abortion.

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

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

14. "Regular license" means a valid and existing license THAT IS issued pursuant to section 32-2521 to perform health care tasks.

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

16. "Supervising physician" means a physician who holds a current unrestricted license, who supervises a physician assistant and who assumes
legal responsibility for health care tasks performed by the physician assistant.

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

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

   (a) Violating any federal or state law or rule that applies to the performance of health care tasks as a physician assistant. Conviction in any court of competent jurisdiction is conclusive evidence of a violation.
   (b) Claiming to be a physician or knowingly permitting another person to represent that person as a physician.
   (c) Performing health care tasks that have not been delegated by the supervising physician.
   (d) Exhibiting habitual intemperance in the use of alcohol or habitual substance abuse.
   (e) Signing a blank, undated or predated prescription form.
   (f) Committing gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
   (g) Representing that a manifestly incurable disease or infirmity can be permanently cured or that a disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if this is not true.
   (h) Refusing to divulge to the board on demand the means, method, procedure, modality of treatment or medicine used in the treatment of a disease, injury, ailment or infirmity.
   (i) Prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter.
   (j) Committing any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.
   (k) Violating a formal order, probation or stipulation issued by the board.
   (l) Failing to clearly disclose the person's identity as a physician assistant in the course of the physician assistant's employment.
   (m) Failing to use and affix the initials "P.A." or "P.A.-C." after the physician assistant's name or signature on charts, prescriptions or professional correspondence.
   (n) Procuring or attempting to procure a physician assistant license by fraud, misrepresentation or knowingly taking advantage of the mistake of another.
Having professional connection with or lending the physician assistant's name to an illegal practitioner of any of the healing arts.

Failing or refusing to maintain adequate records on a patient.

Using controlled substances that have not been prescribed by a physician, physician assistant, dentist or nurse practitioner for use during a prescribed course of treatment.

Prescribing or dispensing controlled substances to members of the physician assistant's immediate family.

Prescribing, dispensing or administering any controlled substance or prescription-only drug for other than accepted therapeutic purposes.

DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID.

Knowingly making any written or oral false or fraudulent statement in connection with the performance of health care tasks or when applying for privileges or renewing an application for privileges at a health care institution.

Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.

Having a certification or license refused, revoked, suspended, limited or restricted by any other licensing jurisdiction for the inability to safely and skillfully perform health care tasks or for unprofessional conduct as defined by that jurisdiction that directly or indirectly corresponds to any act of unprofessional conduct as prescribed by this paragraph.

Having sanctions including restriction, suspension or removal from practice imposed by an agency of the federal government.

Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate a provision of this chapter.

Using the term "doctor" or the abbreviation "Dr." on a name tag or in a way that leads the public to believe that the physician assistant is licensed to practice as an allopathic or an osteopathic physician in this state.

Failing to furnish legally requested information to the board or its investigator in a timely manner.

Failing to allow properly authorized board personnel to examine on demand documents, reports and records of any kind relating to the physician assistant's performance of health care tasks.

Knowing making a false or misleading statement on a form required by the board or in written correspondence or attachments furnished to the board.
(cc) (dd) Failing to submit to a body fluid examination and other examinations known to detect the presence of alcohol or other drugs pursuant to an agreement with the board or an order of the board.
(dd) (ee) Violating a formal order, probation agreement or stipulation issued or entered into by the board or its executive director.
(ee) (ff) Except as otherwise required by law, intentionally betraying a professional secret or intentionally violating a privileged communication.
(ff) (gg) Allowing the use of the licensee's name in any way to enhance or permit the continuance of the activities of, or maintaining a professional connection with, an illegal practitioner of medicine or the performance of health care tasks by a person who is not licensed pursuant to this chapter.
(gg) (hh) COMMITTING false, fraudulent, deceptive or misleading advertising by a physician assistant or the physician assistant's staff or representative.
(hh) (ii) Knowingly failing to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the licensee has a direct financial interest in a separate diagnostic or treatment agency or in nonroutine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one physician assistant to another physician assistant or to a doctor of medicine or a doctor of osteopathy OSTEOPATHIC MEDICINE within a group working together.
(i) (jj) With the exception of heavy metal poisoning, using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy without adequate informed patient consent or without conforming to generally accepted experimental criteria including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee, or without approval by the United States food and drug administration or its successor agency.
(jj) (kk) Prescribing, dispensing or administering anabolic or androgenic steroids for other than therapeutic purposes.
(kk) (ll) Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a professional relationship with the person. This subdivision does not apply to:
(i) A physician assistant who provides temporary patient care on behalf of the patient's regular treating licensed health care professional.
(ii) Emergency medical situations as defined in section 41-1831.
(iii) Prescriptions written to prepare a patient for a medical examination.

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

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

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

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

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

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

Sec. 25. Section 32-2532, Arizona Revised Statutes, is amended to read:

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

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

1. A schedule II or schedule III controlled substance as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) without delegation by the supervising physician, board approval and UNITED STATES drug enforcement administration registration.

2. A schedule IV or schedule V controlled substance as defined in the federal controlled substances act of 1970 without UNITED STATES drug enforcement administration registration and delegation by the supervising physician.

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

4. Prescription medication intended to perform or induce an abortion.

B. All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the supervising physician. A physician assistant shall issue prescription orders for
controlled substances under the physician assistant's own UNITED STATES drug enforcement administration registration number.

C. Unless certified for thirty-day prescription privileges pursuant to section 32-2504, subsection A, a physician assistant shall not prescribe a schedule II or schedule III controlled substance for a period exceeding seventy-two hours. For each schedule IV or schedule V controlled substance, a physician assistant may not prescribe the controlled substance more than five times in a six-month period for each patient.

D. A prescription for a schedule II or III controlled substance is not refillable without the written consent of the supervising physician.

E. Prescription-only drugs shall not be dispensed, prescribed or refillable for a period exceeding one year.

F. Except in an emergency, a physician assistant may dispense schedule II or schedule III controlled substances for a period of use of not to exceed seventy-two hours with board approval or any other controlled substance for a period of use of not to exceed thirty-four days and may administer controlled substances without board approval if it is medically indicated in an emergency dealing with potential loss of life or limb or major acute traumatic pain. NOTWITHSTANDING THE AUTHORITY GRANTED IN THIS SUBSECTION, A PHYSICIAN ASSISTANT MAY NOT DISPENSE A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID, EXCEPT FOR AN OPIOID THAT IS FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

G. Except for samples provided by manufacturers, all drugs dispensed by a physician assistant shall be:

1. Prepackaged in a unit-of-use package by the supervising physician or a pharmacist acting on a written order of the supervising physician.
2. Labeled to show the name of the supervising physician and physician assistant.

