

PROPOSED
SENATE AMENDMENTS TO S.B. 1367
(Reference to printed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Section 32-2501, Arizona Revised Statutes, is amended to
3 read:

4 32-2501. Definitions

5 In this chapter, unless the context otherwise requires:

6 1. "Active license" means a regular license issued pursuant to this
7 chapter.

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

14 3. "Advisory letter" means a nondisciplinary letter to notify a
15 physician assistant that either:

16 (a) While there is insufficient evidence to support disciplinary
17 action, the board believes that continuation of the activities that led to
18 the investigation may result in further board action against the licensee.

19 (b) The violation is a minor or technical violation that is not of
20 sufficient merit to warrant disciplinary action.

21 (c) While the licensee has demonstrated substantial compliance
22 through rehabilitation or remediation that has mitigated the need for
23 disciplinary action, the board believes that repetition of the activities

1 that led to the investigation may result in further board action against
2 the licensee.

3 4. "Approved program" means a physician assistant educational
4 program accredited by the accreditation review commission on education for
5 physician assistants, or one of its predecessor agencies, the committee on
6 allied health education and accreditation or the commission on the
7 accreditation of allied health educational programs.

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

10 6. "COLLABORATION AGREEMENT" MEANS A WRITTEN OR ELECTRONIC SIGNED
11 AGREEMENT THAT DESCRIBES A PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE AND THAT
12 IS BETWEEN THE PHYSICIAN ASSISTANT AND THE PHYSICIAN ASSISTANT'S EMPLOYER
13 THAT ALSO EMPLOYS OR HAS ON MEDICAL STAFF AT LEAST ONE PHYSICIAN WHO MAY
14 PROVIDE OVERSIGHT, AS APPLICABLE. FOR THE PURPOSES OF THIS PARAGRAPH,
15 "EMPLOYER" INCLUDES A PHYSICIAN EMPLOYER, PHYSICIAN GROUP PRACTICE,
16 PHYSICIAN PRIVATE PRACTICE OR LICENSED HEALTH CARE INSTITUTION.

17 ~~6.~~ 7. "Completed application" means an application for which the
18 applicant has supplied all required fees, information and correspondence
19 requested by the board on forms and in a manner acceptable to the board.

20 ~~7.~~ 8. "Immediate family" means the spouse, natural or adopted
21 children, father, mother, brothers and sisters of the physician assistant
22 and the natural or adopted children, father, mother, brothers and sisters
23 of the physician assistant's spouse.

24 ~~8.~~ 9. "Letter of reprimand" means a disciplinary letter that is
25 issued by the board and that informs the physician assistant that the
26 physician assistant's conduct violates state or federal law and may require
27 the board to monitor the physician assistant.

28 ~~9.~~ 10. "Limit" means a nondisciplinary action that is taken by the
29 board and that alters a physician assistant's practice or medical
30 activities if there is evidence that the physician assistant is or may be
31 mentally or physically unable to safely engage in health care tasks.

1 ~~10.~~ 11. "Medically incompetent" means that a physician assistant
2 lacks sufficient medical knowledge or skills, or both, in performing
3 delegated health care tasks to a degree likely to endanger the health or
4 safety of patients.

5 ~~11.~~ 12. "Minor surgery":

6 (a) Means those invasive procedures that may be ~~delegated to~~
7 **PERFORMED BY** a physician assistant ~~by a supervising physician~~, that are
8 consistent with the training and experience of the physician assistant,
9 that are normally taught in courses of training approved by the board, ~~and~~
10 that have been approved by the board as falling within a scope of practice
11 of a physician assistant **AND THAT ARE CONSISTENT WITH THE PRACTICE SETTING**
12 **REQUIREMENTS OF THE PHYSICIAN ASSISTANT.** ~~Minor surgery~~

13 (b) Does not include a surgical abortion.

14 ~~12.~~ 13. "Physician" means a physician who is licensed pursuant to
15 chapter 13 or 17 of this title.

16 ~~13.~~ 14. "Physician assistant" means a person who is licensed
17 pursuant to this chapter ~~and who practices medicine with physician~~
18 ~~supervision.~~

19 ~~14.~~ 15. "Regular license" means a valid and existing license that
20 is issued pursuant to section 32-2521 to perform health care tasks.

21 ~~15.~~ 16. "Restrict" means a disciplinary action that is taken by the
22 board and that alters a physician assistant's practice or medical
23 activities if there is evidence that the physician assistant is or may be
24 medically incompetent or guilty of unprofessional conduct.

25 ~~16.~~ 17. "Supervising physician" means a physician who holds a
26 current unrestricted license, who supervises a physician assistant and who
27 assumes legal responsibility for health care tasks performed by the
28 physician assistant.

29 ~~17.~~ 18. "Supervision" means a physician's opportunity or ability to
30 provide or exercise direction and control over the services of a physician
31 assistant. Supervision does not require a physician's constant physical

1 presence if the supervising physician is or can be easily in contact with
2 the physician assistant by telecommunication.

3 ~~18.~~ 19. "Unprofessional conduct" includes the following acts by a
4 physician assistant that occur in this state or elsewhere:

5 (a) Violating any federal or state law or rule that applies to the
6 performance of health care tasks as a physician assistant. Conviction in
7 any court of competent jurisdiction is conclusive evidence of a violation.

8 (b) Claiming to be a physician or knowingly ~~permitting~~ ALLOWING
9 another person to represent that person as a physician.

