

1                   **ASSOCIATE PHYSICIAN AND PHYSICIAN ASSISTANT**

2                                   **AMENDMENTS**

3   2020 GENERAL SESSION

4   STATE OF UTAH

5                                   **Chief Sponsor: Raymond P. Ward**

6                                   Senate Sponsor: \_\_\_\_\_

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8 **LONG TITLE**

9 **General Description:**

10           This bill amends the licensing requirements for associate physicians and physician  
11 assistants.

12 **Highlighted Provisions:**

13           This bill:

- 14           ▶ authorizes a physician assistant to work as a mental health therapist;
- 15           ▶ changes the areas where associate physicians can practice; and
- 16           ▶ changes the time period for which associate physicians can be licensed.

17 **Money Appropriated in this Bill:**

18           None

19 **Other Special Clauses:**

20           None

21 **Utah Code Sections Affected:**

22 **AMENDS:**

23           **58-60-102**, as last amended by Laws of Utah 2013, Chapters 16 and 123

24           **58-67-302.8**, as last amended by Laws of Utah 2018, Chapter 318

25           **58-67-303**, as last amended by Laws of Utah 2019, Chapter 447

26           **58-67-807**, as enacted by Laws of Utah 2017, Chapter 299

27           **58-68-302.5**, as last amended by Laws of Utah 2018, Chapter 318



28 **58-68-303**, as last amended by Laws of Utah 2019, Chapter 447

29 **58-68-807**, as enacted by Laws of Utah 2017, Chapter 299



31 *Be it enacted by the Legislature of the state of Utah:*

32 Section 1. Section **58-60-102** is amended to read:

33 **58-60-102. Definitions.**

34 In addition to the definitions in Section **58-1-102**, as used in this chapter:

35 (1) "Client" or "patient" means an individual who consults or is examined or  
36 interviewed by an individual licensed under this chapter who is acting in the individual's  
37 professional capacity.

38 (2) "Confidential communication" means information obtained by an individual  
39 licensed under this chapter, including information obtained by the individual's examination of  
40 the client or patient, which is:

41 (a) (i) transmitted between the client or patient and an individual licensed under this  
42 chapter in the course of that relationship; or

43 (ii) transmitted among the client or patient, an individual licensed under this chapter,  
44 and individuals who are participating in the diagnosis or treatment under the direction of an  
45 individual licensed under this chapter, including members of the client's or patient's family; and

46 (b) made in confidence, for the diagnosis or treatment of the client or patient by the  
47 individual licensed under this chapter, and by a means not intended to be disclosed to third  
48 persons other than those individuals:

49 (i) present to further the interest of the client or patient in the consultation,  
50 examination, or interview;

51 (ii) reasonably necessary for the transmission of the communications; or

52 (iii) participating in the diagnosis and treatment of the client or patient under the  
53 direction of the mental health therapist.

54 (3) "Hypnosis" means, when referring to individuals exempted from licensure under  
55 this chapter, a process by which an individual induces or assists another individual into a  
56 hypnotic state without the use of drugs or other substances and for the purpose of increasing  
57 motivation or to assist the individual to alter lifestyles or habits.

58 (4) "Individual" means a natural person.

59 (5) "Mental health therapist" means an individual who is practicing within the scope of  
60 practice defined in the individual's respective licensing act and is licensed under this title as:

61 (a) a physician and surgeon, or osteopathic physician engaged in the practice of mental  
62 health therapy;

63 (b) an advanced practice registered nurse, specializing in psychiatric mental health  
64 nursing;

65 (c) an advanced practice registered nurse intern, specializing in psychiatric mental  
66 health nursing;

67 (d) a psychologist qualified to engage in the practice of mental health therapy;

68 (e) a certified psychology resident qualifying to engage in the practice of mental health  
69 therapy;

70 (f) a clinical social worker;

71 (g) a certified social worker;

72 (h) a marriage and family therapist;

73 (i) an associate marriage and family therapist;

74 (j) a clinical mental health counselor; [or]

75 (k) an associate clinical mental health counselor[-]; or

76 (l) a physician assistant practicing under the supervision of a psychiatrist.

77 (6) "Mental illness" means a mental or emotional condition defined in an approved  
78 diagnostic and statistical manual for mental disorders generally recognized in the professions of  
79 mental health therapy listed under Subsection (5).

