Chapter 68
Utah Osteopathic Medical Practice Act

Part 1
General Provisions

58-68-101 Title.

This chapter is the "Utah Osteopathic Medical Practice Act."

Enacted by Chapter 248, 1996 General Session

58-68-102 Definitions.

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

(1)
(a) "Ablative procedure" means a procedure that is expected to excise, vaporize, disintegrate, or remove living tissue, including the use of carbon dioxide lasers and erbium: YAG lasers.
(b) "Ablative procedure" does not include:
(i) hair removal; or
(ii) laser tattoo removal.

(2) "ACGME" means the Accreditation Council for Graduate Medical Education of the American Medical Association.

(3) "Administrative penalty" means a monetary fine imposed by the division for acts or omissions determined to constitute unprofessional or unlawful conduct, as a result of an adjudicative proceeding conducted in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(4) "AOA" means the American Osteopathic Association.

(5) "Associate physician" means an individual licensed under Section 58-68-302.5.

(6) "Attempted sex change" means an attempt or effort to change an individual's body to present that individual as being of a sex or gender that is different from the individual's biological sex at birth.

(7) "Biological sex at birth" means an individual's sex, as being male or female, according to distinct reproductive roles as manifested by:
(a) sex and reproductive organ anatomy;
(b) chromosomal makeup; and
(c) endogenous hormone profiles.

(8) "Board" means the Medical Licensing Board created in Section 58-67-201.

(9) "Collaborating physician" means an individual licensed under Section 58-68-302 who enters into a collaborative practice arrangement with an associate physician.

(10) "Collaborative practice arrangement" means the arrangement described in Section 58-68-807.

(11)
(a) "Cosmetic medical device" means tissue altering energy based devices that have the potential for altering living tissue and that are used to perform ablative or nonablative procedures, such as American National Standards Institute designated Class IIIb and Class IV lasers, intense pulsed light, radio frequency devices, and lipolytic devices and excludes American National Standards Institute designated Class IIIa and lower powered devices.
(b) Notwithstanding Subsection (11)(a), if an American National Standards Institute designated Class IIIa and lower powered device is being used to perform an ablative procedure, the device is included in the definition of cosmetic medical device under Subsection (11)(a).

(12) "Cosmetic medical procedure":
(a) includes the use of cosmetic medical devices to perform ablative or nonablative procedures; and
(b) does not include a treatment of the ocular globe such as refractive surgery.
(13) "Diagnose" means:
(a) to examine in any manner another person, parts of a person's body, substances, fluids, or materials excreted, taken, or removed from a person's body, or produced by a person's body, to determine the source, nature, kind, or extent of a disease or other physical or mental condition;
(b) to attempt to conduct an examination or determination described under Subsection (13)(a);
(c) to hold oneself out as making or to represent that one is making an examination or determination as described in Subsection (13)(a); or
(d) to make an examination or determination as described in Subsection (13)(a) upon or from information supplied directly or indirectly by another person, whether or not in the presence of the person making or attempting the diagnosis or examination.
(14) "Medical assistant" means an unlicensed individual who may perform tasks as described in Subsection 58-68-305(6).
(15) "Medically underserved area" means a geographic area in which there is a shortage of primary care health services for residents, as determined by the Department of Health and Human Services.
(16) "Medically underserved population" means a specified group of people living in a defined geographic area with a shortage of primary care health services, as determined by the Department of Health and Human Services.
(17)
(a)
(i) "Nonablative procedure" means a procedure that is expected or intended to alter living tissue, but is not expected or intended to excise, vaporize, disintegrate, or remove living tissue.
(ii) Notwithstanding Subsection (17)(a)(i), nonablative procedure includes hair removal.
(b) "Nonablative procedure" does not include:
(i) a superficial procedure as defined in Section 58-1-102;
(ii) the application of permanent make-up;
(iii) laser tattoo removal; or
(iv) the use of photo therapy lasers for neuromusculoskeletal treatments that are performed by an individual licensed under this title who is acting within the individual's scope of practice.
(18) "Physician" means both physicians and surgeons licensed under Chapter 67, Part 3, Licensing, and osteopathic physicians and surgeons licensed under Part 3, Licensing.
(19)
(a) "Practice of osteopathic medicine" means:
(i) to diagnose, treat, correct, administer anesthesia, or prescribe for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, physical or mental, real or imaginary, or to attempt to do so, by any means or instrumentality, which in whole or in part is based upon emphasis of the importance of the musculoskeletal system and manipulative therapy in the maintenance and restoration of health, by an individual in Utah or outside of the state upon or for any human within the state;
(ii) when a person not licensed as a physician directs a licensee under this chapter to withhold or alter the health care services that the licensee has ordered;

(iii) to maintain an office or place of business for the purpose of doing any of the acts described in Subsection (19)(a)(i) or (ii) whether or not for compensation; or

(iv) to use, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions, in any printed material, stationery, letterhead, envelopes, signs, or advertisements, the designation "doctor," "doctor of osteopathic medicine," "osteopathic physician," "osteopathic surgeon," "osteopathic physician and surgeon," "Dr.," "D.O.," or any combination of these designations in any manner which might cause a reasonable person to believe the individual using the designation is a licensed osteopathic physician, and if the party using the designation is not a licensed osteopathic physician, the designation must additionally contain the description of the branch of the healing arts for which the person has a license, provided that an individual who has received an earned degree of doctor of osteopathic medicine but is not a licensed osteopathic physician and surgeon in Utah may use the designation "D.O." if it is followed by "Not Licensed" or "Not Licensed in Utah" in the same size and style of lettering.

