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2025 Arizona Senate Bill No. 1125, Arizona Fifty-Seventh Legislature - First Regular Session

ARIZONA BILL TEXT

TITLE: psychologists; prescribing authority

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SHOPE

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SUMMARY: psychologists; prescribing authority

TEXT:

REFERENCE TITLE: psychologists; prescribing authority

State of Arizona

Senate

Fifty-seventh Legislature

First Regular Session

2025

SB 1125

Introduced by

Senator Shope

An **Act**

amending section 32-1403, Arizona Revised Statutes; amending title 32, chapter 13, article 3, Arizona Revised Statutes, by adding section 32-1460; amending section 32-1803, Arizona Revised Statutes; amending title 32, chapter 17, article 3, Arizona Revised Statutes, by adding section 32-1862; amending title 32, chapter 19.1, Arizona Revised Statutes, by adding article 5; amending sections 36-2604 and 36-2606, Arizona Revised Statutes; relating to the state board of psychologist examiners.

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

Section 1. [Section 32-1403, Arizona Revised Statutes](#), is amended to read:

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

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

1. Ordering and evaluating physical, psychological, psychiatric and competency testing of licensed physicians and candidates for licensure as may be determined necessary by the board.
2. Initiating investigations and determining on the board's own motion whether a doctor of medicine has engaged in unprofessional conduct or provided incompetent medical care or is mentally or physically unable to engage in the practice of medicine.
3. Developing and recommending standards governing the profession.
4. Reviewing the credentials and the abilities of applicants whose professional records or physical or mental capabilities may not meet the requirements for licensure or **registration** as prescribed in article 2 of this chapter in order for the board to make a final determination whether the applicant meets the requirements for licensure pursuant to this chapter.

5. Disciplining and rehabilitating physicians.

6. Engaging in a full exchange of information with the licensing and disciplinary boards and medical associations of other states and jurisdictions of the United States and foreign countries and the Arizona medical association and its components.
7. Directing the preparation and circulation of educational material the board determines is helpful and proper for licensees.
8. Adopting rules regarding the regulation and the qualifications of doctors of medicine.
9. Establishing fees and penalties as provided pursuant to section 32-1436.
10. Delegating to the executive director the board's authority pursuant to section 32-1405 or 32-1451. The board shall adopt substantive policy statements pursuant to section 41-1091 for each specific licensing and regulatory authority the board delegates to the executive director.
11. Determining whether a prospective or current Arizona licensed physician has the training or experience to demonstrate the physician's ability to treat and manage opiate-dependent patients as a qualifying physician pursuant to 21 United States Code section 823(g)(2)(G)(ii).
12. Issuing **registrations** to administer general anesthesia and sedation in dental offices and dental clinics pursuant to section 32-1272 to doctors of medicine who have completed residency training in anesthesiology.

| 13. Investigating any charge that involves prescribing by a prescribing psychologist and recommending to the state board of psychologist examiners whether the Arizona medical board believes the prescribing psychologist engaged in unprofessional conduct related to prescribing or provided incompetent medical care based on the prescribing psychologist's collaborative **prescription agreement. For the purposes of this paragraph, "collaborative **prescription** agreement" and "prescribing psychologist" have the same meanings prescribed in section 32-2095. |**

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

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

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

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

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

G. The committee on executive director selection and retention is established consisting of the Arizona medical board and the chairperson and vice chairperson of the Arizona regulatory board of physician assistants. The committee is a public body and is subject to the requirements of title 38, chapter 3, article 3.1. The committee is responsible for appointing the executive director pursuant to section 32-1405. **All** members of the committee are voting members of the committee. The committee shall elect a chairperson and a vice chairperson when the committee meets but not more frequently than once a year. The chairperson shall call meetings of the committee as necessary, and the vice chairperson may call meetings of the committee that are necessary if the chairperson is not available. The presence of eight members of the committee at a meeting constitutes a quorum. The committee meetings may be held using communications equipment that allows **all** members who are participating in the meeting to hear each other. If any discussions occur in an executive session of the committee, notwithstanding the requirement that discussions made at an executive session be kept confidential as specified in section 38-431.03, the chairperson and vice chairperson of the Arizona regulatory board of physician assistants may discuss this information with the Arizona regulatory board of physician assistants in executive session. This disclosure of executive session information to the Arizona regulatory board of physician assistants does not constitute a waiver of confidentiality or any privilege, including the attorney-client privilege.

