
 Arizona Board of Osteopathic Examiners in Medicine and Surgery



Osteo Quarterly

 Issue No. 2025-02

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| <ul style="list-style-type: none"> Samara Shipon, D.O., VP, Physician Member | <ul style="list-style-type: none"> Ken S. Ota, D.O., Physician Member | <ul style="list-style-type: none"> Douglas Cunningham, D.O., Physician Member |
| | <ul style="list-style-type: none"> Pamela Paschal, Public Member | |

 Justin Bohall, MPA, CMBE - Executive Director

From the Executive Director

The 57th legislative session (First Regular Session) began in January. As of this newsletter's writing, the legislature is still in session. Here are some updates related to proposed bills affecting the profession.

HB2025 medical assistants; scope of practice - Governor Hobbs signed this bill into law. It allows unlicensed medical assistants to place/remove urinary catheters after appropriate training and under general supervision of a licensed physician, physician assistant or registered nurse with a general effective date. (The general effective date is 90 days after sine die (or the close of the session).

SB1235 health profession regulatory boards; membership - This bill appears to have failed to move forward. It specifically decreased, from five to three, the number of licensed DOs on the Board. Increases, from two to four, the number of public members on the Board. There were multiple amendments but it did not make it out of the legislature.

HB 2175: claims; prior authorization; conduct NOW: prior authorization; claims

1. Requires a medical director, before a health care insurer may deny a claim that involves medical necessity, to individually review the denial. (Sec. 1) 2. Instructs a medical director, before a health care insurer may issue a direct denial of a prior authorization that involves medical necessity, to individually review the denial. (Sec. 2) 3. Stipulates the medical director, during each individual review of a claim or prior authorization denial, must exercise independent medical judgment and is prohibited from relying solely on recommendations derived from any other source. (Sec. 1, 2) 4. Contains a delayed effective date of July 1, 2026. (Sec. 3)

SB 1072 medical boards; complaints; time limit - Governor Hobbs VETOED this bill. It would have required the Board to take final action on a complaint unrelated to protecting the public health and safety within one year of receiving the complaint.

Featured Articles

Outside Medical Consultants Needed!

We **urgently** need Consultants in the following practice areas:

- Interventional Radiology
- Emergency Medicine
- Pediatric Psychiatry
- General Psychiatry
- OB/GYN and AIDS treatment
- Total Shoulder Surgery
- Orthopedic Surgery
- General and Plastic Surgery
- Pain Management
- Pediatrics
- Sleep Medicine

For more information and to apply, please send an email of interest to: omc@azdo.gov or call us at 480.657.7703

Arizona Controlled Substances Prescription Monitoring Program
Meeting Notes

TALKING POINTS - REMINDERS TO USERS

Mandatory Use Requirement!!!!

- Just gotta use it!!
- Prescribers are required to pull a patient report before prescribing a C2,3,4 opioid or benzo
- Pharmacists before dispensing any C2 medication
- Pharmacies are required to report CS dispensations daily, or submit a Zero report
- **PRESCRIBERS** who **DISPENSE** CSs need to report daily to the CSPMP as well *dispense=means to give out or distribute something

EHR/PMS Integration ???

- Efficiency!-They should love this!
- Makes it possible to directly connect your EHR/PMS system to the CSPMP
- Advantages
 - No web portal sign-in
 - No system time-out
 - Easier to stay compliant with patient look-up requirements
- This link will take them to the integration webpage

State Indicators AKA Clinical Alerts

- Helps with all that patient data
- Three possible **INDICATORS**
 - ± Dangerous combo (overlapping opioid & benzo Rx)
 - ± Medical provider Visits (5 Docs/5 Pharmacies over 90 day period)
 - ± Daily MMEs < 90/day
- Shows up on patient reports and prescribers receive email notification
- This links to the main website

FDA Warnings Related to Compounded Drug Products

The Board received a copy of a letter from the FDA to Dr. Humayun J. Chaudhry, President and CEO of the Federation of State Medical Boards, addressing the regulatory status of compounded drug products containing cagrilintide or retatrutide.

The FDA highlights that cagrilintide and retatrutide do not meet the conditions required under sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act) to qualify for exemptions from premarket approval and labeling requirements.

Specifically:

- Section 503A: Cagrilintide and retatrutide are not the subject of a United States Pharmacopeia (USP) or National Formulary (NF) monograph, are not a component of an FDA-approved drug, and is not on the FDA's 503A Bulks List. Therefore, compounded cagrilintide and retatrutide products do not qualify for exemptions under this section.
- Section 503B: Cagrilintide and retatrutide are not on the FDA's 503B Bulks List or the drug shortage list, meaning compounded cagrilintide and retatrutide products do not qualify for exemptions under this section either.

The FDA warns against the illegal sale of unapproved drugs falsely labeled for research purposes or not for human consumption and advises healthcare professionals to discuss the risks of such products with patients.

If you have questions about any issues related to drug compounding, **the FDA encourages you to reach out to the Office of Compounding Quality and Compliance at compounding@fda.hhs.gov.**

JOIN PROVIDER BRIDGE TO SUPPORT DISASTER READINESS

Natural disasters and public health emergencies are steadily increasing in the United States. In 2024, there were 27 individual weather and climate disasters with at least \$1 billion in damages, trailing only the record-setting 28 events analyzed in 2023. These disasters caused at least 568 direct or indirect fatalities, which is the eighth-highest for these billion-dollar disasters over the last 45 years (1980-2024).¹

In any major natural disaster or health emergency, quick access to medical professionals is essential to saving lives.

Provider Bridge is a *free*, national platform that lets physicians, PAs, and other healthcare professionals quickly and securely share verified credentials with organizations engaged in preparing for and responding to local, regional, or national emergencies or public health crises.

Physicians who join Provider Bridge can create and own a time-stamped digital report ("passport") which includes their name, provider type, professional school and graduation date, NPI, state license number(s), as well as any disciplinary history.

Provider Bridge is supported by a grant from the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS). Provider Bridge partners with organizations like the Federation of State Medical Boards (FSMB), The National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS) to verify license information.

Provider Bridge also allows entities, including state medical and nursing boards, hospitals, health care institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency, deploy to a disaster site, or provide telehealth services.

Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states. Physicians can register with Provider Bridge [here](#).

Once a physician registers for Provider Bridge, there are no additional steps to take. Physicians can generate a certified pdf of their passport to present at an emergency site.

Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile).

In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

More information is available on the Provider Bridge website.

For more information, go to <https://www.providerbridge.org/> or contact: Anne K. Lawler, JD, RN
Provider Bridge Program Officer
(208) 867-7532
alawler@fsmb.org

¹ NOAA Climate.gov, <https://www.climate.gov/news-features/blogs/beyond-data/2024-active-year-us-billion-dollar-weather-and-climate-disasters>, last accessed 05 June 2025.

Public Meetings Scheduled for Proposed Amendments to Osteopathic Rules in the Arizona Administrative Code

Periodically, to ensure that agency rules keep pace with the profession, the Board seeks to amend or clarify existing rules.

This year, the Board will be conducting public meetings, seeking comment to the proposed changes to the following sections of the Arizona Administrative Code ("AAC") pertaining to osteopathic physicians:

ARTICLE 3. DISPENSING DRUGS
ARTICLE 4. MEDICAL ASSISTANTS
ARTICLE 5. OFFICE-BASED SURGERY

Meetings are anticipated to be via Zoom in **August, 2025**. Please visit azdo.gov for more information and to review the draft recommended changes.

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