

REFERENCE TITLE: **assistant physicians; licensure; collaborative practice**

State of Arizona
House of Representatives
Fifty-fourth Legislature
Second Regular Session
2020

HB 2419

Introduced by
Representative Barto

AN ACT

AMENDING SECTION 32-1422, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 13, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1432.04; AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1459; RELATING TO THE ARIZONA MEDICAL BOARD.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:
2 Section 1. Section 32-1422, Arizona Revised Statutes, is amended to
3 read:

4 32-1422. Basic requirements for granting a license to
5 practice medicine; credentials verification

6 A. An applicant for a license to practice medicine in this state
7 pursuant to this article shall meet each of the following basic
8 requirements:

9 1. Graduate from an approved school of medicine or receive a
10 medical education that the board deems to be of equivalent quality.

11 2. EXCEPT AS PROVIDED IN SECTION 32-1432.04, successfully complete
12 an approved twelve-month hospital internship, residency or clinical
13 fellowship program.

14 3. Have the physical and mental capability to safely engage in the
15 practice of medicine.

16 4. Have a professional record that indicates that the applicant has
17 not committed any act or engaged in any conduct that would constitute
18 grounds for disciplinary action against a licensee under this chapter.

19 5. Not have had a license to practice medicine revoked by a medical
20 regulatory board in another jurisdiction in the United States for an act
21 that occurred in that jurisdiction that constitutes unprofessional conduct
22 pursuant to this chapter.

23 6. Not be currently under investigation, suspension or restriction
24 by a medical regulatory board in another jurisdiction in the United States
25 for an act that occurred in that jurisdiction and that constitutes
26 unprofessional conduct pursuant to this chapter. If the applicant is
27 under investigation by a medical regulatory board in another jurisdiction,
28 the board shall suspend the application process and may not issue or deny
29 a license to the applicant until the investigation is resolved.

30 7. Not have surrendered a license to practice medicine in lieu of
31 disciplinary action by a medical regulatory board in another jurisdiction
32 in the United States for an act that occurred in that jurisdiction and
33 that constitutes unprofessional conduct pursuant to this chapter.

34 8. Pay all fees required by the board.

35 9. Complete the application as required by the board.

36 10. Complete a training unit as prescribed by the board relating to
37 the requirements of this chapter and board rules. The applicant shall
38 submit proof with the application form of having completed the training
39 unit.

40 11. Have submitted directly to the board, electronically or by hard
41 copy, verification of the following:

42 (a) Licensure from every state in which the applicant has ever held
43 a medical license.

44 (b) All medical employment for the five years preceding
45 application. If the applicant is employed by a hospital or medical group

1 or organization, the board shall accept the confirmation required under
2 this subdivision from the applicant's employer. For the purposes of this
3 subdivision, "medical employment" includes all medical professional
4 activities.

5 12. Have submitted a full set of fingerprints to the board for the
6 purpose of obtaining a state and federal criminal records check pursuant
7 to section 41-1750 and Public Law 92-544. The department of public safety
8 may exchange this fingerprint data with the federal bureau of
9 investigation.

10 B. The board may require the submission of credentials or other
11 evidence, written and oral, and make any investigation it deems necessary
12 to adequately inform itself with respect to an applicant's ability to meet
13 the requirements prescribed by this section, including a requirement that
14 the applicant for licensure undergo a physical examination, a mental
15 evaluation and an oral competence examination and interview, or any
16 combination thereof, as the board deems proper.

17 C. In determining if the requirements of subsection A, paragraph 4
18 of this section have been met, if the board finds that the applicant
19 committed an act or engaged in conduct that would constitute grounds for
20 disciplinary action, the board shall determine to its satisfaction that
21 the conduct has been corrected, monitored and resolved. If the matter has
22 not been resolved, the board shall determine to its satisfaction that
23 mitigating circumstances exist that prevent its resolution.

24 D. In determining if the requirements of subsection A, paragraph 6
25 of this section have been met, if another jurisdiction has taken
26 disciplinary action against an applicant, the board shall determine to its
27 satisfaction that the cause for the action was corrected and the matter
28 resolved. If the matter has not been resolved by that jurisdiction, the
29 board shall determine to its satisfaction that mitigating circumstances
30 exist that prevent its resolution.

