

1                                   **HEALTH CARE ASSOCIATED INFECTIONS**

2                                                           2012 GENERAL SESSION

3                                                           STATE OF UTAH

4                                                           **Chief Sponsor: Jack R. Draxler**

5                                                           Senate Sponsor: Peter C. Knudson

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7 **LONG TITLE**

8 **General Description:**

9           This bill amends the Utah Communicable Disease Control Act by requiring certain  
10 health care facilities to share with the Department of Health data that the facility is  
11 required to report under federal law regarding health care associated infections and  
12 requiring the Department of Health to release a public report on health care associated  
13 infections.

14 **Highlighted Provisions:**

15           This bill:

- 16           ▶ defines terms;
- 17           ▶ requires an ambulatory surgical facility, a general acute hospital, and a specialty  
18 hospital to share with the Department of Health data on health care associated  
19 infections that the facility submits to the National Healthcare Safety Network in the  
20 Centers for Disease Control and Prevention pursuant to requirements of the Center  
21 for Medicare and Medicaid Services;
- 22           ▶ requires the Department of Health to prepare and publicly disclose a report on  
23 health care associated infection rates;
- 24           ▶ establishes a protocol for the creation of the report;
- 25           ▶ permits the report of health care associated infections to include data that compares  
26 and identifies facilities;
- 27           ▶ states that the report shall not be used as evidence in a criminal, civil, or



28 administrative proceeding; and  
29       ▶ makes technical changes.

30 **Money Appropriated in this Bill:**

31       None

32 **Other Special Clauses:**

33       None

34 **Utah Code Sections Affected:**

35 AMENDS:

36       **26-6-2**, as last amended by Laws of Utah 1996, Chapter 211

37       **26-6-27**, as last amended by Laws of Utah 2008, Chapter 3

38       **58-1-307**, as last amended by Laws of Utah 2011, Chapters 110 and 181

39       **58-17b-620**, as last amended by Laws of Utah 2011, Chapter 110

40 ENACTS:

41       **26-6-31**, Utah Code Annotated 1953



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

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

45       **26-6-2. Definitions.**

46       As used in this chapter:

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

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

56       ~~(2)~~ (3) "Communicable disease" means illness due to a specific infectious agent or its  
57 toxic products which arises through transmission of that agent or its products from a reservoir  
58 to a susceptible host, either directly, as from an infected individual or animal, or indirectly,

59 through an intermediate plant or animal host, vector, or the inanimate environment.

60 [~~(3)~~] (4) "Communicable period" means the time or times during which an infectious  
61 agent may be transferred directly or indirectly from an infected individual to another individual,  
62 from an infected animal to man, or from an infected man to an animal, including arthropods.

63 [~~(4)~~] (5) "Contact" means an individual or animal having had association with an  
64 infected individual, animal, or contaminated environment so as to have had an opportunity to  
65 acquire the infection.

66 [~~(5)~~] (6) "Epidemic" means the occurrence or outbreak in a community or region of  
67 cases of an illness clearly in excess of normal expectancy and derived from a common or  
68 propagated source. The number of cases indicating an epidemic will vary according to the  
69 infectious agent, size, and type of population exposed, previous experience or lack of exposure  
70 to the disease, and time and place of occurrence. Epidemicity is considered to be relative to  
71 usual frequency of the disease in the same area, among the specified population, at the same  
72 season of the year.

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

74 [~~(6)~~] (8) "Incubation period" means the time interval between exposure to an infectious  
75 agent and appearance of the first sign or symptom of the disease in question.

76 [~~(7)~~] (9) "Infected individual" means an individual who harbors an infectious agent and  
77 who has manifest disease or inapparent infection. An infected individual is one from whom the  
78 infectious agent can be naturally acquired.

79 [~~(8)~~] (10) "Infection" means the entry and development or multiplication of an  
80 infectious agent in the body of man or animals. Infection is not synonymous with infectious  
81 disease; the result may be inapparent or manifest. The presence of living infectious agents on  
82 exterior surfaces of the body, or upon articles of apparel or soiled articles, is not infection, but  
83 contamination of such surfaces and articles.