H. A physician assistant shall not obtain a drug from any source other than the supervising physician or a pharmacist acting on a written order of the supervising physician. A physician assistant may receive manufacturers' samples if allowed to do so by the supervising physician.

I. If a physician assistant is approved by the board to prescribe, administer or dispense schedule II and schedule III controlled substances, the physician assistant shall maintain an up-to-date and complete log of all schedule II and schedule III controlled substances he THE PHYSICIAN ASSISTANT administers or dispenses. THE BOARD MAY NOT GRANT A PHYSICIAN ASSISTANT THE AUTHORITY TO DISPENSE SCHEDULE II CONTROLLED SUBSTANCES THAT ARE OPIOIDS, EXCEPT FOR OPIOIDS THAT ARE FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

J. The board shall advise the ARIZONA state board of pharmacy and the United States drug enforcement administration of all physician
assistants who are authorized to prescribe or dispense drugs and any
modification of their authority.

K. The ARIZONA state board of pharmacy shall notify all pharmacies
at least quarterly of physician assistants who are authorized to prescribe
or dispense drugs.

Sec. 26. Section 32-2933, Arizona Revised Statutes, is amended to
read:

32-2933. Definition of unprofessional conduct
A. In this chapter, unless the context otherwise requires,
“unprofessional conduct” includes the following acts, whether occurring in
this state or elsewhere:

1. Performing an invasive surgical procedure not specifically
permitted by this chapter or by board rules or pursuant to a license
issued under chapter 13 or 17 of this title.

2. Wilfully betraying a professional secret or
wilfully violating a privileged communication except
as either of these may otherwise be required by law. This paragraph does
not prevent members of the board from the full and free exchange of
information with the licensing and disciplinary boards of other states,
territories or districts of the United States or with foreign countries or
with the Arizona homeopathic and integrative medical association or any of
its component organizations or with the homeopathic medical organizations
of other states, counties, districts or territories or with those of
foreign countries.

3. Committing a felony, whether or not involving
moral turpitude, or a misdemeanor involving moral turpitude. In either
case, conviction by any court of competent jurisdiction or a plea of no
contest is deemed conclusive evidence of guilt.

4. Exhibiting habitual intemperance in the use of alcohol or
habitual substance abuse.

5. Violating federal, state, county or municipal laws or
regulations applicable to the practice of medicine or relating to public
health.

6. Prescribing a controlled substance for other than accepted
therapeutic purposes.

7. Committing conduct that the board determines is gross
professional negligence, repeated professional negligence or any
negligence that causes the death of a patient.

8. Impersonating another person licensed pursuant to this chapter.

9. Acting or assuming to act as a member of the board if this is
not true.

10. Procuring or attempting to procure a license to practice
homeopathic medicine by fraud, by misrepresentation or by knowingly taking
advantage of the mistake of another.
11. Having professional connection with or lending one's name to an illegal practitioner of homeopathic medicine or of any of the other healing arts.

12. Representing that a manifestly incurable disease, injury, ailment or infirmity can be permanently cured or that a curable disease, injury, ailment or infirmity can be cured within a stated time if this is not true.

13. Offering, undertaking or agreeing to cure or treat a disease, injury, ailment or infirmity by a secret means, method, device or instrumentality.

14. Refusing to divulge to the board on demand the means, method, device or instrumentality used in the treatment of a disease, injury, ailment or infirmity.

15. Giving or receiving or aiding or abetting the giving or receiving of rebates, either directly or indirectly.

16. Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of homeopathic medicine except as the same may be necessary for accepted therapeutic purposes.

17. EXHIBITING immorality or misconduct that tends to discredit the profession.

18. Being disciplined by another regulatory jurisdiction because of the licensee's mental or physical inability to engage safely in the practice of medicine, medical incompetence or unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly with an act of unprofessional conduct prescribed by this section. The disciplinary action may include refusing, denying, revoking or suspending a license, issuing a formal reprimand, issuing a decree of censure or otherwise limiting, restricting or monitoring the licensee or placing the licensee on probation.

19. COMMITTING any conduct or practice contrary to recognized standards of ethics of the homeopathic medical profession, any conduct or practice that does or might constitute a danger to the health, welfare or safety of the patient or the public or any conduct, practice or condition that does or might impair the ability to practice homeopathic medicine safely and skillfully.

20. Failing or refusing to maintain adequate records on a patient or to make patient records promptly available to another licensee on request and receipt of proper authorization.

21. Advertising in a false, deceptive or misleading manner.

22. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate this chapter or any board rule.

23. Using a controlled substance unless it is prescribed by a physician for use during a prescribed course of treatment.
24. Prescribing, dispensing or administering anabolic androgenic steroids for other than therapeutic purposes.

25. Prescribing or dispensing controlled substances to members of the licensee's immediate family.

26. Prescribing, dispensing or administering schedule II controlled substances as defined in section 36-2513, including amphetamines and similar schedule II sympathomimetic drugs in the treatment of exogenous obesity for a period in excess of thirty days in any one year, or the nontherapeutic use of injectable amphetamines.

27. DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID.

28. The use of experimental forms of diagnosis and treatment without adequate informed patient consent, without a board approved written disclosure that the form of diagnosis and treatment to be used is experimental and without conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a peer review committee.

29. ENGAGING IN sexual intimacies with a patient.

30. Use of the designation "M.D." or "D.O." in a way that would lead the public to believe that a person is licensed by the Arizona medical board or the board of osteopathic examiners in medicine and surgery in this state if this is not the case.

31. Falsely or fraudulently representing or holding oneself out as being a homeopathic medical specialist.

32. Failing to dispense drugs and devices in compliance with article 4 of this chapter.

33. Violating a formal board order, terms of probation or a stipulation issued or entered into by the board or its designee under this chapter.

34. Charging a fee for services not rendered or charging and collecting a clearly unreasonable fee. In determining the reasonableness of the fee, the board shall consider the fee customarily charged in this state for similar services in relation to modifying factors such as the time required, the complexity of the service and the skill required to perform the service properly. This paragraph does not apply if there is a clearly written contract for a fixed fee between the licensee and the patient that is entered into before the licensee provides the service.

35. Failing to appropriately direct, collaborate with or supervise a licensed, certified or registered health care provider, a homeopathic medical assistant or office personnel employed or assigned to the licensee to assist in the medical care of patients.

36. Knowingly making a false or misleading statement on a form required by the board or in written correspondence with the board.