31 E. The board may delegate authority to the executive director to
32 deny licenses if applicants do not meet the requirements of this section.

33 F. Any credential information required to be submitted to the board
34 pursuant to this article must be submitted, electronically or by hard
35 copy, from the primary source where the document or information
36 originated, except that the board may accept primary-source verified
37 credentials from a credentials verification service approved by the board.
38 The board is not required to verify any documentation or information
39 received by the board from a credentials verification service that has
40 been approved by the board. If an applicant is unable to provide a
41 document or information from the primary source due to no fault of the
42 applicant, the executive director shall forward the issue to the full
43 board for review and determination. The board shall adopt rules
44 establishing the criteria that must be met in order to waive a
45 documentation requirement of this article.

1 Sec. 2. Title 32, chapter 13, article 2, Arizona Revised Statutes,
2 is amended by adding section 32-1432.04, to read:

3 32-1432.04. Assistant physicians; licensure; applications;
4 rules; definitions

5 A. AN ASSISTANT PHYSICIAN MAY PRACTICE AS AN ASSISTANT PHYSICIAN AS
6 FOLLOWS:

7 1. BY PROVIDING ONLY PRIMARY CARE SERVICES AND ONLY IN MEDICALLY
8 UNDERSERVED RURAL OR URBAN AREAS OF THIS STATE.

9 2. UNDER THE TERMS OF AN ASSISTANT PHYSICIAN COLLABORATIVE PRACTICE
10 AGREEMENT.

11 B. FOR A PHYSICIAN-ASSISTANT PHYSICIAN TEAM WORKING IN A RURAL
12 HEALTH CLINIC UNDER THE RURAL HEALTH CLINIC SERVICES ACT OF 1977
13 (P.L. 95-210), AS AMENDED:

14 1. AN ASSISTANT PHYSICIAN SHALL BE CONSIDERED A PHYSICIAN ASSISTANT
15 FOR PURPOSES OF CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATIONS.

16 2. SUPERVISION REQUIREMENTS IN ADDITION TO THE MINIMUM FEDERAL
17 SUPERVISION REQUIREMENT ARE NOT REQUIRED.

18 C. FOR THE PURPOSES OF THIS SECTION, THE BOARD SHALL ESTABLISH
19 RULES, PURSUANT TO TITLE 41, CHAPTER 6, THAT PROVIDE FOR ALL OF THE
20 FOLLOWING:

21 1. LICENSURE AND LICENSE RENEWAL PROCEDURES.

22 2. PHYSICIAN SUPERVISION AND COLLABORATIVE PRACTICE ARRANGEMENTS.

23 3. FEES.

24 4. ANY OTHER MATTERS THAT ARE NECESSARY TO PROTECT THE PUBLIC AND
25 DISCIPLINE PROFESSIONALS.

26 D. AN APPLICATION FOR LICENSURE MAY BE DENIED OR THE LICENSURE OF
27 AN ASSISTANT PHYSICIAN MAY BE SUSPENDED OR REVOKED BY THE BOARD IN THE
28 SAME MANNER AND FOR VIOLATION OF THE STANDARDS PRESCRIBED BY SECTION
29 32-1451, OR SUCH OTHER STANDARDS OF CONDUCT PRESCRIBED BY THE BOARD BY
30 RULE. AN ASSISTANT PHYSICIAN MAY NOT BE REQUIRED TO COMPLETE MORE HOURS
31 OF CONTINUING MEDICAL EDUCATION THAN THAT OF A LICENSED PHYSICIAN.

32 E. AN ASSISTANT PHYSICIAN SHALL CLEARLY IDENTIFY HIMSELF OR HERSELF
33 AS AN ASSISTANT PHYSICIAN AND MAY USE THE TERMS "DOCTOR", "DR.", OR "DOC".
34 AN ASSISTANT PHYSICIAN MAY NOT PRACTICE OR ATTEMPT TO PRACTICE WITHOUT AN
35 ASSISTANT PHYSICIAN COLLABORATIVE PRACTICE ARRANGEMENT AS PRESCRIBED IN
36 SECTION 32-1459, EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION AND IN AN
37 EMERGENCY SITUATION.

