



The Check-Up

Your Arizona Medical Board (AMB) E-Newsletter

Volume 8 | Winter/Spring 2021

AMB Accepts Comments on Rules

The AMB is accepting comments on its rules for Articles 2, 3, 6 and 7. Please see the links below, or go directly to the azmd.gov homepage for more information.

[Comment on Article 2](#)

[Comment on Article 3](#)

[Comment on Articles 6 & 7](#)

Comments must be received via email to communications@azmd.gov by 5:00pm on March 15, 2021.

Scamming, Spoofing, and Phishing, Our Healthcare Providers are Under Attack

Please Review Entire Article

AMB received numerous notices from physicians who either received scam email from someone reportedly from the Agency. We also received complaints that individuals received phone calls with caller ID that reflected the Agency's main number [scam letter image](#). Below are some helpful tips if you are targeted and places to report the scam activity.

The scam artists are targeting Arizona licensees and the calls will appear on the caller ID as if they are being made by the AMB (480) 551-2700.

The details of the purported calls vary, but include allegations of large quantities of opioids or controlled drugs being found and connected to the provider.

The caller then pretends to offer to act as an intermediary for the provider and asks for personal identifying information and financial information.

Another known scam is one where a physician receives a letter [See Image Supra](#) (either by fax or mail) stamped with a fraudulent watermark and indicating that the physician is under investigation. If you believe you are being targeted, *please* contact the AMB directly and verify the legitimacy of the communication received.

Ultimately, *they may ask for a transfer of funds*. No agent of the AMB or AMB staff will ever contact Arizona physicians or other licensees by telephone to demand money or any other form of payment.

If you receive communication or a call such as the one described, refuse the demand for payment.

Please also consider the following: Anyone receiving a telephone call from a person purporting to be a DEA employee seeking money should refuse the demand and report the threat using the [DEA online form](#) or by calling 877-792-2873. Reporting scam calls will greatly assist DEA in investigating and stopping this criminal activity.

If the individual identifies themselves as an AMB employee, please contact Board staff at (480) 551-2700 or send an email to: communications@azmd.gov

If the phone number of the caller appears to be the AMB's number, it is recommended that you also submit an online complaint with the Federal Communications Commission (FCC) using the FCC's Consumer Complaint [form](#) or contact Board staff so we can provide this information to the FCC.

Statutes Related to the Practice of Medicine that Every Physician Should Know

1. Supervision of PAs

32-2501(16) "Supervising physician" means a physician who holds a current unrestricted license, who supervises a physician assistant and who assumes legal responsibility for health care tasks performed by the physician assistant.

32-2501(D) - The physician assistant may provide any medical service that is delegated by the supervising physician if the service is within the physician assistant's skills, is within the physician's scope of practice and is supervised by the physician.

32-2531. Physician assistant scope of practice; health care tasks; supervising physician duties; civil penalty
H. The supervising physician shall:

1. Meet the requirements established by the board for supervising a physician assistant.
2. Accept responsibility for all tasks and duties the physician delegates to a physician assistant.
3. Notify the board and the physician assistant in writing if the physician assistant exceeds the scope of the delegated health care tasks.
4. Maintain a written agreement with the physician assistant. The agreement must state that the physician will exercise supervision over the physician assistant and retains professional and legal responsibility for the care rendered by the physician assistant. The agreement must be signed by the supervising physician and the physician assistant and updated annually. The agreement must be kept on file at the practice site and made available to the board on request. Each year the board shall randomly audit at least five per cent of these agreements for compliance.

2. Death Certificates

Many providers are unaware of their responsibilities when certifying death so when we open an investigation, physicians are surprised to learn that **a current health care provider is required to sign the death certificate within 72 hours if their patient died of an acute or chronic condition they were treating or complications of that condition OR if the ME office declines jurisdiction.** You are exempt from civil liability or professional disciplinary action if you attempted to complete the certification in good faith. ARS §36-325.

A.R.S. §36-325(G) - If a person under the current care of a health care provider for an acute or chronic medical condition dies of that condition, or complications associated with that condition, the health care provider or a health care provider designated by that provider shall complete and sign the medical certification of death on a death certificate within seventy-two hours. If current care has not been provided, the medical examiner shall complete and sign the medical certification of death on a death certificate within seventy-two hours after the examination, excluding weekends and holidays.