37. Failing to furnish legally requested information in a timely manner to the board or its investigators or representatives.
37. Failing to allow properly authorized board personnel to examine or have access to a licensee's documents, reports or records that relate to the licensee's medical practice or medically related activities.
38. Signing a blank, undated or predated prescription form.
39. Refusing to submit to a body fluid examination required under section 32-2941 or pursuant to a board investigation into the licensee's substance abuse.
40. Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a comprehensive physical or mental health status examination of that person or has previously established a doctor-patient relationship. This paragraph does not apply to:
   (a) A licensee who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional.
   (b) Emergency medical situations as defined in section 41-1831.
   (c) Prescriptions written to prepare a patient for a medical examination.
   (d) Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs or emergency treatment or in response to an infectious disease investigation, a public health emergency, an infectious disease outbreak or an act of bioterrorism. For the purposes of this subdivision, "bioterrorism" has the same meaning prescribed in section 36-781.
41. Failing to obtain from a patient before an examination or treatment a signed informed consent that includes language that makes it clear the licensee is providing homeopathic medical treatment instead of or in addition to standard conventional allopathic or osteopathic treatment.

B. If a person is licensed pursuant to section 32-2912, subsection B, unprofessional conduct also includes the following:
1. Performing an invasive procedure, including performing intravenous therapy, drawing bodily fluids or ordering genetic testing.
2. Prescribing, dispensing or administering any controlled substance.
3. Prescribing, dispensing or administering a prescription drug.
4. Using the title "physician", "medical doctor-homeopathic", "doctor of osteopathy-homeopathic", "doctor of medicine (homeopathic)" or "homeopathic physician" or otherwise implying that the licensee is a licensed allopathic or osteopathic physician.
5. Failing to correct a known misunderstanding regarding the licensee's licensure status.
6. Failing to obtain from a patient before an examination or treatment a signed informed consent that includes language that makes it clear the licensee is not an allopathic or osteopathic physician and is
providing homeopathic treatment under the limited scope of practice of
homeopathic medicine pursuant to this chapter.

7. Failing to consult with or refer patients to other health care
providers when appropriate.

8. Discontinuing or advising a patient to discontinue a physician's
treatment or medicine without first consulting the prescribing or treating
physician.

9. Failing to refer a patient with a life threatening illness to a
licensed allopathic or osteopathic physician currently practicing
homeopathic, allopathic or osteopathic medicine.

Sec. 27. Section 32-2951, Arizona Revised Statutes, is amended to
read:

32-2951. Dispensing drugs and devices; conditions; exception;
civil penalty; definition

A. EXCEPT AS PROVIDED IN SUBSECTION C OF THIS SECTION, a person who
is licensed pursuant to section 32-2912, subsection A may dispense drugs
and devices kept by the licensee, including:

1. Controlled substances.

2. Prescription-only drugs.

3. Homeopathic medications.

4. Nonprescription drugs.

B. A PERSON WHO IS LICENSED PURSUANT TO SECTION 32-2912, SUBSECTION
A MAY DISPENSE DRUGS AND DEVICES UNDER SUBSECTION A OF THIS SECTION if:

1. The licensee includes the following information on the label of
each controlled substance and prescription-only drug and on the label or
accompanying instruction sheets of each homeopathic medication or
nonprescription drug:
   (a) The licensee's name, address and telephone number.
   (b) The date the drug is dispensed.
   (c) The patient's name.
   (d) The name and strength of the drug, the quantity dispensed,
directions for its use and any cautionary statements.
   (e) The number of authorized refills.

2. The licensee enters into the patient's medical record the name,
strength and potency of the drug dispensed, the date the drug is
dispensed, the dosing schedule, the number of refills and the therapeutic
reason.

3. The licensee keeps all controlled substances in a locked cabinet
or room, controls access to the cabinet or room by a written procedure and
maintains an ongoing inventory of its contents.

4. The licensee pays a permit fee prescribed under section 32-2914.

C. A PERSON WHO IS LICENSED PURSUANT TO SECTION 32-2912, SUBSECTION
A MAY NOT DISPENSE A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID,
EXCEPT FOR AN OPIOID THAT IS FOR MEDICATION-ASSISTED TREATMENT FOR
SUBSTANCE USE DISORDERS.
D. Except in an emergency situation, a licensee who dispenses drugs for a profit without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

E. Before a licensee dispenses a controlled substance or a prescription-only pharmaceutical drug pursuant to this subsection A–B of this section, the licensee shall give the patient a written prescription on which appears the following statement in bold type: "This prescription may be filled by the prescribing physician or by a pharmacy of your choice."

F. The licensee shall include the following information on a prescription order:
   1. The date it is issued.
   2. The patient's name and address.
   3. The name, strength and quantity of the drug.
   4. Two signature lines for the licensee. The right side of the prescription form under the signature line shall contain the phrase "Substitution Permissible" and the left side under the signature line shall contain the phrase "Dispense As Written."
   5. The dispensing licensee's UNITED STATES drug enforcement agency number for controlled substances.
   6. The date and the printed name and signature of the person who prepares, counts or measures the drug, labels the container or distributes a prepackaged drug to the patient or the patient's representative.

G. Before the licensee dispenses a homeopathic medication, including a prescription-only homeopathic medication or a nonprescription drug, the licensee shall give the patient a written statement on which appears the following statement in bold type: "Prescriptions may be filled by this prescribing physician or by a pharmacy of your choice."

H. A person who is licensed pursuant to section 32-2912, subsection A shall dispense controlled substances, EXCEPT SCHEDULE II CONTROLLED SUBSTANCES THAT ARE OPIOIDS, and prescription-only drugs for profit only to the licensee's own patient and only for conditions being treated by that licensee. The licensee shall personally determine the legitimacy or advisability of the drugs dispensed and shall document in writing the licensee's procedures for supervising the role of nurses and attendants in the dispensing process.

I. A person who is licensed pursuant to section 32-2912, subsection B may dispense only those drugs and devices kept by that licensee that are homeopathic medications and nonprescription drugs, including nutritional supplements, and must include the following information on the label or accompanying instruction sheets of each homeopathic medication or nonprescription drug:
1. The dispensing licensee's name, address and telephone number.
2. The date the substance is dispensed.
3. The patient's name.
4. The name and strength of the substance, the quantity dispensed, directions for its use and any cautionary statements.

H. A licensee who dispenses drugs and devices pursuant to subsection I of this section must enter into the patient's medical record the name, strength and potency of the substance dispensed, the date the substance is dispensed, the dosing schedule and the therapeutic reason.

K. A person who is licensed pursuant to section 32-2912, subsection B may not dispense controlled substances or prescription-only substances.

L. This section shall be enforced by the board, which shall establish rules regarding labeling, record keeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to ensure compliance with this section and applicable rules.