38 F. THE COLLABORATING PHYSICIAN IS RESPONSIBLE AT ALL TIMES FOR THE
39 OVERSIGHT OF THE ACTIVITIES OF AND ACCEPTS RESPONSIBILITY FOR PRIMARY CARE
40 SERVICES RENDERED BY THE ASSISTANT PHYSICIAN.

41 G. AN ASSISTANT PHYSICIAN'S LICENSE RENEWAL SHALL INCLUDE
42 VERIFICATION OF ACTUAL PRACTICE UNDER A COLLABORATIVE PRACTICE ARRANGEMENT
43 AS PRESCRIBED IN SECTION 32-1459 DURING THE IMMEDIATELY PRECEDING
44 LICENSURE PERIOD.

1 H. EACH HEALTH INSURANCE CARRIER OR HEALTH BENEFIT PLAN THAT OFFERS
2 OR ISSUES HEALTH BENEFIT PLANS THAT ARE DELIVERED, ISSUED FOR DELIVERY,
3 CONTINUED OR RENEWED IN THIS STATE SHALL REIMBURSE AN ASSISTANT PHYSICIAN
4 FOR DIAGNOSING, CONSULTING OR TREATING AN INSURED OR ENROLLEE ON THE SAME
5 BASIS THAT THE HEALTH CARRIER OR HEALTH BENEFIT PLAN COVERS THE SERVICE
6 WHEN IT IS DELIVERED BY ANOTHER COMPARABLE MID-LEVEL HEALTH CARE PROVIDER,
7 INCLUDING A PHYSICIAN ASSISTANT.

8 I. FOR THE PURPOSES OF THIS SECTION:

9 1. "ASSISTANT PHYSICIAN" MEANS A MEDICAL SCHOOL GRADUATE WHO MEETS
10 ALL OF THE FOLLOWING:

11 (a) IS A RESIDENT AND CITIZEN OF THE UNITED STATES OR IS A LEGAL
12 RESIDENT ALIEN.

13 (b) HAS EITHER:

14 (i) SUCCESSFULLY COMPLETED STEP TWO OF THE UNITED STATES MEDICAL
15 LICENSING EXAMINATION OR THE EQUIVALENT OF SUCH A STEP OF ANY OTHER
16 BOARD-APPROVED MEDICAL LICENSING EXAMINATION WITHIN THE THREE-YEAR PERIOD
17 IMMEDIATELY PRECEDING APPLICATION FOR LICENSURE AS AN ASSISTANT PHYSICIAN,
18 OR WITHIN THREE YEARS AFTER GRADUATION FROM A MEDICAL COLLEGE OR
19 OSTEOPATHIC MEDICAL COLLEGE, WHICHEVER IS LATER.

20 (ii) NOT COMPLETED AN APPROVED POSTGRADUATE RESIDENCY AND HAS
21 SUCCESSFULLY COMPLETED STEP TWO OF THE UNITED STATES MEDICAL LICENSING
22 EXAMINATION OR THE EQUIVALENT OF SUCH A STEP OF ANY OTHER BOARD-APPROVED
23 MEDICAL LICENSING EXAMINATION WITHIN THE IMMEDIATELY PRECEDING THREE-YEAR
24 PERIOD UNLESS, WHEN THE THREE-YEAR ANNIVERSARY OCCURRED, THE PERSON WAS
25 SERVING AS A RESIDENT PHYSICIAN IN AN ACCREDITED RESIDENCY IN THE UNITED
26 STATES AND CONTINUED TO DO SO WITHIN THIRTY DAYS BEFORE APPLYING FOR
27 LICENSURE AS AN ASSISTANT PHYSICIAN.

28 (c) IS PROFICIENT IN THE ENGLISH LANGUAGE.