80 (7) "Practice of mental health therapy" means treatment or prevention of mental illness,  
81 whether in person or remotely, including:

82 (a) conducting a professional evaluation of an individual's condition of mental health,  
83 mental illness, or emotional disorder consistent with standards generally recognized in the  
84 professions of mental health therapy listed under Subsection (5);

85 (b) establishing a diagnosis in accordance with established written standards generally  
86 recognized in the professions of mental health therapy listed under Subsection (5);

87 (c) prescribing a plan for the prevention or treatment of a condition of mental illness or  
88 emotional disorder; and

89 (d) engaging in the conduct of professional intervention, including psychotherapy by

90 the application of established methods and procedures generally recognized in the professions  
91 of mental health therapy listed under Subsection (5).

92 (8) "Remotely" means communicating via Internet, telephone, or other electronic  
93 means that facilitate real-time audio or visual interaction between individuals when they are not  
94 physically present in the same room at the same time.

95 (9) "Unlawful conduct" is as defined in Sections 58-1-501 and 58-60-109.

96 (10) "Unprofessional conduct" is as defined in Sections 58-1-501 and 58-60-110, and  
97 may be further defined by division rule.

98 Section 2. Section 58-67-302.8 is amended to read:

99 **58-67-302.8. Restricted licensing of an associate physician.**

100 (1) An individual may apply for a restricted license as an associate physician if the  
101 individual:

102 (a) meets the requirements described in Subsections 58-67-302(1)(a) through (d),  
103 (1)(e)(i), and (1)(h) through (k);

104 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing  
105 Examination or the equivalent steps of another board-approved medical licensing examination:

106 (i) within three years after the day on which the applicant graduates from a program  
107 described in Subsection 58-67-302(1)(e)(i); and

108 (ii) within two years before applying for a restricted license as an associate physician;  
109 and

110 (c) is not currently enrolled in and has not completed a residency program.

111 (2) Before a licensed associate physician may engage in the practice of medicine as  
112 described in Subsection (3), the licensed associate physician shall:

113 (a) enter into a collaborative practice arrangement described in Section 58-67-807  
114 within six months after the associate physician's initial licensure; and

115 (b) receive division approval of the collaborative practice arrangement.

116 (3) An associate physician's scope of practice is limited to primary care services [~~to~~  
117 ~~medically underserved populations or in medically underserved areas within the state~~].

118 Section 3. Section 58-67-303 is amended to read:

119 **58-67-303. Term of license -- Expiration -- Renewal.**

120 (1) (a) Except as provided in Section 58-67-302.7, the division shall issue each license

121 under this chapter in accordance with a two-year renewal cycle established by division rule.

122 (b) The division may by rule extend or shorten a renewal period by as much as one year  
123 to stagger the renewal cycles the division administers.

124 (2) At the time of renewal, the licensee shall:

125 (a) view a suicide prevention video described in Section 58-1-601 and submit proof in  
126 the form required by the division;

127 (b) show compliance with continuing education renewal requirements; and

128 (c) show compliance with the requirement for designation of a contact person and  
129 alternate contact person for access to medical records and notice to patients as required by  
130 Subsections 58-67-304(1)(b) and (c).

131 (3) Each license issued under this chapter expires on the expiration date shown on the  
132 license unless renewed in accordance with Section 58-1-308.

133 (4) An individual may not be licensed as an associate physician for more than a total of  
134 ~~four~~ five years.

135 Section 4. Section 58-67-807 is amended to read:

136 **58-67-807. Collaborative practice arrangement.**

137 (1) (a) The division, in consultation with the board, shall make rules in accordance  
138 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, regarding the approval of a  
139 collaborative practice arrangement.

