

HEALTH CARE ASSOCIATED INFECTIONS

2012 GENERAL SESSION

STATE OF UTAH

LONG TITLE**General Description:**

This bill amends the Utah Communicable Disease Control Act by requiring an ambulatory surgical facility, a general acute hospital, and a specialty hospital to provide data on health care associated infections and requiring the Department of Health to release a public report on health care associated infections.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ requires an ambulatory surgical facility, a general acute hospital, and a specialty hospital to provide data on health care associated infections to the Department of Health;
- ▶ requires the Department of Health to prepare and publicly disclose a report on health care associated infection rates at ambulatory surgical facilities, general acute hospitals, and specialty hospitals;
- ▶ establishes a protocol for the creation of the report;
- ▶ permits the report of health care associated infections to include data that compares and identifies facilities;
- ▶ gives the department rulemaking authority;
- ▶ states that the report shall not be used as evidence in a criminal, civil, or administrative proceeding; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

33 **26-6-2**, as last amended by Laws of Utah 1996, Chapter 211
34 **26-6-27**, as last amended by Laws of Utah 2008, Chapter 3
35 **58-1-307**, as last amended by Laws of Utah 2011, Chapters 110 and 181
36 **58-17b-620**, as last amended by Laws of Utah 2011, Chapter 110

37 ENACTS:

38 **26-6-31**, Utah Code Annotated 1953

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

41 Section 1. Section **26-6-2** is amended to read:

42 **26-6-2. Definitions.**

43 As used in this chapter:

44 (1) "Ambulatory surgical center" is as defined in Section 26-21-2.

45 ~~(1)~~ (2) "Carrier" means an infected individual or animal who harbors a specific
46 infectious agent in the absence of discernible clinical disease and serves as a potential source of
47 infection for man. The carrier state may occur in an individual with an infection that is
48 inapparent throughout its course, commonly known as healthy or asymptomatic carrier, or
49 during the incubation period, convalescence, and postconvalescence of an individual with a
50 clinically recognizable disease, commonly known as incubatory carrier or convalescent carrier.
51 Under either circumstance the carrier state may be of short duration, as a temporary or transient
52 carrier, or long duration, as a chronic carrier.

53 ~~(2)~~ (3) "Communicable disease" means illness due to a specific infectious agent or its
54 toxic products which arises through transmission of that agent or its products from a reservoir
55 to a susceptible host, either directly, as from an infected individual or animal, or indirectly,
56 through an intermediate plant or animal host, vector, or the inanimate environment.

57 ~~(3)~~ (4) "Communicable period" means the time or times during which an infectious
58 agent may be transferred directly or indirectly from an infected individual to another individual,
59 from an infected animal to man, or from an infected man to an animal, including arthropods.

60 ~~(4)~~ (5) "Contact" means an individual or animal having had association with an
61 infected individual, animal, or contaminated environment so as to have had an opportunity to
62 acquire the infection.

63 ~~(5)~~ (6) "Epidemic" means the occurrence or outbreak in a community or region of

64 cases of an illness clearly in excess of normal expectancy and derived from a common or
65 propagated source. The number of cases indicating an epidemic will vary according to the
66 infectious agent, size, and type of population exposed, previous experience or lack of exposure
67 to the disease, and time and place of occurrence. Epidemicity is considered to be relative to
68 usual frequency of the disease in the same area, among the specified population, at the same
69 season of the year.

70 (7) "General acute hospital" is as defined in Section 26-21-2.

71 (8) "Health care associated infection" means an infection:

72 (a) caused by a wide variety of bacteria, fungi, and viruses; and

73 (b) acquired by a patient during the course of receiving medical treatment if:

74 (i) the infection that occurred in the patient was not present or incubating at the time
75 the patient was admitted to the health care facility; and

76 (ii) the infection appeared:

77 (A) while the patient was admitted to the health care facility; or

78 (B) soon after the patient was discharged from the health care facility.

79 ~~[(6)]~~ (9) "Incubation period" means the time interval between exposure to an infectious
80 agent and appearance of the first sign or symptom of the disease in question.

81 ~~[(7)]~~ (10) "Infected individual" means an individual who harbors an infectious agent
82 and who has manifest disease or inapparent infection. An infected individual is one from
83 whom the infectious agent can be naturally acquired.

