R156. Commerce, Occupational and Professional Licensing.
R156-67. Utah Medical Practice Act Rule.
R156-67-101. Title.

This rule shall be known as the "Utah Medical Practice Act Rule".

R156-67-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 67, as used in Title 58, Chapters 1 and 67 or this rule:

(1) "ACCME" means the Accreditation Council for Continuing Medical Education.

(2) "Alternate medical practices", as used in Section R156-67-603, means treatment or therapy which is determined in an adjudicative proceeding conducted in accordance with Title 63G, Chapter 4, Administrative Procedures Act, to be:

(a) not generally recognized as standard in the practice of medicine;

(b) not shown by current generally accepted medical evidence to present a greater risk to the health, safety, or welfare of the patient than does prevailing treatment considered to be the standard in the profession of medicine; and

(c) supported by a body of current generally accepted written documentation demonstrating the treatment or therapy has reasonable potential to be of benefit to the patient to whom the therapy or treatment is to be given.

(3) "AMA" means the American Medical Association.

(4) "Collaborative practice arrangement contract" means a written, signed contract between a collaborating physician licensed and in good standing under Section 58-67-302, and an associate physician holding a restricted license in accordance with Section 58-67-302.8, that:

(a) includes the terms and conditions required by Section 58-67-807 and Section R156-67-807; and

(b) is approved by the Division in accordance with Section 58-67-807 and Section R156-67-807.

(5) "FLEX" means the Federation of State Medical Boards Licensing Examination.

(6) "FMGEMS" means the Foreign Medical Graduate Examination in Medical Science.

(7) "FSMB" means the Federation of State Medical Boards.

(8) "Homeopathic medicine" means a system of medicine employing and limited to substances prepared and prescribed in accordance with the principles of homeopathic pharmacology as described in the Homeopathic Pharmacopoeia of the United States, its compendia, addenda, and supplements, as officially recognized by the federal Food, Drug and Cosmetic Act, Public Law 717.21 U.S. Code Sec. 331 et seq., as well as the state of Utah's food and drug laws and Controlled Substances Act.

(9) "LMCC" means the Licentiate of the Medical Council of Canada.

(10) "NBME" means the National Board of Medical Examiners.

(11) "Supervision form" means the form provided by the Division to document completion of the "continuously present" or "on-site" supervision required by Subsection 58-67-807(1)(d) for an associate physician practicing in a medically underserved area.

(12) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 67 is further defined in accordance with Subsection 58-1-203(1)(e), in Section R156-67-502.

(13) "USMLE" means the United States Medical Licensing Examination.

R156-67-103. Authority - Purpose.

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 67.

R156-67-104. Organization - Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-67-302a. Qualifications for Licensure - Practitioner Data Banks.

In accordance with Subsections 58-67-302(1)(a)(i) and 58-1-401(2), applicants applying for licensure under Subsections 58-67-302(1) and (2) shall include the following:

(1) Federation Credentials Verification Service (FCVS) report;

(2) American Medical Association Profile;

(3) Federation of State Medical Boards Disciplinary Inquiry report; and

(4) National Practitioner Data Bank Report of Action.

R156-67-302d. Qualifications for Licensure - Examination Requirements.

(1) In accordance with Subsection 58-67-302(1)(f), the required licensing examination sequence is as follows:

(a) the FLEX components I and II on which the applicant shall have achieved a score of not less than 75 on each component part;

(b) the NBME examination parts I, II, and III on which the applicant shall achieve a passing score of not less than 75 on each part;

(c) the USMLE, steps 1, 2 and 3 on which the applicant shall achieve a score of not less than 75 on each step;

(d) the LMCC examination, Parts 1 and 2;

(e) the NBME part I or the USMLE step 1 and the NBME part II or the USMLE step 2 and the NBME part III or the USMLE step 3;

(f) the FLEX component 1 and the USMLE step 3; or

(g) the NBME part I or the USMLE step 1 and the NBME part II or the USMLE step 2 and the FLEX component 2.

(h) In accordance with Subsection 58-67-302.5(1)(g), all applicants who are foreign medical graduates shall pass the FMGEMS unless they pass the USMLE steps 1 and 2.

(i) Candidates who fail any combination of the USMLE, FLEX and NBME three times must provide a narrative regarding the failure and may be requested to meet with the Board and Division.

(2) In accordance with Subsections 58-67-302(1)(g) and (2)(e), an applicant may be required to take the SPEX examination if the applicant:

(a) has not practiced in the past five years;

(b) has had disciplinary action within the past five years; or

(c) has had a substance abuse disorder or physical or mental impairment within the past five years which may affect the applicant's ability to safely practice.

