REFERENCE TITLE: psychologists; prescribing authority

State of Arizona Senate Fifty-sixth Legislature Second Regular Session 2024

SB 1249

Introduced by Senators Shope: Shamp

AN ACT

AMENDING SECTION 32-1403, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1460; AMENDING SECTION 32-1803, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 17, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1862; AMENDING SECTIONS 32-2061 AND 32-2063, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 19.1, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 5; AMENDING SECTIONS 36-2604 AND 36-2606, ARIZONA REVISED STATUTES; RELATING TO THE STATE BOARD OF PSYCHOLOGIST EXAMINERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona: Section 1. 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 the board's own motion whether a doctor of medicine has engaged in unprofessional conduct or provided incompetent medical care or is mentally or physically unable to engage in the practice of medicine.
 - 3. Developing and recommending standards governing the profession.
- 4. Reviewing the credentials and the abilities of applicants whose professional records or physical or mental capabilities may not meet the requirements for licensure or registration as prescribed in article 2 of this chapter in order for the board to make a final determination whether the applicant meets the requirements for licensure pursuant to this chapter.
 - 5. Disciplining and rehabilitating physicians.
- 6. Engaging in a full exchange of information with the licensing and disciplinary boards and medical associations of other states and jurisdictions of the United States and foreign countries and the Arizona medical association and its components.
- 7. Directing the preparation and circulation of educational material the board determines is helpful and proper for licensees.
- 8. Adopting rules regarding the regulation and the qualifications of doctors of medicine.
- 9. Establishing fees and penalties as provided pursuant to section 32-1436.
- 10. Delegating to the executive director the board's authority pursuant to section 32-1405 or 32-1451. The board shall adopt substantive policy statements pursuant to section 41-1091 for each specific licensing and regulatory authority the board delegates to the executive director.
- 11. Determining whether a prospective or current Arizona licensed physician has the training or experience to demonstrate the physician's ability to treat and manage opiate-dependent patients as a qualifying physician pursuant to 21 United States Code section 823(g)(2)(G)(ii).

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- 12. Issuing registrations to administer general anesthesia and sedation in dental offices and dental clinics pursuant to section 32-1272 to doctors of medicine who have completed residency training in anesthesiology.
- 13. INVESTIGATING ANY CHARGES INVOLVING **PRESCRIBING** Α PRESCRIBING PSYCHOLOGIST AND RECOMMENDING TO THE STATE **BOARD** 0F PSYCHOLOGIST EXAMINERS WHETHER THE ARIZONA MEDICAL BOARD BELIEVES THE PRESCRIBING PSYCHOLOGIST ENGAGED IN UNPROFESSIONAL CONDUCT OR PROVIDED INCOMPETENT MEDICAL CARE BASED ON THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT. FOR THE PURPOSES OF THIS PARAGRAPH, "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2061.
- 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 committee. The committee shall elect a chairperson and a vice chairperson when the committee meets but not more frequently than once a year. chairperson shall call meetings of the committee as necessary, and the vice chairperson may call meetings of the committee that are necessary if the chairperson is not available. The presence of eight members of the committee at a meeting constitutes a quorum. The committee meetings may be held using communications equipment that allows all members who are participating in the meeting to hear each other. If any discussions occur in an executive session of the committee, notwithstanding the requirement that discussions made at an executive session be kept confidential as

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specified in section 38-431.03, the chairperson and vice chairperson of the Arizona regulatory board of physician assistants may discuss this information with the Arizona regulatory board of physician assistants in executive session. This disclosure of executive session information to the Arizona regulatory board of physician assistants does not constitute a waiver of confidentiality or any privilege, including the attorney-client privilege.

- H. The officers of the Arizona medical board and the Arizona regulatory board of physician assistants shall meet twice a year to discuss matters of mutual concern and interest.
- I. The board may accept and expend grants, gifts, devises and other contributions from any public or private source, including the federal government. Monies received under this subsection do not revert to the state general fund at the end of a fiscal year.
- Sec. 2. Title 32, chapter 13, article 3, Arizona Revised Statutes, is amended by adding section 32-1460, to read:

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32-1460. <u>Prescribing psychologists; collaborative prescription agreements; supervision; training requirements; definitions</u>
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- A. SUBJECT TO THE RULES ADOPTED BY THE BOARD, A PHYSICIAN MAY ENTER INTO A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A PRESCRIBING PSYCHOLOGIST AND MAY SUPERVISE THE CLINICAL TRAINING OF PSYCHOLOGISTS WHO APPLY FOR PRESCRIBING AUTHORITY PURSUANT TO CHAPTER 19.1, ARTICLE 5 OF THIS TITLE. A COLLABORATING PHYSICIAN MAY BE A PARTY TO ONLY FOUR COLLABORATIVE PRESCRIPTION AGREEMENTS AT ANY TIME.
- B. IF A COLLABORATIVE PRESCRIPTION AGREEMENT ALLOWS THE PRESCRIBING PSYCHOLOGIST TO PRESCRIBE FOR CHILDREN AND PROVIDE ADOLESCENT CARE FOR PERSONS WHO ARE AT LEAST TWELVE YEARS OF AGE BUT UNDER EIGHTEEN, THE COLLABORATING PHYSICIAN MUST HAVE TRAINING IN PEDIATRICS. IF A COLLABORATIVE PRESCRIPTION AGREEMENT ALLOWS THE PRESCRIBING PSYCHOLOGIST TO PRESCRIBE FOR PERSONS WHO ARE AT LEAST SIXTY-FIVE YEARS OF AGE, THE COLLABORATING PHYSICIAN MUST HAVE TRAINING IN GERIATRICS.
- C. FOR THE PURPOSES OF THIS SECTION, "COLLABORATING PHYSICIAN", "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2061.
- Sec. 3. Section 32–1803, Arizona Revised Statutes, is amended to read:

32-1803. Powers and duties

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

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- 3. Maintain a record of its acts and proceedings, including the issuance, denial, renewal, suspension or revocation of licenses to practice according to this chapter. The board shall delete records of complaints only as follows:
- (a) If the board dismisses a complaint, the board shall delete the public record of the complaint five years after the board dismissed the complaint.
- (b) If the board has issued a letter of concern but has taken no further action on the complaint, the board shall delete the public record of the complaint five years after the board issued the letter of concern.
- (c) If the board has required additional continuing medical education pursuant to section 32-1855 but has not taken further action, the board shall delete the public record of the complaint five years after the person satisfies this requirement.
- 4. Maintain a public directory of all physicians and surgeons who are or were licensed pursuant to this chapter that includes:
 - (a) The name of the physician.
 - (b) The physician's current or last known address of record.
- (c) The date and number of the license issued to the physician pursuant to this chapter.
- (d) The date the license is scheduled to expire if not renewed or the date the license expired or was revoked, suspended or canceled.
- (e) Any disciplinary actions taken against the physician by the board.
- (f) Letters of concern, remedial continuing medical education ordered and dismissals of complaints against the physician until deleted from the public record pursuant to paragraph 3 of this subsection.
- 5. Adopt rules regarding the regulation, qualifications and training of medical assistants. The training requirements for a medical assistant may be satisfied through a training program that meets all of the following:
 - (a) Is designed and offered by a physician.
- (b) Meets or exceeds any of the approved training program requirements specified in rule.
- (c) Verifies the entry-level competencies of a medical assistant as prescribed by rule.
- (d) Provides written verification to the individual of successful completion of the program.
 - 6. Discipline and rehabilitate osteopathic physicians.
- 7. Determine whether a prospective or current Arizona licensed physician has the training or experience to demonstrate the physician's ability to treat and manage opiate-dependent patients as a qualifying physician pursuant to 21 United States Code section 823(g)(2)(G)(ii).

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- 8. Issue registrations to administer general anesthesia and sedation in dental offices and dental clinics pursuant to section 32-1272 to physicians who have completed residency training in anesthesiology.
- 9. INVESTIGATE ANY CHARGES INVOLVING PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST AND MAKE RECOMMENDATIONS TO THE STATE BOARD OF PSYCHOLOGIST EXAMINERS WHETHER THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY BELIEVES THE PRESCRIBING PSYCHOLOGIST ENGAGED IN UNPROFESSIONAL CONDUCT OR PROVIDED INCOMPETENT MEDICAL CARE BASED ON THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT. FOR THE PURPOSES OF THIS PARAGRAPH, "COLLABORATING PHYSICIAN", "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2061.
- B. The public records of the board are open to inspection at all times during office hours.
 - C. The board may:
 - 1. Adopt rules necessary or proper to administer this chapter.
- 2. Appoint one of its members to the jurisdiction arbitration panel pursuant to section 32-2907, subsection B.
- 3. Accept and spend federal monies and private grants, gifts, contributions and devises. These monies do not revert to the state general fund at the end of a fiscal year.
- 4. Develop and publish advisory opinions and standards governing the profession.
- D. The board shall adopt and use a seal, the imprint of which, together with the signature of either the president, vice president or executive director, is evidence of its official acts.
- E. In conducting investigations pursuant to this chapter, the board may receive and review confidential internal staff reports relating to complaints and malpractice claims.
- F. The board may make available to academic and research organizations public records regarding statistical information on doctors of osteopathic medicine and applicants for licensure.
- Sec. 4. Title 32, chapter 17, article 3, Arizona Revised Statutes, is amended by adding section 32-1862, to read:

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32-1862. <u>Prescribing psychologists; collaborative prescription agreements; supervision; training requirements; definitions</u>
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- A. SUBJECT TO THE RULES ADOPTED BY THE BOARD, A PHYSICIAN MAY ENTER INTO A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A PRESCRIBING PSYCHOLOGIST AND MAY SUPERVISE THE CLINICAL TRAINING OF PSYCHOLOGISTS WHO APPLY FOR PRESCRIBING AUTHORITY PURSUANT TO CHAPTER 19.1, ARTICLE 5 OF THIS TITLE. A COLLABORATING PHYSICIAN MAY BE A PARTY TO ONLY FOUR COLLABORATIVE PRESCRIPTION AGREEMENTS AT ANY TIME.
- B. IF A COLLABORATIVE PRESCRIPTION AGREEMENT ALLOWS THE PRESCRIBING PSYCHOLOGIST TO PRESCRIBE FOR CHILDREN AND PROVIDE ADOLESCENT CARE FOR

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PERSONS WHO ARE AT LEAST TWELVE YEARS OF AGE BUT UNDER EIGHTEEN, THE COLLABORATING PHYSICIAN MUST HAVE TRAINING IN PEDIATRICS. IF A COLLABORATIVE PRESCRIPTION AGREEMENT ALLOWS THE PRESCRIBING PSYCHOLOGIST TO PRESCRIBE FOR PERSONS WHO ARE AT LEAST SIXTY-FIVE YEARS OF AGE, THE COLLABORATING PHYSICIAN MUST HAVE TRAINING IN GERIATRICS.

C. FOR THE PURPOSES OF THIS SECTION, "COLLABORATING PHYSICIAN", "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2061.

Sec. 5. Section 32-2061, Arizona Revised Statutes, is amended to read:

32-2061. <u>Definitions</u>

In this chapter, unless the context otherwise requires:

- 1. "Active license" means a valid and existing license to practice psychology.
- 2. "Adequate records" means records containing THAT CONTAIN, at a minimum, sufficient information to identify the client or patient, the dates of service, the fee for service, the payments for service, the type of service given and copies of any reports that may have been made.
 - 3. "Board" means the state board of psychologist examiners.
- 4. "Client" means a person or an entity that receives psychological services. A corporate entity, a governmental entity or any other organization may be a client if there is a professional contract to provide services or benefits primarily to an organization rather than to an individual. If an individual has a legal guardian, the legal guardian is the client for decision-making purposes, except that the individual receiving services is the client or patient for:
- (a) Issues that directly affect the physical or emotional safety of the individual, such as sexual or other exploitative relationships.
- (b) Issues that the LEGAL guardian agrees to specifically reserve to the individual.
- 5. "COLLABORATING PHYSICIAN" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE AND WHO IS A PARTY TO A COLLABORATIVE PRESCRIPTION AGREEMENT PURSUANT TO ARTICLE 5 OF THIS CHAPTER.
- 6. "COLLABORATIVE PRESCRIPTION AGREEMENT" MEANS AN AGREEMENT BETWEEN A COLLABORATING PHYSICIAN AND A PRESCRIBING PSYCHOLOGIST THAT ALLOWS THE PRESCRIBING PSYCHOLOGIST TO PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO ARTICLE 5 OF THIS CHAPTER.
- 5. 7. "Committee on behavior analysts" means the committee established by section 32-2091.15.
- 6. 8. "Exploit" means actions by a psychologist who takes undue advantage of the professional association with a client or patient, a student or a supervisee for the advantage or profit of the psychologist.