84 ~~[(8)]~~ (11) "Infection" means the entry and development or multiplication of an
85 infectious agent in the body of man or animals. Infection is not synonymous with infectious
86 disease; the result may be inapparent or manifest. The presence of living infectious agents on
87 exterior surfaces of the body, or upon articles of apparel or soiled articles, is not infection, but
88 contamination of such surfaces and articles.

89 ~~[(9)]~~ (12) "Infectious agent" means an organism such as a virus, rickettsia, bacteria,
90 fungus, protozoan, or helminth that is capable of producing infection or infectious disease.

91 ~~[(10)]~~ (13) "Infectious disease" means a disease of man or animals resulting from an
92 infection.

93 ~~[(11)]~~ (14) "Isolation" means the separation, for the period of communicability, of
94 infected individuals or animals from others, in such places and under such conditions as to

95 prevent the direct or indirect conveyance of the infectious agent from those infected to those
96 who are susceptible or who may spread the agent to others.

97 ~~[(12)]~~ (15) "Quarantine" means the restriction of the activities of well individuals or
98 animals who have been exposed to a communicable disease during its period of
99 communicability to prevent disease transmission.

100 ~~[(13)]~~ (16) "School" means a public, private, or parochial nursery school, licensed or
101 unlicensed day care center, child care facility, family care home, headstart program,
102 kindergarten, elementary, or secondary school through grade 12.

103 ~~[(14)]~~ (17) "Sexually transmitted disease" means those diseases transmitted through
104 sexual intercourse or any other sexual contact.

105 (18) "Specialty hospital" is as defined in Section 26-21- 2.

106 Section 2. Section **26-6-27** is amended to read:

107 **26-6-27. Information regarding communicable or reportable disease confidential**
108 **-- Exceptions.**

109 (1) Information collected pursuant to this chapter in the possession of the department
110 or local health departments relating to an individual who has or is suspected of having a disease
111 designated by the department as a communicable or reportable disease under this chapter shall
112 be held by the department and local health departments as strictly confidential. The department
113 and local health departments may not release or make public that information upon subpoena,
114 search warrant, discovery proceedings, or otherwise, except as provided by this section.

115 (2) The information described in Subsection (1) may be released by the department or
116 local health departments only in accordance with the requirements of this chapter and as
117 follows:

118 (a) specific medical or epidemiological information may be released with the written
119 consent of the individual identified in that information or, if that individual is deceased, his
120 next-of-kin;

121 (b) specific medical or epidemiological information may be released to medical
122 personnel or peace officers in a medical emergency, as determined by the department in
123 accordance with guidelines it has established, only to the extent necessary to protect the health
124 or life of the individual identified in the information, or of the attending medical personnel or
125 law enforcement or public safety officers;

126 (c) specific medical or epidemiological information may be released to authorized
127 personnel within the department, local health departments, official health agencies in other
128 states, the United States Public Health Service, the Centers for Disease Control and Prevention
129 (CDC), or when necessary to continue patient services or to undertake public health efforts to
130 interrupt the transmission of disease;

131 (d) if the individual identified in the information is under the age of 18, the information
132 may be released to the Division of Child and Family Services within the Department of Human
133 Services in accordance with Section 62A-4a-403. If that information is required in a court
134 proceeding involving child abuse or sexual abuse under Title 76, Chapter 5, the information
135 shall be disclosed in camera and sealed by the court upon conclusion of the proceedings;

136 (e) specific medical or epidemiological information may be released to authorized
137 personnel in the department or in local health departments, and to the courts, to carry out the
138 provisions of this title, and rules adopted by the department in accordance with this title;

139 (f) specific medical or epidemiological information may be released to blood banks,
140 organ and tissue banks, and similar institutions for the purpose of identifying individuals with
141 communicable diseases. The department may, by rule, designate the diseases about which
142 information may be disclosed under this subsection, and may choose to release the name of an
143 infected individual to those organizations without disclosing the specific disease;

144 (g) specific medical or epidemiological information may be released in such a way that
145 no individual is identifiable;

146 (h) specific medical or epidemiological information may be released to a "health care
147 provider" as defined in Section 78B-3-403, health care personnel, and public health personnel
148 who have a legitimate need to have access to the information in order to assist the patient, or to
149 protect the health of others closely associated with the patient~~[-This subsection does not create
150 a duty to warn third parties, but is intended only to aid health care providers in their treatment
151 and containment of infectious disease, and];~~

152 (i) specific medical or epidemiological information regarding a health care provider, as
153 defined in Section 78B-3-403, may be released to the department, the appropriate local health
154 department, and the Division of Occupational and Professional Licensing within the
155 Department of Commerce, if the identified health care provider is endangering the safety or life
156 of any individual by his continued practice of health care~~[-];~~ and

157 (j) specific medical or epidemiological information may be released in accordance with
158 Section 26-6-31 if an individual is not identifiable.