29 2. "COLLABORATIVE PRACTICE ARRANGEMENT" MEANS AN AGREEMENT BETWEEN
30 A PHYSICIAN AND AN ASSISTANT PHYSICIAN THAT MEETS THE REQUIREMENTS OF THIS
31 SECTION AND SECTION 32-1459.

32 3. "MEDICAL SCHOOL GRADUATE" MEANS A PERSON WHO HAS GRADUATED FROM
33 A MEDICAL COLLEGE OR OSTEOPATHIC MEDICAL COLLEGE DESCRIBED IN SECTION
34 32-1422.

35 Sec. 3. Title 32, chapter 13, article 3, Arizona Revised Statutes,
36 is amended by adding section 32-1459, to read:

37 32-1459. Assistant physicians; collaborative practice
38 agreements; requirements; rules; controlled
39 substances; definitions

40 A. A PHYSICIAN MAY ENTER INTO COLLABORATIVE PRACTICE ARRANGEMENTS
41 WITH ASSISTANT PHYSICIANS. COLLABORATIVE PRACTICE ARRANGEMENTS SHALL BE
42 IN THE FORM OF WRITTEN AGREEMENTS, JOINTLY AGREED-ON PROTOCOLS OR STANDING
43 ORDERS FOR THE DELIVERY OF HEALTH CARE SERVICES. COLLABORATIVE PRACTICE
44 ARRANGEMENTS:

45 1. SHALL BE IN WRITING.

1 2. MAY DELEGATE TO AN ASSISTANT PHYSICIAN THE AUTHORITY TO
2 ADMINISTER OR DISPENSE DRUGS UNDER THE AUTHORITY PROVIDED BY AND
3 CONDITIONS OF SECTION 32-1491.

4 3. SHALL ALLOW THE ASSISTANT PHYSICIAN TO PROVIDE TREATMENT AS LONG
5 AS THE DELIVERY OF THE HEALTH CARE SERVICES IS WITHIN THE SCOPE OF
6 PRACTICE OF THE ASSISTANT PHYSICIAN AND IS CONSISTENT WITH THAT ASSISTANT
7 PHYSICIAN'S SKILL, TRAINING AND COMPETENCE AND THE SKILL AND TRAINING OF
8 THE COLLABORATING PHYSICIAN.

9 B. THE COLLABORATIVE PRACTICE ARRANGEMENT SHALL CONTAIN AT LEAST
10 THE FOLLOWING PROVISIONS:

11 1. COMPLETE NAMES, HOME AND BUSINESS ADDRESSES, ZIP CODES AND
12 TELEPHONE NUMBERS OF THE COLLABORATING PHYSICIAN AND THE ASSISTANT
13 PHYSICIAN.

14 2. A LIST OF ALL OTHER OFFICES OR LOCATIONS BESIDES THOSE LISTED IN
15 PARAGRAPH 1 OF THIS SUBSECTION WHERE THE COLLABORATING PHYSICIAN
16 AUTHORIZES THE ASSISTANT PHYSICIAN TO PRESCRIBE.

17 3. A REQUIREMENT THAT THERE BE POSTED AT EVERY OFFICE WHERE THE
18 ASSISTANT PHYSICIAN IS AUTHORIZED TO PRESCRIBE, IN COLLABORATION WITH A
19 PHYSICIAN, A PROMINENTLY DISPLAYED DISCLOSURE STATEMENT INFORMING PATIENTS
20 THAT THEY MAY BE SEEN BY AN ASSISTANT PHYSICIAN AND HAVE THE RIGHT TO SEE
21 THE COLLABORATING PHYSICIAN.

22 4. ALL SPECIALTY OR BOARD CERTIFICATIONS OF THE COLLABORATING
23 PHYSICIAN AND ALL CERTIFICATIONS OF THE ASSISTANT PHYSICIAN.

24 5. THE MANNER OF COLLABORATION BETWEEN THE COLLABORATING PHYSICIAN
25 AND THE ASSISTANT PHYSICIAN, INCLUDING HOW THE COLLABORATING PHYSICIAN AND
26 THE ASSISTANT PHYSICIAN WILL:

27 (a) ENGAGE IN COLLABORATIVE PRACTICE CONSISTENT WITH EACH
28 PROFESSIONAL'S SKILL, TRAINING, EDUCATION AND COMPETENCE.