(b) The practice of osteopathic medicine does not include:

(i) except for an ablative medical procedure as provided in Subsection (19)(b)(ii), the conduct described in Subsection (19)(a)(i) that is performed in accordance with a license issued under another chapter of this title;

(ii) an ablative cosmetic medical procedure if the scope of practice for the person performing the ablative cosmetic medical procedure includes the authority to operate or perform a surgical procedure; or

(iii) conduct under Subsection 58-68-501(2).

(20) "Prescription device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, and any component part or accessory, which is required under federal or state law to be prescribed by a practitioner and dispensed by or through a person or entity licensed under this chapter or exempt from licensure under this chapter.

(21) "Prescription drug" means a drug that is required by federal or state law or rule to be dispensed only by prescription or is restricted to administration only by practitioners.

(22)

(a) "Primary sex characteristic surgical procedure" means any of the following if done for the purpose of effectuating or facilitating an individual's attempted sex change:

(i) for an individual whose biological sex at birth is male, castration, orchiectomy, penectomy, vaginoplasty, or vulvoplasty;

(ii) for an individual whose biological sex at birth is female, hysterectomy, oophorectomy, metoidioplasty, or phalloplasty; or

(iii) any surgical procedure that is related to or necessary for a procedure described in Subsection (22)(a)(i) or (ii), that would result in the sterilization of an individual who is not sterile.

(b) "Primary sex characteristic surgical procedure" does not include:

(i) surgery or other procedures or treatments performed on an individual who:

(A) is born with external biological sex characteristics that are irresolvably ambiguous;

(B) is born with 46, XX chromosomes with virilization;

(C) is born with 46, XY chromosomes with undervirilization;

(D) has both ovarian and testicular tissue; or

(E) has been diagnosed by a physician, based on genetic or biochemical testing, with a sex development disorder characterized by abnormal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female; or

(ii) removing a body part:
(A) because the body part is cancerous or diseased; or
(B) for a reason that is medically necessary, other than to effectuate or facilitate an individual's attempted sex change.

(23)
(a) "Secondary sex characteristic surgical procedure" means any of the following if done for the purpose of effectuating or facilitating an individual's attempted sex change:
(i) for an individual whose biological sex at birth is male, breast augmentation surgery, chest feminization surgery, or facial feminization surgery; or
(ii) for an individual whose biological sex at birth is female, mastectomy, breast reduction surgery, chest masculinization surgery, or facial masculinization surgery.
(b) "Secondary sex characteristic surgical procedure" does not include:
(i) surgery or other procedures or treatments performed on an individual who:
(A) is born with external biological sex characteristics that are irresolvably ambiguous;
(B) is born with 46, XX chromosomes with virilization;
(C) is born with 46, XY chromosomes with undervirilization;
(D) has both ovarian and testicular tissue; or
(E) has been diagnosed by a physician, based on genetic or biochemical testing, with a sex development disorder characterized by abnormal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female; or
(ii) removing a body part:
(A) because the body part is cancerous or diseased; or
(B) for a reason that is medically necessary, other than to effectuate or facilitate an individual's attempted sex change.

(24) "SPEX" means the Special Purpose Examination of the Federation of State Medical Boards.

(25) "Unlawful conduct" means the same as that term is defined in Sections 58-1-501 and 58-68-501.

(26) "Unprofessional conduct" means the same as that term is defined in Sections 58-1-501 and 58-68-502 and as may be further defined by division rule.

Amended by Chapter 491, 2025 General Session

Part 3
Licensing

58-68-301 Licensure required -- License classifications.

(1) A license is required to engage in the practice of osteopathic medicine on or for any person in Utah, as an osteopathic physician and surgeon, except as specifically provided in Section 58-1-307 or 58-68-305.

(2) The division shall issue to a person who qualifies under this chapter a license in the classification of osteopathic physician and surgeon.

Enacted by Chapter 248, 1996 General Session

58-68-302 Qualifications for licensure.

