dental anesthesia; requirements

State of Arizona Senate Fifty-sixth Legislature First Regular Session 2023

CHAPTER 200

SENATE BILL 1602

AN ACT

AMENDING SECTIONS 32-1201 AND 32-1207, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 11, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1272; AMENDING SECTION 32-1403, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1459; AMENDING SECTIONS 32-1606, 32-1664 AND 32-1803, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 17, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1855.02; RELATING TO THE STATE BOARD OF DENTAL EXAMINERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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read:

 Be it enacted by the Legislature of the State of Arizona: Section 1. Section 32-1201, Arizona Revised Statutes, is amended to

32-1201. <u>Definitions</u>

In this chapter, unless the context otherwise requires:

- 1. "Affiliated practice dental hygienist" means any licensed dental hygienist who is able, pursuant to section 32-1289.01, to initiate treatment based on the dental hygienist's assessment of a patient's needs according to the terms of a written affiliated practice agreement with a dentist, to treat the patient without the presence of a dentist and to maintain a provider-patient relationship.
- 2. "Auxiliary personnel" means all dental assistants, dental technicians, dental x-ray technicians and other persons employed by dentists or firms and businesses providing dental services to dentists.
 - 3. "Board" means the state board of dental examiners.
- 4. "Business entity" means a business organization that has an ownership that includes any persons who are not licensed or certified to provide dental services in this state, that offers to the public professional services regulated by the board and that is established pursuant to the laws of any state or foreign country.
- 5. "Dental assistant" means any person who acts as an assistant to a dentist, dental therapist or dental hygienist by rendering personal services to a patient that involve close proximity to the patient while the patient is under treatment or observation or undergoing diagnostic procedures.
- 6. "Dental hygienist" means any person who is licensed and engaged in the general practice of dental hygiene and all related and associated duties, including educational, clinical and therapeutic dental hygiene procedures.
- 7. "Dental incompetence" means lacking in sufficient dentistry knowledge or skills, or both, in that field of dentistry in which the dentist, dental therapist, denturist or dental hygienist concerned engages, to a degree likely to endanger the health of that person's patients.
- 8. "Dental laboratory technician" means any person, other than a licensed dentist, who, pursuant to a written work order of a dentist, fabricates artificial teeth, prosthetic appliances or other mechanical and artificial contrivances designed to correct or alleviate injuries or defects, both developmental and acquired, disorders or deficiencies of the human oral cavity, teeth, investing tissues, maxilla or mandible or adjacent associated structures.
- 9. "Dental therapist" means any person who is licensed and engaged in the general practice of dental therapy and all related and associated duties, including educational, clinical and therapeutic dental therapy procedures.

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- 10. "Dental x-ray laboratory technician" means any person, other than a licensed dentist, who, pursuant to a written work order of a dentist, performs dental and maxillofacial radiography, including cephalometrics, panoramic and maxillofacial tomography and other dental related nonfluoroscopic diagnostic imaging modalities.
- 11. "Dentistry", "dentist" and "dental" mean the general practice of dentistry and all specialties or restricted practices of dentistry.
- 12. "Denturist" means a person practicing denture technology pursuant to article 5 of this chapter.
- 13. "Disciplinary action" means regulatory sanctions that are imposed by the board in combination with, or as an alternative to, revocation or suspension of a license and that may include:
- (a) Imposition of an administrative penalty in an amount not to exceed two thousand dollars for each violation of this chapter or rules adopted under this chapter.
 - (b) Imposition of restrictions on the scope of practice.
- (c) Imposition of peer review and professional education requirements.
- (d) Imposition of censure or probation requirements best adapted to protect the public welfare, which may include a requirement for restitution to the patient resulting from violations of this chapter or rules adopted under this chapter.
- 14. "Irregularities in billing" means submitting any claim, bill or government assistance claim to any patient, responsible party or third-party payor for dental services rendered that is materially false with the intent to receive unearned income as evidenced by any of the following:
 - (a) Charges for services not rendered.
- (b) Any treatment date that does not accurately reflect the date when the service and procedures were actually completed.
- (c) Any description of a dental service or procedure that does not accurately reflect the actual work completed.
- (d) Any charge for a service or procedure that cannot be clinically justified or determined to be necessary.
- (e) Any statement that is material to the claim and that the licensee knows is false or misleading.
- (f) An abrogation of the copayment provisions of a dental insurance contract by a waiver of all or a part of the copayment from the patient if this results in an excessive or fraudulent charge to a third party or if the waiver is used as an enticement to receive dental services from that provider. This subdivision does not interfere with a contractual relationship between a third-party payor and a licensee or business entity registered with the board.
- (g) Any other practice in billing that results in excessive or fraudulent charges to the patient.

