

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 (c),
33 (1)(d)(i), and (1)(g) through (j);

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)(d)(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.~~]

47 Section 2. Section 58-67-807 is amended to read:

48 **58-67-807. Collaborative practice arrangement.**

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

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

53 (i) limit the associate physician to providing primary care services;

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

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

57 (iv) provide complete names, home and business addresses, zip codes, and telephone

58 numbers of the collaborating physician and the associate physician;

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

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

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

67 (viii) specify the manner of collaboration between the collaborating physician and the
68 associate physician, including how the collaborating physician and the associate physician
69 shall:

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

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

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

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

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

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

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

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

86 ~~[(xii) describe the time and manner of the collaborating physician's review of the~~
87 ~~associate physician's delivery of health care services, including provisions that the~~
88 ~~collaborating physician, or another physician designated in the collaborative practice~~
89 ~~arrangement, shall review every 14 days.]~~

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

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

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

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

100 (ii) the division approves the changes.

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

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

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

111 (2) An associate physician:

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

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

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

117 (3) (a) A physician or surgeon licensed and in good standing under Section 58-67-302
118 may enter into a collaborative practice arrangement with an associate physician licensed under
119 Section 58-67-302.8.

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

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

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

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

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

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

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

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

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

141 (b) shall facilitate the advancement of the associate physician's medical knowledge and

142 capabilities; and

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

144 Section 3. Section **58-68-302.5** is amended to read:

145 **58-68-302.5. Restricted licensing of an associate physician.**

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

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

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

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

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

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

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

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

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

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

163 Section 4. Section **58-68-807** is amended to read:

164 **58-68-807. Collaborative practice arrangement.**

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

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

169 (i) limit the associate physician to providing primary care services;

- 170 (ii) be consistent with the skill, training, and competence of the associate physician;
- 171 (iii) specify jointly agreed-upon protocols, or standing orders for the delivery of health
172 care services by the associate physician;
- 173 (iv) provide complete names, home and business addresses, zip codes, and telephone
174 numbers of the collaborating physician and the associate physician;
- 175 (v) list all other offices or locations besides those listed in Subsection (1)(b)(iv) where
176 the collaborating physician authorizes the associate physician to prescribe;
- 177 (vi) require at every office where the associate physician is authorized to prescribe in
178 collaboration with a physician a prominently displayed disclosure statement informing patients
179 that patients may be seen by an associate physician and have the right to see the collaborating
180 physician;
- 181 (vii) specify all specialty or board certifications of the collaborating physician and all
182 certifications of the associate physician;
- 183 (viii) specify the manner of collaboration between the collaborating physician and the
184 associate physician, including how the collaborating physician and the associate physician
185 shall:
 - 186 (A) engage in collaborative practice consistent with each professional's skill, training,
187 education, and competence;
 - 188 (B) maintain geographic proximity[, ~~except as provided in Subsection (1)(d)~~]; and
 - 189 (C) provide oversight of the associate physician during the absence, incapacity,
190 infirmity, or emergency of the collaborating physician;
- 191 (ix) describe the associate physician's controlled substance prescriptive authority in
192 collaboration with the collaborating physician, including:
 - 193 (A) a list of the controlled substances the collaborating physician authorizes the
194 associate physician to prescribe; and
 - 195 (B) documentation that the authorization to prescribe the controlled substances is
196 consistent with the education, knowledge, skill, and competence of the associate physician and
197 the collaborating physician;

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

200 (xi) specify the duration of the written practice arrangement between the collaborating
201 physician and the associate physician~~[-and].~~

202 ~~[(xii) describe the time and manner of the collaborating physician's review of the
203 associate physician's delivery of health care services, including provisions that the
204 collaborating physician, or another physician designated in the collaborative practice
205 arrangement, shall review every 14 days.]~~

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

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

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

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

216 (ii) the division approves the changes.

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

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

223 ~~[(ii) the collaborating physician shall document the completion of at least 120 hours in
224 a four-month period by the associate physician during which the associate physician shall
225 practice with the collaborating physician on-site before prescribing a controlled substance~~

226 ~~when the collaborating physician is not on-site.]~~

227 (2) An associate physician:

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

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

230 (c) if authorized under a collaborative practice arrangement to prescribe Schedule III

231 through V controlled substances, shall register with the United States Drug Enforcement

232 Administration as part of the drug enforcement administration's mid-level practitioner registry.

233 (3) (a) A physician or surgeon licensed and in good standing under Section 58-68-302

234 may enter into a collaborative practice arrangement with an associate physician licensed under

235 Section 58-68-302.5.

236 (b) A physician or surgeon may not enter into a collaborative practice arrangement

237 with more than three full-time equivalent associate physicians.

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

239 (A) require a physician to act as a collaborating physician for an associate physician

240 against the physician's will;

241 (B) deny a collaborating physician the right to refuse to act as a collaborating

242 physician, without penalty, for a particular associate physician; or

243 (C) limit the collaborating physician's ultimate authority over any protocols or standing

244 orders or in the delegation of the physician's authority to any associate physician.

245 (ii) Subsection (3)(c)(i)(C) does not authorize a physician, in implementing such

246 protocols, standing orders, or delegation, to violate a hospital's established applicable standards

247 for safe medical practice.

248 (d) A collaborating physician is responsible at all times for the oversight of the

249 activities of, and accepts responsibility for, the primary care services rendered by the associate

250 physician.

251 (4) The division shall make rules, in consultation with the board, the deans of medical

252 schools in the state, and primary care residency program directors in the state, and in

253 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing

254 educational methods and programs that:

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

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

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