(3) In accordance with Subsection (2) above, the passing score on the SPEX examination is 75.

R156-67-303. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 67 is established by rule in Section R156-1-308a.

(2) Renewal procedures shall be in accordance with Section R156-1-308c.

R156-67-304. Qualified Continuing Professional Education.

(1) In accordance with Subsection 58-67-304(1), the qualified continuing professional education requirements shall consist of 40 hours during each two-year licensure cycle, as follows:

(a) A minimum of 34 of the required hours shall be in category 1 offerings as established by the ACCME.

(b) A maximum of six hours of continuing education may come from the Division of Occupational and Professional Licensing.

(c) Up to 15% of the required hours may come from providing volunteer health care services within the scope of the licensee's license at a qualified location, in accordance with Section 58-13-3 concerning charity health care. One hour of continuing education credit may be earned for every four documented hours of volunteer services.

(d) Participation in a residency program approved by the AOA or the ACCME shall meet the continuing education requirement in a pro-rata amount equal to any part of the two-year period.

(2) Continuing education under this section shall:

(a) be relevant to the licensee's professional practice;

(b) be prepared and presented by individuals who are qualified by education, training and experience to provide medical continuing education; and

(c) have a method of verification of attendance and completion which may include a "CME Self Reporting Log".

(3) Credit for continuing education shall be recognized in 50-minute hour blocks of time for education completed in formally established classroom courses, seminars, lectures, conferences or training sessions which meet the criteria listed in Subsection (2) above.

(4) A licensee must be able to document completion of the continuing professional education upon the request of the Division. Such documentation shall be retained until the next renewal cycle.

R156-67-306. Exemptions from Licensure.

In accordance with Subsection 58-1-307(1), exemptions from licensure as a physician and surgeon include the following:

(1) any physician exempted from licensure, who engages in prescribing, dispensing, or administering a controlled substance outside of a hospital, shall be required to apply for and obtain a Utah Controlled Substance License as a condition precedent to them administering, dispensing or prescribing a controlled substance;

(2) any person engaged in a competent public screening program making measures of physiologic conditions including serum cholesterol, blood sugar and blood pressure, shall be exempt from licensure and shall not be considered to be engaged in the practice of medicine conditioned upon compliance with all of the following:

(a) all instruments or devices used in making measures are approved by the Food and Drug Administration of the U.S. Department of Health, to the extent an approval is required, and the instruments and devices are used in accordance with those approvals;

(b) the facilities and testing protocol meet any standards or personnel training requirements of the Utah Department of Health;

(c) unlicensed personnel shall not interpret results of measures or tests nor shall they make any recommendation with respect to treatment or the purchase of any product;

(d) licensed personnel shall act within the lawful scope of practice of their license classification;

(e) unlicensed personnel shall conform to the referral and follow-up protocol approved by the Utah Department of Health for each measure or test;

(f) information provided to those persons measured or tested for the purpose of permitting them to interpret their own test results shall be only that approved by the Utah Department of Health;

(3) non-licensed public safety individuals not having emergency medical technician (EMT) certification who are designated by appropriate city, county, or state officials as responders may be issued and allowed to carry the Mark I automatic injector antidote kits and may administer the antidote to himself or his designated first response "buddy". Prior to being issued the kits, the designated responders must successfully complete a course on the use of auto-injectors. The kits may be issued to the responder only by his employing agency and procured through the Utah Department of Health; and

(4) in accordance with Section 58-67-305, a medical assistant, while working under the indirect supervision of a licensed physician and surgeon, may not additionally engage in:

(a) diagnosing; or

(b) establishing a treatment plan.

R156-67-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) prescribing for oneself any Schedule II or III controlled substance; however, nothing in this rule shall be interpreted by the division or the board to prevent a licensee from using, possessing or administering to himself a Schedule II or III controlled substance which was legally prescribed for him by a licensed practitioner acting within his scope of licensure when it is used in accordance with the prescription order and for the use for which it was intended;

(2) knowingly prescribing, selling, giving away or administering, directly or indirectly, or offering to prescribe, sell, furnish, give away or administer any scheduled controlled substance as defined in Title 58, Chapter 37 to a drug dependent person, as defined in Subsection 58-37-2(1)(s) unless permitted by law and when it is prescribed, dispensed or administered according to a proper medical diagnosis and for a condition indicating the use of that controlled substance is appropriate;

(3) knowingly engaging in billing practices which are abusive and represent charges which are grossly excessive for services rendered;

(4) directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services not actually and personally rendered or supervised; however, nothing in this section shall preclude the legal relationships within lawful professional partnerships, corporations or associations or the relationship between an approved supervising physician and physician assistants or advanced practice nurses supervised by them;