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- 15. "Letter of concern" means an advisory letter to notify a licensee or a registered business entity that, while the evidence does not warrant disciplinary action, the board believes that the licensee or registered business entity should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the board may result in board action against the practitioner's license or the business entity's registration. A letter of concern is not a disciplinary action. A letter of concern is a public document and may be used in a future disciplinary action.
 - 16. "Licensed" means licensed pursuant to this chapter.
- 17. "Place of practice" means each physical location at which a person who is licensed pursuant to this chapter performs services subject to this chapter.
- 18. "Primary mailing address" means the address on file with the board and to which official board correspondence, notices or documents are delivered in a manner determined by the board.
 - 19. "QUALIFIED ANESTHESIA PROVIDER" MEANS ANY OF THE FOLLOWING:
- (a) A LICENSEE WHO HOLDS A PERMIT TO ADMINISTER ANESTHESIA AND SEDATION FROM THE BOARD PURSUANT TO SECTION 32-1207.
- (b) A PHYSICIAN WHO HAS COMPLETED RESIDENCY TRAINING IN ANESTHESIOLOGY, WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE AND WHO IS REGISTERED WITH THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY TO ADMINISTER ANESTHESIA IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1403 OR 32-1803.
- (c) A CERTIFIED REGISTERED NURSE ANESTHETIST WHO HAS A NATIONAL BOARD CERTIFICATION IN ANESTHESIOLOGY, WHO IS LICENSED PURSUANT TO CHAPTER 15 OF THIS TITLE AND WHO IS REGISTERED WITH THE ARIZONA STATE BOARD OF NURSING TO ADMINISTER ANESTHESIA IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1606.
- 19. 20. "Recognized dental hygiene school" means a school that has a dental hygiene program with a minimum two academic year curriculum, or the equivalent of four semesters, and that is approved by the board and accredited by the American dental association commission on dental accreditation.
- $\frac{20.}{21.}$ "Recognized dental school" means a dental school that is accredited by the American dental association commission on dental accreditation.
- 21. 22. "Recognized dental therapy school" means a school that is accredited or that has received initial accreditation by the American dental association commission on dental accreditation.
- 22. 23. "Recognized denturist school" means a denturist school that maintains standards of entrance, study and graduation and that is accredited by the United States department of education or the council on higher education accreditation.

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 $\frac{23.}{24.}$ "Supervised personnel" means all dental hygienists, dental assistants, dental laboratory technicians, dental therapists, denturists, dental x-ray laboratory technicians and other persons supervised by licensed dentists.

24. 25. "Teledentistry" means the use of data transmitted through interactive audio, video or data communications for the purposes of examination, diagnosis, treatment planning, consultation and directing the delivery of treatment by dentists and dental providers in settings permissible under this chapter or specified in rules adopted by the board.

Sec. 2. Section 32-1207, Arizona Revised Statutes, is amended to read:

32-1207. <u>Powers and duties; executive director; immunity;</u> fees; definitions

