1 **ASSOCIATE PHYSICIAN LICENSE AMENDMENTS**

2 2020 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Stewart E. Barlow**

5 Senate Sponsor: David G. Buxton

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7 **LONG TITLE**

8 **General Description:**

9 This bill amends the licensing requirements for associate physicians.

10 **Highlighted Provisions:**

11 This bill:

12 ▸ changes the areas where associate physicians can practice; and

13 ▸ changes the time period for which associate physicians can be licensed.

14 **Money Appropriated in this Bill:**

15 None

16 **Other Special Clauses:**

17 None

18 **Utah Code Sections Affected:**

19 AMENDS:

20 **58-67-302.8**, as last amended by Laws of Utah 2018, Chapter 318

21 **58-67-303**, as last amended by Laws of Utah 2019, Chapter 447

22 **58-67-807**, as enacted by Laws of Utah 2017, Chapter 299

23 **58-68-302.5**, as last amended by Laws of Utah 2018, Chapter 318

24 **58-68-303**, as last amended by Laws of Utah 2019, Chapter 447

25 **58-68-807**, as enacted by Laws of Utah 2017, Chapter 299

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

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

29 **58-67-302.8. Restricted licensing of an associate physician.**

30 (1) An individual may apply for a restricted license as an associate physician if the
31 individual:
32 (a) meets the requirements described in Subsections 58-67-302(1)(a) through (d),
33 (1)(e)(i), and (1)(h) through (k);
34 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing
35 Examination or the equivalent steps of another board-approved medical licensing examination:
36 (i) within three years after the day on which the applicant graduates from a program
37 described in Subsection 58-67-302(1)(e)(i); and
38 (ii) within two years before applying for a restricted license as an associate physician;
39 and
40 (c) is not currently enrolled in and has not completed a residency program.
41 (2) Before a licensed associate physician may engage in the practice of medicine as
42 described in Subsection (3), the licensed associate physician shall:
43 (a) enter into a collaborative practice arrangement described in Section 58-67-807
44 within six months after the associate physician's initial licensure; and
45 (b) receive division approval of the collaborative practice arrangement.
46 (3) An associate physician's scope of practice is limited to primary care services [~~to~~
47 ~~medically underserved populations or in medically underserved areas within the state~~].
48 Section 2. Section **58-67-303** is amended to read:
49 **58-67-303. Term of license -- Expiration -- Renewal.**
50 (1) (a) Except as provided in Section 58-67-302.7, the division shall issue each license
51 under this chapter in accordance with a two-year renewal cycle established by division rule.
52 (b) The division may by rule extend or shorten a renewal period by as much as one year
53 to stagger the renewal cycles the division administers.
54 (2) At the time of renewal, the licensee shall:
55 (a) view a suicide prevention video described in Section 58-1-601 and submit proof in
56 the form required by the division;
57 (b) show compliance with continuing education renewal requirements; and

58 (c) show compliance with the requirement for designation of a contact person and
59 alternate contact person for access to medical records and notice to patients as required by
60 Subsections 58-67-304(1)(b) and (c).
61 (3) Each license issued under this chapter expires on the expiration date shown on the
62 license unless renewed in accordance with Section 58-1-308.
63 (4) An individual may not be licensed as an associate physician for more than a total of
64 [~~four~~] six years.
65 Section 3. Section **58-67-807** is amended to read:
66 **58-67-807. Collaborative practice arrangement.**
67 (1) (a) The division, in consultation with the board, shall make rules in accordance
68 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, regarding the approval of a
69 collaborative practice arrangement.
70 (b) The division shall require a collaborative practice arrangement to:
71 (i) limit the associate physician to providing primary care services [~~to medically~~
72 ~~underserved populations or in medically underserved areas within the state~~];
73 (ii) be consistent with the skill, training, and competence of the associate physician;
74 (iii) specify jointly agreed-upon protocols, or standing orders for the delivery of health
75 care services by the associate physician;
76 (iv) provide complete names, home and business addresses, zip codes, and telephone
77 numbers of the collaborating physician and the associate physician;
78 (v) list all other offices or locations besides those listed in Subsection (1)(b)(iv) where
79 the collaborating physician authorizes the associate physician to prescribe;
80 (vi) require at every office where the associate physician is authorized to prescribe in
81 collaboration with a physician a prominently displayed disclosure statement informing patients
82 that patients may be seen by an associate physician and have the right to see the collaborating
83 physician;
84 (vii) specify all specialty or board certifications of the collaborating physician and all
85 certifications of the associate physician;

