ASSOCIATE PHYSICIAN LICENSE AMENDMENTS

2022 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Stewart E. Barlow

Senate Sponsor: Michael S. Kennedy

LONG TITLE

General Description:

This bill amends provisions relating to an associate physician license.

Highlighted Provisions:

This bill:

- repeals a restriction that an associate physician may only practice primary care services; and
- amends provisions relating to the collaborative practice arrangement for an associate physician.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

58-67-302.8, as last amended by Laws of Utah 2020, Chapters 124 and 339

58-67-807, as last amended by Laws of Utah 2020, Chapter 124

58-68-302.5, as last amended by Laws of Utah 2020, Chapters 124 and 339

58-68-807, as last amended by Laws of Utah 2020, Chapter 124

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

Section 1. Section **58-67-302.8** is amended to read:

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

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

(a) meets the requirements described in Subsections 58-67-302(1)(a) through (c), (1)(d)(i), and (1)(g) through (j);

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

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

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

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

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

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

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

[~~(3) An associate physician's scope of practice is limited to primary care services.~~]

Section 2. Section **58-67-807** is amended to read:

58-67-807. Collaborative practice arrangement.

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

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

(i) limit the associate physician to providing primary care services;

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

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

(iv) provide complete names, home and business addresses, zip codes, and telephone

numbers of the collaborating physician and the associate physician;

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

(vi) require at every office where the associate physician is authorized to prescribe in collaboration with a physician a prominently displayed disclosure statement informing patients that patients may be seen by an associate physician and have the right to see the collaborating physician;

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

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

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

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

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

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

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

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

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

(xi) specify the duration of the written practice arrangement between the collaborating physician and the associate physician[~~, and~~].

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

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

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

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

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

(ii) the division approves the changes.

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

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

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

(2) An associate physician:

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) shall facilitate the advancement of the associate physician's medical knowledge and

capabilities; and

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

Section 3. Section **58-68-302.5** is amended to read:

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

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

(a) meets the requirements described in Subsections 58-68-302(1)(a) through (c), (1)(d)(i), and (1)(g) through (j);

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

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

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

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

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

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

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

[~~(3) An associate physician's scope of practice is limited to primary care service.~~]

Section 4. Section **58-68-807** is amended to read:

58-68-807. Collaborative practice arrangement.

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

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

(i) limit the associate physician to providing primary care services;

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

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

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

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

(vi) require at every office where the associate physician is authorized to prescribe in collaboration with a physician a prominently displayed disclosure statement informing patients that patients may be seen by an associate physician and have the right to see the collaborating physician;

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

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

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

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

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

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

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

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

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

(xi) specify the duration of the written practice arrangement between the collaborating physician and the associate physician[~~; and~~].

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

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

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

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

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

(ii) the division approves the changes.

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

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

[~~(ii) the collaborating physician shall document the completion of at least 120 hours in a four-month period by the associate physician during which the associate physician shall practice with the collaborating physician on-site before prescribing a controlled substance~~

~~when the collaborating physician is not on-site.~~]

(2) An associate physician:

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

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

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

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

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

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

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

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

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

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

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

(4) The division shall makes rules, in consultation with the board, the deans of medical schools in the state, and primary care residency program directors in the state, and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing

educational methods and programs that:

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

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

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