29 (b) MAINTAIN GEOGRAPHIC PROXIMITY, EXCEPT THAT THE COLLABORATIVE
30 PRACTICE ARRANGEMENT MAY ALLOW FOR GEOGRAPHIC PROXIMITY TO BE WAIVED FOR A
31 MAXIMUM OF TWENTY-EIGHT DAYS PER CALENDAR YEAR FOR RURAL HEALTH CLINICS AS
32 DEFINED BY 42 UNITED STATES CODE SECTION 1395x, AS LONG AS THE
33 COLLABORATIVE PRACTICE ARRANGEMENT INCLUDES ALTERNATIVE COVERAGE AS
34 REQUIRED BY SUBDIVISION (c) OF THIS PARAGRAPH. THE GEOGRAPHIC PROXIMITY
35 EXCEPTION APPLIES ONLY TO INDEPENDENT RURAL HEALTH CLINICS, PROVIDER-BASED
36 RURAL HEALTH CLINICS IF THE PROVIDER IS A CRITICAL ACCESS HOSPITAL AS
37 PROVIDED IN 42 UNITED STATES CODE SECTION 1395i-4 OR PROVIDER-BASED RURAL
38 HEALTH CLINICS IF THE MAIN LOCATION OF THE HOSPITAL SPONSOR IS MORE THAN
39 FIFTY MILES FROM THE CLINIC. THE COLLABORATING PHYSICIAN SHALL MAINTAIN
40 DOCUMENTATION RELATED TO THIS REQUIREMENT AND PRESENT IT TO THE BOARD ON
41 REQUEST.

42 (c) PROVIDE FOR ALTERNATIVE COVERAGE DURING ABSENCE, INCAPACITY OR
43 INFIRMITY OR AN EMERGENCY.

1 6. A DESCRIPTION OF THE ASSISTANT PHYSICIAN'S CONTROLLED SUBSTANCE
2 PRESCRIPTIVE AUTHORITY IN COLLABORATION WITH THE PHYSICIAN, INCLUDING A
3 LIST OF THE CONTROLLED SUBSTANCES THE COLLABORATING PHYSICIAN AUTHORIZES
4 THE ASSISTANT PHYSICIAN TO PRESCRIBE AND DOCUMENTATION THAT IT IS
5 CONSISTENT WITH EACH PROFESSIONAL'S EDUCATION, KNOWLEDGE, SKILL AND
6 COMPETENCE.

7 7. A LIST OF ANY OTHER WRITTEN PRACTICE AGREEMENT OF THE
8 COLLABORATING PHYSICIAN AND THE ASSISTANT PHYSICIAN.

9 8. THE DURATION OF ANY OTHER WRITTEN PRACTICE AGREEMENT BETWEEN THE
10 COLLABORATING PHYSICIAN AND THE ASSISTANT PHYSICIAN.

11 9. A DESCRIPTION OF THE TIME AND MANNER OF THE COLLABORATING
12 PHYSICIAN'S REVIEW OF THE ASSISTANT PHYSICIAN'S DELIVERY OF HEALTH CARE
13 SERVICES, INCLUDING PROVISIONS THAT THE ASSISTANT PHYSICIAN MUST SUBMIT A
14 MINIMUM OF TEN PERCENT OF THE CHARTS DOCUMENTING THE ASSISTANT PHYSICIAN'S
15 DELIVERY OF HEALTH CARE SERVICES TO THE COLLABORATING PHYSICIAN FOR REVIEW
16 BY THE COLLABORATING PHYSICIAN, OR ANY OTHER PHYSICIAN DESIGNATED IN THE
17 COLLABORATIVE PRACTICE ARRANGEMENT, EVERY FOURTEEN DAYS.