- A. The board shall:
- 1. Adopt rules that are not inconsistent with this chapter for regulating its own conduct, for holding examinations and for regulating the practice of dentists and supervised personnel and registered business entities, provided that:
- (a) Regulation of supervised personnel is based on the degree of education and training of the supervised personnel, the state of scientific technology available and the necessary degree of supervision of the supervised personnel by dentists.
- (b) Except as provided pursuant to sections 32-1276.03 and 32-1281, only licensed dentists may perform diagnosis and treatment planning, prescribe medication and perform surgical procedures on hard and soft tissues.
- (c) Only a licensed dentist, a dental therapist either under the direct supervision of a dentist or pursuant to a written collaborative practice agreement or a dental hygienist in consultation with a dentist may perform examinations, oral health assessments and treatment sequencing for dental hygiene procedures.
 - 2. Adopt a seal.
- 3. Maintain a record that is available to the board at all times of its acts and proceedings, including the issuance, denial, renewal, suspension or revocation of licenses and the disposition of complaints. The existence of a pending complaint or investigation shall not be disclosed to the public. Records of complaints shall be available to the public, except only as follows:
- (a) If the board dismisses or terminates a complaint, the record of the complaint shall not be available to the public.
- (b) If the board has issued a nondisciplinary letter of concern, the record of the complaint shall be available to the public only for a period of five years after the date the board issued the letter of concern.

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- (c) If the board has required additional nondisciplinary continuing education pursuant to section 32-1263.01 but has not taken further action, the record of the complaint shall be available to the public only for a period of five years after the licensee satisfies this requirement.
- (d) If the board has assessed a nondisciplinary civil penalty pursuant to section 32-1208 but has not taken further action, the record of the complaint shall be available to the public only for a period of five years after the licensee satisfies this requirement.
- 4. Establish a uniform and reasonable standard of minimum educational requirements consistent with the accreditation standards of the American dental association commission on dental accreditation to be observed by dental schools, dental therapy schools and dental hygiene schools in order to be classified as recognized dental schools, dental therapy schools or dental hygiene schools.
- 5. Establish a uniform and reasonable standard of minimum educational requirements that are consistent with the accreditation standards of the United States department of education or the council on higher education accreditation and that must be observed by denture technology schools in order to be classified as recognized denture technology schools.
- 6. Determine the reputability and classification of dental schools, dental therapy schools, dental hygiene schools and denture technology schools in accordance with their compliance with the standard set forth in paragraph 4 or 5 of this subsection, whichever is applicable.
- 7. Issue licenses to persons who the board determines are eligible for licensure pursuant to this chapter.
- 8. Determine the eligibility of applicants for restricted permits and issue restricted permits to those found eligible.
- 9. Pursuant to section 32-1263.02, investigate charges of misconduct on the part of licensees and persons to whom restricted permits have been issued.
- $\,$ 10. Issue a letter of concern, which is not a disciplinary action but refers to practices that may lead to a violation and to disciplinary action.
- 11. Issue decrees of censure, fix periods and terms of probation, suspend or revoke licenses, certificates and restricted permits, as the facts may warrant, and reinstate licenses, certificates and restricted permits in proper cases.
 - 12. Collect and disburse monies.
- 13. Perform all other duties that are necessary to enforce this chapter and that are not specifically or by necessary implication delegated to another person.
- 14. Establish criteria for the renewal of permits issued pursuant to board rules relating to general anesthesia and sedation.

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- B. The board may:
- 1. Sue and be sued.
- 2. Issue subpoenas, including subpoenas to the custodian of patient records, compel attendance of witnesses, administer oaths and take testimony concerning all matters within the board's jurisdiction. If a person refuses to obey a subpoena issued by the board, the refusal shall be certified to the superior court and proceedings shall be instituted for contempt of court.
 - 3. Adopt rules:
- (a) Prescribing requirements for continuing education for renewal of all licenses issued pursuant to this chapter.
- (b) Prescribing educational and experience prerequisites for administering intravenous or intramuscular drugs for the purpose of sedation or for using general anesthetics in conjunction with a dental treatment procedure.
- (c) Prescribing requirements for obtaining licenses for retired licensees or licensees who have a disability, including the triennial license renewal fee.
- 4. Hire consultants to assist the board in the performance of its duties and employ persons to provide investigative, professional and clerical assistance as the board deems necessary.
- 5. Contract with other state or federal agencies as required to carry out the purposes of this chapter.
- 6. If determined by the board, order physical, psychological, psychiatric and competency evaluations of licensed dentists, dental therapists and dental hygienists, certified denturists and applicants for licensure and certification at the expense of those individuals.
- 7. Establish an investigation committee consisting of not more than eleven licensees who are in good standing, who are appointed by the board and who serve at the pleasure of the board to investigate any complaint submitted to the board, initiated by the board or delegated by the board to the investigation committee pursuant to this chapter.
 - C. The executive director or the executive director's designee may:
- 1. Issue and renew licenses, certificates and permits to applicants who meet the requirements of this chapter.
- 2. Initiate an investigation if evidence appears to demonstrate that a dentist, dental therapist, dental hygienist, denturist or restricted permit holder may be engaged in unprofessional conduct or may be unable to safely practice dentistry.
- 3. Initiate an investigation if evidence appears to demonstrate that a business entity may be engaged in unethical conduct.
- 4. Subject to board approval, enter into a consent agreement with a dentist, dental therapist, denturist, dental hygienist or restricted permit holder if there is evidence of unprofessional conduct.