(1) An applicant for licensure as an osteopathic physician and surgeon, except as set forth in Subsection (2), shall:
(a) submit an application in a form the division approves, which may include:
(i) submissions by the applicant of information maintained by practitioner data banks, as designated by division rule, with respect to the applicant;
(ii) a record of professional liability claims made against the applicant and settlements paid by or on behalf of the applicant; and
(iii) authorization to use a record coordination and verification service approved by the division in collaboration with the board;
(b) pay a fee determined by the department under Section 63J-1-504;
(c)
(i) consent to, and complete, a criminal background check, described in Section 58-1-301.5;
(ii) meet any other standard related to the criminal background check described in Subsection (1)(c)(i), that the division establishes by rule in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
(iii) disclose any criminal history the division requests on a form the division approves;
(d) provide satisfactory documentation of having successfully completed a program of professional education preparing an individual as an osteopathic physician and surgeon, as evidenced by:
(i) having received an earned degree of doctor of osteopathic medicine from an AOA approved medical school or college; or
(ii) submitting a current certification by the Educational Commission for Foreign Medical Graduates or any successor organization approved by the division in collaboration with the board, if the applicant is graduated from an osteopathic medical school or college located outside of the United States or its territories which at the time of the applicant's graduation, met criteria for accreditation by the AOA;
(e) satisfy the division and board that the applicant:
(i) has successfully completed 24 months of progressive resident training in an ACGME or AOA approved program after receiving a degree of doctor of osteopathic medicine required under Subsection (1)(d); or
(ii)
(A) has successfully completed 12 months of resident training in an ACGME or AOA approved program after receiving a degree of doctor of osteopathic medicine as required under Subsection (1)(d);
(B) has been accepted in and is successfully participating in progressive resident training in an ACGME or AOA approved program within Utah, in the applicant's second or third year of postgraduate training; and
(C) has agreed to surrender to the division the applicant's license as an osteopathic physician and surgeon without any proceedings under Title 63G, Chapter 4, Administrative Procedures Act, and has agreed the applicant's license as an osteopathic physician and surgeon will be automatically revoked by the division if the applicant fails to continue in good standing in an ACGME or AOA approved progressive resident training program within the state;
(f) pass the licensing examination sequence required by division rule, as made in collaboration with the board;
(g) be able to read, write, speak, understand, and be understood in the English language and demonstrate proficiency to the satisfaction of the board, if requested by the board;

(h) meet with the board and representatives of the division, if requested for the purpose of evaluating the applicant's qualifications for licensure;

(i) designate:

(i) a contact person for access to medical records in accordance with the federal Health Insurance Portability and Accountability Act; and

(ii) an alternate contact person for access to medical records, in the event the original contact person is unable or unwilling to serve as the contact person for access to medical records; and

(j) establish a method for notifying patients of the identity and location of the contact person and alternate contact person, if the applicant will practice in a location with no other persons licensed under this chapter.

(2) An applicant for licensure as an osteopathic physician and surgeon by endorsement who is currently licensed to practice osteopathic medicine in any state other than Utah, a district or territory of the United States, or Canada shall:

(a) be currently licensed with a full unrestricted license in good standing in any state, district or territory of the United States, or Canada;

(b) have been actively engaged in the legal practice of osteopathic medicine in any state, district or territory of the United States, or Canada for not less than 6,000 hours during the five years immediately preceding the day on which the applicant applied for licensure in Utah;

(c) comply with the requirements for licensure under Subsections (1)(a) through (d), (1)(e)(i), and (1)(g) through (j);

(d) have passed the licensing examination sequence required in Subsection (1)(f) or another medical licensing examination sequence in another state, district or territory of the United States, or Canada that the division in collaboration with the board by rulemaking determines is equivalent to the board's own required examination;

(e) not have any investigation or action pending against any health care license of the applicant, not have a health care license that was suspended or revoked in any state, district or territory of the United States, or Canada, and not have surrendered a health care license in lieu of a disciplinary action, unless:

(i) the license was subsequently reinstated as a full unrestricted license in good standing; or

(ii) the division in collaboration with the board determines, after full disclosure by the applicant, that:

(A) the conduct has been corrected, monitored, and resolved; or

(B) a mitigating circumstance exists that prevents its resolution, and the division in collaboration with the board is satisfied that, but for the mitigating circumstance, the license would be reinstated;

(f) submit to a records review, a practice review history, and physical and psychological assessments, if requested by the division in collaboration with the board; and

(g) produce evidence that the applicant meets the requirements of this Subsection (2) to the satisfaction of the division in collaboration with the board.

(3) An applicant for licensure by endorsement may engage in the practice of medicine under a temporary license while the division processes the applicant's application for licensure if:

(a) the applicant submits a complete application required for temporary licensure to the division;

(b) the applicant submits a written document to the division from:

(i) a health care facility licensed under Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection, stating that the applicant is practicing under the:

(A) invitation of the health care facility; and

(B) the general supervision of a physician practicing at the health care facility; or

(ii) two individuals licensed under this chapter, whose license is in good standing and who practice in the same clinical location, both stating that:
(A) the applicant is practicing under the invitation and general supervision of the individual; and
(B) the applicant will practice at the same clinical location as the individual;
(c) the applicant submits a signed certification to the division that the applicant meets the requirements of Subsection (2);
(d) the applicant does not engage in the practice of medicine until the division issues a temporary license;
(e) the temporary license is issued for only one year from the date of issuance and may not be extended or renewed; and
(f) the temporary license expires immediately and before the expiration of one year from issuance, upon notification from the division that the division denied the applicant's application for licensure by endorsement.
(4) The division shall issue a temporary license under Subsection (3) within 15 business days after the applicant satisfies the requirements of Subsection (3).
(5) The division may not require a:
(a) post-residency board certification; or
(b) a cognitive test when the physician reaches a specified age, unless the test reflects the standards described in Subsections 58-67-302(5)(b)(i) through (x).

Amended by Chapter 443, 2025 General Session

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, 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.

Amended by Chapter 389, 2022 General Session

58-68-303 Term of license -- Expiration -- Renewal.
(1)
(a) The division shall issue each license under this chapter in accordance with a two-year renewal cycle established by division rule.
(b) The division may by rule extend or shorten a renewal period by as much as one year to stagger the renewal cycles the division administers.