18 10. A REQUIREMENT THAT THE COLLABORATING PHYSICIAN, OR ANY OTHER
19 PHYSICIAN DESIGNATED IN THE COLLABORATIVE PRACTICE ARRANGEMENT, REVIEW
20 EVERY FOURTEEN DAYS A MINIMUM OF TWENTY PERCENT OF THE CHARTS IN WHICH THE
21 ASSISTANT PHYSICIAN PRESCRIBES CONTROLLED SUBSTANCES. THE CHARTS REVIEWED
22 UNDER THIS PARAGRAPH MAY BE COUNTED IN THE NUMBER OF CHARTS REQUIRED TO BE
23 REVIEWED UNDER PARAGRAPH 9 OF THIS SUBSECTION.

24 C. THE BOARD SHALL ADOPT RULES, PURSUANT TO TITLE 41, CHAPTER 6,
25 REGULATING THE USE OF COLLABORATIVE PRACTICE ARRANGEMENTS FOR ASSISTANT
26 PHYSICIANS THAT SPECIFY:

27 1. GEOGRAPHIC AREAS TO BE COVERED.

28 2. THE METHODS OF TREATMENT THAT MAY BE COVERED BY COLLABORATIVE
29 PRACTICE ARRANGEMENTS.

30 3. IN CONJUNCTION WITH DEANS OF MEDICAL SCHOOLS AND PRIMARY CARE
31 RESIDENCY PROGRAM DIRECTORS IN THIS STATE, THE DEVELOPMENT AND
32 IMPLEMENTATION OF EDUCATIONAL METHODS AND PROGRAMS UNDERTAKEN DURING THE
33 COLLABORATIVE PRACTICE SERVICE THAT FACILITATES THE ADVANCEMENT OF THE
34 ASSISTANT PHYSICIAN'S MEDICAL KNOWLEDGE AND CAPABILITIES AND THAT MAY LEAD
35 TO CREDIT TOWARD A FUTURE RESIDENCY PROGRAM FOR PROGRAMS THAT DEEM SUCH
36 DOCUMENTED EDUCATIONAL ACHIEVEMENTS ACCEPTABLE.

37 4. THE REQUIREMENTS FOR REVIEW OF SERVICES PROVIDED UNDER
38 COLLABORATIVE PRACTICE ARRANGEMENTS, INCLUDING DELEGATING AUTHORITY TO
39 PRESCRIBE CONTROLLED SUBSTANCES.

40 D. THE BOARD SHALL ADOPT RULES APPLICABLE TO ASSISTANT PHYSICIANS
41 THAT ARE CONSISTENT WITH GUIDELINES FOR FEDERALLY FUNDED CLINICS. THE
42 RULEMAKING AUTHORITY GRANTED IN THIS SUBSECTION DOES NOT EXTEND TO
43 COLLABORATIVE PRACTICE ARRANGEMENTS OF HOSPITAL EMPLOYEES PROVIDING
44 INPATIENT CARE WITHIN ACCREDITED HOSPITALS AS DEFINED IN SECTION 36-401.

1 E. THE BOARD MAY NOT DENY, REVOKE, SUSPEND OR OTHERWISE TAKE
2 DISCIPLINARY ACTION AGAINST THE LICENSE OF A COLLABORATING PHYSICIAN FOR
3 HEALTH CARE SERVICES DELEGATED TO AN ASSISTANT PHYSICIAN IF THIS SECTION
4 AND THE RULES ADOPTED PURSUANT TO THIS SECTION ARE SATISFIED.

5 F. THE BOARD SHALL REQUIRE EACH PHYSICIAN, ON LICENSURE RENEWAL, TO
6 IDENTIFY WHETHER THE PHYSICIAN IS ENGAGED IN ANY COLLABORATIVE PRACTICE
7 ARRANGEMENT, INCLUDING COLLABORATIVE PRACTICE ARRANGEMENTS DELEGATING THE
8 AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES, AND TO REPORT TO THE BOARD
9 THE NAME OF EACH ASSISTANT PHYSICIAN WITH WHOM THE PHYSICIAN HAS SUCH AN
10 ARRANGEMENT. THE BOARD MAY MAKE SUCH INFORMATION AVAILABLE TO THE PUBLIC.
11 THE BOARD SHALL TRACK THE REPORTED INFORMATION AND MAY ROUTINELY CONDUCT
12 RANDOM REVIEWS OF THE COLLABORATIVE PRACTICE ARRANGEMENTS TO ENSURE THEY
13 ARE CARRIED OUT IN COMPLIANCE WITH THIS CHAPTER AND THE RULES ADOPTED
14 PURSUANT TO THIS CHAPTER.