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- 5. Subject to board approval, enter into a consent agreement with a business entity if there is evidence of unethical conduct.
 - 6. Refer cases to the board for a formal interview.
- 7. If delegated by the board, enter into a stipulation agreement with a person under the board's jurisdiction for the treatment, rehabilitation and monitoring of chemical substance abuse or misuse.
- D. Members of the board are personally immune from liability with respect to all acts done and actions taken in good faith and within the scope of their authority.
- E. The board by rule shall require that a licensee obtain a permit for applying general anesthesia, semiconscious sedation or conscious AND sedation, shall establish and collect a fee of not more than \$300 to cover administrative costs connected with issuing the permit and shall conduct inspections to ensure compliance.
- F. The board by rule may establish and collect fees for license verification, board meeting agendas and minutes, published lists and mailing labels.
- G. This section does not prohibit the board from conducting its authorized duties in a public meeting.
 - H. For the purposes of this section:
- 1. "Good standing" means that a person holds an unrestricted and unencumbered license that has not been suspended or revoked pursuant to this chapter.
- 2. "Record of complaint" means the document reflecting the final disposition of a complaint or investigation.
- Sec. 3. Title 32, chapter 11, article 3, Arizona Revised Statutes, is amended by adding section 32-1272, to read:
 - 32-1272. <u>Dental anesthesia: requirements</u>
- A. A DENTAL OFFICE OR DENTAL CLINIC AT WHICH GENERAL ANESTHESIA OR SEDATION IS ADMINISTERED MUST CONTAIN PROPERLY OPERATING EQUIPMENT AND SUPPLIES AS PRESCRIBED BY THE BOARD IN RULE AND HAVE PROPER EMERGENCY RESPONSE PROTOCOLS IN PLACE, INCLUDING ADVANCED CARDIAC LIFE SUPPORT AND AIRWAY MANAGEMENT AND PEDIATRIC ADVANCED LIFE SUPPORT, AS APPLICABLE, WHEN ADMINISTERING GENERAL ANESTHESIA OR SEDATION AS PRESCRIBED BY THE BOARD IN RULE THAT IS CONSISTENT WITH THE STANDARDS AND PRACTICES RECOMMENDED BY THE AMERICAN HEART ASSOCIATION.
- B. A QUALIFIED ANESTHESIA PROVIDER WHO IS LICENSED BY THE BOARD AND WHO FAILS TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION OR APPLICABLE BOARD RULES COMMITS AN ACT THAT CONSTITUTES A DANGER TO THE HEALTH, WELFARE OR SAFETY OF THE PUBLIC PURSUANT TO SECTION 32-1201.01.
- C. IF A QUALIFIED ANESTHESIA PROVIDER WHO IS NOT LICENSED BY THE STATE BOARD OF DENTAL EXAMINERS FAILS TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION OR APPLICABLE BOARD RULES, THE STATE BOARD OF DENTAL EXAMINERS SHALL PROMPTLY REPORT THE QUALIFIED ANESTHESIA PROVIDER'S CONDUCT TO THE REGULATORY BOARD THAT LICENSES THE QUALIFIED ANESTHESIA

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PROVIDER. IF AN ADVERSE ANESTHESIA OUTCOME INVOLVES A QUALIFIED ANESTHESIA PROVIDER WHO IS NOT LICENSED BY THE STATE BOARD OF DENTAL EXAMINERS, THE STATE BOARD OF DENTAL EXAMINERS SHALL PROMPTLY REPORT THE ADVERSE ANESTHESIA OUTCOME TO THE REGULATORY BOARD THAT LICENSES THE QUALIFIED ANESTHESIA PROVIDER.

D. IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A QUALIFIED ANESTHESIA PROVIDER, THE TREATING DENTIST SHALL SUBMIT A REPORT OF THE INCIDENT TO THE STATE BOARD OF DENTAL EXAMINERS WITHIN SEVEN BUSINESS DAYS AFTER THE OCCURRENCE. IF THE INCIDENT INVOLVES A QUALIFIED ANESTHESIA PROVIDER WHO IS NOT LICENSED BY THE STATE BOARD OF DENTAL EXAMINERS, THE STATE BOARD OF DENTAL EXAMINERS SHALL IMMEDIATELY FORWARD A COPY OF THE INCIDENT REPORT TO THE REGULATORY BOARD THAT LICENSES THE QUALIFIED ANESTHESIA PROVIDER.

Sec. 4. Section 32-1403, Arizona Revised Statutes, is amended to read:

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

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- 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(q)(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.
- 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 no 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

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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. 5. Title 32, chapter 13, article 3, Arizona Revised Statutes, is amended by adding section 32-1459, to read:

32-1459. Duty to report

IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A DOCTOR OF MEDICINE, THE DOCTOR OF MEDICINE SHALL, AND ANY OTHER PERSON MAY, REPORT THE DEATH OR INCIDENT TO THE BOARD WITHIN SEVEN BUSINESS DAYS AFTER THE OCCURRENCE.

Sec. 6. Section 32-1606, Arizona Revised Statutes, is amended to read:

32-1606. Powers and duties of board

- A. The board may:
- 1. Adopt and revise rules necessary to carry into effect this chapter.
- 2. Publish advisory opinions regarding registered and practical nursing practice and nursing education.
- 3. Issue limited licenses or certificates if it determines that an applicant or licensee cannot function safely in a specific setting or within the full scope of practice.
- 4. Refer criminal violations of this chapter to the appropriate law enforcement agency.
- 5. Establish a confidential program for monitoring licensees who are chemically dependent and who enroll in rehabilitation programs that meet the criteria established by the board. The board may take further action if the licensee refuses to enter into a stipulated agreement or fails to comply with its terms. In order to protect the public health and

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safety, the confidentiality requirements of this paragraph do not apply if the licensee does not comply with the stipulated agreement.

- 6. On the applicant's or regulated party's request, establish a payment schedule with the applicant or regulated party.
 - 7. Provide education regarding board functions.
 - 8. Collect or assist in collecting workforce data.
- 9. Adopt rules to conduct pilot programs consistent with public safety for innovative applications in nursing practice, education and regulation.
- 10. Grant retirement status on request to retired nurses who are or were licensed under this chapter, who have no open complaint or investigation pending against them and who are not subject to discipline.
- 11. Accept and spend federal monies and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These monies do not revert to the state general fund at the end of the fiscal year.
 - B. The board shall:
- 1. Approve regulated training and educational programs that meet the requirements of this chapter and rules adopted by the board.
- 2. By rule, establish approval and reapproval processes for nursing and nursing assistant training programs that meet the requirements of this chapter and board rules.
- 3. Prepare and maintain a list of approved nursing programs to prepare registered NURSES and practical nurses whose graduates are eligible for licensing under this chapter as registered nurses or as practical nurses if they satisfy the other requirements of this chapter and board rules.
- 4. Examine qualified registered $\ensuremath{\mathsf{NURSE}}$ and practical nurse applicants.
- 5. License and renew the licenses of qualified registered NURSE and practical nurse applicants and licensed nursing assistants who are not qualified to be licensed by the executive director.
 - 6. Adopt a seal, which the executive director shall keep.
 - 7. Keep a record of all proceedings.
- 8. For proper cause, deny or rescind approval of a regulated training or educational program for failure to comply with this chapter or the rules of the board.
- 9. Adopt rules to approve credential evaluation services that evaluate the qualifications of applicants who graduated from an international nursing program.
- 10. Determine and administer appropriate disciplinary action against all regulated parties who are found guilty of violating this chapter or rules adopted by the board.