(2) At the time of renewal, the licensee shall:
(a) view a suicide prevention video described in Section 58-1-601 and submit proof in the form required by the division;
(b) show compliance with continuing education renewal requirements; and
(c) show compliance with the requirement for designation of a contact person and alternate contact person for access to medical records and notice to patients as required by Subsections 58-68-304(1)(b) and (c).
(3) Each license issued under this chapter expires on the expiration date shown on the license unless renewed in accordance with Section 58-1-308.
(4) An individual may not be licensed as an associate physician for more than a total of six years.

Amended by Chapter 124, 2020 General Session

58-68-304 License renewal requirements.
(1) As a condition precedent for license renewal, each licensee shall, during each two-year licensure cycle or other cycle defined by division rule:
(a) complete qualified continuing professional education requirements in accordance with the number of hours and standards defined by division rule in collaboration with the board;
(b) appoint a contact person for access to medical records and an alternate contact person for access to medical records in accordance with Subsection 58-68-302(1)(i);
(c) if the licensee practices osteopathic medicine in a location with no other persons licensed under this chapter, provide some method of notice to the licensee's patients of the identity and location of the contact person and alternate contact person for access to medical records for the licensee in accordance with Subsection 58-68-302(1)(j); and
(d) if the licensee is an associate physician licensed under Section 58-68-302.5, successfully complete the educational methods and programs described in Subsection 58-68-807(4).
(2) If a renewal period is extended or shortened under Section 58-68-303, the continuing education hours required for license renewal under this section are increased or decreased proportionally.
(3)
(a) An application to renew a license under this chapter shall:
(i) require a physician to answer the following question: "Do you perform elective abortions in Utah in a location other than a hospital?"; and
(ii) immediately following the question, contain the following statement: "For purposes of the immediately preceding question, elective abortion means an abortion other than one of the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is necessary to avert the death of a woman, an abortion that is necessary to avert a serious physical risk of substantial impairment of a major bodily function of a woman, an abortion of a fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where the woman is pregnant as a result of rape or incest."
(b) The statement in Subsection (3)(a)(ii) shall be modified, if necessary, to ensure compliance with the definitions and requirements of Title 76, Chapter 7, Part 3, Abortion, and Title 76, Chapter 7a, Abortion Prohibition.
(4) In order to assist the Department of Health and Human Services in fulfilling the department's responsibilities relating to the licensing of a health care facility and the enforcement of Title 76, Chapter 7, Part 3, Abortion, and Title 76, Chapter 7a, Abortion Prohibition, if a physician responds positively to the question described in Subsection (3)(a)(i), the division shall, within 30 days after the day on which it renews the physician's license under this chapter, inform the Department of Health and Human Services in writing:

(a) of the name and business address of the physician; and
(b) that the physician responded positively to the question described in Subsection (3)(a)(i).
(5) The division shall accept and apply toward the hour requirement in Subsection (1)(a) any continuing education that a physician completes in accordance with Section 26B-4-219.

Amended by Chapter 392, 2025 General Session

58-68-305 Exemptions from licensure.

In addition to the exemptions from licensure in Section 58-1-307, the following individuals may engage in the described acts or practices without being licensed under this chapter:
(1) an individual rendering aid in an emergency, when no fee or other consideration of value for the service is charged, received, expected, or contemplated;
(2) an individual administering a domestic or family remedy;
(3)
(a)
(i) a person engaged in the lawful sale of vitamins, health foods, dietary supplements, herbs, or other products of nature, the sale of which is not otherwise prohibited by state or federal law; and
(ii) a person acting in good faith for religious reasons, as a matter of conscience, or based on a personal belief, when obtaining or providing any information regarding health care and the use of any product under Subsection (3)(a)(i); and
(b) Subsection (3)(a) does not:
(i) permit a person to diagnose any human disease, ailment, injury, infirmity, deformity, pain, or other condition; or
(ii) prohibit providing truthful and non-misleading information regarding any of the products under Subsection (3)(a)(i);
(4) a person engaged in good faith in the practice of the religious tenets of any church or religious belief without the use of prescription drugs;
(5) an individual authorized by the Department of Public Safety under Section 53-2d-103, to draw blood pursuant to Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or 77-23-213(3)(a)(vi);
(6) a medical assistant:
(a) administering a vaccine under the general supervision of a physician; or
(b) under the indirect supervision of a physician, engaging in tasks appropriately delegated by the physician in accordance with the standards and ethics of the practice of medicine, except for:
(i) performing surgical procedures;
(ii) prescribing prescription medications;
(iii) administering anesthesia other than a local anesthetic for minor procedural use; or
(iv) engaging in other medical practices or procedures as defined by division rule in collaboration with the board;
(7) an individual engaging in the practice of osteopathic medicine when:
(a) the individual is licensed in good standing as an osteopathic physician in another state with no licensing action pending and no less than 10 years of professional experience;
(b) the services are rendered as a public service and for a noncommercial purpose;
(c) no fee or other consideration of value is charged, received, expected, or contemplated for the services rendered beyond an amount necessary to cover the proportionate cost of malpractice insurance; and
(d) the individual does not otherwise engage in unlawful or unprofessional conduct;

(8) an individual providing expert testimony in a legal proceeding; and
(9) an individual who is invited by a school, association, society, or other body approved by the division in collaboration with the board to conduct a clinic or demonstration of the practice of medicine in which patients are treated, if:
(a) the individual does not establish a place of business in this state;
(b) the individual does not regularly engage in the practice of medicine in this state;
(c) the individual holds a current license in good standing to practice medicine issued by another state, district or territory of the United States, or Canada;
(d) the primary purpose of the event is the training of others in the practice of medicine; and
(e) neither the patient nor an insurer is billed for the services performed.