M. For the purposes of this section, "dispense" means the delivery by a licensee of a drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

Sec. 28. Title 32, chapter 32, article 1, Arizona Revised Statutes, is amended by adding section 32-3201.01, to read:

32-3201.01. Definition of medication-assisted treatment

In this title, unless the context otherwise requires, "MEDICATION-ASSISTED TREATMENT" means the use of pharmacological medications that are approved by the United States Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

Sec. 29. Title 32, chapter 32, Arizona Revised Statutes, is amended by adding article 4, to read:

ARTICLE 4. CONTROLLED SUBSTANCES

32-3248. Health professionals; controlled substances; initial prescriptions; limits; exceptions; definition

A. A HEALTH PROFESSIONAL WHO IS AUTHORIZED UNDER THIS TITLE TO PRESCRIBE CONTROLLED SUBSTANCES SHALL LIMIT THE INITIAL PRESCRIPTION FOR A PATIENT FOR A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID TO NOT MORE THAN A FIVE-DAY SUPPLY, EXCEPT THAT AN INITIAL PRESCRIPTION FOR A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID FOLLOWING A SURGICAL PROCEDURE IS LIMITED TO NOT MORE THAN A FOURTEEN-DAY SUPPLY.
B. SUBSECTION A OF THIS SECTION DOES NOT APPLY TO INITIAL PRESCRIPTIONS IF THE PATIENT:
1. HAS AN ACTIVE ONCOLOGY DIAGNOSIS.
2. HAS A TRAUMATIC INJURY, NOT INCLUDING A SURGICAL PROCEDURE.
3. IS RECEIVING HOSPICE CARE.
4. IS RECEIVING END-OF-LIFE CARE.
5. IS RECEIVING PALLIATIVE CARE.
6. IS RECEIVING SKILLED NURSING FACILITY CARE.
7. IS RECEIVING TREATMENT FOR BURNS.
8. IS RECEIVING MEDICATION-ASSISTED TREATMENT FOR A SUBSTANCE USE DISORDER.
9. IS AN INFANT WHO IS BEING WEANED OFF OPIOIDS AT THE TIME OF HOSPITAL DISCHARGE.
C. IF A HEALTH PROFESSIONAL’S PRESCRIBING AUTHORITY UNDER THE RELEVANT CHAPTER OF THIS TITLE FOR SCHEDULE II CONTROLLED SUBSTANCES IS MORE RESTRICTIVE THAN THE LIMIT SPECIFIED IN SUBSECTION A OF THIS SECTION, THE HEALTH PROFESSIONAL’S PRESCRIBING AUTHORITY UNDER THE RELEVANT CHAPTER OF THIS TITLE APPLIES.
D. FOR THE PURPOSES OF THIS SECTION, “INITIAL PRESCRIPTION” MEANS A PRESCRIPTION FOR A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID THAT HAS NOT COVERED ANY PORTION OF THE PAST SIXTY DAYS BEFORE THE DATE THE PHARMACY DISPENSES THE CURRENT PRESCRIPTION AS EVIDENCED BY THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM’S CENTRAL DATABASE TRACKING SYSTEM.

32-3248.01. Schedule II controlled substances; dosage limit; exceptions; morphine; opioid antagonist; definition
A. A HEALTH PROFESSIONAL WHO IS AUTHORIZED UNDER THIS TITLE TO PRESCRIBE CONTROLLED SUBSTANCES MAY NOT ISSUE A NEW PRESCRIPTION ORDER FOR A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID THAT EXCEEDS NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY.
B. THE LIMIT PRESCRIBED BY SUBSECTION A OF THIS SECTION DOES NOT APPLY TO:
1. A CONTINUATION OF A PRIOR PRESCRIPTION ORDER THAT WAS ISSUED WITHIN THE PREVIOUS SIXTY DAYS.
2. AN OPIOID WITH A MAXIMUM APPROVED TOTAL DAILY DOSE IN THE LABELING AS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION.
3. A PATIENT WHO:
   (a) HAS AN ACTIVE ONCOLOGY DIAGNOSIS.
   (b) HAS A TRAUMATIC INJURY, NOT INCLUDING A SURGICAL PROCEDURE.
   (c) IS RECEIVING HOSPICE CARE.
   (d) IS RECEIVING END-OF-LIFE CARE.
   (e) IS RECEIVING PALLIATIVE CARE.
   (f) IS RECEIVING SKILLED NURSING FACILITY CARE.
(g) IS RECEIVING TREATMENT FOR BURNS.
(h) IS RECEIVING MEDICATION-ASSISTED TREATMENT FOR A SUBSTANCE USE DISORDER.
(i) IS HOSPITALIZED.

C. IF A HEALTH PROFESSIONAL BELIEVES THAT A PATIENT REQUIRES MORE THAN NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY AND THE PATIENT IS NOT EXEMPT FROM THE LIMIT PURSUANT TO SUBSECTION B OF THIS SECTION, THE HEALTH PROFESSIONAL SHALL FIRST CONSULT WITH A PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE AND WHO IS BOARD-CERTIFIED IN PAIN. THE CONSULTATION MAY BE DONE BY TELEPHONE OR THROUGH TELEMEDICINE. IF THE CONSULTING PHYSICIAN IS NOT AVAILABLE TO CONSULT WITHIN FORTY-EIGHT HOURS AFTER THE REQUEST, THE HEALTH PROFESSIONAL MAY PRESCRIBE THE AMOUNT THAT THE HEALTH PROFESSIONAL BELIEVES THE PATIENT REQUIRES AND SUBSEQUENTLY HAVE THE CONSULTATION. IF THE HEALTH PROFESSIONAL IS A PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE AND IS BOARD-CERTIFIED IN PAIN, THE HEALTH PROFESSIONAL MAY ISSUE A PRESCRIPTION ORDER FOR MORE THAN NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY WITHOUT A CONSULTATION UNDER THIS SUBSECTION.

D. IF A PATIENT IS PRESCRIBED MORE THAN NINETY MORPHINE MILLIGRAM EQUIVALENTS PER DAY PURSUANT TO SUBSECTION B OR C OF THIS SECTION, THE PRESCRIBING HEALTH PROFESSIONAL SHALL ALSO PRESCRIBE FOR THE PATIENT NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF OPIOID-RELATED OVERDOSES.

E. FOR THE PURPOSES OF THIS SECTION, "PRESCRIPTION ORDER" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-1901.

32-3248.02. Health professionals; substance use or addiction continuing medical education

A HEALTH PROFESSIONAL WHO IS AUTHORIZED UNDER THIS TITLE TO PRESCRIBE SCHEDULE II CONTROLLED SUBSTANCES AND WHO HAS A VALID UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER OR WHO IS AUTHORIZED UNDER CHAPTER 18 OF THIS TITLE TO DISPENSE CONTROLLED SUBSTANCES SHALL COMPLETE A MINIMUM OF THREE HOURS OF OPIOID-RELATED, SUBSTANCE USE DISORDER-RELATED OR ADDICTION-RELATED CONTINUING MEDICAL EDUCATION EACH LICENSE RENEWAL CYCLE AS PART OF ANY CONTINUING EDUCATION REQUIREMENTS FOR THAT HEALTH PROFESSIONAL.