10 (c) Performing health care tasks that EITHER:

11 (i) Have not been delegated by the supervising physician IF THE
12 PHYSICIAN ASSISTANT IS SUBJECT TO SUPERVISION BY A SUPERVISING PHYSICIAN.

13 (ii) DO NOT MEET THE SCOPE OF PRACTICE OUTLINED IN A COLLABORATION
14 AGREEMENT IF THE PHYSICIAN ASSISTANT IS SUBJECT TO A COLLABORATION
15 AGREEMENT.

16 (d) Exhibiting a pattern of using or being under the influence of
17 alcohol or drugs or a similar substance while performing health care tasks
18 or to the extent that judgment may be impaired and the ability to perform
19 health care tasks detrimentally affected.

20 (e) Signing a blank, undated or predated prescription form.

21 (f) Committing gross malpractice, repeated malpractice or any
22 malpractice resulting in the death of a patient.

23 (g) Representing that a manifestly incurable disease or infirmity
24 can be permanently cured or that a disease, ailment or infirmity can be
25 cured by a secret method, procedure, treatment, medicine or device, if this
26 is not true.

27 (h) Refusing to divulge to the board on demand the means, method,
28 procedure, modality of treatment or medicine used in ~~the treatment of~~
29 TREATING a disease, injury, ailment or infirmity.

30 (i) Prescribing or dispensing controlled substances or
31 prescription-only drugs for which the physician assistant is not approved
32 or in excess of the amount authorized pursuant to this chapter.

1 (j) Committing any conduct or practice that is or might be harmful
2 or dangerous to the health of a patient or the public.

3 (k) Violating a formal order, probation or stipulation issued by the
4 board.

5 (l) Failing to clearly disclose the person's identity as a physician
6 assistant in the course of the physician assistant's employment.

7 (m) Failing to use and affix the initials "P.A." or "P.A.-C." after
8 the physician assistant's name or signature on charts, prescriptions or
9 professional correspondence.

10 (n) Procuring or attempting to procure a physician assistant license
11 by fraud, misrepresentation or knowingly taking advantage of the mistake of
12 another.

13 (o) Having professional connection with or lending the physician
14 assistant's name to an illegal practitioner of any of the healing arts.

15 (p) Failing or refusing to maintain adequate records ~~on~~ FOR a
16 patient.

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

20 (r) Prescribing or dispensing controlled substances to members of
21 the physician assistant's immediate family.

22 (s) Prescribing, dispensing or administering any controlled
23 substance or prescription-only drug for other than accepted therapeutic
24 purposes.

25 (t) Dispensing a schedule II controlled substance that is an opioid,
26 except as provided in section 32-2532.

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

31 (v) Committing a felony, whether or not involving moral turpitude,
32 or a misdemeanor involving moral turpitude. In either case, conviction by

1 a court of competent jurisdiction or a plea of no contest is conclusive
2 evidence of the commission.

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

9 (x) Having sanctions including restriction, suspension or removal
10 from practice imposed by an agency of the federal government.

11 (y) Violating or attempting to violate, directly or indirectly, or
12 assisting in or abetting the violation of or conspiring to violate a
13 provision of this chapter.

14 (z) Using the term "doctor" or the abbreviation "Dr." on a name tag
15 or in a way that leads the public to believe that the physician assistant
16 is licensed to practice as an allopathic or ~~an~~ osteopathic physician in
17 this state.

18 (aa) Failing to furnish legally requested information to the board
19 or its investigator in a timely manner.

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

23 (cc) Knowingly making a false or misleading statement on a form
24 required by the board or in written correspondence or attachments furnished
25 to the board.

26 (dd) Failing to submit to a body fluid examination and other
27 examinations known to detect the presence of alcohol or other drugs
28 pursuant to an agreement with the board or an order of the board.

29 (ee) Violating a formal order, probation agreement or stipulation
30 issued or entered into by the board or its executive director.

31 (ff) Except as otherwise required by law, intentionally betraying a
32 professional secret or intentionally violating a privileged communication.

1 (gg) Allowing the use of the licensee's name in any way to enhance
2 or ~~permit~~ ALLOW the continuance of the activities of, or maintaining a
3 professional connection with, an illegal practitioner of medicine or the
4 performance of health care tasks by a person who is not licensed pursuant
5 to this chapter.

6 (hh) Committing false, fraudulent, deceptive or misleading
7 advertising by a physician assistant or the physician assistant's staff or
8 representative.

9 (ii) Knowingly failing to disclose to a patient on a form that is
10 prescribed by the board and that is dated and signed by the patient or
11 guardian acknowledging that the patient or guardian has read and
12 understands that the licensee has a direct financial interest in a separate
13 diagnostic or treatment agency or in nonroutine goods or services that the
14 patient is being prescribed and ~~if~~ WHETHER the prescribed treatment, goods
15 or services are available on a competitive basis. This subdivision does
16 not apply to a referral by one physician assistant to another physician
17 assistant or to a doctor of medicine or a doctor of osteopathic medicine
18 within a group working together.

19 (jj) With the exception of heavy metal poisoning, using chelation
20 therapy in the treatment of arteriosclerosis or as any other form of
21 therapy without adequate informed patient consent or without conforming to
22 generally accepted experimental criteria, including protocols, detailed
23 records, periodic analysis of results and periodic review by a medical peer
24 review committee, or without approval by the United States food and drug
25 administration or its successor agency.

26 (kk) Prescribing, dispensing or administering anabolic or androgenic
27 steroids for other than therapeutic purposes.