Amended by Chapter 340, 2025 General Session

58-68-306 Status of licenses held on the effective date of this chapter.

An individual holding a current license as an osteopathic physician that was issued under any prior state law is considered to hold a current license in the same classification under this chapter.

Enacted by Chapter 248, 1996 General Session

Part 4
License Denial and Discipline

58-68-401 Grounds for denial of license -- Disciplinary proceedings.

(1) Subject to Subsection (2), grounds for division action are set forth in Sections 58-1-401 and 58-68-503.
(2) The division may not refuse, revoke, suspend, or in any way restrict an applicant or licensee's license under this chapter solely because the applicant or licensee seeks or participates in mental health or substance abuse treatment.

Amended by Chapter 404, 2021 General Session

58-68-402 Authority to assess penalties.

The division in collaboration with the board may assess penalties as described in Section 58-68-503.

Amended by Chapter 369, 2012 General Session

58-68-403 Revocation of license -- Nondisciplinary.

Revocation by the division of a license under Subsection 58-68-302(1)(e) for failure to continue on a resident training program for reasons other than unprofessional or unlawful conduct is a nondisciplinary action and may not be reported by the division as a disciplinary action against the licensee.

Amended by Chapter 339, 2020 General Session

Part 5
Unlawful and Unprofessional Conduct - Penalties

58-68-501 Unlawful conduct.

(1) "Unlawful conduct" includes, in addition to the definition in Section 58-1-501:

(a) buying, selling, or fraudulently obtaining any osteopathic medical diploma, license, certificate, or registration; and

(b) aiding or abetting the buying, selling, or fraudulently obtaining of any osteopathic medical diploma, license, certificate, or registration;

(c) substantially interfering with a licensee's lawful and competent practice of medicine in accordance with this chapter by:

(i) any person or entity that manages, owns, operates, or conducts a business having a direct or indirect financial interest in the licensee's professional practice; or

(ii) anyone other than another physician licensed under this title, who is engaged in direct clinical care or consultation with the licensee in accordance with the standards and ethics of the profession of medicine; or

(d) entering into a contract that limits a licensee's ability to advise the licensee's patients fully about treatment options or other issues that affect the health care of the licensee's patients.

(2) "Unlawful conduct" does not include:

(a) establishing, administering, or enforcing the provisions of a policy of accident and health insurance by an insurer doing business in this state in accordance with Title 31A, Insurance Code;

(b) adopting, implementing, or enforcing utilization management standards related to payment for a licensee's services, provided that:

(i) utilization management standards adopted, implemented, and enforced by the payer have been approved by a physician or by a committee that contains one or more physicians; and

(ii) the utilization management standards does not preclude a licensee from exercising independent professional judgment on behalf of the licensee's patients in a manner that is independent of payment considerations;

(c) developing and implementing clinical practice standards that are intended to reduce morbidity and mortality or developing and implementing other medical or surgical practice standards related to the standardization of effective health care practices, provided that:

(i) the practice standards and recommendations have been approved by a physician or by a committee that contains one or more physicians; and

(ii) the practice standards do not preclude a licensee from exercising independent professional judgment on behalf of the licensee's patients in a manner that is independent of payment considerations;

(d) requesting or recommending that a patient obtain a second opinion from a licensee;

(e) conducting peer review, quality evaluation, quality improvement, risk management, or similar activities designed to identify and address practice deficiencies with health care providers, health care facilities, or the delivery of health care;

(f) providing employment supervision or adopting employment requirements that do not interfere with the licensee's ability to exercise independent professional judgment on behalf of the licensee's patients, provided that employment requirements that may not be considered to interfere with an employed licensee's exercise of independent professional judgment include:

(i) an employment requirement that restricts the licensee's access to patients with whom the licensee's employer does not have a contractual relationship, either directly or through contracts with one or more third-party payers; or
(ii) providing compensation incentives that are not related to the treatment of any particular patient;
(g) providing benefit coverage information, giving advice, or expressing opinions to a patient or to a family member of a patient to assist the patient or family member in making a decision about health care that has been recommended by a licensee;
(h) in compliance with Section 58-85-103:
(i) obtaining an investigational drug or investigational device;
(ii) administering the investigational drug to an eligible patient; or
(iii) treating an eligible patient with the investigational drug or investigational device; or
(i) any otherwise lawful conduct that does not substantially interfere with the licensee's ability to exercise independent professional judgment on behalf of the licensee's patients and that does not constitute the practice of medicine as defined in this chapter.