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- 11. Perform functions necessary to carry out the requirements of THE nursing assistant and nurse aide training and competency evaluation program as set forth in the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall include:
 - (a) Testing and registering certified nursing assistants.
 - (b) Testing and licensing licensed nursing assistants.
 - (c) Maintaining a list of board-approved training programs.
- (d) Maintaining a registry of nursing assistants for all certified nursing assistants and licensed nursing assistants.
 - (e) Assessing fees.
- 12. Adopt rules establishing those acts that may be performed by a registered nurse practitioner or certified nurse midwife, except that the board does not have authority to decide scope of practice relating to abortion as defined in section 36-2151.
- 13. Adopt rules that prohibit registered nurse practitioners, clinical nurse specialists or certified nurse midwives from dispensing a schedule II controlled substance that is an opioid, except for an implantable device or an opioid that is for medication-assisted treatment for substance use disorders.
- 14. Adopt rules establishing educational requirements to certify school nurses.
- $\,$ 15. Publish copies of board rules and distribute these copies on request.
- 16. Require each applicant for initial licensure or certification to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.
- 17. Except for a licensee who has been convicted of a felony that has been designated a misdemeanor pursuant to section 13-604, revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to section 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions three or more years before the date of filing an application pursuant to this chapter.
- 18. Establish standards to approve and reapprove REGISTERED nurse practitioner and clinical nurse specialist programs and provide for surveys of REGISTERED nurse practitioner and clinical nurse specialist programs as it THE BOARD deems necessary.
- 19. Provide the licensing authorities of health care institutions, facilities and homes with any information the board receives regarding practices that place a patient's health at risk.

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- 20. Limit the multistate licensure privilege of any person who holds or applies for a license in this state pursuant to section 32-1668.
- 21. Adopt rules to establish competency standards for obtaining and maintaining a license.
 - 22. Adopt rules to qualify and certify clinical nurse specialists.
- 23. Adopt rules to approve and reapprove refresher courses for nurses who are not currently practicing.
- 24. Maintain a list of approved medication assistant training programs.
 - 25. Test and certify medication assistants.
- 26. Maintain a registry and disciplinary record of medication assistants who are certified pursuant to this chapter.
- 27. Adopt rules to establish the requirements for a clinical nurse specialist to prescribe and dispense drugs and devices consistent with section 32-1651 and within the clinical nurse specialist's population or disease focus.
- 28. ISSUE REGISTRATIONS TO ADMINISTER GENERAL ANESTHESIA AND SEDATION IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1272 TO CERTIFIED REGISTERED NURSE ANESTHETISTS WHO HAVE NATIONAL BOARD CERTIFICATION IN ANESTHESIOLOGY.
- C. The board may conduct an investigation on receipt of information that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter. Following the investigation, the board may take disciplinary action pursuant to this chapter.
- D. The board may limit, revoke or suspend the privilege of a nurse to practice in this state granted pursuant to section 32-1668.
- E. Failure to comply with any final order of the board, including an order of censure or probation, is cause for suspension or revocation of a license or a certificate.
- F. The president or a member of the board designated by the president may administer oaths in transacting the business of the board.
- Sec. 7. Section 32-1664, Arizona Revised Statutes, is amended to read:

32-1664. <u>Investigation; hearing; notice</u>

- A. In connection with an investigation, the board or its duly authorized agents or employees may obtain any documents, reports, records, papers, books and materials, including hospital records, medical staff records and medical staff review committee records, or any other physical evidence that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter:
- 1. By entering the premises, at any reasonable time, and inspecting and copying materials in the possession of a regulated party that relate to nursing competence, unprofessional conduct or THE mental or physical ability of a licensee to safely practice nursing.

