

28 **58-68-807**, as last amended by Laws of Utah 2020, Chapter 124

29

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

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

32 **58-67-302.8. Restricted licensing of an associate physician.**

33 (1) An individual may apply for a restricted license as an associate physician if the
34 individual:

35 (a) meets the requirements described in Subsections **58-67-302**(1)(a) through (c),
36 (1)(d)(i), and (1)(g) through (j);

37 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing
38 Examination or the equivalent steps of another board-approved medical licensing examination:

39 (i) within three years after the day on which the applicant graduates from a program
40 described in Subsection **58-67-302**(1)(d)(i); and

41 (ii) within two years before applying for a restricted license as an associate physician;
42 and

43 (c) is not currently enrolled in and has not completed a residency program.

44 (2) Before a licensed associate physician may engage in the practice of medicine [~~as~~
45 ~~described in Subsection (3)~~], the licensed associate physician shall:

46 (a) enter into a collaborative practice arrangement described in Section **58-67-807**
47 within six months after the associate physician's initial licensure; and

48 (b) receive division approval of the collaborative practice arrangement.

49 [~~(3) An associate physician's scope of practice is limited to primary care services.~~]

50 Section 2. Section **58-67-303** is amended to read:

51 **58-67-303. Term of license -- Expiration -- Renewal.**

52 (1) (a) Except as provided in Section **58-67-302.7**, the division shall issue each license
53 under this chapter in accordance with a two-year renewal cycle established by division rule.

54 (b) The division may by rule extend or shorten a renewal period by as much as one year
55 to stagger the renewal cycles the division administers.

56 (2) At the time of renewal, the licensee shall:

57 (a) view a suicide prevention video described in Section **58-1-601** and submit proof in
58 the form required by the division;

59 (b) show compliance with continuing education renewal requirements; and
 60 (c) show compliance with the requirement for designation of a contact person and
 61 alternate contact person for access to medical records and notice to patients as required by
 62 Subsections 58-67-304(1)(b) and (c).

63 (3) Each license issued under this chapter expires on the expiration date shown on the
 64 license unless renewed in accordance with Section 58-1-308.

65 ~~Ĥ~~→ [Ĥ] (4) **An individual may not be licensed as an associate physician for more than a**
 65a **total**
 66 **of six years.** [Ĥ] ←~~Ĥ~~

67 Section 3. Section 58-67-807 is amended to read:

68 **58-67-807. Collaborative practice arrangement.**

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

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

73 (i) limit the associate physician to providing primary care services;
 74 (ii) be consistent with the skill, training, and competence of the associate physician;
 75 (iii) specify jointly agreed-upon protocols, or standing orders for the delivery of health
 76 care services by the associate physician;

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

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

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

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

87 (viii) specify the manner of collaboration between the collaborating physician and the
 88 associate physician, including how the collaborating physician and the associate physician
 89 shall:

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

92 (B) maintain geographic proximity~~[, except as provided in Subsection (1)(d)]; and~~

93 (C) provide oversight of the associate physician during the absence, incapacity,
94 infirmity, or emergency of the collaborating physician;

95 (ix) describe the associate physician's controlled substance prescriptive authority in
96 collaboration with the collaborating physician, including:

97 (A) a list of the controlled substances the collaborating physician authorizes the
98 associate physician to prescribe; and

99 (B) documentation that the authorization to prescribe the controlled substances is
100 consistent with the education, knowledge, skill, and competence of the associate physician and
101 the collaborating physician;

102 (x) list all other written practice arrangements of the collaborating physician and the
103 associate physician; and

104 (xi) specify the duration of the written practice arrangement between the collaborating
105 physician and the associate physician~~[; and]~~.

106 ~~[(xii) describe the time and manner of the collaborating physician's review of the
107 associate physician's delivery of health care services, including provisions that the
108 collaborating physician, or another physician designated in the collaborative practice
109 arrangement, shall review every 14 days:]~~

110 ~~[(A) a minimum of 10% of the charts documenting the associate physician's delivery of
111 health care services; and]~~

112 ~~[(B) a minimum of 20% of the charts in which the associate physician prescribes a
113 controlled substance, which may be counted in the number of charts to be reviewed under
114 Subsection (1)(b)(xii)(A).]~~

115 (c) An associate physician and the collaborating physician may modify a collaborative
116 practice arrangement, but the changes to the collaborative practice arrangement are not binding
117 unless:

118 (i) the associate physician notifies the division within 10 days after the day on which
119 the changes are made; and

120 (ii) the division approves the changes.