Sec. 30. Title 36, chapter 1, article 1, Arizona Revised Statutes, is amended by adding sections 36-109 and 36-123, to read:

36-109. Hospitals; health care facilities; substance abuse treatment; reporting requirements

A. ON OR BEFORE SEPTEMBER 1, 2018 AND EACH QUARTER THEREAFTER, EACH HOSPITAL OR HEALTH CARE FACILITY IN THIS STATE THAT PROVIDES SUBSTANCE ABUSE TREATMENT SHALL SUBMIT TO THE DEPARTMENT ON A FORM PRESCRIBED BY THE DEPARTMENT A REPORT THAT INCLUDES AT LEAST THE FOLLOWING INFORMATION:
1. THE NAME AND ADDRESS OF THE HOSPITAL OR HEALTH CARE FACILITY WHERE THE SUBSTANCE ABUSE TREATMENT IS PROVIDED.

2. THE TYPE OF HOSPITAL OR HEALTH CARE FACILITY WHERE THE SUBSTANCE ABUSE TREATMENT IS PROVIDED.

3. THE NUMBER OF AVAILABLE SUBSTANCE ABUSE TREATMENT BEDS.

4. THE NUMBER OF DAYS IN THE QUARTER THAT THE HOSPITAL OR HEALTH CARE FACILITY WAS AT CAPACITY AND NOT ABLE TO ACCEPT REFERRALS FOR SUBSTANCE ABUSE TREATMENT.

B. THE FORM MAY BE SIGNED ELECTRONICALLY AND SHALL INDICATE THAT THE PERSON WHO SIGNS THE REPORT IS ATTESTING THAT THE INFORMATION IN THE REPORT IS CORRECT TO THE BEST OF THAT PERSON'S KNOWLEDGE.

C. A REPORT PURSUANT TO THIS SECTION SHALL BE FILED ELECTRONICALLY AT AN INTERNET WEBSITE THAT IS DESIGNATED BY THE DEPARTMENT UNLESS THE PERSON REQUIRED TO FILE THE REPORT APPLIES FOR A WAIVER FROM ELECTRONIC REPORTING BY SUBMITTING A WRITTEN REQUEST TO THE DEPARTMENT.

D. THE DEPARTMENT SHALL REQUEST OUTPATIENT SUBSTANCE ABUSE TREATMENT PROVIDERS TO REPORT TO THE DEPARTMENT ON A QUARTERLY BASIS REGARDING THE PROVIDER'S OUTPATIENT TREATMENT CAPACITY.


36-123. Opioid abuse prevention campaign

THE DEPARTMENT, IN CONJUNCTION WITH THE GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY, SHALL DEVELOP OPIOID ABUSE PREVENTION CAMPAIGN STRATEGIES THAT TARGET YOUTH AND AT-RISK POPULATIONS USING A VARIETY OF COMMUNICATIONS PLATFORMS TO MAXIMIZE OUTREACH. COMMUNICATIONS EFFORTS MAY INCLUDE SOCIAL MEDIA, BROADCAST, BILLBOARDS AND PRINT MEDIA. PREVENTION COMPONENTS SHALL INCLUDE GRAPHIC DETAIL OF THE HARMFUL EFFECTS OF OPIOID AND PRESCRIPTION DRUG ABUSE AND LAW ENFORCEMENT CONSEQUENCES AND SHALL ENGAGE EXTERNAL PARTNERS, INCLUDING THE LOCAL EDUCATION AGENCY, FOR AGE-APPROPRIATE AWARENESS.

Sec. 31. Title 36, chapter 1, article 4, Arizona Revised Statutes, is amended by adding section 36-192, to read:

36-192. County health departments; naloxone kits

THE DEPARTMENT AND THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM SHALL CONTINUE TO DISTRIBUTE NALOXONE KITS AS NECESSARY. IN ADDITION, A COUNTY HEALTH DEPARTMENT MAY PROVIDE TO A PERSON WHO IS AT RISK OF EXPERIENCING OR WHO IS EXPERIENCING AN OPIOID-RELATED OVERDOSE A KIT THAT CONTAINS NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS
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APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF A DRUG OVERDOSE.

Sec. 32. Section 36-407, Arizona Revised Statutes, is amended to read:

36-407. Prohibited acts; required acts
A. A person shall not establish, conduct or maintain in this state a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the department specifying the class or subclass of health care institution the person is establishing, conducting or maintaining. The license is valid only for the establishment, operation and maintenance of the class or subclass of health care institution, the type of services and, except for emergency admissions as prescribed by the director by rule, the licensed capacity specified by the license.
B. The licensee shall not imply by advertising, directory listing or otherwise that the licensee is authorized to perform services more specialized or of a higher degree of care than is authorized by this chapter and the underlying rules for the particular class or subclass of health care institution within which the licensee is licensed.
C. The licensee may not transfer or assign the license. A license is valid only for the premises occupied by the institution at the time of its issuance.
D. The licensee shall not personally or through an agent offer or imply an offer of rebate or fee splitting to any person regulated by title 32 or chapter 17 of this title.
E. The licensee shall submit an itemized statement of charges to each patient.
F. A HEALTH CARE INSTITUTION SHALL REFER A PATIENT WHO IS DISCHARGED AFTER RECEIVING EMERGENCY SERVICES FOR A DRUG-RELATED OVERDOSE TO A BEHAVIORAL HEALTH SERVICES PROVIDER.

Sec. 33. Title 36, chapter 4, article 2, Arizona Revised Statutes, is amended by adding section 36-425.04, to read:

36-425.04. Hospice service agencies; policies and procedures; controlled substances
A HOSPICE SERVICE AGENCY THAT IS LICENSED PURSUANT TO THIS CHAPTER SHALL ADOPT POLICIES AND PROCEDURES TO INFORM AND EDUCATE CLIENT FAMILIES ON THE PROPER DISPOSAL OF SCHEDULE II CONTROLLED SUBSTANCES.