28 (ll) Prescribing, dispensing or furnishing a prescription medication
29 or a prescription-only device as defined in section 32-1901 to a person
30 unless the licensee first conducts a physical examination of that person or
31 has previously established a professional relationship with the person.
32 This subdivision does not apply to:

1 (i) A physician assistant who provides temporary patient care on
2 behalf of the patient's regular treating licensed health care professional.

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

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

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

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

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

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

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

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

26 Sec. 2. Section 32-2502, Arizona Revised Statutes, is amended to
27 read:

28 32-2502. Arizona regulatory board of physician assistants;
29 membership; appointment; terms; immunity

30 A. The Arizona regulatory board of physician assistants is
31 established consisting of the following members:

1 1. Five physician assistants who hold a current regular license
2 pursuant to this chapter. The governor may appoint these members from a
3 list of qualified candidates submitted by the Arizona state association of
4 physician assistants. The governor may seek additional input and
5 nominations before the governor makes the physician assistant appointments.

6 2. Two public members who are appointed by the governor.

7 3. Two physicians who are actively engaged in the practice of
8 medicine and who are licensed pursuant to chapter 17 of this title, one of
9 whom supervises **OR WORKS WITH** a physician assistant at the time of
10 appointment, and who are appointed by the governor.

11 4. Two physicians who are actively engaged in the practice of
12 medicine and who are licensed pursuant to chapter 13 of this title, one of
13 whom supervises **OR WORKS WITH** a physician assistant at the time of
14 appointment, and who are appointed by the governor.

15 B. Before appointment by the governor, a prospective member of the
16 board shall submit a full set of fingerprints to the governor for the
17 purpose of obtaining a state and federal criminal records check pursuant to
18 section 41-1750 and Public Law 92-544. The department of public safety may
19 exchange this fingerprint data with the federal bureau of investigation.

20 C. The term of office of members of the board is four years to begin
21 and end on July 1.

22 D. Each board member is eligible for appointment to not more than
23 two full terms, except that the term of office for a member appointed to
24 fill a vacancy that is not caused by the expiration of a full term is for
25 the unexpired portion of that term and the governor may reappoint that
26 member to not more than two additional full terms. Each board member may
27 continue to hold office until the appointment and qualification of that
28 member's successor. ~~However,~~ The governor may remove a member after notice
29 and a hearing, ~~—~~ on a finding of continued neglect of duty, incompetence or
30 unprofessional or dishonorable conduct. That member's term ends when the
31 finding is made.

32 E. A board member's term automatically ends:

1 1. On written resignation submitted to the board chairperson or to
2 the governor.

3 2. If the member is absent from this state for more than six months
4 during a one-year period.

5 3. If the member fails to attend three consecutive regular board
6 meetings.

7 4. Five years after retirement from active practice.

8 F. Board members are immune from civil liability for all good faith
9 actions they take pursuant to this chapter.

10 Sec. 3. Section 32-2531, Arizona Revised Statutes, is amended to
11 read:

12 32-2531. Physician assistant scope of practice; health care
13 tasks; supervising physician duties; civil penalty

14 A. EXCEPT AS PROVIDED FOR IN SECTION 32-2531.01, a supervising
15 physician may delegate health care tasks to a physician assistant.

16 B. A physician assistant shall not perform surgical abortions as
17 defined in section 36-2151.

18 C. The physician assistant may perform those duties and
19 responsibilities, including ~~the~~ ordering, prescribing, dispensing and
20 ~~administration of~~ ADMINISTERING drugs and medical devices, that are
21 delegated by the supervising physician.

22 D. The physician assistant may provide any medical service that is
23 delegated by the supervising physician if the service is within the
24 physician assistant's skills, is within the physician's scope of practice
25 and is supervised by the physician.

26 E. The physician assistant may pronounce death and, ~~if delegated,~~
27 may authenticate by the physician assistant's signature any form that may
28 be authenticated by a physician's signature.

29 F. The physician assistant ~~is the agent~~ PRACTICES MEDICINE WITH
30 SUPERVISION of the physician assistant's supervising physician in ~~the~~
31 ~~performance of~~ PERFORMING all practice related activities, including ~~the~~
32 ordering ~~of~~ diagnostic, therapeutic and other medical services.

1 G. The physician assistant may perform health care tasks in any
2 setting authorized by the supervising physician, including physician
3 offices, clinics, hospitals, ambulatory surgical centers, patient homes,
4 nursing homes and other health care institutions. These tasks may include:

5 1. Obtaining patient **COMPREHENSIVE HEALTH** histories **AND INFORMED**
6 **CONSENT.**

7 2. Performing physical examinations.

8 3. **EVALUATING AND DIAGNOSING PATIENTS AND MANAGING AND PROVIDING**
9 **MEDICAL TREATMENT AND THERAPEUTIC INTERVENTIONS.**

10 ~~3.~~ 4. Ordering, ~~and~~ performing **AND INTERPRETING** diagnostic **STUDIES**
11 and therapeutic procedures.

12 ~~4.~~ 5. Formulating a diagnostic impression.

13 ~~5.~~ 6. Developing and implementing a treatment plan.

14 ~~6.~~ 7. Monitoring the effectiveness of therapeutic interventions.

15 ~~7.~~ 8. Assisting in surgery.

16 ~~8.~~ 9. Offering counseling and education to meet patient needs.

17 ~~9.~~ 10. **WRITING MEDICAL ORDERS AND** making appropriate referrals.