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- 7.9. "Health care institution" means a facility as defined in section 36-401.
- 8. 10. "Letter of concern" means an advisory letter to notify a psychologist that while there is insufficient evidence to support disciplinary action the board believes the psychologist 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 action against the psychologist's license.
- 9. 11. "Patient" means a person who receives psychological services. If an individual has a legal guardian, the legal guardian is the client or patient for decision-making purposes, except that the individual receiving services is the client or patient for:
- (a) Issues that directly affect the physical or emotional safety of the individual, such as sexual or other exploitative relationships.
- (b) Issues that the LEGAL guardian agrees to specifically reserve to the individual.
- 10. 12. "Practice of psychology" means the psychological assessment, diagnosis, treatment or correction of mental, emotional, behavioral or psychological abilities, illnesses or disorders or purporting or attempting to do this consistent with section 32-2076.
- 13. "PRESCRIBING PSYCHOLOGIST" MEANS A PSYCHOLOGIST WHO HOLDS A VALID PRESCRIPTION LICENSE.
- 14. "PRESCRIPTION LICENSE" MEAN A DOCUMENT THAT IS ISSUED BY THE BOARD TO A PSYCHOLOGIST WHO MEETS THE REQUIREMENTS OF ARTICLE 5 OF THIS CHAPTER AND THAT ALLOWS THE PSYCHOLOGIST WHO HAS A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A COLLABORATING PHYSICIAN TO PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO ARTICLE 5 OF THIS CHAPTER.
- $\frac{11.}{15.}$ "Psychologically incompetent" means a person $\frac{1}{100}$ who LACKS sufficient psychological knowledge or skills to a degree likely to endanger the health of clients or patients.
- 12. 16. "Psychological service" means all actions of the psychologist in the practice of psychology.
- 13. 17. "Psychologist" means a natural person holding WHO HOLDS a license to practice psychology pursuant to this chapter.
- 18. "PSYCHOTROPIC MEDICATION" MEANS A CONTROLLED SUBSTANCE OR DANGEROUS DRUG THAT MAY NOT BE DISPENSED OR ADMINISTERED WITHOUT A PRESCRIPTION, WHOSE PRIMARY INDICATION FOR USE HAS BEEN APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS AND THAT IS LISTED AS A PSYCHOTHERAPEUTIC AGENT IN THE MOST RECENT EDITION OF DRUG FACTS AND COMPARISONS OR IN THE AMERICAN HOSPITAL FORMULARY SERVICE DRUG INFORMATION.

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 14. 19. "Supervisee" means any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services.

15. 20. "Telepractice":

- (a) Means providing psychological services through interactive audio, video or electronic communication that occurs between the psychologist and the patient or client, including any electronic communication for diagnostic, treatment or consultation purposes in a secure platform, and that meets the requirements of telehealth pursuant to section 36-3602. Telepractice
 - (b) Includes supervision.
- 16. 21. "Unprofessional conduct" includes the following activities whether occurring in this state or elsewhere:
 - (a) Obtaining a fee by fraud or misrepresentation.
 - (b) Betraying professional confidences.
- (c) Making or using statements of a character tending to deceive or mislead.
- (d) Aiding or abetting a person who is not licensed pursuant to this chapter in representing that person as a psychologist.
 - (e) COMMITTING gross negligence in the practice of a psychologist.
- (f) ENGAGING IN sexual intimacies or sexual intercourse with a current client or patient or a supervisee or with a former client or patient within two years after the cessation or termination of treatment. For the purposes of this subdivision, "sexual intercourse" has the same meaning prescribed in section 13-1401.
- (g) Engaging or offering to engage as a psychologist in activities that are not congruent with the psychologist's professional education, training and experience.
- (h) Failing or refusing to maintain and retain adequate business, financial or professional records pertaining to the psychological services provided to a client or patient.
- (i) Commission of COMMITTING a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
- $\mbox{(j)}$ Making a fraudulent or untrue statement to the board or its investigators, staff or consultants.
- (k) Violating any federal or state laws or rules that relate to the practice of psychology or to obtaining a license to practice psychology.
- (1) Practicing psychology while impaired or incapacitated to the extent and in a manner that jeopardizes the welfare of the client or patient or renders the psychological services provided ineffective.
- (m) Using fraud, misrepresentation or deception to obtain or attempt to obtain a psychology license or to pass or attempt to pass a psychology licensing examination or in assisting another person to do so.

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- (n) COMMITTING unprofessional conduct in another jurisdiction that resulted in censure, probation or a civil penalty or in the denial, suspension, restriction or revocation of a certificate or license to practice as a psychologist OR A PRESCRIBING PSYCHOLOGIST.
- (o) Providing services that are unnecessary or unsafe or otherwise engaging in activities as a psychologist that are unprofessional by current standards of practice.
- (p) Falsely or fraudulently claiming to have performed a professional service, charging for a service or representing a service as the licensee's own when the licensee has not rendered the service or assumed supervisory responsibility for the service.
- (q) Representing activities or services as being performed under the licensee's supervision if the psychologist has not assumed responsibility for them and has not exercised control, oversight and review.
- (r) Failing to obtain a client's or patient's informed and written consent to release personal or otherwise confidential information to another party unless the release is otherwise authorized by law.
- (s) Failing to make client or patient records in the psychologist's possession promptly available to another psychologist who is licensed pursuant to this chapter on receipt of proper authorization to do so from the client or patient, a minor client's or patient's parent, the client's or patient's legal guardian or the client's or patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.
- (t) Failing to take reasonable steps to inform or protect a client's or patient's intended victim and inform the proper law enforcement officials in circumstances in which the psychologist becomes aware during the course of providing or supervising psychological services that a THE client or patient intends or plans to inflict serious bodily harm on another person.
- (u) Failing to take reasonable steps to protect a client or patient in circumstances in which the psychologist becomes aware during the course of providing or supervising psychological services that $\frac{1}{2}$ THE client or patient intends or plans to inflict serious bodily harm on self.
- (v) Abandoning or neglecting a client or patient in need of immediate care without making suitable arrangements for continuation of the care.
- (w) Engaging in direct or indirect personal solicitation of clients or patients through the use of coercion, duress, undue influence, compulsion or intimidation practices.
 - (x) Engaging in false, deceptive or misleading advertising.
 - (y) Exploiting a client or patient, a student or a supervisee.
- (z) Failing to report information to the board regarding a possible act of unprofessional conduct committed by another psychologist who is

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licensed pursuant to this chapter unless this reporting violates the psychologist's confidential relationship with the client or patient pursuant to section 32-2085. Any psychologist who reports or provides information to the board in good faith is not subject to an action for civil damages. For the purposes of this subdivision, it is not an act of unprofessional conduct if a licensee addresses an ethical conflict in a manner that is consistent with the ethical standards contained in the document entitled "ethical principles of psychologists and code of conduct" as adopted by the American psychological association and in effect at the time the licensee makes the report.