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

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

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

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

| A. Subject to the rules adopted by the board, a physician may enter into a collaborative **prescription agreement with a prescribing psychologist. A collaborating physician may be a party to only four collaborative **prescription** agreements at any time. |**

| B. For the purposes of this section, "collaborating physician", "collaborative **prescription agreement" and "prescribing psychologist" have the same meanings prescribed in section 32-2095. |**

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

32-1803. Powers and duties

A. The board shall:

1. Protect the public from unlawful, incompetent, unqualified, impaired and unprofessional practitioners of osteopathic medicine.
2. Issue licenses, conduct hearings, place physicians on probation, revoke or suspend licenses, enter into stipulated orders, issue letters of concern or decrees of censure and administer and enforce this chapter.

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

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

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

(c) If the board has required additional continuing medical education pursuant to section 32-1855 but has not taken further action, the board shall delete the public record of the complaint five years after the person satisfies this requirement.

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

(a) The name of the physician.

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

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

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

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

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

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

(a) Is designed and offered by a physician.

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

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

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

6. Discipline and rehabilitate osteopathic physicians.

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

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

| 9. Investigate any charge that involves prescribing by a prescribing psychologist and recommend to the state board of psychologist examiners whether the Arizona board of osteopathic examiners in medicine and surgery believes the prescribing psychologist engaged in unprofessional conduct related to prescribing or provided incompetent medical care based on the prescribing psychologist's collaborative prescription agreement. For the purposes of this paragraph, "collaborative prescription agreement" and "prescribing psychologist" have the same meanings prescribed in section 32-2095. |

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

C. The board may:

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

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

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

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

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

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

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

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

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

| A. Subject to the rules adopted by the board, a physician may enter into a collaborative prescription agreement with a prescribing psychologist. A collaborating physician may be a party to only four collaborative prescription agreements at any time. |

| B. For the purposes of this section, "collaborating physician", "collaborative prescription agreement" and "prescribing psychologist" have the same meanings prescribed in section 32-2095. |

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

ARTICLE **5**. PRESCRIBING PSYCHOLOGISTS

32-2095. Definitions

| In this ARTICLE, unless the context otherwise requires: |

1. "Collaborating physician" means a physician who is licensed pursuant to chapter 13 or 17 of this title and who is a party to a collaborative prescription agreement pursuant to this article. |

2. "Collaborative prescription agreement" means an agreement between a collaborating physician and a prescribing psychologist that allows the prescribing psychologist to prescribe psychotropic medication pursuant to this article. |

3. "Physician" means either: |

(a) A doctor of medicine as defined in section 32-1401. |

(b) A Doctor of osteopathy as defined in section 32-1800. |

4. "Prescribing psychologist" means a psychologist who holds a valid prescription license. |

5. "Prescription license" mean a document that is issued by the board to a psychologist who meets the requirements of this article and that allows the psychologist who has a collaborative prescription agreement with a collaborating physician to prescribe psychotropic medication pursuant to this article. |

6. "Psychotropic medication": |

(a) Means a controlled substance or dangerous drug that may be dispensed or administered only with a prescription, that is limited to those agents related to diagnosing and treating or managing mental, nervous, emotional, behavioral, substance use or cognitive disorders, including managing or protecting from side effects that are a direct result of those agents, and whose use is consistent with the standards of practice for clinical psychopharmacology. |