Sec. 34. Title 36, chapter 4, Arizona Revised Statutes, is amended by adding article 8, to read:

ARTICLE 8. PAIN MANAGEMENT CLINICS

36-448.01. Definitions
IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:
1. "MEDICATION-ASSISTED TREATMENT" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-3201.01.
2. "PAIN MANAGEMENT CLINIC":
   (a) MEANS A HEALTH CARE INSTITUTION OR A PRIVATE OFFICE OR CLINIC OF A HEALTH CARE PROVIDER LICENSED UNDER TITLE 32 IN WHICH A MAJORITY OF THE FACILITY'S PATIENTS IN ANY MONTH ARE PRESCRIBED OPIOIDS, BENZODIAZEPINES, BARBITURATES OR CARISOPRODOL, NOT INCLUDING FOR MEDICATION-ASSISTED TREATMENT, BY A HEALTH CARE PROVIDER FROM THE HEALTH CARE INSTITUTION OR PRIVATE OFFICE OR CLINIC FOR MORE THAN NINETY DAYS IN A TWELVE-MONTH PERIOD.
   (b) DOES NOT INCLUDE A HOSPITAL, URGENT CARE CENTER, AMBULATORY SURGICAL CENTER, HOSPICE FACILITY OR NURSING CARE INSTITUTION.

36-448.02. Pain management clinics; licensure requirements; rules

A. BEGINNING JANUARY 1, 2019, A PAIN MANAGEMENT CLINIC SHALL MEET THE SAME LICENSURE REQUIREMENTS AS PRESCRIBED IN ARTICLE 2 OF THIS CHAPTER FOR HEALTH CARE INSTITUTIONS. AT THE TIME OF LICENSURE, A PAIN MANAGEMENT CLINIC SHALL SUBMIT TO THE DIRECTOR ALL DOCUMENTATION REQUIRED BY THIS ARTICLE.
   B. THE DEPARTMENT SHALL ADOPT RULES THAT PRESCRIBE THE FOLLOWING FOR PAIN MANAGEMENT CLINICS:
      1. INFORMED CONSENT REQUIREMENTS.
      2. THE RESPONSIBILITIES OF THE MEDICAL DIRECTOR.
      3. RECORD MAINTENANCE.
      4. REPORTING REQUIREMENTS.
      5. PHYSICAL EXAMINATION REQUIREMENTS.
   C. EACH PAIN MANAGEMENT CLINIC SHALL:
      1. ON OR BEFORE EACH ANNIVERSARY OF THE ISSUE DATE OF THE PAIN MANAGEMENT CLINIC'S LICENSE, SUBMIT TO THE DIRECTOR ALL DOCUMENTATION REQUIRED BY THIS ARTICLE.
      2. COMPLY WITH ALL DEPARTMENT RULES THAT GOVERN PAIN MANAGEMENT CLINICS.
      3. HAVE A MEDICAL DIRECTOR WHO IS A PHYSICIAN LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17 AND WHO IS UNDER AN UNRESTRICTED AND UNENCUMBERED LICENSE.

Sec. 35. Section 36-2228, Arizona Revised Statutes, is amended to read:

36-2228. Administration of opioid antagonists; training; immunity; designation by director; definition

A. Pursuant to a standing order issued by a physician licensed pursuant to title 32, chapter 13 or 17 or a nurse practitioner licensed pursuant to title 32, chapter 15 and authorized by law to prescribe drugs, an emergency medical care technician, or a peace officer OR ANCILLARY LAW ENFORCEMENT EMPLOYEE who is trained in the administration of naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration and designated by the director may administer naloxone hydrochloride or another opioid antagonist to a
person who the emergency medical care technician, or peace officer OR ANCILLARY LAW ENFORCEMENT EMPLOYEE believes is suffering from an opioid-related drug overdose.

B. The department, in coordination with the Arizona peace officer standards and training board, shall develop a training module for emergency medical care technicians, peace officers AND ANCILLARY LAW ENFORCEMENT EMPLOYEES that provides training regarding the identification of a person suffering from an opioid-related drug overdose and the use of naloxone hydrochloride or other opioid antagonists.

C. Physicians who are licensed pursuant to title 32, chapter 13 or 17 and who issue a standing order, nurse practitioners who are licensed pursuant to title 32, chapter 15 and authorized by law to prescribe drugs and who issue a standing order and emergency medical care technicians, peace officers AND ANCILLARY LAW ENFORCEMENT EMPLOYEES who administer naloxone hydrochloride or any other opioid antagonist pursuant to this section are immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if those persons act with reasonable care and in good faith, except in cases of wanton or wilful neglect. This section does not create a duty to act or standard of care for peace officers OR ANCILLARY LAW ENFORCEMENT EMPLOYEES to administer an opioid antagonist.

D. The director shall designate opioid antagonists that may be used pursuant to this section based on an evaluation of the opioid antagonist's safety and efficacy.

E. FOR THE PURPOSES OF THIS SECTION, "ANCILLARY LAW ENFORCEMENT EMPLOYEE" MEANS A DETENTION OFFICER, A PROBATION OR SURVEILLANCE OFFICER, A POLICE AIDE OR ASSISTANT, A CRIME SCENE SPECIALIST, A CRIME LABORATORY EMPLOYEE OR ANY OTHER TYPE OF LAW ENFORCEMENT EMPLOYEE OR EMPLOYEE OF THE STATE DEPARTMENT OF CORRECTIONS WHO IS AUTHORIZED BY THE PERSON'S EMPLOYING AGENCY TO ADMINISTER NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION AND DESIGNATED BY THE DIRECTOR PURSUANT TO THIS SECTION.

Sec. 36. Section 36-2267, Arizona Revised Statutes, is amended to read:

36-2267. Administration of opioid antagonist; exemption from civil liability; definition

A. A person may administer an opioid antagonist that is prescribed or dispensed pursuant to section 32-1979 or 36-2266 in accordance with the protocol specified by the physician, nurse practitioner, pharmacist or other health professional OR THAT IS RECEIVED FROM A COUNTY HEALTH DEPARTMENT PURSUANT TO SECTION 36-192 to a person who is experiencing an opioid-related overdose.

B. A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any
act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, wilful misconduct or intentional wrongdoing.

C. For the purposes of this section, "person" includes an employee of a school district or charter school who is acting in the person's official capacity.

Sec. 37. Section 36-2525, Arizona Revised Statutes, is amended to read:

36-2525. Prescription orders; labels; packaging; 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 correct errors or omissions made by the prescriber on the following parts of a written OR ELECTRONIC schedule II controlled substance prescription order:

1. The date issued.
2. The strength, dosage form or quantity of drug.
3. The directions for its use.

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 not less than 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
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electronic recordkeeping system for prescriptions that permits 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. BEGINNING JANUARY 1, 2019, A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID MAY BE DISPENSED IN A COUNTY WITH A POPULATION OF ONE HUNDRED FIFTY THOUSAND PERSONS OR MORE ONLY WITH AN ELECTRONIC PRESCRIPTION ORDER AS PRESCRIBED BY FEDERAL LAW OR REGULATION. BEGINNING JULY 1, 2019, A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID MAY BE DISPENSED IN A COUNTY WITH A POPULATION OF LESS THAN ONE HUNDRED FIFTY THOUSAND PERSONS ONLY WITH AN ELECTRONIC PRESCRIPTION ORDER AS PRESCRIBED BY FEDERAL LAW OR REGULATION. A prescription order for a schedule II substance shall not be dispensed more than ninety days after the date on which the prescription order was issued. A limited service pharmacy as defined in section 32-1901 may sell and dispense a schedule II 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.