18 11. **ORDERING, PRESCRIBING, DISPENSING AND ADMINISTERING DRUGS AND**
19 **MEDICAL DEVICES.**

20 12. **PRESCRIBING PRESCRIPTION-ONLY MEDICATION.**

21 ~~10.~~ 13. Prescribing schedule IV or V controlled substances as
22 defined in the ~~federal~~ controlled substances act ~~of 1970~~ (P.L. 91-513; 84
23 Stat. 1242; 21 United States Code section 802) and prescription-only
24 medications.

25 ~~11.~~ 14. Prescribing schedule II and III controlled substances as
26 defined in the ~~federal~~ controlled substances act ~~of 1970~~.

27 ~~12.~~ 15. Performing minor surgery ~~as defined in section 32-2501.~~

28 16. **CERTIFYING THE HEALTH OR DISABILITY OF A PATIENT.**

29 17. **DELEGATING AND ASSIGNING THERAPEUTIC AND DIAGNOSTIC MEASURES TO**
30 **AND SUPERVISING LICENSED OR UNLICENSED PERSONNEL.**

31 ~~13.~~ 18. Performing other nonsurgical health care tasks that are
32 normally taught in courses of training approved by the board, that are

1 consistent with the training and experience of the physician assistant and
2 that have been properly delegated by the supervising physician.

3 H. The supervising physician shall:

4 1. Meet the requirements established by the board for supervising a
5 physician assistant.

6 2. Accept responsibility for all tasks and duties the physician
7 delegates to a physician assistant.

8 3. Notify the board and the physician assistant in writing if the
9 physician assistant exceeds the scope of the delegated health care tasks.

10 4. Maintain a written agreement with the physician assistant. The
11 agreement must state that the physician will exercise supervision over the
12 physician assistant and retains professional and legal responsibility for
13 the care rendered by the physician assistant. The agreement must be signed
14 by the supervising physician and the physician assistant and updated
15 annually. The agreement must be kept on file at the practice site and made
16 available to the ARIZONA REGULATORY board OF PHYSICIAN ASSISTANTS on
17 request. IF THE ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS REQUESTS
18 AN AGREEMENT, THE ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS SHALL
19 SHARE THE AGREEMENT WITH THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD OF
20 OSTEOPATHIC EXAMINERS IN MEDICINE OR SURGERY IF REQUESTED BECAUSE THE
21 SUPERVISING PHYSICIAN IS BEING INVESTIGATED FOR THE PHYSICIAN'S ROLE AS A
22 SUPERVISING PHYSICIAN. Each year the ARIZONA REGULATORY board OF PHYSICIAN
23 ASSISTANTS shall randomly audit at least five ~~percent~~ PERCENT of these
24 agreements for compliance.

25 I. A physician's ability to supervise a physician assistant is not
26 affected by restrictions imposed by the board on a physician assistant
27 pursuant to disciplinary action taken by the board.

28 J. Supervision must be continuous but does not require the personal
29 presence of the physician at the place where health care tasks are
30 performed if the physician assistant is in contact with the supervising
31 physician by telecommunication. If the physician assistant practices in a
32 location where a supervising physician is not routinely present, the

1 physician assistant must meet in person or by telecommunication with a
2 supervising physician at least once each week to ensure ongoing direction
3 and oversight of the physician assistant's work. The board by order may
4 require the personal presence of a supervising physician when designated
5 health care tasks are performed.

6 K. At all times while a physician assistant is on duty, the
7 physician assistant shall wear a name tag with the designation "physician
8 assistant" on it.

9 L. The board by rule may prescribe a civil penalty for a violation
10 of this article. The penalty shall not exceed ~~fifty dollars~~ \$50 for each
11 violation. The board shall deposit, pursuant to sections 35-146 and 35-147,
12 all monies it receives from this penalty in the state general fund. A
13 physician assistant and the supervising physician **OR AN EMPLOYER THAT IS**
14 **PARTY TO A COLLABORATION AGREEMENT** may contest the imposition of this
15 penalty pursuant to board rule. The imposition of a civil penalty is
16 public information, and the board may use this information in any future
17 disciplinary actions.

18 Sec. 4. Title 32, chapter 25, article 3, Arizona Revised Statutes,
19 is amended by adding section 32-2531.01, to read:

20 **32-2531.01. Physician assistants; legal medical services;**
21 **collaboration agreements**

22 **A. A PHYSICIAN ASSISTANT WHO HAS COMPLETED FEWER THAN EIGHT THOUSAND**
23 **HOURS OF LICENSED CLINICAL PRACTICE WITH SUPERVISION DOCUMENTED TO THE**
24 **BOARD OVER A PERIOD OF AT LEAST THIRTY-SIX MONTHS SHALL WORK WITHIN THE**
25 **SCOPE OF PRACTICE DELEGATED TO THE PHYSICIAN ASSISTANT BY THE SUPERVISING**
26 **PHYSICIAN PURSUANT TO SECTION 32-2531.**

27 **B. PURSUANT TO THE REQUIREMENTS OF THIS CHAPTER AND THE STANDARD OF**
28 **CARE, A PHYSICIAN ASSISTANT WHO HAS COMPLETED AT LEAST EIGHT THOUSAND HOURS**
29 **OF LICENSED CLINICAL PRACTICE WITH SUPERVISION DOCUMENTED TO THE BOARD OVER**
30 **A PERIOD OF AT LEAST THIRTY-SIX MONTHS MAY EITHER WORK WITHIN THE SCOPE OF**
31 **PRACTICE DELEGATED TO THE PHYSICIAN ASSISTANT BY A SUPERVISING PHYSICIAN**
32 **PURSUANT TO SECTION 32-2531 OR MAY WORK UNDER A COLLABORATION AGREEMENT**

1 PURSUANT TO THIS SECTION. A PHYSICIAN AND PHYSICIAN ASSISTANT MAY CONTINUE
2 IN AN AGREEMENT PURSUANT TO SECTION 32-2531 AFTER THE PHYSICIAN ASSISTANT
3 HAS COMPLETED EIGHT THOUSAND HOURS OF LICENSED CLINICAL PRACTICE WITH
4 SUPERVISION.