(b) Does not include a narcotic drug. |

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

A. Beginning on or before January 1, 2027, a psychologist may apply to the board for a prescription license on a form approved by the board and shall include with the application evidence satisfactory to the board that the applicant meets all of the following requirements: |

1. Completed a doctoral program in psychology from an accredited institution of higher education or professional school, or, if the program was not accredited at the time of the applicant's graduation, the program meets professional standards as prescribed by section 32-2071. |

2. Holds a current license to practice psychology in this state. |

3. Passed a national certification examination approved by the board that includes testing on integrating clinical psychopharmacology WITH the practice of psychology. |

4. Successfully completed an organized program of graduate-level education that included in-person components, that is approved by the state board of psychologist examiners in consultation with the Arizona medical board and the Arizona board of osteopathic examiners in medicine and surgery, and that consists of at least the following core areas of instruction: |

(a) Biological foundations of psychopharmacology. |

|(b)| Neuroscience.

|(c)| Neuropharmacology.

|(d)| Psychopharmacology.

|(e)| Clinical pharmacology.

|(f)| Professional issues and practice management.

|(g)| Treatment issues in psychopharmacology, including affective disorders, psychotic disorders and anxiety disorders.

|(h)| Appropriate and relevant physical and laboratory assessments.

5. Successfully completed undergraduate biomedical coursework, including, at a minimum, the following subject areas:

|(a)| Chemistry I and II.

|(b)| Organic chemistry or biochemistry.

|(c)| Anatomy and physiology or physiology.

|(d)| General biology I and II.

|(e)| Microbiology.

6. Is Certified by each of the applicant's supervising physicians as having successfully completed a practicum that is approved by the board. The practicum must consist of at least one thousand nine hundred hours total over the course of at least twenty-four months in clinical assessment and pathophysiology under the supervision of a physician. At least one thousand hours of the practicum must meet all of the following criteria:

|(a)| Be supervised by one or a combination of psychiatrists or other appropriately trained physicians who are determined by the board to be sufficient to competently train the applicant in treating various patient populations as determined by the board.

|(b)| Involve patient populations of which the majority are not incarcerated.

|(c)| Be supervised in person.

7. Has malpractice insurance sufficient to satisfy the rules adopted by the board that will cover the applicant up to \$1,000,000 per incident and \$3,000,000 per year or as otherwise approved by the board.

8. Pays the prescription license fee as prescribed by the board in rule.

B. The board shall issue a conditional approval for a prescription license if the board finds that the applicant meets the requirements of subsection A of this section. A psychologist shall not prescribe medication with a conditional prescription license.

| C. Once the conditional approval for a **prescription** license is granted by the board pursuant to subsection B of this section, the applicant may initiate a **collaborative prescription** agreement with a collaborating physician. A prescribing psychologist must have a collaborative **prescription** agreement in place in order to prescribe medication. |

| D. Once an applicant with conditional approval pursuant to subsection B of this section has established a collaborative **prescription** agreement with a collaborating physician, the applicant must file the collaborative **prescription** agreement with the state board of psychologist examiners for approval. On approval, the state board of psychologist examiners shall forward a copy of the approved collaborative **prescription** agreement within ten business days to the collaborating physician's regulatory board. |

| E. A prescribing psychologist's **prescription** license is valid for a period of two years. At the end of the two-year period, the prescribing psychologist may apply to renew the **prescription** license. The prescribing psychologist shall pay a **prescription** license renewal fee as prescribed by the board in rule at the time the prescribing psychologist applies to renew the **prescription** license. |