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 shall void the authority conferred by this subsection to dispense without a written.
manually-signed prescription order of a medical practitioner THAT IS ELECTRONIC OR THAT IS WRITTEN AND MANUALLY SIGNED.

F. The following may be transmitted to a pharmacy by fax by a patient's medical practitioner or the medical practitioner's agent:

1. A prescription order written for a schedule II controlled substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion.

2. A prescription order written for any schedule II controlled substance for a resident of a long-term care facility.

3. A prescription order written for a schedule II controlled substance for a patient 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, a pharmacy intern or a graduate 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. No 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, pharmacy intern or graduate 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 where 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, pharmacy intern or graduate intern who dispensed the substance to the purchaser. Such the book shall be maintained in conformity with the recordkeeping requirements of section 36-2523.
6. 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.
7. The label on a container of a controlled substance that is directly dispensed by a medical practitioner or pharmacist, 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 red cap and a warning label prescribed by the board about potential addiction.
8. 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, BEGINNING JANUARY 1, 2019, EACH PRESCRIPTION ORDER THAT IS ISSUED BY A MEDICAL PRACTITIONER IN A COUNTY WITH A POPULATION OF ONE HUNDRED FIFTY THOUSAND PERSONS OR MORE FOR A SCHEDULE II CONTROLLED SUBSTANCE THAT IS AN OPIOID SHALL BE TRANSMITTED ELECTRONICALLY TO THE DISPENSING PHARMACY.

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. THE BOARD SHALL ESTABLISH A PROCESS TO GRANT A WAIVER FOR THE REQUIREMENT IN SUBSECTIONS D AND N OF THIS SECTION FOR ELECTRONIC PRESCRIPTION ORDERS TO A MEDICAL PRACTITIONER WHO LACKS ADEQUATE ACCESS TO BROADBAND OR FACES OTHER HARDSHIPS THAT PREVENT THE MEDICAL PRACTITIONER FROM IMPLEMENTING ELECTRONIC PRESCRIPTION ORDERS.

R. FOR THE PURPOSES OF THIS SECTION, "MEDICATION-ASSISTED TREATMENT" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-3201.01.

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

36-2604. Use and release of confidential information: definition
A. Except as otherwise provided in this section, prescription information submitted to the board pursuant to this article is confidential and is not subject to public inspection. The board shall establish procedures to ensure the privacy and confidentiality of patients and that patient information that is collected, recorded and transmitted pursuant to this article is not disclosed except as prescribed in this section.

B. The board or its designee shall review the prescription information collected pursuant to this article. If the board or its designee has reason to believe an act of unprofessional or illegal conduct has occurred, the board or its designee shall notify the appropriate
professional licensing board or law enforcement or criminal justice agency and provide the prescription information required for an investigation.

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

1. A person who is authorized to prescribe or dispense a controlled substance, 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.

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. Except as required pursuant to subsection B of this section, the board shall provide this information only if the requesting board states in writing that the information is necessary for an open investigation or complaint.

4. A local, state or federal law enforcement or criminal justice agency. Except as required pursuant to subsection B of this section, the board shall provide this information only if the requesting agency states in writing that the information is necessary for an open investigation or complaint.

5. The Arizona health care cost containment system administration regarding persons who are receiving services pursuant to chapter 29 of this title. Except as required pursuant to subsection B of this section, the board shall provide this information only if the administration states in writing that the information is necessary for an open investigation or complaint, for performing a drug utilization review for controlled substances to help combat opioid overuse or abuse or for ensuring the continuity of care.

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

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

8. 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.

9. 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. The board may provide data to public or private entities for statistical, research or educational purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.

E. For the purposes of this section, "delegate" means any of the following:

1. A licensed health care professional who is employed in the office of or in a hospital with the prescriber or dispenser.

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

3. 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.

4. A LICENSED PHARMACY TECHNICIAN TRAINEE, PHARMACY TECHNICIAN OR PHARMACY INTERN WHO WORKS IN A FACILITY WITH THE DISPENSER.

Sec. 39. 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 section SECTIONS 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. 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 this title 32 and who possesses an Arizona registration under the controlled substances act (21 United States Code section SECTIONS 801 through 904). THE ARIZONA STATE BOARD OF PHARMACY SHALL NOTIFY EACH PHARMACIST OF THE PHARMACIST'S RESPONSIBILITY TO REGISTER WITH THE ARIZONA STATE BOARD OF PHARMACY AND BE GRANTED ACCESS TO THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM'S CENTRAL DATABASE TRACKING SYSTEM. THE ARIZONA STATE BOARD OF PHARMACY SHALL PROVIDE ACCESS TO THE CENTRAL DATABASE TRACKING SYSTEM TO EACH PHARMACIST WHO HAS A VALID LICENSE PURSUANT TO TITLE 32, CHAPTER 18 AND WHO IS EMPLOYED BY A FACILITY THAT HAS A VALID UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATION 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 A FACILITY THAT HAS A VALID UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER.
3. Not transferable or assignable.

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

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

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

F. Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a 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. Each medical practitioner regulatory board shall notify the medical practitioners licensed by that board of the applicable date. A medical practitioner may be granted a one-year waiver from the requirement in this subsection due to technological limitations that are not reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by rule by the Arizona state board of pharmacy.

G. A DISPENSER, BEFORE DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE, 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. THE ARIZONA STATE BOARD OF PHARMACY SHALL ESTABLISH A PROCESS TO PROVIDE TO A DISPENSER A WAIVER FOR UP TO ONE YEAR AFTER THE EFFECTIVE DATE OF THIS AMENDMENT TO THIS SECTION FROM THE REQUIREMENT IN THIS SUBSECTION DUE TO TECHNOLOGICAL LIMITATIONS.
THAT ARE NOT REASONABLY WITHIN THE CONTROL OF THE DISPENSER OR OTHER
EXCEPTIONAL CIRCUMSTANCES AS DEMONSTRATED BY THE DISPENSER.

 H. The medical practitioner OR DISPENSER is not required to
obtain a patient utilization report from the central database tracking
system pursuant to subsection F of this section if any of the following
applies:
1. The patient is receiving hospice care or palliative care for a
serious or chronic illness.
2. The patient is receiving care for cancer, a cancer-related
illness or condition or dialysis treatment.
3. A medical practitioner will administer the controlled substance.
4. The patient is receiving the controlled substance during the
course of inpatient or residential treatment in a hospital, nursing care
facility, assisted living facility, correctional facility or mental health
facility.
5. The medical practitioner is prescribing the controlled substance
to the patient for no more than a ten-day 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 no more than a ten-day 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.
7. The medical practitioner is prescribing no more than a five-day
prescription and has reviewed the program’s central database tracking
system for that patient within the last thirty days, and the system shows
that no other prescriber has prescribed a controlled substance in the
preceding thirty-day period.