Amended by Chapter 110, 2015 General Session

58-68-502 Unprofessional conduct.
(1) "Unprofessional conduct" includes, in addition to the definition in Section 58-1-501:
(a) using or employing the services of any individual to assist a licensee in any manner not in accordance with the generally recognized practices, standards, or ethics of the profession, state law, or division rule;
(b) violating the dispensing requirements of Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, if applicable;
(c) making a material misrepresentation regarding the qualifications for licensure under Section 58-68-302.5;
(d) violating the requirements of Title 26B, Chapter 4, Part 2, Cannabinoid Research and Medical Cannabis;
(e) performing or inducing an abortion in violation of the requirements of Section 76-7-302 or Section 76-7a-201, regardless of whether the individual licensed under this chapter is found guilty of a crime in connection with the violation;
(f) falsely making an entry in, or altering, a medical record with the intent to conceal:
(i) a wrongful or negligent act or omission of an individual licensed under this chapter or an individual under the direction or control of an individual licensed under this chapter; or
(ii) conduct described in Subsections (1)(a) through (e) or Subsection 58-1-501(1);
(g) performing or causing to be performed, upon an individual who is less than 18 years old:
(i) a primary sex characteristic surgical procedure; or
(ii) a secondary sex characteristic surgical procedure; or
(h) designating a child as do not resuscitate without parental consent.
(2) "Unprofessional conduct" does not include:
(a) in compliance with Section 58-85-103:
(i) obtaining an investigational drug or investigational device;
(ii) administering the investigational drug to an eligible patient; or
(iii) treating an eligible patient with the investigational drug or investigational device;
(b) in accordance with Title 26B, Chapter 4, Part 2, Cannabinoid Research and Medical Cannabis:

(i) when acting as a recommending medical provider, as that term is defined in Section 26B-4-201, recommending the use of medical cannabis; or
(ii) when registered as a pharmacy medical provider, as that term is defined in Section 26B-4-201, providing pharmacy medical provider services in a medical cannabis pharmacy;
(c) refusing to participate in the execution of a death sentence authorized under Section 77-19-10; or
(d) participating in the execution of a death sentence authorized under Section 77-19-10 in accordance with state law and Department of Corrections protocol.
(3) Notwithstanding Subsection (2)(b), the division, in consultation with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, shall define unprofessional conduct for a physician described in Subsection (2)(b).

Amended by Chapter 82, 2026 General Session

58-68-503 Penalties and administrative actions for unlawful and unprofessional conduct.
(1) Any person that violates the unlawful conduct provisions of Section 58-68-501 or Section 58-1-501 is guilty of a third degree felony.
(2)
(a) Subject to Subsection (4), the division may punish unprofessional or unlawful conduct by:
(i) assessing administrative penalties; or
(ii) taking any other appropriate administrative action.
(b) The division shall deposit a monetary administrative penalty imposed under this section into the Physician Education and Enforcement Fund created in Section 58-67a-1.
(3) If a licensee is convicted of unlawful conduct, described in Section 58-68-501, before an administrative proceeding regarding the same conduct, the division may not assess an additional administrative fine under this chapter for the same conduct.
(4)
(a) If the division concludes that an individual has violated the provisions of Section 58-68-501, Section 58-68-502, Chapter 1, Division of Professional Licensing Act, Chapter 37, Controlled Substances, or Title 76, Chapter 18, Part 2, Offenses Concerning Controlled Substances, or a provision described in a statute previously in effect in this state that is the same or substantially similar to a provision described in Section 58-68-501, Section 58-68-502, Chapter 1, Division of Professional Licensing Act, Chapter 37, Controlled Substances, or Title 76, Chapter 18, Part 2, Offenses Concerning Controlled Substances, or any rule or order issued with respect to these provisions, and disciplinary action is appropriate, the director or director's designee shall:
(i) issue a citation to the individual;
(ii) attempt to negotiate a stipulated settlement; or
(iii)
(A) notify the individual that the division will commence an adjudicative proceeding conducted under Title 63G, Chapter 4, Administrative Procedures Act; and
(B) invite the individual to appear.
(b) The division may take the following action against an individual who violates a provision described in Subsection (4)(a), as evidenced by an uncontested citation, a stipulated settlement, or a finding of violation in an adjudicative proceeding:
(i) assess a fine of up to $10,000 per single violation or $2,000 per day of ongoing violation, whichever is greater, in accordance with a fine schedule established by rule; or

(ii) order to cease and desist from the behavior that constitutes a violation of provisions described in Subsection (4)(a).

(c) Except for an administrative fine and a cease and desist order, the division may not assess the licensure sanctions cited in Section 58-1-401 through a citation.

(d) Each citation issued under this section shall:

(i) be in writing;

(ii) clearly describe or explain:

(A) the nature of the violation, including a reference to the provision of the chapter, rule, or order alleged to have been violated;

(B) that the recipient must notify the division in writing within 20 calendar days from the day on which the citation is served if the recipient wishes to contest the citation at a hearing conducted under Title 63G, Chapter 4, Administrative Procedures Act; and

(C) the consequences of failure to timely contest the citation or pay the fine assessed by the citation within the time specified in the citation; and

(iii) be served in accordance with the requirements of the Utah Rules of Civil Procedure.

(e)

(i) If the individual to whom the division issues the citation fails to request a hearing to contest the citation within 20 calendar days from the day on which the citation is served, the citation becomes the final order of the division and is not subject to further agency review.