32-2095.02. Collaborative **prescription** agreements; guidelines

| A. A collaborative **prescription** agreement is required for all prescribing psychologists practicing with a **prescription** license issued pursuant to this article. |

| B. A collaborative **prescription** agreement must meet all of the following: |

| 1. Be in writing. |

| 2. describe the working relationship between the prescribing psychologist and the collaborating physician and detail how the collaborating physician will ensure that the prescribing psychologist meets the requirements of the collaborative **prescription** agreement. |

| 3. Identify by brand name or generic name the psychotropic medication that the prescribing psychologist may prescribe. The psychotropic medication listed in the collaborative **prescription** agreement may be only medication that the collaborating physician generally provides to the collaborating physician's patients to treat mental **health** and substance use disorders in the normal course of the collaborating physician's clinical practice. |

| 4. Promote the exercise of professional judgment by the prescribing psychologist consistent with the prescribing psychologist's training, education and experience. |

| 5. Identify whether the prescribing psychologist has the authority to order laboratory testing, imaging and medical tests necessary before prescribing medication, during the period of prescribed medication and at the end of a period of prescribed medication. |

| 6. Identify whether the prescribing psychologist has the authority to administer psychotropic medication injections. |

| 7. Provide methods, frequency and guidelines for communication between the collaborating physician and the prescribing psychologist, including in-person, electronic and telephonic communications. The collaborating physician is not required to be personally present at the place where the prescribing psychologist renders services while the services are being rendered. |

| 8. Provide for adequate collaboration between the collaborating physician and the prescribing psychologist as determined by the state board of psychologist examiners in consultation with the Arizona medical board and the Arizona board of osteopathic examiners in medicine and surgery. |

| 9. address the termination of or changes to the collaborative prescription agreement. |

| 10. Contain the national provider identifier number of both the prescribing psychologist and the collaborating physician. |

| C. The collaborative prescription agreement may not restrict third-party payment sources accepted by the prescribing psychologist unless there is an employment relationship between the collaborating physician and the prescribing psychologist. |

| D. A collaborative prescription agreement may be terminated by either the prescribing psychologist or the collaborating physician. The prescribing psychologist shall notify the state board of psychologist examiners and the collaborating physician's regulatory board at least thirty days before a collaborative prescription agreement is terminated. |

| E. If the collaborative prescription agreement is terminated by either party, the prescribing psychologist's prescribing license remains active with the state board of psychologist examiners pending a new collaborative prescription agreement. the prescribing psychologist may not prescribe medications until a new collaborative prescription agreement is filed with the state board of psychologist examiners and the new collaborating physician's regulatory board. |

32-2095.03. **Prescription** requirements and limits; disclosure; definition

| A. Each prescription written by a prescribing psychologist must meet all of the following requirements: |

| 1. Comply with applicable state and federal laws. |

| 2. Indicate that the prescription is issued by a prescribing psychologist. |

| 3. Include the prescribing psychologist's board-assigned identification number. |

| b. The following limits apply to a prescribing psychologist when prescribing psychotropic medications that are controlled substances:

| 1. The prescribing psychologist may prescribe and administer stimulants to treat attention deficit hyperactivity disorder regardless of the stimulant schedule classification if the medication is included in the collaborative prescription agreement. |

| 2. The prescribing psychologist may prescribe schedule II controlled substances for substance use disorder pursuant to this article only if the population is identified in the collaborative prescription agreement. |

| c. A collaborating physician is not liable for the acts of a prescribing psychologist unless the injury or loss arises from an act under the direction and control of the collaborating physician. |

| d. A prescribing psychologist may not delegate prescribing authority to any other person. A prescribing psychologist shall maintain in a patient's records details of all prescriptions the prescribing psychologist provides for that patient. |

| e. Each prescribing psychologist shall file with the state board of psychologist examiners, in the form and manner determined by the state board of psychologist examiners, all individual federal drug enforcement administration registrations and numbers. The state board of psychologist examiners shall make that information available to the Arizona medical board and the Arizona board of osteopathic examiners in medicine and surgery on request and maintain current records on each prescribing psychologist, including the prescribing psychologist's federal drug enforcement administration registrations and numbers. |

| f. A prescribing psychologist may prescribe only to a patient with whom the prescribing psychologist has an established psychologist-patient relationship and must continue to provide clinical services throughout the period of prescribed medication. |