15 G. A COLLABORATING PHYSICIAN MAY NOT ENTER INTO A COLLABORATIVE
16 PRACTICE ARRANGEMENT WITH MORE THAN SIX FULL-TIME EQUIVALENT ASSISTANT
17 PHYSICIANS OR FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS, OR ANY
18 COMBINATION THEREOF.

19 H. THE COLLABORATING PHYSICIAN SHALL DETERMINE AND DOCUMENT THE
20 COMPLETION OF AT LEAST A ONE-MONTH PERIOD OF TIME DURING WHICH THE
21 ASSISTANT PHYSICIAN PRACTICES IN A SETTING IN WHICH THE COLLABORATING
22 PHYSICIAN IS CONTINUOUSLY PRESENT BEFORE PRACTICING WHEN THE COLLABORATING
23 PHYSICIAN IS NOT CONTINUOUSLY PRESENT. BOARD RULES MAY NOT REQUIRE THE
24 COLLABORATING PHYSICIAN TO REVIEW MORE THAN TEN PERCENT OF THE ASSISTANT
25 PHYSICIAN'S PATIENT CHARTS OR RECORDS DURING THAT ONE-MONTH PERIOD.

26 I. A COLLABORATIVE PRACTICE ARRANGEMENT UNDER THIS SECTION MAY NOT
27 SUPERSEDE CURRENT HOSPITAL LICENSING REGULATIONS GOVERNING HOSPITAL
28 MEDICATION ORDERS UNDER PROTOCOLS OR STANDING ORDERS FOR THE PURPOSE OF
29 DELIVERING INPATIENT OR EMERGENCY CARE WITHIN AN ACCREDITED HOSPITAL AS
30 DEFINED IN SECTION 36-401 IF SUCH PROTOCOLS OR STANDING ORDERS HAVE BEEN
31 APPROVED BY THE HOSPITAL'S MEDICAL STAFF AND PHARMACEUTICAL THERAPEUTICS
32 COMMITTEE.

33 J. A CONTRACT OR OTHER AGREEMENT MAY NOT REQUIRE A PHYSICIAN TO ACT
34 AS A COLLABORATING PHYSICIAN FOR AN ASSISTANT PHYSICIAN AGAINST THE
35 PHYSICIAN'S WILL. A PHYSICIAN MAY REFUSE TO ACT AS A COLLABORATING
36 PHYSICIAN, WITHOUT PENALTY, FOR A PARTICULAR ASSISTANT PHYSICIAN. A
37 CONTRACT OR OTHER AGREEMENT MAY NOT LIMIT THE COLLABORATING PHYSICIAN'S
38 ULTIMATE AUTHORITY OVER ANY PROTOCOLS OR STANDING ORDERS OR IN DELEGATING
39 THE PHYSICIAN'S AUTHORITY TO ANY ASSISTANT PHYSICIAN, AND A PHYSICIAN, IN
40 IMPLEMENTING SUCH PROTOCOLS, STANDING ORDERS OR DELEGATION, MAY NOT
41 VIOLATE APPLICABLE STANDARDS FOR SAFE MEDICAL PRACTICE ESTABLISHED BY A
42 HOSPITAL'S MEDICAL STAFF.

