

Effective 5/4/2022

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; 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.
 - (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.
- (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 make 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.

Amended by Chapter 389, 2022 General Session