| g. A prescribing psychologist may not prescribe for persons who are any of the following: |

| 1. Under eighteen years of age. |

| 2. Over sixty-five years of age. |

| 3. Pregnant. |

| 4. Medically complex, as determined by the collaborating physician. |

| h. A prescribing psychologist shall ask each patient for INFORMATION regarding the patient's primary health care practitioner during intake. if the patient identifies a primary health care practitioner, The prescribing psychologist shall provide information to the patient's primary health care practitioner regarding any prescription the prescribing psychologist issues to the patient within twenty-four hours after issuing the prescription. This subsection does not require a prescribing psychologist to give prior notice to or obtain prior approval from a patient's primary health care practitioner to prescribe psychotropic medication to a patient with whom the prescribing psychologist has established a psychologist-patient relationship. |

| i. The prescribing psychologist shall disclose to each patient to whom the prescribing psychologist prescribes a psychotropic medication that the prescribing psychologist is not a physician licensed to practice medicine. The disclosure must be in writing, be signed by the patient and be kept in the patient's record on file with the prescribing psychologist. |

| j. For the purposes of this section, "primary health care practitioner" means a physician who is licensed pursuant to chapter 13 or 17 of this title, a nurse practitioner or clinical nurse specialist who is licensed pursuant to chapter 15 of this title or a physician assistant who is licensed pursuant to chapter 25 of this title. |

32-2095.04. Continuing requirements; continuing education

| A prescribing psychologist may prescribe psychotropic medication under a collaborative prescription agreement if the prescribing psychologist continues to meet all of the following: |

| 1. Holds a current license in good standing to practice psychology in this state as prescribed in section 32-2074. |

| 2. maintains malpractice insurance as required by this article. |

| 3. Completes at least forty hours of continuing education every two years in the areas of pharmacology and psychopharmacology for prescribing psychologists as required by the board. The continuing education required to

maintain a prescribing license is in addition to any continuing education required to maintain a license to practice psychology. |

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

| A. The state board of psychologist examiners shall refer any complaint involving prescribing by a prescribing psychologist to either: |

| 1. The Arizona medical board if the prescribing psychologist's collaborative **prescription agreement is with a collaborating physician who is licensed pursuant to chapter 13 of this title. |**

| 2. The Arizona board of osteopathic examiners in medicine and surgery if the prescribing psychologist's collaborative **prescription agreement is with a collaborating physician who is licensed pursuant to chapter 17 of this title. |**

| B. The state board of psychologist examiners shall both receive recommendations and pursue action based on the recommendations from either the Arizona medical board or the Arizona board of osteopathic examiners in medicine and surgery regarding matters related to prescribing by a prescribing psychologist. |

| C. For any complaint referred to the Arizona medical board or the Arizona board of osteopathic examiners in medicine and surgery pursuant to subsection A of this section, the state board of psychologist examiners maintains the right to investigate the portion of the complaint that involves the licensed practice of psychology pursuant to article 3 of this chapter. |

| d. The board may take action pursuant to this article or article 3 of this chapter on the prescribing psychologist's **prescription license if the prescribing psychologist fails to meet the requirements outlined in this article. |**

| E. The state board of psychologist examiners shall enter into an interagency service agreement to allow the state board of psychologist examiners to reimburse the Arizona medical board and the Arizona board of osteopathic examiners in medicine and surgery for any costs associated with administering or regulating a prescribing psychologist or a physician who is a party to a collaboration agreement. |

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

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

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

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

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

1. A person who is authorized to prescribe or dispense **controlled substances**, or a delegate who is authorized by the prescriber or dispenser, to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient or to assist with

or verify compliance with the requirements of this chapter, the rules adopted pursuant to this chapter and the rules adopted by the department of **health** services to reduce opioid overdose and death.