121 ~~[(d) If the collaborative practice arrangement provides for an associate physician to~~
122 ~~practice in a medically underserved area:]~~

123 ~~[(i) the collaborating physician shall document the completion of at least a two-month~~
124 ~~period of time during which the associate physician shall practice with the collaborating~~
125 ~~physician continuously present before practicing in a setting where the collaborating physician~~
126 ~~is not continuously present; and]~~

127 ~~[(ii) the collaborating physician shall document the completion of at least 120 hours in~~
128 ~~a four-month period by the associate physician during which the associate physician shall~~
129 ~~practice with the collaborating physician on-site before prescribing a controlled substance~~
130 ~~when the collaborating physician is not on-site.]~~

131 (2) An associate physician:

132 (a) shall clearly identify himself or herself as an associate physician;

133 (b) is permitted to use the title "doctor" or "Dr."; and

134 (c) if authorized under a collaborative practice arrangement to prescribe Schedule III
135 through V controlled substances, shall register with the United States Drug Enforcement
136 Administration as part of the drug enforcement administration's mid-level practitioner registry.

137 (3) (a) A physician or surgeon licensed and in good standing under Section [58-67-302](#)
138 may enter into a collaborative practice arrangement with an associate physician licensed under
139 Section [58-67-302.8](#).

140 (b) A physician or surgeon may not enter into a collaborative practice arrangement
141 with more than three full-time equivalent associate physicians.

142 (c) (i) No contract or other agreement shall:

143 (A) require a physician to act as a collaborating physician for an associate physician
144 against the physician's will;

145 (B) deny a collaborating physician the right to refuse to act as a collaborating
146 physician, without penalty, for a particular associate physician; or

147 (C) limit the collaborating physician's ultimate authority over any protocols or standing
148 orders or in the delegation of the physician's authority to any associate physician.

149 (ii) Subsection (3)(c)(i)(C) does not authorize a physician, in implementing protocols,
150 standing orders, or delegation, to violate a hospital's established applicable standards for safe
151 medical practice.

152 (d) A collaborating physician is responsible at all times for the oversight of the
153 activities of, and accepts responsibility for, the primary care services rendered by the associate
154 physician.

155 (4) The division shall make rules, in consultation with the board, the deans of medical
156 schools in the state, and primary care residency program directors in the state, and in
157 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing
158 educational methods and programs that:

159 (a) an associate physician shall complete throughout the duration of the collaborative
160 practice arrangement;

161 (b) shall facilitate the advancement of the associate physician's medical knowledge and
162 capabilities; and

163 (c) may lead to credit toward a future residency program.

164 Section 4. Section **58-68-302.5** is amended to read:

165 **58-68-302.5. Restricted licensing of an associate physician.**

166 (1) An individual may apply for a restricted license as an associate physician if the
167 individual:

168 (a) meets the requirements described in Subsections **58-68-302(1)(a)** through (c),
169 **(1)(d)(i)**, and **(1)(g)** through (j);

170 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing
171 Examination or the equivalent steps of another board-approved medical licensing examination:

172 (i) within three years after the day on which the applicant graduates from a program
173 described in Subsection **58-68-302(1)(d)(i)**; and

174 (ii) within two years before applying for a restricted license as an associate physician;
175 and

176 (c) is not currently enrolled in and has not completed a residency program.

177 (2) Before a licensed associate physician may engage in the practice of medicine [~~as~~
178 ~~described in Subsection (3)~~], the licensed associate physician shall:

179 (a) enter into a collaborative practice arrangement described in Section **58-68-807**
180 within six months after the associate physician's initial licensure; and

181 (b) receive division approval of the collaborative practice arrangement.