140 (b) The division shall require a collaborative practice arrangement to:

141 (i) limit the associate physician to providing primary care services ~~[to medically~~  
142 ~~underserved populations or in medically underserved areas within the state];~~

143 (ii) be consistent with the skill, training, and competence of the associate physician;

144 (iii) specify jointly agreed-upon protocols, or standing orders for the delivery of health  
145 care services by the associate physician;

146 (iv) provide complete names, home and business addresses, zip codes, and telephone  
147 numbers of the collaborating physician and the associate physician;

148 (v) list all other offices or locations besides those listed in Subsection (1)(b)(iv) where  
149 the collaborating physician authorizes the associate physician to prescribe;

150 (vi) require at every office where the associate physician is authorized to prescribe in  
151 collaboration with a physician a prominently displayed disclosure statement informing patients

152 that patients may be seen by an associate physician and have the right to see the collaborating  
153 physician;

154 (vii) specify all specialty or board certifications of the collaborating physician and all  
155 certifications of the associate physician;

156 (viii) specify the manner of collaboration between the collaborating physician and the  
157 associate physician, including how the collaborating physician and the associate physician  
158 shall:

159 (A) engage in collaborative practice consistent with each professional's skill, training,  
160 education, and competence;

161 (B) maintain geographic proximity, except as provided in Subsection (1)(d); and

162 (C) provide oversight of the associate physician during the absence, incapacity,  
163 infirmity, or emergency of the collaborating physician;

164 (ix) describe the associate physician's controlled substance prescriptive authority in  
165 collaboration with the collaborating physician, including:

166 (A) a list of the controlled substances the collaborating physician authorizes the  
167 associate physician to prescribe; and

168 (B) documentation that the authorization to prescribe the controlled substances is  
169 consistent with the education, knowledge, skill, and competence of the associate physician and  
170 the collaborating physician;

171 (x) list all other written practice arrangements of the collaborating physician and the  
172 associate physician;

173 (xi) specify the duration of the written practice arrangement between the collaborating  
174 physician and the associate physician; and

175 (xii) describe the time and manner of the collaborating physician's review of the  
176 associate physician's delivery of health care services, including provisions that the  
177 collaborating physician, or another physician designated in the collaborative practice  
178 arrangement, shall review every 14 days:

179 (A) a minimum of 10% of the charts documenting the associate physician's delivery of  
180 health care services; and

181 (B) a minimum of 20% of the charts in which the associate physician prescribes a  
182 controlled substance, which may be counted in the number of charts to be reviewed under

183 Subsection (1)(b)(xii)(A).

184 (c) An associate physician and the collaborating physician may modify a collaborative  
185 practice arrangement, but the changes to the collaborative practice arrangement are not binding  
186 unless:

187 (i) the associate physician notifies the division within 10 days after the day on which  
188 the changes are made; and

189 (ii) the division approves the changes.

190 (d) If the collaborative practice arrangement provides for an associate physician to  
191 practice in a medically underserved area:

192 (i) the collaborating physician shall document the completion of at least a two-month  
193 period of time during which the associate physician shall practice with the collaborating  
194 physician continuously present before practicing in a setting where the collaborating physician  
195 is not continuously present; and

196 (ii) the collaborating physician shall document the completion of at least 120 hours in a  
197 four-month period by the associate physician during which the associate physician shall  
198 practice with the collaborating physician on-site before prescribing a controlled substance  
199 when the collaborating physician is not on-site.

200 (2) An associate physician:

201 (a) shall clearly identify himself or herself as an associate physician;

202 (b) is permitted to use the title "doctor" or "Dr."; and

203 (c) if authorized under a collaborative practice arrangement to prescribe Schedule III  
204 through V controlled substances, shall register with the United States Drug Enforcement  
205 Administration as part of the drug enforcement administration's mid-level practitioner registry.

206 (3) (a) A physician or surgeon licensed and in good standing under Section [58-67-302](#)  
207 may enter into a collaborative practice arrangement with an associate physician licensed under  
208 Section [58-67-302.8](#).

209 (b) A physician or surgeon may not enter into a collaborative practice arrangement  
210 with more than three full-time equivalent associate physicians.

211 (c) (i) No contract or other agreement shall:

212 (A) require a physician to act as a collaborating physician for an associate physician  
213 against the physician's will;

214 (B) deny a collaborating physician the right to refuse to act as a collaborating  
215 physician, without penalty, for a particular associate physician; or

216 (C) limit the collaborating physician's ultimate authority over any protocols or standing  
217 orders or in the delegation of the physician's authority to any associate physician.

218 (ii) Subsection (3)(c)(i)(C) does not authorize a physician, in implementing protocols,  
219 standing orders, or delegation, to violate a hospital's established applicable standards for safe  
220 medical practice.