2. An individual who requests the individual's own **prescription monitoring** information pursuant to section 12-2293.
3. A medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, **19.1**, **25** or 29.
4. A local, state or federal law enforcement or criminal justice agency. The board shall provide this information only if the requesting agency has a valid search warrant and is using the information for an open investigation or complaint.
5. The Arizona **health** care cost containment **system** administration and contractors regarding persons who are receiving services pursuant to chapters 29 and 34 of this title or title XVIII of the social security **act**. Except as required pursuant to subsection B of this section, the board shall provide this information only if the administration or a contractor states in writing that the information is necessary for an open investigation or complaint or for performing a **drug** utilization review for **controlled substances** that supports the prevention of opioid overuse or abuse and the **safety** and quality of care provided to the member.
6. A **health** care insurer. Except as required pursuant to subsection B of this section, the board shall provide this information only if the **health** care insurer states in writing that the information is necessary for an open investigation or complaint or for performing a **drug** utilization review for **controlled substances** that supports the prevention of opioid overuse or abuse and the **safety** and quality of care provided to the insured.
7. A person who is serving a lawful order of a court of competent jurisdiction.
8. A person who is authorized to prescribe or dispense **controlled substances** and who performs an evaluation on an individual pursuant to section 23-1026.
9. A county medical examiner or alternate medical examiner who is directing an investigation into the circumstances surrounding a death as described in section 11-593 or a delegate who is authorized by the county medical examiner or alternate medical examiner.
10. The department of **health** services regarding persons who are receiving or prescribing **controlled substances** in order to implement a public **health** response to address opioid overuse or abuse, including a review pursuant to section 36-198. Except as required pursuant to subsection B of this section, the board shall provide this information only if the department states in writing that the information is necessary to implement a public **health** response to help combat opioid overuse or abuse.

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

1. Credentialing **health** care professionals.
2. Determining payment.
3. Preemployment screening.
4. Any purpose other than as specified in this section.

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

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

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

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

I. For the purposes of this section:

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

2. "Delegate" means any of the following:

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

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

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

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

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

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

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

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

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

1. A facility that has a valid United States **drug** enforcement administration **registration** number.
2. The administration, a contractor or a **health** care insurer and who has a national provider identifier number.

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, **19.1**, **25** or **29**.
2. Valid in conjunction with a valid license issued by the Arizona state board of pharmacy for a pharmacist who is employed by either:
 - (a) A facility that has a valid United States **drug** enforcement administration **registration** number.
 - (b) The administration, a contractor or a **health** care insurer and who has a national provider identifier number.
3. Not transferable or assignable.

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

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

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

F. ~~Beginning the later of October 1, 2017 or sixty days after the statewide **health** information exchange has integrated the **controlled substances prescription monitoring program** data into the exchange;~~ A 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. Before a pharmacist dispenses or before a pharmacy technician or pharmacy intern of a remote dispensing site pharmacy dispenses a schedule II **controlled substance**, a dispenser shall obtain a patient utilization **report** regarding the patient for the preceding twelve months from the **controlled substances prescription monitoring program's** central **database tracking system** at the beginning of each new course of treatment.

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

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

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

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

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

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

1. Requesting or receiving, or failing to request or receive, **prescription monitoring** data from the **program's** central **database tracking system**.
2. **Acting** or failing to **act** on the basis of the **prescription monitoring** data provided by the **program's** central **database tracking system**.

M. Notwithstanding any provision of this section to the contrary, medical practitioners or dispensers and their delegates are not in violation of this section during any time period in which the **controlled substances prescription monitoring program's**

central **database tracking system** is suspended or is not operational or available in a timely manner. If the **program's** central **database tracking system** is not accessible, the medical practitioner or dispenser or the medical practitioner's or dispenser's delegate shall document the date and time the practitioner, dispenser or delegate attempted to use the central **database tracking system** pursuant to a process established by board rule.

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

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

P. For the purposes of this section:

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

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

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

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

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

Sec. 8. Exemption from rulemaking

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

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