(5) knowingly failing to transfer a copy of pertinent and necessary medical records or a summary thereof to another physician when requested to do so by the subject patient or by his legally designated representative;

(6) failing to furnish to the board information requested by the board which is known by a licensee with respect to the quality and adequacy of medical care rendered to patients by physicians licensed under the Medical Practice Act;

(7) failing as an operating surgeon to perform adequate pre-operative and primary post-operative care of the surgical condition for a patient in accordance with the standards and ethics of the profession or to arrange for competent primary post-operative care of the surgical condition by a licensed physician and surgeon who is equally qualified to provide that care;

(8) billing a global fee for a procedure without providing the requisite care;

(9) supervising the providing of breast screening by diagnostic mammography services or interpreting the results of breast screening by diagnostic mammography to or for the benefit of any patient without having current certification or current eligibility for certification by the American Board of Radiology. However, nothing in this subsection shall be interpreted to prevent a licensed physician and surgeon from reviewing the results of any breast screening by diagnostic mammography procedure upon a patient for the purpose of considering those results in determining appropriate care and treatment of that patient if the results are interpreted by a physician and surgeon qualified under this subsection and a timely written report is prepared by the interpreting physician and surgeon in accordance with the standards and ethics of the profession;

(10) failing of a licensee under Title 58, Chapter 67, without just cause to repay as agreed any loan or other repayment obligation legally incurred by the licensee to fund the licensee's education or training as a medical doctor;

(11) failing of a licensee under Title 58, Chapter 67, without just cause to comply with the terms of any written agreement in which the licensee's education or training as a medical doctor is funded in consideration for the licensee's agreement to practice in a certain locality or type of locality or to comply with other conditions of practice following licensure;

(12) a physician providing services to a department of health by participating in a system under which the physician provides the department with completed and signed prescriptions without the name and address of the patient, or date the prescription is provided to the patient when the prescription form is to be completed by authorized registered nurses employed by the department of health which services are not in accordance with the provisions of Section 58-17b-620;

(13) failing to keep the division informed of a current address and telephone number;

(14) engaging in alternate medical practice except as provided in Section R156-67-603;

(15) violation of any provision of the American Medical Association (AMA) "Code of Medical Ethics", 2012-2013 edition, which is hereby incorporated by reference;

(16) failing to timely submit an annual written report to the division indicating that the physician has reviewed at least annually the dispensing practices of those authorized by the physician to dispense an opiate antagonist pursuant to Section R156-67-604; and

(17) failing to discuss the risks of using an opiate with a patient or the patient's guardian before issuing an initial opiate prescription, in accordance with Section 58-37-19.

R156-67-503. Administrative Penalties.

(1) In accordance with Sections 58-1-502 and 58-67-503, unless otherwise ordered by the presiding officer, the following fine and citation schedule shall apply:

TABLE
FINE SCHEDULE

VIOLATION	FIRST OFFENSE	SUBSEQUENT OFFENSE

58-1-501 (1)	$ 5,000 -	$10,000	$10,000
58-1-501(2)(a)	$ 100 -	$ 500	$ 500 - $ 3,000
58-1-501(2)(b)	$ 500	- $ 5,000	$ 1,500 - $10,000
58-1-501(2)(c)	$ 500	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(d)	$ 500	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(e)	$ 500	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(f)	$ 500	- $ 5,000	$ 1,500 - $10,000
58-1-501(2)(g)	$ 1,000	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(h)	$ 1,000	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(i)	$ 1,000	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(j)	$ 1,000	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(k)	$ 1,000	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(l)	$ 1,000	- $ 5,000	$ 5,000 - $10,000
58-1-501(2)(m)	$ 5,000	- $10,000	$10,000
58-1-501.5 (5)	$ 500	- $ 1,500	$ 1,500 - $10,000
58-37-8	$ 500	- $ 5,000	$ 5,000 - $10,000
58-67-501(1)	$ 1,000 - $5,000		$ 2,000 - $10,000
58-67-502 (1)	$ 500 - $5,000		$ 5,000 - $10,000
58-67-502.5(1)	$ 5,000		$10,000
58-67-502.5(2)	$ 5,000		$10,000
58-67-502.5(3)	$ 5,000 - $10,000		$10,000
R156-1-501(1)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(2)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(3)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(4)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(5)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(6)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(7)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(8)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-1-501(9)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-37-502(1)(a)	$ 5,000 - $10,000		$10,000
R156-37-502(1)(b)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-37-502(2)	$ 500 - $ 5,000		$ 1,500 - $10,000
R156-37-502(3)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-37-502(4)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-37-502(5)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-37-502(6)	$ 5,000 - $10,000		$10,000
R156-37-502(7)	$ 5,000 - $10,000		$10,000
R156-37-502(8)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-37-502(9)	$ 1,000 - $ 5,000		$ 5,000 - $10,000
R156-67-502(1)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(2)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(3)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(4)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(5)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(6)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(7)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(8)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(9)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(10)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(11)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(12)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(13)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(14)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(15)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(16)	$ 500 - $ 1,500		$ 1,500 - $10,000
R156-67-502(17)	$ 500 - $ 1,500		$ 1,500 - $10,000
Any other conduct that constitutes unprofessional or unlawful conduct	$ 500 - $ 1,500		$ 1,500 - $10,000
Ongoing offense(s):	$ 2,000 per day but not less than second offense		