5 C. THE COLLABORATION AGREEMENT SHALL DESCRIBE THE PHYSICIAN
6 ASSISTANT'S SCOPE OF PRACTICE AND SHALL CONSIDER THE ABILITY OF THE
7 PHYSICIAN ASSISTANT TO COLLABORATE WITH, CONSULT WITH OR REFER TO A
8 PHYSICIAN OR ANOTHER HEALTH CARE PROFESSIONAL AS INDICATED BY THE PATIENT'S
9 CONDITION AND BY THE PHYSICIAN ASSISTANT'S EDUCATION, EXPERIENCE AND
10 COMPETENCIES. THE COLLABORATION AGREEMENT SHALL PRESCRIBE HOW THE EMPLOYER
11 WILL PROVIDE OVERSIGHT OF THE PHYSICIAN ASSISTANT. THE COLLABORATION
12 AGREEMENT MUST BE SIGNED BY AN AUTHORIZED OFFICER OR PRINCIPAL OF THE
13 EMPLOYER AND THE PHYSICIAN ASSISTANT AND BE UPDATED REGULARLY AT LEAST
14 EVERY TWO YEARS. THE COLLABORATION AGREEMENT MUST BE KEPT ON FILE AT THE
15 MAIN LOCATION OF THE PHYSICIAN ASSISTANT'S PRACTICE AND, ON REQUEST, BE
16 MADE AVAILABLE TO THE BOARD OR THE BOARD'S REPRESENTATIVE. THE EMPLOYER
17 SHALL NOTIFY THE BOARD AND THE PHYSICIAN ASSISTANT IN WRITING IF THE
18 PHYSICIAN ASSISTANT EXCEEDS THE SCOPE OF PRACTICE IN THE COLLABORATION
19 AGREEMENT.

20 D. THE PHYSICIAN ASSISTANT MAY PERFORM HEALTH CARE TASKS IN ANY
21 SETTING AUTHORIZED BY THE COLLABORATION AGREEMENT, INCLUDING PHYSICIAN
22 OFFICES, LICENSED CLINICS, HOSPITALS, AMBULATORY SURGICAL CENTERS, PATIENT
23 HOMES, NURSING HOMES AND OTHER HEALTH CARE INSTITUTIONS. THESE TASKS MAY
24 INCLUDE:

25 1. OBTAINING PATIENT COMPREHENSIVE HEALTH HISTORIES AND INFORMED
26 CONSENT.

27 2. PERFORMING PHYSICAL EXAMINATIONS.

28 3. EVALUATING AND DIAGNOSING PATIENTS AND MANAGING AND PROVIDING
29 MEDICAL TREATMENT AND THERAPEUTIC INTERVENTIONS.

30 4. ORDERING, PERFORMING AND INTERPRETING DIAGNOSTIC STUDIES AND
31 THERAPEUTIC PROCEDURES.

32 5. FORMULATING A DIAGNOSTIC IMPRESSION.

- 1 6. DEVELOPING AND IMPLEMENTING A TREATMENT PLAN.
- 2 7. MONITORING THE EFFECTIVENESS OF THERAPEUTIC INTERVENTIONS.
- 3 8. ASSISTING IN SURGERY.
- 4 9. OFFERING COUNSELING AND EDUCATION TO MEET PATIENT NEEDS.
- 5 10. WRITING MEDICAL ORDERS AND MAKING APPROPRIATE REFERRALS.
- 6 11. ORDERING, PRESCRIBING, DISPENSING AND ADMINISTERING DRUGS AND
7 MEDICAL DEVICES.
- 8 12. PRESCRIBING PRESCRIPTION-ONLY MEDICATION.
- 9 13. PRESCRIBING SCHEDULE IV OR V CONTROLLED SUBSTANCES AS DEFINED IN
10 THE CONTROLLED SUBSTANCES ACT (P.L. 91-513; 84 STAT. 1242; 21 UNITED STATES
11 CODE SECTION 802) AND PRESCRIPTION-ONLY MEDICATIONS.
- 12 14. PRESCRIBING SCHEDULE II AND III CONTROLLED SUBSTANCES AS DEFINED
13 IN THE CONTROLLED SUBSTANCES ACT.
- 14 15. PERFORMING MINOR SURGERY.
- 15 16. CERTIFYING THE HEALTH OR DISABILITY OF A PATIENT.
- 16 17. DELEGATING AND ASSIGNING THERAPEUTIC AND DIAGNOSTIC MEASURES TO
17 AND SUPERVISING LICENSED OR UNLICENSED PERSONNEL.
- 18 18. PERFORMING OTHER NONSURGICAL HEALTH CARE TASKS AND PROVIDING
19 OTHER MEDICAL SERVICES IF THE TASK OR SERVICE IS WITHIN THE PHYSICIAN
20 ASSISTANT'S SKILLS AND SCOPE OF PRACTICE AS OUTLINED IN THE COLLABORATION
21 AGREEMENT.
- 22 19. PRONOUNCING DEATH AND AUTHENTICATING BY THE PHYSICIAN
23 ASSISTANT'S SIGNATURE ANY FORM THAT MAY BE AUTHENTICATED BY A PHYSICIAN'S
24 SIGNATURE.
- 25 E. DOCUMENTATION OF CLINICAL HOURS COMPLETED WITH SUPERVISION AS
26 REQUIRED IN SUBSECTIONS A AND B OF THIS SECTION MAY INCLUDE VERIFICATION
27 FROM A SUPERVISING PHYSICIAN OR VERIFICATION FROM THE PHYSICIAN ASSISTANT'S
28 EMPLOYER OR EMPLOYERS, AS APPLICABLE AND AS ACCEPTED BY THE BOARD. THE
29 BOARD MAY COUNT CLINICAL PRACTICE HOURS WITH SUPERVISION EARNED IN ANOTHER
30 JURISDICTION TOWARDS THE CLINICAL PRACTICE REQUIRED BY THIS SECTION.