- (aa) Violating a formal board order, consent agreement, term of probation or stipulated agreement issued under this chapter.
- (bb) Failing to furnish information in a timely manner to the board or its investigators or representatives if requested or subpoenaed by the board as prescribed by this chapter.
- (cc) Failing to make available to a client or patient or to the client's or patient's designated representative, on written request, a copy of the client's or patient's record, including raw test data, psychometric testing materials and other information as provided by law.
 - (dd) Violating an ethical standard adopted by the board.
- Sec. 6. Section 32-2063, Arizona Revised Statutes, is amended to read:

32-2063. Powers and duties

- A. The board shall:
- 1. Administer and enforce this chapter and board rules.
- 2. Regulate disciplinary actions, the granting, denial, revocation, renewal and suspension of licenses and the rehabilitation of licensees pursuant to this chapter and board rules.
- 3. Prescribe the forms, content and manner of application for licensure and renewal of licensure and set deadlines for the receipt of materials required by the board.
- 4. Keep a record of all licensees, board actions taken on all applicants and licensees and the receipt and disbursal of monies.
- 5. Adopt an official seal for attesting licenses and other official papers and documents.
- 6. Investigate charges of violations of this chapter and board rules and orders.
- 7. Subject to title 41, chapter 4, article 4, employ an executive director who serves at the pleasure of the board.
- 8. Annually elect from among its membership a chairman CHAIRPERSON, a vice chairman CHAIRPERSON and a secretary, who serve at the pleasure of the board.
- 9. Adopt rules pursuant to title 41, chapter 6 to carry out this chapter and to define unprofessional conduct.

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- 10. Engage in a full exchange of information with other regulatory boards and psychological associations, national psychology organizations and the Arizona psychological association and its components.
- 11. By rule, adopt a code of ethics relating to the practice of psychology. The board shall base this code on the code of ethics adopted and published by the American psychological association. The board shall apply the code to all board enforcement policies and disciplinary case evaluations and development of licensing examinations.
 - 12. Adopt rules regarding the use of telepractice.
- 13. Before the board takes action, receive and consider recommendations from the committee on behavior analysts on all matters relating to licensing and regulating behavior analysts, as well as regulatory changes pertaining to the practice of behavior analysis, except in the case of a summary suspension of a license pursuant to section 32-2091.09, subsection E.
- 14. Beginning January 1, 2022, Require each applicant for an initial or temporary license or a license renewal pursuant to this chapter to have applied for a fingerprint clearance card pursuant to title 41, chapter 12, article 3.1. If an applicant is issued a valid fingerprint clearance card, the applicant shall submit the valid fingerprint clearance card to the board with the completed application. If an applicant applies for a fingerprint clearance card and is denied, the applicant may request that the board consider the application for licensure notwithstanding the absence of a valid fingerprint clearance card. The board, in its discretion, may approve an application for licensure despite the denial of a valid fingerprint clearance card if the board determines that the applicant's criminal history information on which the denial is based does not alone disqualify the applicant from licensure.
- 15. REFER ANY CHARGES INVOLVING PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST TO EITHER:
- (a) THE ARIZONA MEDICAL BOARD IF THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT IS WITH A COLLABORATING PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OF THIS TITLE.
- (b) THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY IF THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT IS WITH A COLLABORATING PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 17 OF THIS TITLE.
- 16. RECEIVE AND CONSIDER RECOMMENDATIONS FROM THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY BEFORE TAKING ACTION REGARDING MATTERS RELATED TO PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST.
- B. Subject to title 41, chapter 4, article 4, the board may employ personnel it deems necessary to carry out this chapter. The board, in investigating violations of this chapter, may employ investigators who may be psychologists. The board or its executive director may take and hear

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evidence, administer oaths and affirmations and compel by subpoena the attendance of witnesses and the production of books, papers, records, documents and other information relating to the investigation or hearing.

- C. Subject to section 35-149, the board may accept, expend and account for gifts, grants, devises and other contributions, monies or property from any public or private source, including the federal government. The board shall deposit, pursuant to sections 35-146 and 35-147, monies received pursuant to this subsection in special funds for the purpose specified, and monies in these funds are exempt from the provisions of section 35-190 relating to lapsing of appropriations.
- D. Compensation for all personnel shall be determined pursuant to section 38-611.
- Sec. 7. Title 32, chapter 19.1, Arizona Revised Statutes, is amended by adding article 5, to read:

ARTICLE 5. PSYCHOLOGISTS' PRESCRIBING AUTHORITY

32-2095. <u>Prescription licenses; requirements; limitations;</u> immunity of collaborating physicians

- A. A PSYCHOLOGIST MAY APPLY TO THE BOARD FOR A PRESCRIPTION LICENSE ON A FORM APPROVED BY THE BOARD AND SHALL INCLUDE WITH THE APPLICATION EVIDENCE SATISFACTORY TO THE BOARD THAT THE APPLICANT MEETS ALL OF THE FOLLOWING REQUIREMENTS:
- 1. COMPLETED A DOCTORAL PROGRAM IN PSYCHOLOGY FROM AN ACCREDITED INSTITUTION OF HIGHER EDUCATION OR PROFESSIONAL SCHOOL, OR, IF THE PROGRAM WAS NOT ACCREDITED AT THE TIME OF THE APPLICANT'S GRADUATION, THE PROGRAM MEETS PROFESSIONAL STANDARDS DETERMINED ACCEPTABLE BY THE BOARD.
 - 2. HOLDS A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE.
- 3. SUCCESSFULLY COMPLETED PHARMACOLOGICAL TRAINING FROM AN INSTITUTION OF HIGHER EDUCATION APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS OR FROM A PROVIDER OF CONTINUING EDUCATION APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.
- 4. PASSED A NATIONAL CERTIFICATION EXAMINATION APPROVED BY THE BOARD THAT TESTS THE APPLICANT'S KNOWLEDGE OF PHARMACOLOGY IN DIAGNOSING, CARING FOR AND TREATING MENTAL DISORDERS.
- 5. SUCCESSFULLY COMPLETED AN ORGANIZED PROGRAM OF EDUCATION THAT IS APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY, AND THAT CONSISTS OF AT LEAST ALL OF THE FOLLOWING CORE AREAS OF INSTRUCTION:
 - (a) BIOLOGICAL FOUNDATIONS OF PSYCHOPHARMACOLOGY.
 - (b) NEUROSCIENCE.
 - (c) NEUROPHARMACOLOGY.
 - (d) PSYCHOPHARMACOLOGY.
 - (e) CLINICAL PHARMACOLOGY.