(2) Citations shall not be issued for third offenses, except in extraordinary circumstances approved by the investigative supervisor.

(3) If multiple offenses are cited on the same citation, the fine shall be determined by evaluating the most serious offense.

(4) An investigative supervisor may authorize a deviation from the fine schedule based upon the aggravating or mitigating circumstances.

(5) The presiding officer for a contested citation shall have the discretion, after a review of the aggravating and mitigating circumstances, to increase or decrease the fine amount imposed by an investigator based upon the evidence reviewed.

R156-67-602. Medical Records.

In accordance with Subsection 58-67-803(1), medical records shall be maintained to be consistent with the following:

(1) all applicable laws, regulations, and rules; and

(2) the "AMA Code of Medical Ethics", 2012-2013 edition, which is hereby incorporated by reference.

R156-67-603. Alternate Medical Practice.

(1) A licensed physician and surgeon may engage in alternate medical practices as defined in Subsection R156-67-102(2) and shall not be considered to be engaged in unprofessional conduct on the basis that it is not in accordance with generally accepted professional or ethical standards as unprofessional conduct defined in Subsection 58-1-501(2)(b), if the licensed physician and surgeon:

(a) possesses current generally accepted written documentation, which in the opinion of the board, demonstrates the treatment or therapy has reasonable potential to be of benefit to the patient to whom the therapy or treatment is to be given;

(b) possesses the education, training, and experience to competently and safely administer the alternate medical treatment or therapy;

(c) has advised the patient with respect to the alternate medical treatment or therapy, in writing, including:

(i) that the treatment or therapy is not in accordance with generally recognized standards of the profession;

(ii) that on the basis of current generally accepted medical evidence, the physician and surgeon finds that the treatment or therapy presents no greater threat to the health, safety, or welfare of the patient than prevailing generally recognized standard medical practice; and

(iii) that the prevailing generally recognized standard medical treatment or therapy for the patient's condition has been offered to be provided, or that the physician and surgeon will refer the patient to another physician and surgeon who can provide the standard medical treatment or therapy; and

(d) has obtained from the patient a voluntary informed consent consistent with generally recognized current medical and legal standards for informed consent in the practice of medicine, including:

(i) evidence of advice to the patient in accordance with Subsection (c); and

(ii) whether the patient elects to receive generally recognized standard treatment or therapy combined with alternate medical treatment or therapy, or elects to receive alternate medical treatment or therapy only.

(2) Alternate medical practice includes the practice of homeopathic medicine.

R156-67-604. Required Reporting of Annual Review of Physician of Dispensing Practices of Those Authorized to Dispense an Opiate Antagonist.

(1) In accordance with Subsection 26-55-105(2)(c), a physician who issues a standing prescription drug order authorizing the dispensing of an opiate antagonist shall annually submit a written report to the division indicating that he has reviewed at least annually the dispensing practices of those authorized by the physician to dispense the opiate antagonist.

(2) The report described above shall be submitted no later than January 31 of each calendar year and shall continue as long as the standing order remains in effect. Null reporting is not required.

(3) A physician shall be considered to have satisfactorily reviewed the dispensing practices of those authorized by the physician to dispense the opiate antagonist by reviewing the report of the licensee dispensing the opiate antagonist specified in Subsection R156-17b-625(1).

R156-67-807. Collaborative Practice Arrangement Contract - Duties and Responsibilities of Collaborating Physician and Associate Physician.

In accordance with Section 58-67-807, the Division's approval of a collaborative practice arrangement, and the educational methods and programs required of an associate physician throughout the duration of a collaborative practice arrangement, are established as follows:

(1) Collaborative practice arrangement contract.

(a) Before beginning a collaborative practice arrangement, the prospective collaborating physician and associate physician shall sign a written collaborative practice arrangement contract, which the associate physician shall submit to the Division for approval.