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- 2. By issuing a subpoena under the board's seal to require the attendance and testimony of witnesses or to demand the production for examination or copying of documents or any other physical evidence. Within five days after a person is served with a subpoena, that person may petition the board to revoke, limit or modify the subpoena. The board shall do so if in its opinion the evidence required does not relate to unlawful practices covered by this chapter, is not relevant to the charge that is the subject matter of the hearing or investigation or does not describe with sufficient particularity the physical evidence whose production is required.
 - 3. By submitting a written request for the information.
- 4. In the case of an applicant's or a regulated party's personal medical records, as defined in section 12-2291, by any means permitted ALLOWED by this section if the board either:
- (a) Obtains from the applicant or regulated party, or the health care decision maker of the applicant or regulated party, a written authorization that satisfies the requirements of title 12, chapter 13, article 7.1.
- (b) Reasonably believes that the records relate to information already in the board's possession regarding the competence, unprofessional conduct or mental or physical ability of the applicant or regulated party as it pertains to safe practice. If the board adopts a substantive policy statement pursuant to section 41-1091, it may authorize the executive director, or a designee in the absence of the executive director, to make the determination of reasonable belief.
- B. A regulated party and a health care institution as defined in section 36-401 shall, and any other person may, report to the board any information the licensee, certificate holder, health care institution or individual may have that appears to show that a regulated party or applicant is, was or may be a threat to the public health or safety.
- C. IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A CERTIFIED REGISTERED NURSE ANESTHETIST, THE CERTIFIED REGISTERED NURSE ANESTHETIST SHALL, AND ANY OTHER PERSON MAY, REPORT THE DEATH OR INCIDENT TO THE BOARD WITHIN SEVEN BUSINESS DAYS AFTER THE OCCURRENCE.
- C. D. The board retains jurisdiction to proceed with an investigation or a disciplinary proceeding against a regulated party whose license or certificate expired not more than five years before the board initiates the investigation.
- D. E. Any regulated party, health care institution or other person that reports or provides information to the board in good faith is not subject to civil liability. If requested the board shall not disclose the name of the reporter unless the information is essential to proceedings conducted pursuant to this section.

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E. F. Any regulated party or person who is subject to an investigation may obtain representation by counsel.

F. G. On determination of reasonable cause, the board, or if delegated by the board the executive director, may require a licensee, certificate holder or applicant to undergo at the expense of the licensee, certificate holder or applicant any combination of mental, physical or psychological examinations, assessments or skills evaluations necessary to determine the person's competence or ability to practice safely. examinations may include bodily fluid testing and other examinations known to detect the presence of alcohol or drugs. If the executive director orders the licensee, applicant or certificate holder to undertake an examination, assessment or evaluation pursuant to this subsection, and the licensee, certificate holder or applicant fails to affirm to the board in writing within fifteen days after receipt of the notice of the order that the licensee, certificate holder or applicant intends to comply with the order, the executive director shall refer the matter to the board to permit ALLOW the board to determine whether to issue an order pursuant to this subsection. At each regular meeting of the board the executive director shall report to the board data concerning orders issued by the executive director pursuant to this subsection since the last regular meeting of the board and any other data requested by the board.

6. H. The board shall provide the investigative report if requested pursuant to section 32-3206.

H. I. If after completing its investigation the board finds that the information provided pursuant to this section is not of sufficient seriousness to merit disciplinary action against the regulated party or applicant, it may take either of the following actions:

- 1. Dismiss if in the opinion of the board the information is without merit.
- 2. File a letter of concern if in the opinion of the board there is insufficient evidence to support disciplinary action against the regulated party or applicant but sufficient evidence for the board to notify the regulated party or applicant of its concern.
- f. J. Except as provided pursuant to section 32-1663, subsection F and subsection f. K of this section, if the investigation in the opinion of the board reveals reasonable grounds to support the charge, the regulated party is entitled to an administrative hearing pursuant to title 41, chapter 6, article 10. If notice of the hearing is served by certified mail, service is complete on the date the notice is placed in the mail.
- $rac{ extsf{J.}}{ extsf{C}}$ K. A regulated party shall respond in writing to the board within thirty days after notice of the hearing is served as prescribed in subsection $rac{ extsf{T}}{ extsf{C}}$ J of this section. The board may consider a regulated party's failure to respond within this time as an admission by default to

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the allegations stated in the complaint. The board may then take disciplinary actions allowed by this chapter without conducting a hearing.