84 [~~(9)~~] (11) "Infectious agent" means an organism such as a virus, rickettsia, bacteria,  
85 fungus, protozoan, or helminth that is capable of producing infection or infectious disease.

86 [~~(10)~~] (12) "Infectious disease" means a disease of man or animals resulting from an  
87 infection.

88 [~~(11)~~] (13) "Isolation" means the separation, for the period of communicability, of  
89 infected individuals or animals from others, in such places and under such conditions as to

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

92 [~~(12)~~] (14) "Quarantine" means the restriction of the activities of well individuals or  
93 animals who have been exposed to a communicable disease during its period of  
94 communicability to prevent disease transmission.

95 [~~(13)~~] (15) "School" means a public, private, or parochial nursery school, licensed or  
96 unlicensed day care center, child care facility, family care home, headstart program,  
97 kindergarten, elementary, or secondary school through grade 12.

98 [~~(14)~~] (16) "Sexually transmitted disease" means those diseases transmitted through  
99 sexual intercourse or any other sexual contact.

100 (17) "Specialty hospital" is as defined in Section 26-21- 2.

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

102 **26-6-27. Information regarding communicable or reportable diseases**  
103 **confidentiality -- Exceptions.**

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

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

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

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

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

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

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

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

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

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

148 (i) specific medical or epidemiological information regarding a health care provider, as  
149 defined in Section 78B-3-403, may be released to the department, the appropriate local health  
150 department, and the Division of Occupational and Professional Licensing within the  
151 Department of Commerce, if the identified health care provider is endangering the safety or life

152 of any individual by his continued practice of health care[-]; and

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

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

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

159 **26-6-31. Public reporting of health care associated infections.**

160 (1) An ambulatory surgical facility, a general acute hospital, and a specialty hospital  
161 shall give the department access to the facility's data on the incidence and rate of health care  
162 associated infections that the facility submits to the National Healthcare Safety Network in the  
163 Center for Disease Control pursuant to the Center for Medicare and Medicaid Services rules for  
164 infection reporting under the Inpatient Prospective Payment System. Access to data under this  
165 Subsection (1) may include data sharing through the National Healthcare Safety Network.

166 (2) (a) The department shall, beginning May 1, 2013, use the data submitted by the  
167 facilities in accordance with Subsection (1) to compile an annual report on health care  
168 associated infections in ambulatory surgical facilities, general acute hospitals, and specialty  
169 hospitals for public distribution in accordance with the requirements of this subsection. The  
170 department shall publish the report on the department's website and the Utah Health Exchange.

171 (b) The department's report under this section shall:

172 (i) include the following health care associated infections as required by the Center for  
173 Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety  
174 Network in the Center for Disease Control:

175 (A) central line associated bloodstream infections;

176 (B) catheter associated urinary tract infections;

177 (C) surgical site infections from procedures on the colon or an abdominal  
178 hysterectomy;

179 (D) methicillin-resistant staphylococcus aureus bacteremia;

180 (E) clostridium difficile of the colon; and

181 (F) other health care associated infections when reporting is required by the Center for  
182 Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety

183 Network in the Center for Disease Control;

184 (ii) include data on the rate of health care associated infections:

185 (A) for the infection types described in Subsection (2)(b)(i); and

186 (B) by health care facility or hospital;

187 (iii) include data on how the rate of health care associated infections in ambulatory

188 surgical facilities, general acute hospitals, and specialty hospitals compares with the rates in

189 other states;

190 (iv) in compiling the report described in Subsection (2)(a), use analytical

191 methodologies that meet accepted standards of validity and reliability;

192 (v) clearly identify and acknowledge, in the report, the limitations of the data sources

193 and analytic methodologies used to develop comparative facility or hospital information;

194 (vi) decide whether information supplied by a facility or hospital under Subsection (1)

195 is appropriate to include in the report;

196 (vii) adjust comparisons among facilities and hospitals for patient case mix and other

197 relevant factors, when appropriate; and

198 (viii) control for provider peer groups, when appropriate.

199 (3) Before posting or releasing the report described in Subsection (2)(a), the

200 department shall:

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

203 (i) the entire methodology for analyzing the data; and

204 (ii) the comparative facility or hospital information and other information the

205 department has compiled for the facility or hospital; and

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

208 (4) The department shall develop and implement effective safeguards to protect against

209 the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and

210 specialty hospital data, including the dissemination of inconsistent, incomplete, invalid,

211 inaccurate, or subjective data.