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- (f) PROFESSIONAL ISSUES AND PRACTICE MANAGEMENT.
- (g) TREATMENT ISSUES IN PSYCHOPHARMACOLOGY, INCLUDING AFFECTIVE DISORDERS, PSYCHOTIC DISORDERS AND ANXIETY DISORDERS.
 - (h) APPROPRIATE AND RELEVANT PHYSICAL AND LABORATORY ASSESSMENT.
- 6. SUCCESSFULLY COMPLETED SPECIFIC MINIMUM UNDERGRADUATE BIOMEDICAL COURSEWORK, INCLUDING, AT A MINIMUM, THE FOLLOWING SUBJECT AREAS:
 - (a) CHEMISTRY I AND II.
 - (b) ORGANIC CHEMISTRY OR BIOCHEMISTRY.
 - (c) ANATOMY AND PHYSIOLOGY OR PHYSIOLOGY.
 - (d) GENERAL BIOLOGY I AND II.
 - (e) MICROBIOLOGY.
- 7. IS CERTIFIED BY EACH OF THE APPLICANT'S SUPERVISING PHYSICIANS AS HAVING SUCCESSFULLY COMPLETED A SUPERVISED AND RELEVANT CLINICAL EXPERIENCE THAT IS APPROVED BY THE BOARD AND THAT INCLUDES BOTH OF THE FOLLOWING:
- (a) A PRACTICUM OF AT LEAST FOURTEEN MONTHS OF SUPERVISED CLINICAL TRAINING OF AT LEAST FIFTY PERCENT OF FULL-TIME STATUS AND AT LEAST TWENTY HOURS PER WEEK IN CLINICAL ASSESSMENT AND PATHOPHYSIOLOGY UNDER THE SUPERVISION OF A PHYSICIAN.
- (b) A PRACTICUM OF AT LEAST ONE THOUSAND HOURS THAT IS SUPERVISED IN PERSON BY ANY ONE OR A COMBINATION OF PSYCHIATRISTS OR OTHER APPROPRIATELY TRAINED PHYSICIANS AND THAT IS DETERMINED BY THE BOARD TO BE SUFFICIENT TO COMPETENTLY TRAIN THE APPLICANT IN TREATING A DIVERSE PATIENT POPULATION.
- 8. HAS MALPRACTICE INSURANCE IN PLACE THAT IS SUFFICIENT TO SATISFY THE RULES ADOPTED BY THE BOARD AND THAT WILL COVER THE APPLICANT UP TO \$1,000,000 PER INCIDENT AND \$3,000,000 PER YEAR OR AS OTHERWISE APPROVED BY THE BOARD.
- B. THE BOARD SHALL ISSUE A PRESCRIPTION LICENSE IF THE BOARD FINDS THAT THE APPLICANT MEETS THE REQUIREMENTS OF SUBSECTION A OF THIS SECTION. THE PRESCRIPTION LICENSE IS VALID FOR A PERIOD OF TWO YEARS. AT THE END OF THE TWO-YEAR PERIOD, THE HOLDER MAY APPLY TO RENEW THE PRESCRIPTION LICENSE.
- C. A PRESCRIBING PSYCHOLOGIST MUST HAVE A COLLABORATIVE PRESCRIPTION AGREEMENT IN PLACE IN ORDER TO PRESCRIBE MEDICATION. A COLLABORATIVE PRESCRIPTION AGREEMENT MAY BE TERMINATED BY EITHER THE PRESCRIBING PSYCHOLOGIST OR THE COLLABORATING PHYSICIAN. THE PRESCRIBING PSYCHOLOGIST SHALL NOTIFY THE BOARD AT LEAST THIRTY DAYS BEFORE A COLLABORATIVE PRESCRIPTION AGREEMENT IS TERMINATED.
- D. A PSYCHOLOGIST WHO HOLDS A PRESCRIPTION LICENSE AND WHO HAS A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A COLLABORATING PHYSICIAN MAY:
- 1. PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO THIS ARTICLE AND THE COLLABORATIVE PRESCRIPTION AGREEMENT.

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- 2. ORDER LABORATORY TESTING, IMAGING AND MEDICAL TESTS NECESSARY BEFORE PRESCRIBING MEDICATION, DURING THE PERIOD OF PRESCRIBED MEDICATION AND AT THE END OF A PERIOD OF PRESCRIBED MEDICATION.
- E. A PSYCHOLOGIST WITH A PRESCRIPTION LICENSE MAY PRESCRIBE PSYCHOTROPIC MEDICATION AND ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS UNDER A COLLABORATIVE PRESCRIPTION AGREEMENT IF THE PSYCHOLOGIST CONTINUES TO MEET ALL OF THE FOLLOWING:
- 1. HOLDS A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE AND CONTINUES TO MAINTAIN MALPRACTICE INSURANCE.
- 2. NOTIFIES THE BOARD OF THE NAME OF THE PSYCHOLOGIST'S COLLABORATING PHYSICIAN.
- 3. ANNUALLY SATISFIES ALL CONTINUING EDUCATION REQUIREMENTS FOR PRESCRIBING PSYCHOLOGISTS AS PRESCRIBED BY THE BOARD, WHICH SHALL REQUIRE AT LEAST FORTY HOURS EACH RENEWAL PERIOD.
- F. THE FOLLOWING LIMITATIONS APPLY TO A PRESCRIBING PSYCHOLOGIST WHEN PRESCRIBING A SCHEDULE II CONTROLLED SUBSTANCE:
- 1. THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE AND ADMINISTER STIMULANTS TO TREAT ATTENTION DEFICIT HYPERACTIVITY DISORDER, REGARDLESS OF THE STIMULANT'S SCHEDULE CLASSIFICATION.
- 2. THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE TO PERSONS WITH A SUBSTANCE USE DISORDER SCHEDULE II CONTROLLED SUBSTANCES THAT ARE APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS PURSUANT TO THIS ARTICLE ONLY IF ALL OF THE FOLLOWING APPLY:
- (a) THE PRESCRIBING PSYCHOLOGIST HAS COMPLETED THE APPROPRIATE EDUCATION, SUPERVISED CLINICAL TRAINING AND CONTINUING EDUCATION AS PRESCRIBED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.
- (b) THE POPULATION IS IDENTIFIED IN THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT.
- (c) THE COLLABORATING PHYSICIAN AGREES TO THE PSYCHOLOGIST'S CAPACITY TO PRESCRIBE.
- 3. THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE FOR CHILDREN AND PROVIDE ADOLESCENT CARE FOR PERSONS WHO ARE AT LEAST TWELVE YEARS OF AGE IF ALL OF THE FOLLOWING APPLY:
- (a) THE PRESCRIBING PSYCHOLOGIST HAS COMPLETED THE APPROPRIATE EDUCATION, SUPERVISED CLINICAL TRAINING AND CONTINUING EDUCATION AS PRESCRIBED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.
- (b) THE POPULATION IS IDENTIFIED IN THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT.
 - (c) THE COLLABORATING PHYSICIAN AGREES TO THE PSYCHOLOGIST'S CAPACITY TO PRESCRIBE.