(ii) The division may extend the period to contest the citation for cause.

(f) The division may refuse to issue or renew or suspend, revoke, or place on probation the license of an individual who fails to comply with a citation after the citation becomes final.

(g) The failure of an applicant for licensure to comply with a citation after the citation becomes final is grounds for denial of a license.

(h) The division may not issue a citation under this section after the expiration of one year following the date on which the division receives the report of the violation that is the subject of the citation.

(5)

(a) The director may collect a penalty imposed under this section that is not paid by:

(i) referring the matter to a collection agency; or

(ii) bringing an action in the district court of the county where the person against whom the penalty is imposed resides or in the county where the office of the director is located.

(b) A county attorney or the attorney general of the state shall provide legal assistance and advice to the director in an action to collect a penalty.

(c) A court shall award reasonable attorney fees and costs to the prevailing party in an action brought by the division to collect a penalty.

Amended by Chapter 362, 2026 General Session

Part 6
Impaired Osteopathic Physician

58-68-601 Mentally incompetent or incapacitated osteopathic physician.

(1) As used in this section:

(a) "Incapacitated person" means a person who is incapacitated, as defined in Section 75-1-201.

(b) "Licensee" means an individual licensed under this chapter.

(c) "Mental illness" means the same as that term is defined in Section 26B-5-301.

(2) If a court of competent jurisdiction determines a licensee is an incapacitated person or that the licensee has a mental illness and is unable to safely engage in the practice of medicine, the director shall immediately suspend the license of the licensee upon the entry of the judgment of the court, without further proceedings under Title 63G, Chapter 4, Administrative Procedures Act, regardless of whether an appeal from the court's ruling is pending. The director shall promptly notify the licensee, in writing, of the suspension.

(3)

(a) If the division and a majority of the board find reasonable cause to believe a licensee, who is not determined judicially to be an incapacitated person or to have a mental illness, is incapable of practicing osteopathic medicine with reasonable skill regarding the safety of patients, because of illness, excessive use of drugs or alcohol, or as a result of any mental or physical condition, the board shall recommend that the director file a petition with the division, and cause the petition to be served upon the licensee with a notice of hearing on the sole issue of the capacity of the licensee to competently and safely engage in the practice of medicine.

(b) The hearing shall be conducted under Section 58-1-109, and Title 63G, Chapter 4, Administrative Procedures Act, except as provided in Subsection (4).

(4)

(a) Every individual who accepts the privilege of being licensed under this chapter gives consent to:

(i) submitting at the licensee's own expense to an immediate mental or physical examination when directed in writing by the division and a majority of the board to do so; and

(ii) the admissibility of the reports of the examining physician's testimony or examination, and waives all objections on the ground the reports constitute a privileged communication.

(b) The examination may be ordered by the division, with the consent of a majority of the board, only upon a finding of reasonable cause to believe:

(i) the licensee has a mental illness, is incapacitated, or otherwise unable to practice medicine with reasonable skill and safety; and

(ii) immediate action by the division and the board is necessary to prevent harm to the licensee's patients or the general public.

(c)

(i) Failure of a licensee to submit to the examination ordered under this section is a ground for the division's immediate suspension of the licensee's license by written order of the director.

(ii) The division may enter the order of suspension without further compliance with Title 63G, Chapter 4, Administrative Procedures Act, unless the division finds the failure to submit to the examination ordered under this section was due to circumstances beyond the control of the licensee and was not related directly to the illness or incapacity of the licensee.

(5)

(a) A licensee whose license is suspended under Subsection (2) or (3) has the right to a hearing to appeal the suspension within 10 days after the license is suspended.

(b) The hearing held under this subsection shall be conducted in accordance with Sections 58-1-108 and 58-1-109 for the sole purpose of determining if sufficient basis exists for the continuance of the order of suspension in order to prevent harm to the licensee's patients or the general public.

(6) A licensee whose license is revoked, suspended, or in any way restricted under this section may request the division and the board to consider, at reasonable intervals, evidence presented

by the licensee, under procedures established by division rule, regarding any change in the licensee's condition, to determine whether:

(a) the licensee is or is not able to safely and competently engage in the practice of medicine; and

(b) the licensee is qualified to have the licensee's license to practice under this chapter restored completely or in part.

Amended by Chapter 329, 2023 General Session

Part 7
Immunity Provisions

58-68-701 Immunity provisions apply.

Title 58, Chapter 13, Health Care Providers Immunity from Liability Act, applies to licensees under this chapter.

Enacted by Chapter 248, 1996 General Session

58-68-702 Opiate antagonist -- Exclusion from unlawful or unprofessional conduct.

(1) As used in this section:

(a) "Dispense" means the same as that term is defined in Section 58-17b-102.

(b) "Expired opiate antagonist" means an opiate antagonist that is no more than 24 months past the month and year of the opiate antagonist's expiration date.

(c) "Increased risk" means the same as that term is defined in Section 26B-4-501.

(d)

(i) "Opiate antagonist" means the same as that term is defined in Section 26B-4-501.

(ii) "Opiate antagonist" includes an expired opiate antagonist.

(e) "Opiate-related drug overdose event" means the same as that term is defined in Section 26B-4-501.