212 (5) The report described in Subsection (2)(a):

213 (a) may include data that compare and identify general acute hospitals, ambulatory

214 surgical centers, and specialty hospitals;

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

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

219 (ii) a patient; or

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

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

222 (6) This section does not limit the department's authority to investigate and collect data  
223 regarding infections and communicable diseases under other provisions of state or federal law.

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

225 **58-1-307. Exemptions from licensure.**

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

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

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

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

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

244 (e) an individual who is invited by a recognized school, association, society, or other



245 body approved by the division to conduct a lecture, clinic, or demonstration of the practice of a  
246 regulated occupation or profession if the individual does not establish a place of business or  
247 regularly engage in the practice of the regulated occupation or profession in this state;

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

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

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

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

260 (i) temporarily, under the invitation and control of a sponsoring entity;

261 (ii) for a reason associated with a special purpose event, based upon needs that may  
262 exceed the ability of this state to address through its licensees, as determined by the division;  
263 and

264 (iii) for a limited period of time not to exceed the duration of that event, together with  
265 any necessary preparatory and conclusionary periods;

266 (j) a law enforcement officer, as defined under Section 53-13-103, who:

267 (i) is operating a voice stress analyzer in the course of the officer's full-time  
268 employment with a federal, state, or local law enforcement agency;

269 (ii) has completed the manufacturer's training course and is certified by the  
270 manufacturer to operate that voice stress analyzer; and

271 (iii) is operating the voice stress analyzer in accordance with Section 58-64-601,  
272 regarding deception detection instruments; and

273 (k) the spouse of an individual serving in the armed forces of the United States while  
274 the individual is stationed within this state, provided:

275 (i) the spouse holds a valid license to practice a regulated occupation or profession

276 issued by any other state or jurisdiction recognized by the division; and

277 (ii) the license is current and the spouse is in good standing in the state of licensure.

278 (2) (a) A practitioner temporarily in this state who is exempted from licensure under  
279 Subsection (1) shall comply with each requirement of the licensing jurisdiction from which the  
280 practitioner derives authority to practice.

281 (b) Violation of a limitation imposed by this section constitutes grounds for removal of  
282 exempt status, denial of license, or other disciplinary proceedings.

283 (3) An individual who is licensed under a specific chapter of this title to practice or  
284 engage in an occupation or profession may engage in the lawful, professional, and competent  
285 practice of that occupation or profession without additional licensure under other chapters of  
286 this title, except as otherwise provided by this title.

287 (4) Upon the declaration of a national, state, or local emergency, a public health  
288 emergency as defined in Section 26-23b-102, or a declaration by the President of the United  
289 States or other federal official requesting public health-related activities, the division in  
290 collaboration with the board may:

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

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

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

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

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

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

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

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

- 307 (vii) a physician assistant under Chapter 70a, Physician Assistant Act;
- 308 (c) suspend the requirements for licensure under this title and modify the scope of  
309 practice in the circumstances described in this Subsection (4) and Subsection (5) for medical  
310 services personnel or paramedics required to be certified under Section 26-8a-302;
- 311 (d) suspend requirements in Subsections 58-17b-620(3) through (6) which require  
312 certain prescriptive procedures;
- 313 (e) exempt or modify the requirement for licensure of an individual who is activated as  
314 a member of a medical reserve corps during a time of emergency as provided in Section  
315 26A-1-126; and
- 316 (f) exempt or modify the requirement for licensure of an individual who is registered as  
317 a volunteer health practitioner as provided in Title 26, Chapter 49, Uniform Emergency  
318 Volunteer Health Practitioners Act.
- 319 (5) Individuals exempt under Subsection (4)(c) and individuals operating under  
320 modified scope of practice provisions under Subsection (4)(b):
- 321 (a) are exempt from licensure or subject to modified scope of practice for the duration  
322 of the emergency;
- 323 (b) must be engaged in the distribution of medicines or medical devices in response to  
324 the emergency or declaration; and
- 325 (c) must be employed by or volunteering for:
- 326 (i) a local or state department of health; or  
327 (ii) a host entity as defined in Section 26-49-102.
- 328 (6) In accordance with the protocols established under Subsection (8), upon the  
329 declaration of a national, state, or local emergency, the Department of Health or a local health  
330 department shall coordinate with public safety authorities as defined in Subsection  
331 26-23b-110(1) and may:
- 332 (a) use a vaccine, antiviral, antibiotic, or other prescription medication that is not a  
333 controlled substance to prevent or treat a disease or condition that gave rise to, or was a  
334 consequence of, the emergency; or
- 335 (b) distribute a vaccine, antiviral, antibiotic, or other prescription medication that is not  
336 a controlled substance:
- 337 (i) if necessary, to replenish a commercial pharmacy in the event that the commercial

