

The Check-Up

THE ARIZONA MEDICAL BOARD (AMB) E-NEWSLETTER

AT A GLANCE

- CSPMP Mandatory Use Requirements
- Laws Related to the Practice of Medicine
- Want to be an Outside Medical Consultant for the AMB?

The Check-Up Checks Out: CSPMP Mandatory Use Requirements



Who needs to register with the CSPMP? When do you check a patient's CSPMP? Are you exempt from checking?

Pursuant to A.R.S. §36-2606(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.

Therefore, any Arizona practitioner with a DEA registration is required to register with the CSPMP.

Pursuant to A.R.S. §36-2606(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.*

Therefore, the CSPMP (of the preceding 12 months) must be checked before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV to a patient; then at the beginning of each new course of treatment; and quarterly while the prescription remains a part of treatment.

Facts About A.R.S. §36-2606(F)

- The CSPMP conducts a monthly audit to identify medical prescribers who fail to request a patient history report before prescribing an opioid or benzodiazepine. This report is provided to the Board to initiate an investigation.
- Investigators can obtain a practitioner’s CSPMP query history to review which patients and dates the CSPMP was checked to determine whether the CSPMP was queried prior to prescribing an opioid or benzodiazepine and if it was checked quarterly and/or for each new course of treatment.

Facts About A.R.S. §36-2606(H)

Exempts practitioners from obtaining a CSPMP for patients receiving:

- Hospice/palliative care, cancer care, dialysis, inpatient or residential care provided in a hospital, nursing facility, correctional, or mental health facility.
- Not more than a 5-day period for an invasive medical or dental procedure.
- Not more than a 5-day period for an acute injury diagnosed in the ER – does not include back pain.

Common Trends from Investigations

- Failure to register with the CSPMP
- Unawareness/Misunderstanding of law
- Failure to associate delegates to CSPMP account
- Failure to link ALL DEA numbers to CSPMP account

Resources

Please visit the Arizona CSPMP website for more information on how to register and access the CSPMP, associate delegates to your account, and how to update your account. The CSPMP staff also provides training resources and a webinar to optimize practitioner use of the CSPMP.

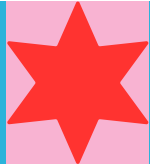
<https://pharmacympm.az.gov/>

Counts of Notices Sent to Boards Regarding Prescriber Usage of the CSPMP		
Board	Number of Prescribers July 2022- June 2023	Number of Prescribers July 2023- March 2024
Medical	59	63

Board	Jun 23 Unregistered Prescribers	Dec 23 Unregistered Prescribers	Change in # of Unregistered Prescribers	% Change in Unregistered Prescribers
Medical	2690	3235	+545	+20.26%

CSPMP Notices of Non-Compliance sent to AMB and MDs not currently registered with the CSPMP

Laws Related to the Practice of Medicine

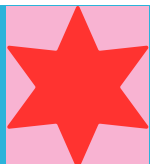


PA Collaboration and Supervision

As of December 31, 2023, substantial changes were made within the PA Practice Act to allow physician assistants who meet certain minimum requirements to become certified to practice collaboratively, without a supervision agreement. Additionally, the bill makes changes to the traditional PA/Supervising Physician relationship, including to the scope of practice and requirements for supervision agreements.

- PAs who have at least 8,000 hours of clinical practice are not required to practice pursuant to a supervision agreement but designates one or more collaborating physicians responsible for overseeing the PA.
- Defines a supervision agreement as a written or electronically signed document that describes the scope of practice for the PA, and is between the PA and either the Supervising Physician or the PA's employer.
- Requires the Supervision Agreement to describe the PA's controlled substance prescribing authority.
- Eliminates the requirement for a Supervision Agreement to be annually updated.
- Eliminates the requirement that healthcare tasks be specifically delegated by the Supervising Physician. Rather, PAs would be allowed to provide any legal medical service for which the PA is prepared by education training and experience to perform competently.
- PAs that do not practice pursuant to a Supervision Agreement are legally responsible for the performance of health related services.

Be In the Know



A Friendly Reminder of Commonly Identified Statute Violations

- **Failure to update address** – Pursuant to statute, you must notify the Board of any change in home or office address and telephone number. 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.

- *A.R.S. § 32-1435(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.
- You may update your address and contact information, including email addresses on our website under MD Center.
- **Failure to report felony charges or reportable misdemeanors within 10 days.** Pursuant to statute, you must notify the Board if you are charged with any felony or a reportable misdemeanor within 10 days of being charged, not convicted.
 - *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.
 - The list of reportable misdemeanors can be found on our website under the Regulation section.
- **Failure to timely sign death certificate within 72 hours.** Pursuant to statute, a current health care provider must sign the death certificate within 72 hours. Current care is defined as examined, treated, or provided care for a person for a chronic or acute condition within 18 months preceding that person's death. A health care provider who completes and signs the medical certification of death in good faith pursuant to statute from civil liability or professional disciplinary action.
 - *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.
 - Information on how to register for DAVE can be found on our website under MD Center – Death Certificates
- **Failure to register with the CSPMP.** Pursuant to statute, any Arizona practitioner with a DEA registration is required to register with the CSPMP.
 - *A.R.S. §36-2606(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.
- **Failure to appropriately query the CSPMP.** Pursuant to statute, unless certain exemptions apply, the CSPMP (of the preceding 12 months) must be checked before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV to a patient; then at the beginning of each new course of treatment; and quarterly while the prescription remains a part of treatment.
 - *A.R.S. §36-2606(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.

Medical Consultants Needed!



The Board needs physicians to review cases as Outside Medical Consultants

For individuals under investigation, we understand it may take longer than anticipated. Sometimes, that delay can be due to difficulty finding a consultant willing to review the case. The AMB needs physicians to review cases as Outside Medical Consultants ("OMCs"). OMCs who meet certain qualifications may review cases and receive a stipend of \$450 in addition to claiming CME credit for the time spent reviewing cases for the Board.

We need Arizona licensed physicians in ALL specialties, but there is presently a high need for the following:

Addiction Medicine Pain Management Pain Medicine

Physical Medicine & Rehabilitation

Endocrinology, Diabetes & Metabolism Psychiatry

Medical Genetics

Correctional Health

Critical Care

Developmental-Behavioral Pediatrics

Diagnostic Radiology

Please contact our OMC Coordinators via email at: OMC@azmd.gov

Upcoming Meetings



Regular Session Board Meeting:

April 5, 2024 beginning at 8:00am

Held in-person at 1740 W. Adams, Phoenix and via streaming video at azmd.gov

Physician Health Program Committee Meeting

April 30, 2024 beginning at 4:00pm

via Zoom - See azmd.gov for more details

Special Teleconference Meeting:

May 1, 2024 beginning at 5:00pm

via Zoom – See azmd.gov for more details

Additional Upcoming Board Meeting Dates can be found here: [AMB Meeting Schedule](#)

Outreach



Are you affiliated with a hospital, health care organization, or medical school wanting more information about the AMB?

Staff is happy to provide education on the role of the AMB. Past AMB presentations have been provided to medical staff service employees, students, federal agencies, and local police departments. The AMB can customize presentations regarding its processes or specific topics such as the Physician Health Program, Sexual Misconduct Investigations, or Investigative Outcomes/Review of Board Orders.

For questions, feedback, topics of interest, or to request a presentation email Raquel.Rivera@azmd.gov.

View past newsletters here: [AMB Newsletter Archive](#)