(b) A collaborative practice arrangement contract shall include at least the following:

(i) all of the terms and conditions required by Section 58-67-807, including:

(A) a description of how the health care services to be rendered by the associate physician under the collaborative practice arrangement will be consistent with the associate physician's skill, training, and competence;

(B) a description of the medically underserved population or medically underserved area within the state where the associate physician will provide primary care services;

(C) if the associate physician will practice in a medically underserved area, a plan for documenting completion of the "continuously present" or"on-site" supervision required by Subsection 58-67-807(1)(d), using the Division-provided supervision forms;

(D) if the associate physician will prescribe Schedule III through V controlled substances, documentation of the associate physician's mid-level practitioner Federal Drug Administration (DEA) registration; and

(E) a provision requiring the associate physician to notify the Division in writing within 10 days of any modifications to the collaborative practice arrangement contract, and providing that any changes shall become effective only upon receipt of written notice from the Division approving the changes;

(ii) in accordance with Subsection 58-67-807(4), a plan establishing educational methods and programs that the associate physician shall complete throughout the duration of the collaborative practice arrangement contract, which:

(A) will facilitate the advancement of the associate physician's medical knowledge and abilities; and

(iii) remedies in the event of breach of contract by either the collaborating physician or associate physician, including procedures for contract termination and written notification to the Division.

(c) Before an associate physician may render any health care services under a collaborative practice arrangement, the parties must have obtained the Division's written approval of the collaborative practice arrangement contract.

(d) In evaluating a collaborative practice arrangement contract, the Division shall consider whether it sufficiently complies with all of the terms and conditions required by Section 58-67-807 and this section to adequately protect the public health, safety, and welfare.

(2) Collaborating physician duties and responsibilities.

A collaborating physician overseeing an associate physician shall have the following duties and responsibilities:

(a) ensure that the collaborating physician and associate physician:

(i) are both appropriately licensed; and

(ii) are practicing pursuant to a Division-approved collaborative practice arrangement contract in accordance with Subsection (1);

(b) ensure that during the term of the collaborative practice arrangement contract the collaborating physician does not enter into a collaborative practice arrangement with more than three full-time equivalent associate physicians as required by Subsection 58-67-807(3)(b);

(c) maintain a relationship with the associate physician in which the collaborating physician is independent from control by the associate physician, and in which the ability of the collaborating physician to supervise and direct the health care services rendered by the associate physician is not compromised;

(d) be available to the associate physician for advice, consultation, and direction consistent with the standards and ethics of the profession and the requirements suggested by the total of the profession and the requirements suggested by the total circumstances, including consideration of the associate physician's level of skill, training, and competence and other factors known to the associate physician and collaborating physician;

(e) ensure periodic review of the charts documenting the associate physician's delivery of health care services, in compliance with Subsection 58-67-807(1)(b)(xii);

(f) monitor the associate physician's performance for compliance with the laws, rules, standards, and ethics of the profession, and report violations to the Division; and

(g) upon request, submit appropriate documentation to the Division with respect to practice hours completed by the associate physician evidencing the "continuously present" or "on-site" supervision required by Subsection 58-67-807(1)(d).

(3) Associate physician duties and responsibilities.

An associate physician shall have the following duties and responsibilities:

(a) prior to beginning a collaborative practice arrangement and rendering any health care services, enter into a Division-approved collaborative practice arrangement contract with a collaborating physician in accordance with Subsection (1);

(b) maintain required licensure and any DEA registration;

(c) be professionally responsible for the acts and practices of the associate physician; and

(d) comply with all applicable laws, rules, standards, and ethics of the profession.

(4)(a) A collaborating physician shall submit to the Division a written explanation outlining the collaborating physician's concerns if the collaborating physician:

(i) terminates a collaborative practice arrangement contract for cause;

(ii) does not support continuance of a license for an associate physician to practice; or

(iii) has other concerns regarding the associate physician that the collaborating physician believes requires input from the Division and Board.

(b) Upon receipt of written concerns from a collaborating physician with respect to an associate physician, the Division shall:

(i) provide the associate physician an opportunity to respond in writing to the Division regarding the collaborating physician's concerns;

(ii) review the written statements from the collaborating physician and associate physician with the Board; and

(iii) in consultation with the Board, take any appropriate licensure action.

KEY: physicians, licensing
Date of Enactment or Last Substantive Amendment: December 23, 2019
Notice of Continuation: January 12, 2021
Authorizing, and Implemented or Interpreted Law: 58-67-101; 58-1-106(1)(a); 58-1-202(1)(a)