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- 4. THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE FOR PERSONS WHO ARE AT LEAST SIXTY-FIVE YEARS OF AGE IF ALL OF THE FOLLOWING APPLY:
- (a) THE PRESCRIBING PSYCHOLOGIST HAS COMPLETED THE APPROPRIATE EDUCATION, SUPERVISED CLINICAL TRAINING AND CONTINUING EDUCATION AS PRESCRIBED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.
- (b) THE POPULATION IS IDENTIFIED IN THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT.
- (c) THE COLLABORATING PHYSICIAN AGREES TO THE PSYCHOLOGIST'S CAPACITY TO PRESCRIBE.
- 5. THE PRESCRIBING PSYCHOLOGIST MAY NOT PRESCRIBE FOR PERSONS WHO ARE UNDER TWELVE YEARS OF AGE, PERSONS WHO ARE PREGNANT OR PERSONS WHO ARE MEDICALLY COMPLEX.
- G. A COLLABORATING PHYSICIAN IS NOT LIABLE FOR THE ACTS OF A PRESCRIBING PSYCHOLOGIST UNLESS THE INJURY OR LOSS ARISES FROM AN ACT UNDER THE DIRECTION AND CONTROL OF THE COLLABORATING PHYSICIAN.

32-2095.01. Rules

- A. THE BOARD SHALL ADOPT RULES THAT DO ALL OF THE FOLLOWING:
- 1. PROVIDE FOR THE PROCEDURES TO BE FOLLOWED IN OBTAINING A PRESCRIPTION LICENSE AND PRESCRIPTION LICENSE RENEWALS.
 - 2. ESTABLISH LICENSE AND RENEWAL FEES.
- 3. ESTABLISH THE GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF PRESCRIPTION LICENSES, INCLUDING A PROVISION FOR SUSPENDING OR REVOKING A LICENSE TO PRACTICE PSYCHOLOGY ON THE SUSPENSION OR REVOCATION OF THE PSYCHOLOGIST'S PRESCRIPTION LICENSE. THE DENIAL, SUSPENSION OR REVOCATION OF PRESCRIPTION LICENSES SHALL BE IN ACCORDANCE WITH TITLE 41, CHAPTER 6, ARTICLE 10.
- B. THE BOARD MAY ADOPT ANY OTHER RULES NECESSARY FOR THE PURPOSES OF THIS ARTICLE.

32-2095.02. Collaborative prescription agreements; guidelines

- A. A COLLABORATIVE PRESCRIPTION AGREEMENT IS REQUIRED FOR ALL PRESCRIBING PSYCHOLOGISTS PRACTICING WITH A PRESCRIPTION LICENSE ISSUED PURSUANT TO THIS ARTICLE. A COLLABORATIVE PRESCRIPTION AGREEMENT MAY INCLUDE ONLY MEDICATIONS TO TREAT MENTAL HEALTH DISEASE OR ILLNESS THAT THE COLLABORATING PHYSICIAN GENERALLY PROVIDES TO THE PHYSICIAN'S PATIENTS IN THE NORMAL COURSE OF THE PHYSICIAN'S CLINICAL PRACTICE.
 - B. A COLLABORATIVE PRESCRIPTION AGREEMENT SHALL:
- 1. BE IN WRITING AND DESCRIBE THE WORKING RELATIONSHIP BETWEEN THE PRESCRIBING PSYCHOLOGIST AND THE COLLABORATING PHYSICIAN.
- 2. IDENTIFY THE SPECIFIC CONTROLLED SUBSTANCES BY BRAND NAME OR GENERIC NAME THAT THE COLLABORATING PHYSICIAN GENERALLY PROVIDES TO THE PHYSICIAN'S PATIENTS IN THE NORMAL COURSE OF THE PHYSICIAN'S CLINICAL PRACTICE.

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- 3. PROMOTE THE EXERCISE OF PROFESSIONAL JUDGMENT BY THE PRESCRIBING PSYCHOLOGIST CONSISTENT WITH THE PRESCRIBING PSYCHOLOGIST'S TRAINING, EDUCATION AND EXPERIENCE.
- 4. PROVIDE METHODS AND GUIDELINES FOR COMMUNICATION BETWEEN THE COLLABORATING PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST, INCLUDING IN-PERSON AND TELEPHONIC COMMUNICATIONS. THE COLLABORATING PHYSICIAN IS NOT REQUIRED TO BE PERSONALLY PRESENT AT THE PLACE WHERE THE PRESCRIBING PSYCHOLOGIST RENDERS SERVICES.
- 5. PROVIDE FOR ADEQUATE COLLABORATION BETWEEN THE COLLABORATING PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST AS DETERMINED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS, IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.
- 6. CONTAIN PROVISIONS ADDRESSING TERMINATION OF OR CHANGES TO THE COLLABORATIVE PRESCRIPTION AGREEMENT.
- C. THE COLLABORATIVE PRESCRIPTION AGREEMENT MAY NOT RESTRICT THIRD-PARTY PAYMENT SOURCES ACCEPTED BY THE PRESCRIBING PSYCHOLOGIST UNLESS THERE IS AN EMPLOYMENT RELATIONSHIP BETWEEN THE COLLABORATING PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST.
- D. THE PRESCRIBING PSYCHOLOGIST OR THE COLLABORATING PHYSICIAN SHALL PROVIDE A COPY OF THE FULLY EXECUTED COLLABORATIVE PRESCRIPTION AGREEMENT TO THE BOARD WITHIN A REASONABLE TIME ON REQUEST.