86 (viii) specify the manner of collaboration between the collaborating physician and the
87 associate physician, including how the collaborating physician and the associate physician
88 shall:
89 (A) engage in collaborative practice consistent with each professional's skill, training,
90 education, and competence;
91 (B) maintain geographic proximity, except as provided in Subsection (1)(d); and
92 (C) provide oversight of the associate physician during the absence, incapacity,
93 infirmity, or emergency of the collaborating physician;
94 (ix) describe the associate physician's controlled substance prescriptive authority in
95 collaboration with the collaborating physician, including:
96 (A) a list of the controlled substances the collaborating physician authorizes the
97 associate physician to prescribe; and
98 (B) documentation that the authorization to prescribe the controlled substances is
99 consistent with the education, knowledge, skill, and competence of the associate physician and
100 the collaborating physician;
101 (x) list all other written practice arrangements of the collaborating physician and the
102 associate physician;
103 (xi) specify the duration of the written practice arrangement between the collaborating
104 physician and the associate physician; and
105 (xii) describe the time and manner of the collaborating physician's review of the
106 associate physician's delivery of health care services, including provisions that the
107 collaborating physician, or another physician designated in the collaborative practice
108 arrangement, shall review every 14 days:
109 (A) a minimum of 10% of the charts documenting the associate physician's delivery of
110 health care services; and
111 (B) a minimum of 20% of the charts in which the associate physician prescribes a
112 controlled substance, which may be counted in the number of charts to be reviewed under
113 Subsection (1)(b)(xii)(A).

114 (c) An associate physician and the collaborating physician may modify a collaborative
115 practice arrangement, but the changes to the collaborative practice arrangement are not binding
116 unless:
117 (i) the associate physician notifies the division within 10 days after the day on which
118 the changes are made; and
119 (ii) the division approves the changes.
120 (d) If the collaborative practice arrangement provides for an associate physician to
121 practice in a medically underserved area:
122 (i) the collaborating physician shall document the completion of at least a two-month
123 period of time during which the associate physician shall practice with the collaborating
124 physician continuously present before practicing in a setting where the collaborating physician
125 is not continuously present; and
126 (ii) the collaborating physician shall document the completion of at least 120 hours in a
127 four-month period by the associate physician during which the associate physician shall
128 practice with the collaborating physician on-site before prescribing a controlled substance
129 when the collaborating physician is not on-site.
130 (2) An associate physician:
131 (a) shall clearly identify himself or herself as an associate physician;
132 (b) is permitted to use the title "doctor" or "Dr."; and
133 (c) if authorized under a collaborative practice arrangement to prescribe Schedule III
134 through V controlled substances, shall register with the United States Drug Enforcement
135 Administration as part of the drug enforcement administration's mid-level practitioner registry.
136 (3) (a) A physician or surgeon licensed and in good standing under Section 58-67-302
137 may enter into a collaborative practice arrangement with an associate physician licensed under
138 Section 58-67-302.8.
139 (b) A physician or surgeon may not enter into a collaborative practice arrangement
140 with more than three full-time equivalent associate physicians.
141 (c) (i) No contract or other agreement shall:

142 (A) require a physician to act as a collaborating physician for an associate physician
143 against the physician's will;
144 (B) deny a collaborating physician the right to refuse to act as a collaborating
145 physician, without penalty, for a particular associate physician; or
146 (C) limit the collaborating physician's ultimate authority over any protocols or standing
147 orders or in the delegation of the physician's authority to any associate physician.
148 (ii) Subsection (3)(c)(i)(C) does not authorize a physician, in implementing protocols,
149 standing orders, or delegation, to violate a hospital's established applicable standards for safe
150 medical practice.
151 (d) A collaborating physician is responsible at all times for the oversight of the
152 activities of, and accepts responsibility for, the primary care services rendered by the associate
153 physician.
154 (4) The division shall makes rules, in consultation with the board, the deans of medical
155 schools in the state, and primary care residency program directors in the state, and in
156 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing
157 educational methods and programs that:
158 (a) an associate physician shall complete throughout the duration of the collaborative
159 practice arrangement;
160 (b) shall facilitate the advancement of the associate physician's medical knowledge and
161 capabilities; and
162 (c) may lead to credit toward a future residency program.
163 Section 4. Section **58-68-302.5** is amended to read:
164 **58-68-302.5. Restricted licensing of an associate physician.**
165 (1) An individual may apply for a restricted license as an associate physician if the
166 individual:
167 (a) meets the requirements described in Subsections 58-68-302(1)(a) through (d),
168 (1)(e)(i), and (1)(h) through (k);
169 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing

170 Examination or the equivalent steps of another board-approved medical licensing examination:
171 (i) within three years after the day on which the applicant graduates from a program
172 described in Subsection 58-68-302(1)(e)(i); and
173 (ii) within two years before applying for a restricted license as an associate physician;
174 and
175 (c) is not currently enrolled in and has not completed a residency program.
176 (2) Before a licensed associate physician may engage in the practice of medicine as
177 described in Subsection (3), the licensed associate physician shall:
178 (a) enter into a collaborative practice arrangement described in Section 58-68-807
179 within six months after the associate physician's initial licensure; and
180 (b) receive division approval of the collaborative practice arrangement.
181 (3) An associate physician's scope of practice is limited to primary care services [~~to~~
182 ~~medically underserved populations or in medically underserved areas within the state~~].
183 Section 5. Section **58-68-303** is amended to read:
184 **58-68-303. Term of license -- Expiration -- Renewal.**
185 (1) (a) The division shall issue each license under this chapter in accordance with a
186 two-year renewal cycle established by division rule.
187 (b) The division may by rule extend or shorten a renewal period by as much as one year
188 to stagger the renewal cycles the division administers.
189 (2) At the time of renewal, the licensee shall:
190 (a) view a suicide prevention video described in Section 58-1-601 and submit proof in
191 the form required by the division;
192 (b) show compliance with continuing education renewal requirements; and
193 (c) show compliance with the requirement for designation of a contact person and
194 alternate contact person for access to medical records and notice to patients as required by
195 Subsections 58-68-304(1)(b) and (c).
196 (3) Each license issued under this chapter expires on the expiration date shown on the
197 license unless renewed in accordance with Section 58-1-308.