221 (d) A collaborating physician is responsible at all times for the oversight of the  
222 activities of, and accepts responsibility for, the primary care services rendered by the associate  
223 physician.

224 (4) The division shall make rules, in consultation with the board, the deans of medical  
225 schools in the state, and primary care residency program directors in the state, and in  
226 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing  
227 educational methods and programs that:

228 (a) an associate physician shall complete throughout the duration of the collaborative  
229 practice arrangement;

230 (b) shall facilitate the advancement of the associate physician's medical knowledge and  
231 capabilities; and

232 (c) may lead to credit toward a future residency program.

233 Section 5. Section **58-68-302.5** is amended to read:

234 **58-68-302.5. Restricted licensing of an associate physician.**

235 (1) An individual may apply for a restricted license as an associate physician if the  
236 individual:

237 (a) meets the requirements described in Subsections **58-68-302(1)(a)** through (d),  
238 (1)(e)(i), and (1)(h) through (k);

239 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing  
240 Examination or the equivalent steps of another board-approved medical licensing examination:

241 (i) within three years after the day on which the applicant graduates from a program  
242 described in Subsection **58-68-302(1)(e)(i)**; and

243 (ii) within two years before applying for a restricted license as an associate physician;

244 and



245 (c) is not currently enrolled in and has not completed a residency program.

246 (2) Before a licensed associate physician may engage in the practice of medicine as  
247 described in Subsection (3), the licensed associate physician shall:

248 (a) enter into a collaborative practice arrangement described in Section 58-68-807  
249 within six months after the associate physician's initial licensure; and

250 (b) receive division approval of the collaborative practice arrangement.

251 (3) An associate physician's scope of practice is limited to primary care services [~~to~~  
252 ~~medically underserved populations or in medically underserved areas within the state~~].

253 Section 6. Section 58-68-303 is amended to read:

254 **58-68-303. Term of license -- Expiration -- Renewal.**

255 (1) (a) The division shall issue each license under this chapter in accordance with a  
256 two-year renewal cycle established by division rule.

257 (b) The division may by rule extend or shorten a renewal period by as much as one year  
258 to stagger the renewal cycles the division administers.

259 (2) At the time of renewal, the licensee shall:

260 (a) view a suicide prevention video described in Section 58-1-601 and submit proof in  
261 the form required by the division;

262 (b) show compliance with continuing education renewal requirements; and

263 (c) show compliance with the requirement for designation of a contact person and  
264 alternate contact person for access to medical records and notice to patients as required by  
265 Subsections 58-68-304(1)(b) and (c).

266 (3) Each license issued under this chapter expires on the expiration date shown on the  
267 license unless renewed in accordance with Section 58-1-308.

268 (4) An individual may not be licensed as an associate physician for more than a total of  
269 [~~four~~] five years.

270 Section 7. Section 58-68-807 is amended to read:

271 **58-68-807. Collaborative practice arrangement.**

272 (1) (a) The division, in consultation with the board, shall make rules in accordance  
273 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, regarding the approval of a  
274 collaborative practice arrangement.

275 (b) The division shall require a collaborative practice arrangement to:

- 276 (i) limit the associate physician to providing primary care services [~~to medically~~  
277 ~~underserved populations or in medically underserved areas within the state~~];
- 278 (ii) be consistent with the skill, training, and competence of the associate physician;
- 279 (iii) specify jointly agreed-upon protocols, or standing orders for the delivery of health  
280 care services by the associate physician;
- 281 (iv) provide complete names, home and business addresses, zip codes, and telephone  
282 numbers of the collaborating physician and the associate physician;
- 283 (v) list all other offices or locations besides those listed in Subsection (1)(b)(iv) where  
284 the collaborating physician authorizes the associate physician to prescribe;
- 285 (vi) require at every office where the associate physician is authorized to prescribe in  
286 collaboration with a physician a prominently displayed disclosure statement informing patients  
287 that patients may be seen by an associate physician and have the right to see the collaborating  
288 physician;
- 289 (vii) specify all specialty or board certifications of the collaborating physician and all  
290 certifications of the associate physician;
- 291 (viii) specify the manner of collaboration between the collaborating physician and the  
292 associate physician, including how the collaborating physician and the associate physician  
293 shall:
  - 294 (A) engage in collaborative practice consistent with each professional's skill, training,  
295 education, and competence;
  - 296 (B) maintain geographic proximity, except as provided in Subsection (1)(d); and
  - 297 (C) provide oversight of the associate physician during the absence, incapacity,  
298 infirmity, or emergency of the collaborating physician;
- 299 (ix) describe the associate physician's controlled substance prescriptive authority in  
300 collaboration with the collaborating physician, including:
  - 301 (A) a list of the controlled substances the collaborating physician authorizes the  
302 associate physician to prescribe; and
  - 303 (B) documentation that the authorization to prescribe the controlled substances is  
304 consistent with the education, knowledge, skill, and competence of the associate physician and  
305 the collaborating physician;
- 306 (x) list all other written practice arrangements of the collaborating physician and the