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32-2095.03. <u>Prescribing psychologists; optimal patient care:</u>
prescription requirements; annual list;
definition
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- PRESCRIBING PSYCHOLOGIST SHALL MAINTAIN ANONGOING RELATIONSHIP WITH THE PATIENT'S HEALTH CARE PRACTITIONER PURSUANT TO GUIDELINES DEVELOPED BY THE BOARD, WHICH SHALL OPTIMIZE PATIENT CARE. GUIDELINES SHALL ENSURE THAT THE PRESCRIBING PSYCHOLOGIST AND THE PATIENT'S HEALTH CARE PRACTITIONER COORDINATE AND COLLABORATE ON THE CARE OF THE PATIENT TO PROVIDE OPTIMAL CARE. THIS SUBSECTION DOES NOT REQUIRE A PRESCRIBING PSYCHOLOGIST TO GIVE PRIOR NOTICE TO OR OBTAIN PRIOR APPROVAL FROM A PATIENT'S HEALTH CARE PRACTITIONER TO PRESCRIBE PSYCHOTROPIC MEDICATION OR ANY OTHER MEDICATION APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT MENTAL DISORDERS TO A PATIENT WITH WHOM THE PRESCRIBING PSYCHOLOGIST HAS ESTABLISHED PSYCHOLOGIST-PATIENT RELATIONSHIP. THE PRESCRIBING PSYCHOLOGIST MUST PROVIDE WRITTEN NOTICE OF THE PRESCRIPTION TO THE PATIENT'S HEALTH CARE PRACTITIONER WITHIN TWENTY-FOUR HOURS AFTER ISSUING THE PRESCRIPTION TO THE PATIENT.
- B. EACH PRESCRIPTION WRITTEN BY A PRESCRIBING PSYCHOLOGIST SHALL MEET ALL OF THE FOLLOWING REQUIREMENTS:
 - 1. COMPLY WITH APPLICABLE STATE AND FEDERAL LAWS.
- 2. INDICATE THAT THE PRESCRIPTION IS ISSUED BY A PSYCHOLOGIST WHO IS LICENSED TO PRESCRIBE.

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- 3. INCLUDE THE PRESCRIBING PSYCHOLOGIST'S BOARD-ASSIGNED IDENTIFICATION NUMBER.
- C. A PRESCRIBING PSYCHOLOGIST MAY NOT DELEGATE PRESCRIPTIVE AUTHORITY TO ANY OTHER PERSON. RECORDS OF ALL PRESCRIPTIONS SHALL BE MAINTAINED IN PATIENT RECORDS.
- D. IF AUTHORIZED TO PRESCRIBE CONTROLLED SUBSTANCES, A PRESCRIBING PSYCHOLOGIST SHALL FILE WITH THE BOARD IN A TIMELY MANNER ALL INDIVIDUAL UNITED STATES DRUG ENFORCEMENT ADMINISTRATION REGISTRATIONS AND NUMBERS. THE BOARD SHALL MAINTAIN CURRENT RECORDS ON EACH PSYCHOLOGIST WHO HAS PRESCRIPTIVE AUTHORITY UNDER THIS ARTICLE, INCLUDING FEDERAL REGISTRATIONS AND NUMBERS.
- E. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL PROVIDE TO THE ARIZONA STATE BOARD OF PHARMACY, THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY AN ANNUAL LIST OF PRESCRIBING PSYCHOLOGISTS. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL PROMPTLY NOTIFY THE ARIZONA STATE BOARD OF PHARMACY OF PSYCHOLOGISTS WHO ARE ADDED TO OR DELETED FROM THE LIST.
- F. FOR THE PURPOSES OF THIS SECTION, "HEALTH CARE PRACTITIONER" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE OR A NURSE PRACTITIONER OR CLINICAL NURSE SPECIALIST WHO IS LICENSED PURSUANT TO CHAPTER 15 OF THIS TITLE.
- Sec. 8. Section 36-2604, Arizona Revised Statutes, is amended to read:

36-2604. <u>Use and release of confidential information;</u> definitions

- A. Except as otherwise provided in this section, prescription information submitted to the board pursuant to this article is confidential and is not subject to public inspection. The board shall establish procedures to ensure the privacy and confidentiality of patients and that patient information that is collected, recorded and transmitted pursuant to this article is not disclosed except as prescribed in this section.
- B. The board or its designee shall review the prescription information collected pursuant to this article. If the board or its designee has reason to believe an act of unprofessional or illegal conduct has occurred, the board or its designee shall notify the appropriate professional licensing board. The board may delegate the duties prescribed in this subsection to the executive director pursuant to section 32-1904.
- C. The board may release data collected by the program to the following:
- 1. A person who is authorized to prescribe or dispense controlled substances, or a delegate who is authorized by the prescriber or dispenser, to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient or to assist with or verify

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

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

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- D. Data provided by the board pursuant to this section may not be used for any of the following:
 - 1. Credentialing health care professionals.
 - 2. Determining payment.
 - 3. Preemployment screening.
 - 4. Any purpose other than as specified in this section.
- E. For a fee determined by the board, the board may provide data to public or private entities for statistical, research or educational purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.
- F. Any employee of the administration, a contractor or a health care insurer who is assigned delegate access to the program shall operate and responsibility of the the authority administration's, contractor's or health care insurer's chief medical officer or other employee who is a licensed health care professional and who is authorized to prescribe or dispense controlled substances. A delegate of the administration, a contractor or a health care insurer shall hold a valid license or certification issued pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, 19.1, 25, 29 or 33 as a condition of being assigned and provided delegate access to the program by the board. Each employee of the administration, a contractor or a health care insurer who is a licensed health care professional and who is authorized to prescribe or dispense controlled substances may authorize not more than ten delegates.
- G. If, after reviewing the information provided pursuant to subsection C, paragraph 4 of this section, an investigator finds no evidence of a statutory crime but suspects a medical practitioner of prescribing controlled substances inappropriately in manner or amount, the investigator may refer the medical practitioner to the relevant professional licensing board for investigation of possible deviation from the standard of care but may not arrest or otherwise undertake criminal proceedings against the medical practitioner.
- H. A person who is authorized to prescribe or dispense controlled substances or the chief medical officer or other licensed health care professional of the administration, a contractor or a health care insurer who is authorized to prescribe or dispense controlled substances shall deactivate a delegate within five business days after an employment status change, the request of the delegate or the inappropriate use of the controlled substances prescription monitoring program's central database tracking system.
 - I. For the purposes of this section:
- 1. "Administration" and "contractor" have the same meanings prescribed in section 36-2901.
 - 2. "Delegate" means any of the following:
- (a) A licensed health care professional who is employed in the office of or in a hospital with the prescriber or dispenser.