198 (4) An individual may not be licensed as an associate physician for more than a total of
199 [~~four~~] six years.

200 Section 6. Section **58-68-807** is amended to read:

201 **58-68-807. Collaborative practice arrangement.**

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

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

206 (i) limit the associate physician to providing primary care services [~~to medically~~
207 ~~underserved populations or in medically underserved areas within the state~~];

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

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

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

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

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

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

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

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

226 (B) maintain geographic proximity, except as provided in Subsection (1)(d); and
227 (C) provide oversight of the associate physician during the absence, incapacity,
228 infirmity, or emergency of the collaborating physician;
229 (ix) describe the associate physician's controlled substance prescriptive authority in
230 collaboration with the collaborating physician, including:
231 (A) a list of the controlled substances the collaborating physician authorizes the
232 associate physician to prescribe; and
233 (B) documentation that the authorization to prescribe the controlled substances is
234 consistent with the education, knowledge, skill, and competence of the associate physician and
235 the collaborating physician;
236 (x) list all other written practice arrangements of the collaborating physician and the
237 associate physician;
238 (xi) specify the duration of the written practice arrangement between the collaborating
239 physician and the associate physician; and
240 (xii) describe the time and manner of the collaborating physician's review of the
241 associate physician's delivery of health care services, including provisions that the
242 collaborating physician, or another physician designated in the collaborative practice
243 arrangement, shall review every 14 days:
244 (A) a minimum of 10% of the charts documenting the associate physician's delivery of
245 health care services; and
246 (B) a minimum of 20% of the charts in which the associate physician prescribes a
247 controlled substance, which may be counted in the number of charts to be reviewed under
248 Subsection (1)(b)(xii)(A).
249 (c) An associate physician and the collaborating physician may modify a collaborative
250 practice arrangement, but the changes to the collaborative practice arrangement are not binding
251 unless:
252 (i) the associate physician notifies the division within 10 days after the day on which
253 the changes are made; and

254 (ii) the division approves the changes.
255 (d) If the collaborative practice arrangement provides for an associate physician to
256 practice in a medically underserved area:
257 (i) the collaborating physician shall document the completion of at least a two-month
258 period of time during which the associate physician shall practice with the collaborating
259 physician continuously present before practicing in a setting where the collaborating physician
260 is not continuously present; and
261 (ii) the collaborating physician shall document the completion of at least 120 hours in a
262 four-month period by the associate physician during which the associate physician shall
263 practice with the collaborating physician on-site before prescribing a controlled substance
264 when the collaborating physician is not on-site.
265 (2) An associate physician:
266 (a) shall clearly identify himself or herself as an associate physician;
267 (b) is permitted to use the title "doctor" or "Dr."; and
268 (c) if authorized under a collaborative practice arrangement to prescribe Schedule III
269 through V controlled substances, shall register with the United States Drug Enforcement
270 Administration as part of the drug enforcement administration's mid-level practitioner registry.
271 (3) (a) A physician or surgeon licensed and in good standing under Section 58-68-302
272 may enter into a collaborative practice arrangement with an associate physician licensed under
273 Section 58-68-302.5.
274 (b) A physician or surgeon may not enter into a collaborative practice arrangement
275 with more than three full-time equivalent associate physicians.
276 (c) (i) No contract or other agreement shall:
277 (A) require a physician to act as a collaborating physician for an associate physician
278 against the physician's will;
279 (B) deny a collaborating physician the right to refuse to act as a collaborating
280 physician, without penalty, for a particular associate physician; or
281 (C) limit the collaborating physician's ultimate authority over any protocols or standing

282 orders or in the delegation of the physician's authority to any associate physician.
283 (ii) Subsection (3)(c)(i)(C) does not authorize a physician, in implementing such
284 protocols, standing orders, or delegation, to violate a hospital's established applicable standards
285 for safe medical practice.
286 (d) A collaborating physician is responsible at all times for the oversight of the
287 activities of, and accepts responsibility for, the primary care services rendered by the associate
288 physician.
289 (4) The division shall makes rules, in consultation with the board, the deans of medical
290 schools in the state, and primary care residency program directors in the state, and in
291 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing
292 educational methods and programs that:
293 (a) an associate physician shall complete throughout the duration of the collaborative
294 practice arrangement;
295 (b) shall facilitate the advancement of the associate physician's medical knowledge and
296 capabilities; and
297 (c) may lead to credit toward a future residency program.