 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 of this section.

 J. The board shall promote and enter into data sharing
agreements for the purpose of integrating the controlled substances
prescription monitoring program into electronic medical records.

 K. By complying with this section, a medical practitioner OR
DISPENSER acting 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.

K. 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.

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.

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.

O. For the purposes of this section:

1. "DISPENSER" MEANS A PHARMACIST WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 18.

2. "Emergency department" means the unit within a hospital that is designed for the provision of emergency services.

Sec. 40. Title 36, chapter 29, article 1, Arizona Revised Statutes, is amended by adding section 36-2930.06, to read:

36-2930.06. Substance use disorder services fund; AHCCCS administration; use of monies

A. THE SUBSTANCE USE DISORDER SERVICES FUND IS ESTABLISHED CONSISTING OF MONIES APPROPRIATED TO THE FUND, ANY GIFTS OR DONATIONS TO THE FUND AND INTEREST EARNED ON THOSE MONIES. THE DIRECTOR SHALL ADMINISTER THE FUND.

B. MONIES IN THE FUND:

1. DO NOT REVERT TO THE STATE GENERAL FUND.

2. ARE EXEMPT FROM THE PROVISIONS OF SECTION 35-190, RELATING TO LAPSING OF APPROPRIATIONS.

3. ARE CONTINUOUSLY APPROPRIATED.
C. THE ADMINISTRATION SHALL ENTER INTO AGREEMENTS WITH ONE OR MORE CONTRACTORS FOR SUBSTANCE USE DISORDER SERVICES USING MONIES FROM THE SUBSTANCE USE DISORDER SERVICES FUND. IN ADDITION TO TERMS AND CONDITIONS THE DIRECTOR DEEMS APPROPRIATE, THE AGREEMENT BETWEEN THE ADMINISTRATION AND EACH CONTRACTOR SHALL REQUIRE THAT:

1. THE MONIES ALLOCATED IN THE AGREEMENT NOT BE USED FOR PERSONS WHO ARE ELIGIBLE UNDER TITLE XIX OR TITLE XXI OF THE SOCIAL SECURITY ACT. PREFERENCE SHALL BE GIVEN TO PERSONS WITH LOWER HOUSEHOLD INCOMES.

2. THE CONTRACTOR COORDINATE BENEFITS PROVIDED UNDER THIS SECTION WITH ANY THIRD PARTIES THAT ARE LEGALLY RESPONSIBLE FOR THE COST OF SERVICES.

3. THE CONTRACTOR MAKE PAYMENTS TO PROVIDERS BASED ON CONTRACTS WITH PROVIDERS OR, IN THE ABSENCE OF A CONTRACT, AT THE CAPPED FEE SCHEDULE ESTABLISHED BY THE ADMINISTRATION.

4. THE CONTRACTOR SUBMIT EXPENDITURE REPORTS MONTHLY IN A FORMAT DETERMINED BY THE DIRECTOR FOR REIMBURSEMENT OF SERVICES PROVIDED UNDER THE AGREEMENT. THE AGREEMENT MAY ALSO PROVIDE FOR ADDITIONAL REIMBURSEMENT FOR ADMINISTERING THE AGREEMENT IN AN AMOUNT NOT TO EXCEED EIGHT PERCENT OF THE EXPENDITURES FOR SERVICES.

5. THE ADMINISTRATION NOT BE HELD FINANCIALLY RESPONSIBLE TO THE CONTRACTOR FOR ANY COSTS INCURRED BY THE CONTRACTOR IN EXCESS OF THE MONIES ALLOCATED IN THE AGREEMENT.

D. THE SYSTEM SHALL ACT AS PAYOR OF LAST RESORT FOR PERSONS WHO ARE ELIGIBLE PURSUANT TO THIS SECTION. ON RECEIPT OF SERVICES UNDER THIS SECTION, A PERSON IS DEEMED TO HAVE ASSIGNED TO THE SYSTEM ALL RIGHTS TO ANY TYPE OF MEDICAL BENEFIT TO WHICH THE PERSON IS ENTITLED.

E. THIS SECTION DOES NOT:

1. ESTABLISH AN ENTITLEMENT FOR ANY INDIVIDUAL TO RECEIVE ANY PARTICULAR SERVICE.

2. ESTABLISH A DUTY ON THE PART OF THE ADMINISTRATION TO PROVIDE SERVICES OR SPEND MONIES IN EXCESS OF THE MONIES IN THE FUND.

Sec. 41. Arizona state board of pharmacy; report; implementation of electronic prescribing tools

On or before September 1, 2018, the director of the Arizona state board of pharmacy shall provide to the governor, the president of the senate and the speaker of the house of representatives a report regarding the ability of health care providers to access and use electronic prescribing tools and comply with the requirements of section 36-2525, Arizona Revised Statutes, as amended by this act. A copy of the report shall be provided to the secretary of state.

Sec. 42. Governor's office of youth, faith and family; report

On or before December 31, 2018, the governor's office of youth, faith and family shall report to the governor, the president of the senate and the speaker of the house of representatives on the feasibility of a statewide expansion of the Arizona angel initiative.
Sec. 43. Appropriation; substance use disorder services fund

The sum of $10,000,000 is appropriated from the state general fund in fiscal year 2017-2018 to the substance use disorder services fund established by section 36-2930.06, Arizona Revised Statutes, as added by this act.

Sec. 44. Appropriations; department of health services; attorney general; opioid abuse prevention; opioid education; exemption

A. Notwithstanding the requirements of section 44-1531.02, Arizona Revised Statutes, the following sums are appropriated to the following entities from the consumer remediation subaccount of the consumer restitution and remediation revolving fund established by section 44-1531.02, Arizona Revised Statutes, in fiscal year 2017-2018 for the following purposes:

1. $400,600 to the department of health services for the opioid abuse prevention campaign established pursuant to section 36-123, Arizona Revised Statutes, as added by this act.

2. $400,600 to the attorney general - department of law for the purpose of awarding community grants for opioid education and prevention efforts.

B. Monies appropriated pursuant to subsection A of this section are exempt from section 35-190, Arizona Revised Statutes, relating to lapsing of appropriations.

Sec. 45. Applicability

Title 20, chapter 26, Arizona Revised Statutes, as added by this act, applies to all health care services plans as defined in section 20-3401, Arizona Revised Statutes, as added by this act, that are issued or renewed from and after December 31, 2018.