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- (b) An unlicensed medical records technician, medical assistant or office manager who is employed in the office of or in a hospital with the prescriber or dispenser and who has received training regarding both the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 164, subpart E) and security standards (45 Code of Federal Regulations part 164, subpart C).
- (c) A forensic pathologist, medical death investigator or other qualified person who is assigned duties in connection with a death investigation pursuant to section 11-594.
- (d) A registered pharmacy technician trainee, licensed pharmacy technician or licensed pharmacy intern who works in a facility with the dispenser.
- (e) Any employee of the administration, a contractor or a health care insurer who is authorized by the administration's, contractor's or health care insurer's chief medical officer or other licensed health care professional who is authorized to prescribe or dispense controlled substances.
- 3. "Health care insurer" has the same meaning prescribed in section 20-3151.
- Sec. 9. Section 36-2606, Arizona Revised Statutes, is amended to read:

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36-2606. Registration; access; requirements; mandatory use; annual user satisfaction survey; report: definitions
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- A. A medical practitioner regulatory board shall notify each medical practitioner who receives an initial or renewal license and who intends to apply for registration or has an active registration under the controlled substances act (21 United States Code sections 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. Arizona state board of pharmacy shall provide access to the central database tracking system to each medical practitioner who has a valid license pursuant to title 32 and who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904). The Arizona state board of pharmacy shall notify each pharmacist of the pharmacist's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. The Arizona state board of pharmacy shall provide access to the central database tracking system to each pharmacist who has a valid license pursuant to title 32, chapter 18 and who is employed by either:
- 1. A facility that has a valid United States drug enforcement administration registration number.

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- 2. The administration, a contractor or a health care insurer and who has a national provider identifier number.
 - B. The registration is:
- 1. Valid in conjunction with a valid United States drug enforcement administration registration number and a valid license issued by a medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 19.1, 25 or 29.
- 2. Valid in conjunction with a valid license issued by the Arizona state board of pharmacy for a pharmacist who is employed by either:
- (a) A facility that has a valid United States drug enforcement administration registration number.
- (b) The administration, a contractor or a health care insurer and who has a national provider identifier number.
 - 3. Not transferable or assignable.
- C. An applicant for registration pursuant to this section must apply as prescribed by the board.
- D. Pursuant to a fee prescribed by the board by rule, the board may issue a replacement registration to a registrant who requests a replacement because the original was damaged or destroyed, because of a change of name or for any other good cause as prescribed by the board.
- E. A person who is authorized to access the controlled substances prescription monitoring program's central database tracking system may do so using only that person's assigned identifier and may not use the assigned identifier of another person.
- F. Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a practitioner, before prescribing an opioid analgesic medical benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while prescription remains a part of the treatment. Each medical practitioner regulatory board shall notify the medical practitioners licensed by that board of the applicable date. A medical practitioner may be granted a one-year waiver from the requirement in this subsection due to technological limitations that are not reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by rule by the Arizona state board of pharmacy.
- G. Before a pharmacist dispenses or before a pharmacy technician or pharmacy intern of a remote dispensing site pharmacy dispenses a schedule II controlled substance, a dispenser shall obtain a patient utilization report regarding the patient for the preceding twelve months from the

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controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment.

- H. The medical practitioner or dispenser is not required to obtain a patient utilization report from the central database tracking system pursuant to subsection F of this section if any of the following applies:
- 1. The patient is receiving hospice care or palliative care for a serious or chronic illness.
- 2. The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
 - 3. A medical practitioner will administer the controlled substance.
- 4. The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
- 5. The medical practitioner is prescribing the controlled substance to the patient for not more than a five-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.
- 6. The medical practitioner is prescribing the controlled substance to the patient for not more than a five-day period for a patient who has suffered an acute injury or a medical or dental disease process that is diagnosed in an emergency department setting and that results in acute pain to the patient. An acute injury or medical disease process does not include back pain.
- I. On or before December 31, 2026, a vendor that provides electronic medical records services to a medical practitioner in this state shall integrate the vendor's electronic medical records system with the program's central database tracking system either directly or through the statewide health information exchange or a third-party vendor.
- J. If a medical practitioner or dispenser uses electronic medical records that integrate data from the controlled substances prescription monitoring program, a review of the electronic medical records with the integrated data shall be deemed compliant with the review of the program's central database tracking system as required in subsection F of this section.
- K. The board shall promote and enter into data sharing agreements to integrate and display patient utilization reports within electronic medical records.
- L. By complying with this section, a medical practitioner or dispenser who acts in good faith, or the medical practitioner's or dispenser's employer, is not subject to liability or disciplinary action arising solely from either:
- 1. Requesting or receiving, or failing to request or receive, prescription monitoring data from the program's central database tracking system.

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- 2. Acting or failing to act on the basis of the prescription monitoring data provided by the program's central database tracking system.
- M. Notwithstanding any provision of this section to the contrary, medical practitioners or dispensers and their delegates are not in violation of this section during any time period in which the controlled substances prescription monitoring program's central database tracking system is suspended or is not operational or available in a timely manner. If the program's central database tracking system is not accessible, the medical practitioner or dispenser or the medical practitioner's or dispenser's delegate shall document the date and time the practitioner, dispenser or delegate attempted to use the central database tracking system pursuant to a process established by board rule.
- N. The board shall conduct an annual voluntary survey of program users to assess user satisfaction with the program's central database tracking system. The survey may be conducted electronically. On or before December 1 of each year, the board shall provide a report of the survey results to the president of the senate, the speaker of the house of representatives and the governor and shall provide a copy of this report to the secretary of state.
- O. This section does not prohibit a medical practitioner regulatory board or the Arizona state board of pharmacy from obtaining and using information from the program's central database tracking system.
 - P. For the purposes of this section:
- 1. "Administration" has the same meaning prescribed in section 36-2901.
 - 2. "Contractor" has the same meaning prescribed in section 36-2901.
- 3. "Dispenser" means a pharmacist who is licensed pursuant to title 32, chapter 18.
- 4. "Emergency department" means the unit within a hospital that is designed to provide emergency services.
- 5. "Health care insurer" has the same meaning prescribed in section 20-3151.

Sec. 10. Exemption from rulemaking

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

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