1 F. A PHYSICIAN ASSISTANT IS LEGALLY RESPONSIBLE AND ASSUMES LEGAL
2 LIABILITY FOR THE HEALTH CARE THE PHYSICIAN ASSISTANT PROVIDES PURSUANT TO
3 A COLLABORATION AGREEMENT.

4 G. IF THE ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS REQUESTS
5 A COLLABORATION AGREEMENT, THE ARIZONA REGULATORY BOARD OF PHYSICIAN
6 ASSISTANTS SHALL SHARE THE COLLABORATION AGREEMENT WITH THE DEPARTMENT OF
7 HEALTH SERVICES, THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD OF
8 OSTEOPATHIC EXAMINERS IN MEDICINE OR SURGERY IF REQUESTED BECAUSE THE
9 PHYSICIAN OR EMPLOYER THAT IS PARTY TO THE COLLABORATION AGREEMENT IS BEING
10 INVESTIGATED FOR THE PHYSICIAN'S OR EMPLOYER'S ROLE UNDER THE COLLABORATION
11 AGREEMENT. EACH YEAR THE ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
12 SHALL RANDOMLY AUDIT AT LEAST FIVE PERCENT OF THE COLLABORATION AGREEMENTS
13 FOR COMPLIANCE.

14 Sec. 5. Section 32-2532, Arizona Revised Statutes, is amended to
15 read:

16 32-2532. Prescribing, administering and dispensing drugs;
17 limits and requirements; notice

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

20 1. A schedule II or schedule III controlled substance as defined in
21 the ~~federal~~ controlled substances act ~~of 1970~~ (P.L. 91-513; 84 Stat. 1242;
22 21 United States Code section 802) without ALL OF THE FOLLOWING:

23 (a) Delegation by the supervising physician, ~~OR SPECIFICATION IN A~~
24 ~~COLLABORATION AGREEMENT IF THE PHYSICIAN ASSISTANT IS PARTY TO A~~
25 ~~COLLABORATION AGREEMENT.~~

26 (b) Board approval. ~~and~~

27 (c) United States drug enforcement administration registration.

28 2. A schedule IV or schedule V controlled substance as defined in
29 the ~~federal~~ controlled substances act ~~of 1970~~ without BOTH:

30 (a) United States drug enforcement administration registration. ~~and~~

1 (b) Delegation by the supervising physician OR SPECIFICATION IN A
2 COLLABORATION AGREEMENT IF THE PHYSICIAN ASSISTANT IS PARTY TO A
3 COLLABORATION AGREEMENT.

4 3. Prescription-only medication without delegation by the
5 supervising physician OR SPECIFICATION IN A COLLABORATION AGREEMENT IF THE
6 PHYSICIAN ASSISTANT IS PARTY TO A COLLABORATION AGREEMENT.

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

9 B. All prescription orders issued by a physician assistant shall
10 contain the name, address and telephone number of the physician
11 assistant. A physician assistant shall issue prescription orders for
12 controlled substances under the physician assistant's own United States
13 drug enforcement administration registration number.

14 C. If THE PHYSICIAN ASSISTANT IS certified for prescription
15 privileges pursuant to section 32-2504, subsection A, initial prescriptions
16 BY THE PHYSICIAN ASSISTANT for schedule II controlled substances that are
17 opioids are subject to the limits prescribed in sections 32-3248 and
18 32-3248.01 if the physician assistant has been delegated to prescribe
19 schedule II controlled substances by the supervising physician pursuant to
20 this section OR SPECIFIED IN A COLLABORATION AGREEMENT IF THE PHYSICIAN
21 ASSISTANT IS PARTY TO A COLLABORATION AGREEMENT. For each schedule IV or
22 schedule V controlled substance, the physician assistant may not prescribe
23 the controlled substance more than five times in a six-month period for
24 each patient.

25 D. A prescription BY A PHYSICIAN ASSISTANT for a schedule III
26 controlled substance that is an opioid or benzodiazepine is not refillable
27 without the written consent of ~~the supervising~~ A physician.

28 E. A PHYSICIAN ASSISTANT MAY NOT DISPENSE, PRESCRIBE OR REFILL
29 prescription-only drugs ~~shall not be dispensed, prescribed or refillable~~
30 for a period exceeding one year.