159 (3) The provisions of Subsection (2)(h) do not create a duty to warn third parties, but is
160 intended only to aid health care providers in their treatment and containment of infectious
161 disease.

162 Section 3. Section **26-6-31** is enacted to read:

163 **26-6-31. Public reporting of health care associated infections.**

164 (1) In accordance with this subsection and Subsection (2), an ambulatory surgical
165 facility, a general acute hospital, and a specialty hospital shall submit data on the incidence and
166 rate of health care associated infections to the department:

167 (a) in a format established by the department by rule adopted by the department; and

168 (b) every three months, no more than 30 days after the last day of a calendar three
169 month period.

170 (2) (a) The department shall adopt rules in accordance with Title 63G, Chapter 3, Utah
171 Administrative Rulemaking Act, that for each category of infection listed in Subsection (2)(b)
172 of this section:

173 (i) establish when a facility listed in Subsection (1) is required to start reporting on a
174 category of infection;

175 (ii) designate which of the facilities, or populations within a facility, are subject to the
176 reporting requirements;

177 (iii) establish a definition for the infection;

178 (iv) establish the manner of reporting the infection;

179 (v) establish the criteria for reporting the infection; and

180 (vi) establish other reporting criteria needed to prepare the data required under

181 Subsection (3).

182 (b) The health care associated infection categories a facility is required to report under
183 Subsection (1) are:

184 (i) central line associated bloodstream infections;

185 (ii) surgical site infections;

186 (iii) ventilator associated pneumonia;

187 (iv) catheter associated urinary tract infections;

188 (v) methicillin-resistant staphylococcus aureus (MRSA);
189 (vi) clostridium difficile; and
190 (vii) other infections as designated by rule adopted by the department.
191 (3) The department shall:
192 (a) use the data submitted by the facilities in accordance with Subsections (1) and (2)
193 to compile a report on health care associated infections in Utah ambulatory surgical facilities,
194 general acute hospitals, and specialty hospitals for public distribution in accordance with the
195 requirements of this Subsection (3);
196 (b) prepare the report described in Subsection (3)(a) by May 1, 2013 and on a six
197 month basis thereafter;
198 (c) beginning May 1, 2013 and every six months thereafter post the report on:
199 (i) the department's website; and
200 (ii) the Utah Health Exchange created in Section 63M-1-2504;
201 (d) include in the report:
202 (i) data on the rate of health care associated infections:
203 (A) for the infection types described in Subsection (2)(b); and
204 (B) by health care facility reporting to the department; and
205 (ii) data on how the rate of health care associated infections in Utah ambulatory
206 surgical facilities, general acute hospitals, and specialty hospitals compares with the rates in
207 other states;
208 (e) in compiling the report described in Subsection (3)(a), use data collection and
209 analytical methodologies that meet accepted standards of validity and reliability;
210 (f) clearly identify and acknowledge, in the report, the limitations of the data sources
211 and analytic methodologies used to develop comparative facility or hospital information;
212 (g) decide whether information supplied by a facility or hospital under Subsection (1)
213 is appropriate to include in the report;
214 (h) adjust comparisons among facilities and hospitals for patient case mix and other
215 relevant factors, when appropriate; and
216 (i) control for provider peer groups, when appropriate.
217 (4) Before posting or releasing the report described in Subsection (3)(a), the
218 department shall:

219 (a) disclose to each ambulatory surgical facility, general acute hospital, and specialty
220 hospital whose data is included in the report:

221 (i) the entire methodology for collecting and analyzing the data; and

222 (ii) the comparative facility or hospital information and other information the
223 department has compiled for the facility or hospital; and

224 (b) give the facility or hospital 30 days to suggest corrections or add explanatory
225 comments about the data.

226 (5) The department shall develop and implement effective safeguards to protect against
227 the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and
228 specialty hospital data, including the dissemination of inconsistent, incomplete, invalid,
229 inaccurate, or subjective data.