 $\mathsf{K.}$ L. An administrative law judge or a panel of board members may conduct hearings pursuant to this section.

L. M. In any matters pending before it, the board may issue subpoenas under its seal to compel the attendance of witnesses.

M. N. Patient records, including clinical records, medical reports, laboratory statements and reports, any file, film, other report or oral statement relating to diagnostic findings or treatment of patients, any information from which a patient or a patient's family might be identified or information received and records kept by the board as a result of the investigation procedure outlined in this chapter are not available to the public and are not subject to discovery in civil or criminal proceedings.

N. O. Hospital records, medical staff records, medical staff review committee records, testimony concerning these records and proceedings related to the creation of these records shall not be available to the public. They shall be kept confidential by the board and shall be subject to the same provisions concerning discovery and use in legal actions as are the original records in the possession and control of hospitals, their medical staffs and their medical staff review committees. The board shall use these records and testimony during the course of investigations and proceedings pursuant to this chapter.

 θ . P. If the regulated party is found to have committed an act of unprofessional conduct or to have violated this chapter or a rule adopted pursuant to this chapter, the board may take disciplinary action.

 ${\tt P.}$ Q. The board may subsequently issue a denied license or certificate and may reissue a revoked or voluntarily surrendered license or certificate.

Q. R. On application by the board to any superior court judge, a person who without just cause fails to comply with a subpoena issued pursuant to this section may be ordered by the judge to comply with the subpoena and punished by the court for failing to comply. Subpoenas shall be served by regular or certified mail or in the manner required by the Arizona rules of civil procedure.

R. S. The board may share investigative information that is confidential under subsections M— N and N— O of this section with other state, federal and international health care agencies and with state, federal and international law enforcement authorities if the recipient is subject to confidentiality requirements similar to those established by this section. A disclosure made by the board pursuant to this subsection is not a waiver of the confidentiality requirements established by this section.

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Sec. 8. 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 $\frac{it}{it}$ 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 it 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 osteopathic 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.

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- (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.
- 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. 9. Title 32, chapter 17, article 3, Arizona Revised Statutes, is amended by adding section 32-1855.02, to read:

32-1855.02. Physicians; duty to report

IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A PHYSICIAN, THE PHYSICIAN SHALL, AND ANY OTHER PERSON MAY, REPORT THE DEATH OR INCIDENT TO THE BOARD WITHIN SEVEN BUSINESS DAYS AFTER THE OCCURRENCE.

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Sec. 10. State board of dental examiners; anesthesia and sedation committee; recommendations; rulemaking exemption; delayed repeal
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A. On or before September 1, 2023, the state board of dental examiners' anesthesia and sedation committee shall submit to the state

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board of dental examiners its final recommendations to improve the general anesthesia and sedation permit requirements as provided in the state board of dental examiners' existing administrative rules for the purpose of increasing patient safety when general anesthesia or sedation is being administered by an anesthesia provider within a dental practice or a similar setting that is under the jurisdiction of the state board of dental examiners. The committee shall consider ways to create equitable access for all qualified anesthesia providers and improve access to dental anesthesia services for patients. Within sixty days after receipt of the anesthesia and sedation committee's final recommendations, the state board of dental examiners shall approve, modify or reject the recommendations.

- B. Notwithstanding any other law, for the purposes of this act and to address general anesthesia and sedation permit requirements, the state board of dental examiners is exempt from the rulemaking requirements of title 41, chapter 6, Arizona Revised Statutes, for one year after the effective date of this act.
 - C. This section is repealed from and after December 31, 2024.
 - Sec. 11. <u>Emergency</u>

This act is an emergency measure that is necessary to preserve the public peace, health or safety and is operative immediately as provided by law.

APPROVED BY THE GOVERNOR JUNE 20, 2023.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JUNE 20, 2023.

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