1 F. Except in an emergency, a physician assistant may dispense
2 schedule II or schedule III controlled substances for a period of use of
3 not to exceed seventy-two hours with board approval or any other controlled
4 substance for a period of use of not to exceed ninety days and may
5 administer controlled substances without board approval if it is medically
6 indicated in an emergency dealing with potential loss of life or limb or
7 major acute traumatic pain. Notwithstanding the authority granted in this
8 subsection, a physician assistant may not dispense a schedule II controlled
9 substance that is an opioid, except for an implantable device or an opioid
10 that is for medication-assisted treatment for substance use disorders.

11 G. Except for samples provided by manufacturers, all drugs dispensed
12 by a physician assistant shall be labeled to show the name of the physician
13 assistant.

14 H. A physician assistant shall not obtain a drug from any source
15 other than ~~the supervising~~ A physician or a pharmacist. A physician
16 assistant may receive manufacturers' samples ~~if delegated to do so by the~~
17 ~~supervising physician.~~

18 I. If a physician assistant is approved by the board to prescribe,
19 administer or dispense schedule II and schedule III controlled substances,
20 the physician assistant shall maintain an up-to-date and complete log of
21 all schedule II and schedule III controlled substances the physician
22 assistant administers or dispenses. The board may not grant a physician
23 assistant the authority to dispense schedule II controlled substances that
24 are opioids, except for implantable devices or opioids that are for
25 medication-assisted treatment for substance use disorders.

26 J. The ARIZONA REGULATORY board OF PHYSICIAN ASSISTANTS shall advise
27 the Arizona state board of pharmacy and the United States drug enforcement
28 administration of all physician assistants who are authorized to prescribe
29 or dispense drugs and any modification of their authority.

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

1 information the physician, physician assistant, health care institution or
2 other person has that appears to show that a physician assistant is or may
3 be medically incompetent, is or may be guilty of unprofessional conduct or
4 is or may be mentally or physically unable to carry out approved health
5 care tasks. If the board begins an investigation pursuant to this section,
6 it may require the physician assistant to promptly provide the name and
7 address of the physician assistant's supervising physician, ~~or physicians~~
8 IF APPLICABLE, OR THE HEALTH CARE PROFESSIONAL THE PHYSICIAN ASSISTANT
9 COLLABORATED OR CONSULTED WITH OR REFERRED TO PURSUANT TO SECTION
10 32-2531.01. The board or the executive director shall notify the physician
11 assistant ~~and the supervising physician~~ of the content of the reported
12 information in writing within one hundred twenty days ~~of its~~ AFTER THE
13 BOARD'S receipt of the information. Any physician, physician assistant,
14 health care institution or other person that reports or provides
15 information to the board in good faith is not subject to an action for
16 civil damages as a result of reporting or providing information, and, if
17 requested, the name of the reporter shall not be disclosed unless the
18 information is essential to proceedings conducted pursuant to this section.

19 B. The board or, if delegated by the board, the executive director
20 may require a mental, physical or medical competency examination or any
21 combination of those examinations or may make investigations, including
22 investigational interviews, between representatives of the board, ~~and~~ the
23 physician assistant and the supervising physician, IF APPLICABLE, as ~~it~~ THE
24 BOARD deems necessary to fully inform itself with respect to any
25 information reported pursuant to subsection A of this section. These
26 examinations may include biological fluid testing and other examinations
27 known to detect the presence of alcohol or other drugs. The board or, if
28 delegated by the board, the executive director may require the physician
29 assistant, at the physician assistant's expense, to undergo assessment by a
30 ~~board approved~~ BOARD-APPROVED rehabilitative, retraining or assessment
31 program.

1 C. If the board finds, based on the information it receives under
2 subsections A and B of this section, that the public safety imperatively
3 requires emergency action, ~~and~~ and incorporates a finding to that effect in
4 its order, the board may restrict a license or order a summary suspension
5 of a license pending proceedings for revocation or other action. If the
6 board acts pursuant to this subsection, the physician assistant shall also
7 be served with a written notice of complaint and formal hearing, setting
8 forth the charges, and is entitled to a formal hearing before the board or
9 an administrative law judge on the charges within sixty days pursuant to
10 title 41, chapter 6, article 10.

11 D. If, after completing its investigation, the board finds that the
12 information provided pursuant to subsection A of this section is not of
13 sufficient seriousness to merit disciplinary action against the physician
14 assistant's license, ~~it~~ **THE BOARD** may take the following actions:

15 1. Dismiss if, in the opinion of the board, the complaint is without
16 merit.

17 2. File an advisory letter. The licensee may file a written
18 response with the board within thirty days after receiving the advisory
19 letter.

20 3. Require the licensee to complete designated continuing medical
21 education courses.

22 E. If the board finds that it can take rehabilitative or
23 disciplinary action without the presence of the physician assistant at a
24 formal interview it may enter into a consent agreement with the physician
25 assistant to limit or restrict the physician assistant's practice or to
26 rehabilitate the physician assistant, protect the public and ensure the
27 physician assistant's ability to safely practice. The board may also
28 require the physician assistant to successfully complete a ~~board approved~~
29 **BOARD-APPROVED** rehabilitative, retraining or assessment program at the
30 physician assistant's own expense.

1 F. The board shall not disclose the name of the person who provided
2 the information regarding a licensee's drug or alcohol impairment or the
3 name of the person who files a complaint if that person requests anonymity.

4 G. If, after completing its investigation, the board believes that
5 the information is or may be true and that the information may be of
6 sufficient seriousness to merit direct action against the physician
7 assistant's license, it may request a formal interview with the physician
8 assistant and the supervising physician, **IF APPLICABLE**. If the physician
9 assistant refuses the invitation for a formal interview, the board may
10 issue a formal complaint and order that a hearing be held pursuant to title
11 41, chapter 6, article 10. The board shall notify the physician assistant
12 in writing of the time, date and place of the formal interview at least
13 twenty days before the interview. The notice shall include the right to be
14 represented by counsel and shall fully set forth the conduct or matters to
15 be discussed.