230 (6) The report described in Subsection (3)(a):

231 (a) may include data that compare and identify general acute hospitals, ambulatory
232 surgical centers, and specialty hospitals;

233 (b) shall contain only statistical, non-identifying information and may not disclose the
234 identity of:

235 (i) an employee of an ambulatory surgical facility, a general acute hospital, or a
236 specialty hospital;

237 (ii) a patient; or

238 (iii) a health care provider licensed under Title 58, Occupations and Professions; and

239 (c) may not be used as evidence in a criminal, civil, or administrative proceeding.

240 (7) The department may evaluate the quality and accuracy of hospital and facility
241 information reported under this section if:

242 (a) the department determines that evaluation is appropriate to validate data; or

243 (b) a hospital or facility requests validation of the data used to create a report about the
244 hospital or facility.

245 Section 4. Section **58-1-307** is amended to read:

246 **58-1-307. Exemptions from licensure.**

247 (1) Except as otherwise provided by statute or rule, the following individuals may
248 engage in the practice of their occupation or profession, subject to the stated circumstances and
249 limitations, without being licensed under this title:

250 (a) an individual serving in the armed forces of the United States, the United States
251 Public Health Service, the United States Department of Veterans Affairs, or other federal
252 agencies while engaged in activities regulated under this chapter as a part of employment with
253 that federal agency if the individual holds a valid license to practice a regulated occupation or
254 profession issued by any other state or jurisdiction recognized by the division;

255 (b) a student engaged in activities constituting the practice of a regulated occupation or
256 profession while in training in a recognized school approved by the division to the extent the
257 activities are supervised by qualified faculty, staff, or designee and the activities are a defined
258 part of the training program;

259 (c) an individual engaged in an internship, residency, preceptorship, postceptorship,
260 fellowship, apprenticeship, or on-the-job training program approved by the division while
261 under the supervision of qualified individuals;

262 (d) an individual residing in another state and licensed to practice a regulated
263 occupation or profession in that state, who is called in for a consultation by an individual
264 licensed in this state, and the services provided are limited to that consultation;

265 (e) an individual who is invited by a recognized school, association, society, or other
266 body approved by the division to conduct a lecture, clinic, or demonstration of the practice of a
267 regulated occupation or profession if the individual does not establish a place of business or
268 regularly engage in the practice of the regulated occupation or profession in this state;

269 (f) an individual licensed under the laws of this state, other than under this title, to
270 practice or engage in an occupation or profession, while engaged in the lawful, professional,
271 and competent practice of that occupation or profession;

272 (g) an individual licensed in a health care profession in another state who performs that
273 profession while attending to the immediate needs of a patient for a reasonable period during
274 which the patient is being transported from outside of this state, into this state, or through this
275 state;

276 (h) an individual licensed in another state or country who is in this state temporarily to
277 attend to the needs of an athletic team or group, except that the practitioner may only attend to
278 the needs of the athletic team or group, including all individuals who travel with the team or
279 group in any capacity except as a spectator;

280 (i) an individual licensed and in good standing in another state, who is in this state:

- 281 (i) temporarily, under the invitation and control of a sponsoring entity;
- 282 (ii) for a reason associated with a special purpose event, based upon needs that may
283 exceed the ability of this state to address through its licensees, as determined by the division;
284 and
- 285 (iii) for a limited period of time not to exceed the duration of that event, together with
286 any necessary preparatory and conclusionary periods;
- 287 (j) a law enforcement officer, as defined under Section 53-13-103, who:
- 288 (i) is operating a voice stress analyzer in the course of the officer's full-time
289 employment with a federal, state, or local law enforcement agency;
- 290 (ii) has completed the manufacturer's training course and is certified by the
291 manufacturer to operate that voice stress analyzer; and
- 292 (iii) is operating the voice stress analyzer in accordance with Section 58-64-601,
293 regarding deception detection instruments; and
- 294 (k) the spouse of an individual serving in the armed forces of the United States while
295 the individual is stationed within this state, provided:
- 296 (i) the spouse holds a valid license to practice a regulated occupation or profession
297 issued by any other state or jurisdiction recognized by the division; and
- 298 (ii) the license is current and the spouse is in good standing in the state of licensure.
- 299 (2) (a) A practitioner temporarily in this state who is exempted from licensure under
300 Subsection (1) shall comply with each requirement of the licensing jurisdiction from which the
301 practitioner derives authority to practice.
- 302 (b) Violation of a limitation imposed by this section constitutes grounds for removal of
303 exempt status, denial of license, or other disciplinary proceedings.
- 304 (3) An individual who is licensed under a specific chapter of this title to practice or
305 engage in an occupation or profession may engage in the lawful, professional, and competent
306 practice of that occupation or profession without additional licensure under other chapters of
307 this title, except as otherwise provided by this title.
- 308 (4) Upon the declaration of a national, state, or local emergency, a public health
309 emergency as defined in Section 26-23b-102, or a declaration by the President of the United
310 States or other federal official requesting public health-related activities, the division in
311 collaboration with the board may:

312 (a) suspend the requirements for permanent or temporary licensure of individuals who
313 are licensed in another state for the duration of the emergency while engaged in the scope of
314 practice for which they are licensed in the other state;

315 (b) modify, under the circumstances described in this Subsection (4) and Subsection
316 (5), the scope of practice restrictions under this title for individuals who are licensed under this
317 title as:

318 (i) a physician under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah
319 Osteopathic Medical Practice Act;

320 (ii) a nurse under Chapter 31b, Nurse Practice Act, or Chapter 31c, Nurse Licensure
321 Compact;

322 (iii) a certified nurse midwife under Chapter 44a, Nurse Midwife Practice Act;

323 (iv) a pharmacist, pharmacy technician, or pharmacy intern under Chapter 17b,
324 Pharmacy Practice Act;

325 (v) a respiratory therapist under Chapter 57, Respiratory Care Practices Act;

326 (vi) a dentist and dental hygienist under Chapter 69, Dentist and Dental Hygienist
327 Practice Act; and

328 (vii) a physician assistant under Chapter 70a, Physician Assistant Act;

329 (c) suspend the requirements for licensure under this title and modify the scope of
330 practice in the circumstances described in this Subsection (4) and Subsection (5) for medical
331 services personnel or paramedics required to be certified under Section 26-8a-302;

332 (d) suspend requirements in Subsections 58-17b-620(3) through (6) which require
333 certain prescriptive procedures;

334 (e) exempt or modify the requirement for licensure of an individual who is activated as
335 a member of a medical reserve corps during a time of emergency as provided in Section
336 26A-1-126; and

337 (f) exempt or modify the requirement for licensure of an individual who is registered as
338 a volunteer health practitioner as provided in Title 26, Chapter 49, Uniform Emergency
339 Volunteer Health Practitioners Act.

340 (5) Individuals exempt under Subsection (4)(c) and individuals operating under
341 modified scope of practice provisions under Subsection (4)(b):

342 (a) are exempt from licensure or subject to modified scope of practice for the duration

343 of the emergency;

344 (b) must be engaged in the distribution of medicines or medical devices in response to
345 the emergency or declaration; and

346 (c) must be employed by or volunteering for:

347 (i) a local or state department of health; or

348 (ii) a host entity as defined in Section 26-49-102.

349 (6) In accordance with the protocols established under Subsection (8), upon the
350 declaration of a national, state, or local emergency, the Department of Health or a local health
351 department shall coordinate with public safety authorities as defined in Subsection
352 26-23b-110(1) and may:

353 (a) use a vaccine, antiviral, antibiotic, or other prescription medication that is not a
354 controlled substance to prevent or treat a disease or condition that gave rise to, or was a
355 consequence of, the emergency; or

356 (b) distribute a vaccine, antiviral, antibiotic, or other prescription medication that is not
357 a controlled substance:

358 (i) if necessary, to replenish a commercial pharmacy in the event that the commercial
359 pharmacy's normal source of the vaccine, antiviral, antibiotic, or other prescription medication
360 is exhausted; or

361 (ii) for dispensing or direct administration to treat the disease or condition that gave
362 rise to, or was a consequence of, the emergency by:

363 (A) a pharmacy;

364 (B) a prescribing practitioner;

365 (C) a licensed health care facility;

366 (D) a federally qualified community health clinic; or

367 (E) a governmental entity for use by a community more than 50 miles from a person
368 described in Subsections (6)(b)(ii)(A) through (D).

369 (7) In accordance with protocols established under Subsection (8), upon the declaration
370 of a national, state, or local emergency, the Department of Health shall coordinate the
371 distribution of medications:

372 (a) received from the strategic national stockpile to local health departments; and

373 (b) from local health departments to emergency personnel within the local health

374 departments' geographic region.