182 [~~(3) An associate physician's scope of practice is limited to primary care service.~~]

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

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;

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

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

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

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

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

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

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

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

225 (B) maintain geographic proximity~~[, except as provided in Subsection (1)(d)]~~; and

226 (C) provide oversight of the associate physician during the absence, incapacity,
227 infirmity, or emergency of the collaborating physician;

228 (ix) describe the associate physician's controlled substance prescriptive authority in
229 collaboration with the collaborating physician, including:

230 (A) a list of the controlled substances the collaborating physician authorizes the
231 associate physician to prescribe; and

232 (B) documentation that the authorization to prescribe the controlled substances is
233 consistent with the education, knowledge, skill, and competence of the associate physician and
234 the collaborating physician;

235 (x) list all other written practice arrangements of the collaborating physician and the
236 associate physician; and

237 (xi) specify the duration of the written practice arrangement between the collaborating
238 physician and the associate physician~~[; and]~~.

239 ~~[(xii) describe the time and manner of the collaborating physician's review of the
240 associate physician's delivery of health care services, including provisions that the
241 collaborating physician, or another physician designated in the collaborative practice
242 arrangement, shall review every 14 days:]~~

243 ~~[(A) a minimum of 10% of the charts documenting the associate physician's delivery of
244 health care services; and]~~

245 ~~[(B) a minimum of 20% of the charts in which the associate physician prescribes a~~
246 ~~controlled substance, which may be counted in the number of charts to be reviewed under~~
247 ~~Subsection (1)(b)(xii)(A).]~~

248 (c) An associate physician and the collaborating physician may modify a collaborative
249 practice arrangement, but the changes to the collaborative practice arrangement are not binding
250 unless:

251 (i) the associate physician notifies the division within 10 days after the day on which
252 the changes are made; and

253 (ii) the division approves the changes.

254 ~~[(d) If the collaborative practice arrangement provides for an associate physician to~~
255 ~~practice in a medically underserved area:]~~

256 ~~[(i) the collaborating physician shall document the completion of at least a two-month~~
257 ~~period of time during which the associate physician shall practice with the collaborating~~
258 ~~physician continuously present before practicing in a setting where the collaborating physician~~
259 ~~is not continuously present; and]~~

260 ~~[(ii) the collaborating physician shall document the completion of at least 120 hours in~~
261 ~~a four-month period by the associate physician during which the associate physician shall~~
262 ~~practice with the collaborating physician on-site before prescribing a controlled substance~~
263 ~~when the collaborating physician is not on-site.]~~

264 (2) An associate physician:

265 (a) shall clearly identify himself or herself as an associate physician;

266 (b) is permitted to use the title "doctor" or "Dr."; and

267 (c) if authorized under a collaborative practice arrangement to prescribe Schedule III
268 through V controlled substances, shall register with the United States Drug Enforcement
269 Administration as part of the drug enforcement administration's mid-level practitioner registry.

270 (3) (a) A physician or surgeon licensed and in good standing under Section [58-68-302](#)
271 may enter into a collaborative practice arrangement with an associate physician licensed under
272 Section [58-68-302.5](#).

273 (b) A physician or surgeon may not enter into a collaborative practice arrangement
274 with more than three full-time equivalent associate physicians.

275 (c) (i) No contract or other agreement shall:

276 (A) require a physician to act as a collaborating physician for an associate physician
277 against the physician's will;

278 (B) deny a collaborating physician the right to refuse to act as a collaborating
279 physician, without penalty, for a particular associate physician; or

280 (C) limit the collaborating physician's ultimate authority over any protocols or standing
281 orders or in the delegation of the physician's authority to any associate physician.

282 (ii) Subsection (3)(c)(i)(C) does not authorize a physician, in implementing such
283 protocols, standing orders, or delegation, to violate a hospital's established applicable standards
284 for safe medical practice.

285 (d) A collaborating physician is responsible at all times for the oversight of the
286 activities of, and accepts responsibility for, the primary care services rendered by the associate
287 physician.

288 (4) The division shall make rules, in consultation with the board, the deans of medical
289 schools in the state, and primary care residency program directors in the state, and in
290 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing
291 educational methods and programs that:

292 (a) an associate physician shall complete throughout the duration of the collaborative
293 practice arrangement;

294 (b) shall facilitate the advancement of the associate physician's medical knowledge and
295 capabilities; and

296 (c) may lead to credit toward a future residency program.