307 associate physician;

308 (xi) specify the duration of the written practice arrangement between the collaborating  
309 physician and the associate physician; and

310 (xii) describe the time and manner of the collaborating physician's review of the  
311 associate physician's delivery of health care services, including provisions that the  
312 collaborating physician, or another physician designated in the collaborative practice  
313 arrangement, shall review every 14 days:

314 (A) a minimum of 10% of the charts documenting the associate physician's delivery of  
315 health care services; and

316 (B) a minimum of 20% of the charts in which the associate physician prescribes a  
317 controlled substance, which may be counted in the number of charts to be reviewed under  
318 Subsection (1)(b)(xii)(A).

319 (c) An associate physician and the collaborating physician may modify a collaborative  
320 practice arrangement, but the changes to the collaborative practice arrangement are not binding  
321 unless:

322 (i) the associate physician notifies the division within 10 days after the day on which  
323 the changes are made; and

324 (ii) the division approves the changes.

325 (d) If the collaborative practice arrangement provides for an associate physician to  
326 practice in a medically underserved area:

327 (i) the collaborating physician shall document the completion of at least a two-month  
328 period of time during which the associate physician shall practice with the collaborating  
329 physician continuously present before practicing in a setting where the collaborating physician  
330 is not continuously present; and

331 (ii) the collaborating physician shall document the completion of at least 120 hours in a  
332 four-month period by the associate physician during which the associate physician shall  
333 practice with the collaborating physician on-site before prescribing a controlled substance  
334 when the collaborating physician is not on-site.

335 (2) An associate physician:

336 (a) shall clearly identify himself or herself as an associate physician;

337 (b) is permitted to use the title "doctor" or "Dr."; and

338 (c) if authorized under a collaborative practice arrangement to prescribe Schedule III  
339 through V controlled substances, shall register with the United States Drug Enforcement  
340 Administration as part of the drug enforcement administration's mid-level practitioner registry.

341 (3) (a) A physician or surgeon licensed and in good standing under Section 58-68-302  
342 may enter into a collaborative practice arrangement with an associate physician licensed under  
343 Section 58-68-302.5.

344 (b) A physician or surgeon may not enter into a collaborative practice arrangement  
345 with more than three full-time equivalent associate physicians.

346 (c) (i) No contract or other agreement shall:

347 (A) require a physician to act as a collaborating physician for an associate physician  
348 against the physician's will;

349 (B) deny a collaborating physician the right to refuse to act as a collaborating  
350 physician, without penalty, for a particular associate physician; or

351 (C) limit the collaborating physician's ultimate authority over any protocols or standing  
352 orders or in the delegation of the physician's authority to any associate physician.

353 (ii) Subsection (3)(c)(i)(C) does not authorize a physician, in implementing such  
354 protocols, standing orders, or delegation, to violate a hospital's established applicable standards  
355 for safe medical practice.

356 (d) A collaborating physician is responsible at all times for the oversight of the  
357 activities of, and accepts responsibility for, the primary care services rendered by the associate  
358 physician.

359 (4) The division shall make rules, in consultation with the board, the deans of medical  
360 schools in the state, and primary care residency program directors in the state, and in  
361 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing  
362 educational methods and programs that:

363 (a) an associate physician shall complete throughout the duration of the collaborative  
364 practice arrangement;

365 (b) shall facilitate the advancement of the associate physician's medical knowledge and  
366 capabilities; and

367 (c) may lead to credit toward a future residency program.