338 pharmacy's normal source of the vaccine, antiviral, antibiotic, or other prescription medication  
339 is exhausted; or

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

342 (A) a pharmacy;

343 (B) a prescribing practitioner;

344 (C) a licensed health care facility;

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

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

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

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

352 (b) from local health departments to emergency personnel within the local health  
353 departments' geographic region.

354 (8) The Department of Health shall establish by rule, made in accordance with Title  
355 63G, Chapter 3, Utah Administrative Rulemaking Act, protocols for administering, dispensing,  
356 and distributing a vaccine, an antiviral, an antibiotic, or other prescription medication that is  
357 not a controlled substance in the event of a declaration of a national, state, or local emergency.  
358 The protocol shall establish procedures for the Department of Health or a local health  
359 department to:

360 (a) coordinate the distribution of:

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

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

367 (b) authorize the dispensing, administration, or distribution of a vaccine, an antiviral,  
368 an antibiotic, or other prescription medication that is not a controlled substance to the contact

369 of a patient, as defined in [~~Subsection~~] Section 26-6-2[(4)], without a patient-practitioner  
370 relationship, if the contact's condition is the same as that of the physician's patient; and

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

373 (i) is working in a triage situation;

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

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

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

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

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

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

383 **58-17b-620. Prescriptions issued within the public health system.**

384 (1) As used in this section:

385 (a) "Department of Health" means the state Department of Health created in Section  
386 26-1-4.

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

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

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

395 (a) a clinic; or

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

398 (i) treatment for sexually transmitted infections;

399 (ii) fluoride treatment;

- 400 (iii) travel immunization;
- 401 (iv) preventative treatment for an individual with latent tuberculosis infection;
- 402 (v) preventative treatment for an individual at risk for an infectious disease that has a
- 403 direct impact on public health when the treatment is indicated to prevent the spread of disease
- 404 or to mitigate the seriousness of infection in the exposed individual; or
- 405 (vi) other treatment as defined by the Department of Health rule.

406 (3) In a circumstance described in Subsection (2), an individual with prescriptive  
407 authority may write a prescription for each contact, as defined in ~~[Subsection]~~ Section  
408 26-6-2~~(4)~~, of a patient of the individual with prescriptive authority without a face-to-face  
409 exam, if:

- 410 (a) the individual with prescriptive authority is treating the patient for a reportable
- 411 disease or non-emergency condition having a direct impact on public health; and
- 412 (b) the contact's condition is the same as the patient of the individual with prescriptive
- 413 authority.

414 (4) The following prescription procedure shall be carried out in accordance with the  
415 requirements of Subsection (5) and may be used only in the circumstances described under  
416 Subsections (2) and (3):

- 417 (a) a physician writes and signs a prescription for a prescription drug, other than a
- 418 controlled substance, without the name and address of the patient and without the date the
- 419 prescription is provided to the patient; and
- 420 (b) the physician authorizes a registered nurse employed by the health department to
- 421 complete the prescription written under this Subsection ~~[(3)]~~ (4) by inserting the patient's name
- 422 and address, and the date the prescription is provided to the patient, in accordance with the
- 423 physician's standing written orders and a written health department protocol approved by the
- 424 physician and the medical director of the state Department of Health.

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

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

430 (b) All prescriptions issued shall contain all information required under this chapter

431 and rules adopted under this chapter.

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**Legislative Review Note**  
as of 12-15-11 6:34 AM

**Office of Legislative Research and General Counsel**