**Effective October 2nd, 2019, the D.A.V.E. system was implemented by DHS for hospitals, funeral home staff and physicians to process death records. Need help or info about D.A.V.E.? Call the help desk at (602) 364-2230

3. Reporting requirements

A.R.S. § 32-3208(A) - A health professional who has been charged with a *misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing **within ten working days after the charge is filed.**"

** This includes all felony charges and reportable misdemeanors, which would include charges of DUI, assault, solicitation, disorderly conduct. A list of all reportable misdemeanors is available here:
<https://www.azmd.gov/Regulation/Regulation#>

**You must report charges within 10 days after being charged not AFTER the disposition of the charges

A.R.S. § 32-3208(D) - A health professional who does not comply with the notification requirements of this section commits an act of unprofessional conduct. The health professional's regulatory board may impose a civil penalty of not more than one thousand dollars in addition to other disciplinary action it takes.

In addition to reporting charges against you, many of you may not know that physicians have a duty to report any information that appears to show that a doctor of medicine is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of medicine.

A.R.S. § 32-1451(A) - Any person may, and a doctor of medicine, the Arizona medical association, a component county society of that association and any health care institution shall, report to the board any information that appears to show that a doctor of medicine is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of medicine.”

**Any person or entity that reports or provides information to the board in good faith is not subject to an action for civil damages

4. Sexual misconduct

Maintaining appropriate boundaries with patients is crucial in the practice of medicine. The Board's definition of sexual misconduct can be found below:

A.R.S. § 32-1401(27)(aa) - Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee.

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

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

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

5. Updating contact information

32-1435. Change of address; costs; penalties

A. Each active licensee shall promptly and in writing inform the board of the licensee's current residence address, office address and telephone number and of each change in residence address, office address or telephone number that may later occur.

B. The board may assess the costs incurred by the board in locating a licensee and in addition a penalty of not to exceed one hundred dollars against a licensee who fails to comply with subsection A within thirty days from the date of change. Notwithstanding any law to the contrary, monies collected pursuant to this subsection shall be deposited in the Arizona medical board fund.

**the Board sends all E-newsletter, Targeted e-mail blasts, and notices of investigations to the email address on file.

6. CSPMP (Controlled Substances Prescription Monitoring Program)

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

F. Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. Each medical practitioner regulatory board shall notify the medical practitioners licensed by that board of the applicable date. A medical practitioner may be granted a one-year waiver from the requirement in this subsection due to technological limitations that are not reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by rule by the Arizona state board of pharmacy.

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

1. The patient is receiving hospice care or palliative care for a serious or chronic illness.
2. The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
3. A medical practitioner will administer the controlled substance.
4. The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted

living facility, correctional facility or mental health facility.

5. The medical practitioner is prescribing the controlled substance to the patient for no more than a five-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.

6. The medical practitioner is prescribing the controlled substance to the patient for no more than a 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.

Items to Be Aware of:

Letter and Order from the Maricopa County Public Health Department to All Healthcare Providers

1. Requests that all physicians and midwives providing obstetrical services in Maricopa County perform a third trimester blood sample for syphilis. The optimal time for testing during the third trimester should be at 24-32 weeks of gestation. The third trimester syphilis screening test can be performed along with (or at the same time as) the third trimester glucose tolerance test. This allows adequate time for appropriate therapy prior to delivery.

2. Requires all newborns or their mothers in Maricopa County will have blood drawn for syphilis testing at the time of delivery. It is recommended that syphilis testing be performed on every infant of a mother with a reactive RPR at delivery prior to discharge from the hospital.

3. Requires a blood test for syphilis to be made on a specimen of blood taken from a woman who bore a stillborn infant or from the umbilical cord at the time of still birth delivery per ARS 36-694. For the purposes of this order, a stillborn infant shall be defined as one of 20 weeks or longer gestation.

The full letter/Order and accompanying form are available at the homepage of our website, azmd.gov or by emailing Maricopa County

New Clinical Alert Activated in the Controlled Substances Prescription Monitoring Program (CSPMP) on March 1st

The CSPMP strives to protect the safety of the public. The data provided by the CSPMP is valuable information that can assist medical professionals when choosing a course of treatment for their patients. In our effort to make the tool as effective for users as possible, we introduced Clinical Alerts.

On March, 1st the CSPMP team will enable a third alert, known as the Daily Active MME Alert, which will notify providers when the daily active MME threshold has exceeded 90 MME for their patient. The 90 MME threshold was set according to the initial prescription limitations pursuant to A.R.S. § 32-3248.01(A).

We want you to be aware of the activation date (March, 1st) and have a copy of the communication that we plan to send to all account holders early next week, via a mass email and a note on their user dashboard. This will assist you in the event of any questions you might receive, and allow you an opportunity to communicate it to your group.

For questions, email: lcurtis@azpharmacy.gov

[CSCMP Daily Active Alert - Effective March 01, 2021](#)

Upcoming Important Dates to Remember

Special Teleconference Meeting

March 4th 2021

telephonic - see azmd.gov for more details

Regular Session Board Meetings

April 7 and 8, 2021 beginning at 8:00 am

via Zoom (4/7) telephonic (4/8) - see azmd.gov for more details