16 H. After the formal interview, the board may take the following
17 actions:

18 1. Dismiss if, in the opinion of the board, the information is
19 without merit.

20 2. File an advisory letter. The licensee may file a written
21 response with the board within thirty days after receiving the advisory
22 letter.

23 3. Enter into a stipulation with the physician assistant to restrict
24 or limit the physician assistant's practice or medical activities or to
25 rehabilitate, retrain or assess the physician assistant, in order to
26 protect the public and ensure the physician assistant's ability to safely
27 perform health care tasks. The board may also require the physician
28 assistant to successfully complete a ~~board approved~~ **BOARD-APPROVED**
29 rehabilitative, retraining or assessment program at the physician
30 assistant's own expense as prescribed in subsection E of this section.

1 4. File a letter of reprimand.

2 5. Issue a decree of censure. A decree of censure is a disciplinary
3 action against the physician assistant's license and may include a
4 requirement for restitution of fees to a patient resulting from violations
5 of this chapter or rules adopted under this chapter.

6 6. Fix a period and terms of probation best adapted to protect the
7 public health and safety and rehabilitate or educate the physician
8 assistant. Failure to comply with any terms of probation is cause for
9 initiating formal proceedings pursuant to title 41, chapter 6, article
10 10. Probation may include:

11 (a) Restrictions on the health care tasks the physician assistant
12 may perform.

13 (b) Temporary suspension for not ~~to exceed~~ MORE THAN twelve months.

14 (c) Restitution of patient fees.

15 (d) Education or rehabilitation at the licensee's own expense.

16 7. Require the licensee to complete designated continuing medical
17 education courses.

18 I. If the board finds that the information provided pursuant to
19 subsection A of this section warrants suspension or revocation of a
20 physician assistant's license, ~~it~~ THE BOARD shall immediately initiate
21 formal proceedings ~~for the suspension~~ TO SUSPEND or ~~revocation of~~ REVOKE
22 the license as provided in title 41, chapter 6, article 10. The notice of
23 complaint and hearing is fully effective by mailing a true copy of the
24 notice of complaint and hearing by certified mail addressed to the
25 physician assistant's last known address of record in the board's files.
26 The notice of complaint and hearing is complete at the time of its deposit
27 in the mail.

28 J. A physician assistant who after a formal hearing pursuant to
29 title 41, chapter 6, article 10 is found to be medically incompetent,
30 guilty of unprofessional conduct or mentally or physically unable to safely
31 carry out the physician assistant's approved health care tasks, or any
32 combination of these, is subject to censure, probation, suspension or

1 revocation, or any combination of these, for a period of time or
2 permanently and under conditions the board deems appropriate ~~for the~~
3 ~~protection of~~ TO PROTECT the public health and safety.

4 K. In a formal interview pursuant to subsection G of this section
5 or in a hearing pursuant to subsection I of this section, the board in
6 addition to any other action may impose a civil penalty in the amount of
7 ~~not less than three hundred dollars nor~~ AT LEAST \$300 BUT NOT more than
8 ~~ten thousand dollars~~ \$10,000 for each violation of this chapter or a rule
9 adopted under this chapter.

10 L. An advisory letter is a public document and may be used in future
11 disciplinary actions against a physician assistant.

12 M. The board may charge the costs of a formal hearing to the
13 licensee if it finds the licensee in violation of this chapter.

14 N. If the board acts to modify a physician assistant's prescription
15 writing privileges, the Arizona regulatory board of physician assistants
16 shall immediately notify the Arizona state board of pharmacy and the United
17 States drug enforcement administration of this modification.

18 O. If during the course of an investigation the ~~Arizona regulatory~~
19 ~~board of physician assistants~~ determines that a criminal violation may have
20 occurred involving the PHYSICIAN ASSISTANT'S performance of health care
21 tasks, ~~it~~ THE BOARD shall provide evidence of the violation to the
22 appropriate criminal justice agency.

23 P. The board may accept the surrender of an active license from a
24 person who admits in writing to any of the following:

- 25 1. Being unable to safely engage in the practice of medicine.
- 26 2. Having committed an act of unprofessional conduct.
- 27 3. Having violated this chapter or a board rule.

28 Q. In determining the appropriate disciplinary action under this
29 section, the board shall consider all previous nondisciplinary and
30 disciplinary actions against a licensee.

1 Sec. 9. Physician assistants; current licensees; training
2 documentation; exemptions

3 A physician assistant who has held an active license in good standing
4 in this state or any other jurisdiction for at least five years immediately
5 preceding January 1, 2023 is exempt from the requirement to provide to the
6 Arizona regulatory board of physician assistants documentation of having
7 completed at least eight thousand hours of clinical practice with
8 supervision as required by section 32-2531.01, Arizona Revised Statutes, as
9 added by this act.

10 Sec. 10. Rulemaking; exemption

11 Notwithstanding any other law, for the purposes of this act, the
12 Arizona regulatory board of physician assistants is exempt from the
13 rulemaking requirements of title 41, chapter 6, Arizona Revised Statutes,
14 for one year after the effective date of this act.

15 Sec. 11. Effective date

16 This act is effective from and after December 31, 2022."

17 Amend title to conform

NANCY BARTO

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02/14/2022
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C: MH