(f) "Prescribe" means the same as that term is defined in Section 58-17b-102.

(2) The prescribing or dispensing of an opiate antagonist by a licensee under this chapter is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the opiate antagonist:

(a) in a good faith effort to assist:

(i) an individual who is at increased risk of experiencing an opiate-related drug overdose event; or

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; or

(b) to an overdose outreach provider pursuant to Subsection 26B-4-509(2)(a)(iii).

(3) The provisions of this section and Title 26B, Chapter 4, Part 5, Treatment Access, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an opiate antagonist.

Amended by Chapter 80, 2026 General Session

Part 8
Practice Standards

58-68-801 Disclosure of financial interest by licensee.

(1) Licensees under this chapter may not refer patients, clients, or customers to any clinical laboratory, ambulatory or surgical care facilities, or other treatment or rehabilitation services such as physical therapy, cardiac rehabilitation, radiology services, dispensing optical lens facility, or lithotripsy, in which the licensee or a member of the licensee's immediate family has any financial relationship as that term is described in 42 U.S.C. 1395nn, unless the licensee at the time of making the referral discloses that relationship, in writing, to the patient, client, or customer.

(2) The written disclosure under Subsection (1) shall also state the patient may choose any facility or service center for purpose of having the laboratory work or treatment service performed.

Enacted by Chapter 248, 1996 General Session

58-68-802 Form of practice.

(1) An osteopathic physician and surgeon licensed under this chapter may engage in practice as an osteopathic physician and surgeon or in the practice of osteopathic medicine only as an individual licensee, but as an individual licensee, an osteopathic physician and surgeon licensed under this chapter may be:
  (a) an individual operating as a business proprietor;
  (b) an employee of another person;
  (c) a partner in a lawfully organized partnership;
  (d) a lawfully formed professional corporation;
  (e) a lawfully organized limited liability company;
  (f) a lawfully organized business corporation; or
  (g) any other form of organization the state recognizes and that the division does not prohibit by rule made in collaboration with the board.

(2) Regardless of the form in which a licensee engages in the practice of osteopathic medicine, the licensee may only permit the practice of medicine in that form of business practice to be conducted by an individual:
  (a) licensed in Utah as an osteopathic physician and surgeon under Section 58-68-301 or as a physician and surgeon under Section 58-67-301; and
  (b) who is able to lawfully and competently engage in the practice of medicine to direct or interfere in the licensee's practice of medicine.

Amended by Chapter 64, 2026 General Session

58-68-803 Medical records -- Electronic records.

(1) Medical records maintained by a licensee shall:
  (a) meet the standards and ethics of the profession; and
  (b) be maintained in accordance with division rules made in collaboration with the board.

(2) Medical records under this section may be maintained by an electronic means if the records comply with Subsection (1).

Enacted by Chapter 248, 1996 General Session

58-68-804 Consumer access to provider charges.

Beginning January 1, 2011, an osteopathic physician licensed under this chapter shall, when requested by a consumer:

(1) make a list of prices charged by the osteopathic physician available for the consumer which includes the osteopathic physician's 25 most frequently performed:
  (a) clinic procedures or clinic services;
  (b) out-patient procedures; and
  (c) in-patient procedures; and
(2) provide the consumer with information regarding any discount available for:
  (a) services not covered by insurance; or
  (b) prompt payment of billed charges.

Enacted by Chapter 68, 2010 General Session

58-68-805 Supervision of cosmetic medical procedures.

(1) Except as provided in Subsection (2), an osteopathic physician and surgeon may not delegate the performance of an ablative cosmetic medical procedure to an individual who is not licensed under this chapter or Chapter 67, Utah Medical Practice Act.
(2) A physician may delegate to an advanced practice registered nurse with an unrestricted license under Chapter 31b, Nurse Practice Act, the performance of an erbium full ablation resurfacing procedure or a CO2 fractionated resurfacing procedure, if the physician:
  (a) prescribes that specific procedure for the patient who is to receive the procedure;
  (b) ensures that the advanced practice registered nurse performs the procedure under the indirect supervision of the physician; and
  (c) verifies that the advanced practice registered nurse is qualified to perform the procedure by having received at least 50 hours of training specific to the procedure to be performed and the laser to be used.

Enacted by Chapter 362, 2012 General Session

58-68-806 Representation of medical specialization.

(1) A physician may not represent to another person that the physician is certified in a medical specialty or certified by a particular board unless:
  (a) the physician includes in the representation the name of:
    (i) the certification board or entity; and
    (ii) the medical specialty or procedure for which the physician is certified; and
  (b) the board or certification entity meets the requirements of Subsection (2).
(2) A certification entity or board under Subsection (1) shall meet the following qualifications:
  (a) be included in the American Board of Medical Specialties or an American Osteopathic Association Certifying Board; or
  (b)
    (i) require an Accreditation Council for Graduate Medical Education or American Osteopathic Association approved post-graduate training program that provides complete training in the specialty or sub-specialty; and
    (ii) be certified or had prior certification by the member board of the American Board of Medical Specialties or an American Osteopathic Association Certifying Board.

Enacted by Chapter 162, 2012 General Session

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; 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 58-68-302 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.

Amended by Chapter 389, 2022 General Session