375 (8) The Department of Health shall establish by rule, made in accordance with Title
376 63G, Chapter 3, Utah Administrative Rulemaking Act, protocols for administering, dispensing,
377 and distributing a vaccine, an antiviral, an antibiotic, or other prescription medication that is
378 not a controlled substance in the event of a declaration of a national, state, or local emergency.
379 The protocol shall establish procedures for the Department of Health or a local health
380 department to:

381 (a) coordinate the distribution of:

382 (i) a vaccine, an antiviral, an antibiotic, or other prescription medication that is not a
383 controlled substance received by the Department of Health from the strategic national stockpile
384 to local health departments; and

385 (ii) a vaccine, an antiviral, an antibiotic, or other non-controlled prescription
386 medication received by a local health department to emergency personnel within the local
387 health department's geographic region;

388 (b) authorize the dispensing, administration, or distribution of a vaccine, an antiviral,
389 an antibiotic, or other prescription medication that is not a controlled substance to the contact
390 of a patient, as defined in [Subsection] Section 26-6-2~~[(4)]~~, without a patient-practitioner
391 relationship, if the contact's condition is the same as that of the physician's patient; and

392 (c) authorize the administration, distribution, or dispensing of a vaccine, an antiviral,
393 an antibiotic, or other non-controlled prescription medication to an individual who:

394 (i) is working in a triage situation;

395 (ii) is receiving preventative or medical treatment in a triage situation;

396 (iii) does not have coverage for the prescription in the individual's health insurance
397 plan;

398 (iv) is involved in the delivery of medical or other emergency services in response to
399 the declared national, state, or local emergency; or

400 (v) otherwise has a direct impact on public health.

401 (9) The Department of Health shall give notice to the division upon implementation of
402 the protocol established under Subsection (8).

403 Section 5. Section **58-17b-620** is amended to read:

404 **58-17b-620. Prescriptions issued within the public health system.**

405 (1) As used in this section:

406 (a) "Department of Health" means the state Department of Health created in Section
407 26-1-4.

408 (b) "Health department" means either the Department of Health or a local health
409 department.

410 (c) "Local health departments" mean the local health departments created in Title 26A,
411 Chapter 1, Local Health Departments.

412 (2) When it is necessary to treat a reportable disease or non-emergency condition that
413 has a direct impact on public health, a health department may implement the prescription
414 procedure described in Subsection (3) for a prescription drug that is not a controlled substance
415 for use in:

416 (a) a clinic; or

417 (b) a remote or temporary off-site location, including a triage facility established in the
418 community, that provides:

419 (i) treatment for sexually transmitted infections;

420 (ii) fluoride treatment;

421 (iii) travel immunization;

422 (iv) preventative treatment for an individual with latent tuberculosis infection;

423 (v) preventative treatment for an individual at risk for an infectious disease that has a
424 direct impact on public health when the treatment is indicated to prevent the spread of disease
425 or to mitigate the seriousness of infection in the exposed individual; or

426 (vi) other treatment as defined by the Department of Health rule.

427 (3) In a circumstance described in Subsection (2), an individual with prescriptive
428 authority may write a prescription for each contact, as defined in [~~Subsection~~] Section
429 26-6-2[~~(4)~~], of a patient of the individual with prescriptive authority without a face-to-face
430 exam, if:

431 (a) the individual with prescriptive authority is treating the patient for a reportable
432 disease or non-emergency condition having a direct impact on public health; and

433 (b) the contact's condition is the same as the patient of the individual with prescriptive
434 authority.

435 (4) The following prescription procedure shall be carried out in accordance with the

436 requirements of Subsection (5) and may be used only in the circumstances described under
437 Subsections (2) and (3):

438 (a) a physician writes and signs a prescription for a prescription drug, other than a
439 controlled substance, without the name and address of the patient and without the date the
440 prescription is provided to the patient; and

441 (b) the physician authorizes a registered nurse employed by the health department to
442 complete the prescription written under this Subsection (3) by inserting the patient's name and
443 address, and the date the prescription is provided to the patient, in accordance with the
444 physician's standing written orders and a written health department protocol approved by the
445 physician and the medical director of the state Department of Health.

446 (5) A physician assumes responsibility for all prescriptions issued under this section in
447 the physician's name.

448 (6) (a) All prescription forms to be used by a physician and health department in
449 accordance with this section shall be serially numbered according to a numbering system
450 assigned to that health department.

451 (b) All prescriptions issued shall contain all information required under this chapter
452 and rules adopted under this chapter.

Legislative Review Note
as of 6-13-11 11:18 AM

Office of Legislative Research and General Counsel