43 K. A CONTRACT OR OTHER AGREEMENT MAY NOT REQUIRE ANY ASSISTANT
44 PHYSICIAN TO SERVE AS A COLLABORATING ASSISTANT PHYSICIAN FOR ANY
45 COLLABORATING PHYSICIAN AGAINST THE ASSISTANT PHYSICIAN'S WILL. AN

1 ASSISTANT PHYSICIAN MAY REFUSE TO COLLABORATE, WITHOUT PENALTY, WITH A
2 PARTICULAR PHYSICIAN.

3 L. ALL COLLABORATING PHYSICIANS AND ASSISTANT PHYSICIANS IN
4 COLLABORATIVE PRACTICE ARRANGEMENTS SHALL WEAR IDENTIFICATION BADGES WHILE
5 ACTING WITHIN THE SCOPE OF THEIR COLLABORATIVE PRACTICE ARRANGEMENT. THE
6 IDENTIFICATION BADGES SHALL PROMINENTLY DISPLAY THE LICENSURE STATUS OF
7 EACH COLLABORATING PHYSICIAN AND ASSISTANT PHYSICIAN.

8 M. AN ASSISTANT PHYSICIAN WHO IS GRANTED CONTROLLED SUBSTANCES
9 PRESCRIPTIVE AUTHORITY AS PROVIDED IN THIS CHAPTER MAY PRESCRIBE ANY
10 CONTROLLED SUBSTANCE LISTED IN SCHEDULE III, IV OR V, AND MAY HAVE
11 RESTRICTED AUTHORITY IN SCHEDULE II, WHEN DELEGATED THE AUTHORITY TO
12 PRESCRIBE CONTROLLED SUBSTANCES IN A COLLABORATIVE PRACTICE ARRANGEMENT.
13 PRESCRIPTIONS FOR SCHEDULE II MEDICATIONS PRESCRIBED BY AN ASSISTANT
14 PHYSICIAN WHO HAS A CERTIFICATE OF CONTROLLED SUBSTANCES PRESCRIPTIVE
15 AUTHORITY ARE RESTRICTED TO ONLY THOSE MEDICATIONS CONTAINING HYDROCODONE.
16 SUCH AUTHORITY SHALL BE FILED WITH THE BOARD. THE COLLABORATING PHYSICIAN
17 MAY LIMIT A SPECIFIC SCHEDULED DRUG OR SCHEDULED DRUG CATEGORY THAT THE
18 ASSISTANT PHYSICIAN IS ALLOWED TO PRESCRIBE. ANY LIMITS SHALL BE LISTED
19 IN THE COLLABORATIVE PRACTICE ARRANGEMENT. ASSISTANT PHYSICIANS MAY NOT
20 PRESCRIBE CONTROLLED SUBSTANCES FOR THEMSELVES OR MEMBERS OF THEIR
21 FAMILIES. SCHEDULE III CONTROLLED SUBSTANCES AND SCHEDULE II HYDROCODONE
22 PRESCRIPTIONS ARE LIMITED TO A FIVE-DAY SUPPLY WITHOUT REFILL, EXCEPT THAT
23 BUPRENORPHINE MAY BE PRESCRIBED FOR UP TO A THIRTY-DAY SUPPLY WITHOUT
24 REFILL FOR PATIENTS RECEIVING MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE
25 USE DISORDERS UNDER THE DIRECTION OF THE COLLABORATING PHYSICIAN.
26 ASSISTANT PHYSICIANS WHO ARE AUTHORIZED TO PRESCRIBE CONTROLLED SUBSTANCES
27 UNDER THIS CHAPTER SHALL REGISTER WITH THE UNITED STATES DRUG ENFORCEMENT
28 ADMINISTRATION AND SHALL INCLUDE THE UNITED STATES DRUG ENFORCEMENT
29 ADMINISTRATION REGISTRATION NUMBER ON PRESCRIPTIONS FOR CONTROLLED
30 SUBSTANCES. THE COLLABORATING PHYSICIAN SHALL DETERMINE AND DOCUMENT THE
31 COMPLETION OF AT LEAST ONE HUNDRED TWENTY HOURS IN A FOUR-MONTH PERIOD BY
32 THE ASSISTANT PHYSICIAN DURING WHICH THE ASSISTANT PHYSICIAN PRACTICES
33 WITH THE COLLABORATING PHYSICIAN ON-SITE BEFORE PRESCRIBING CONTROLLED
34 SUBSTANCES WHEN THE COLLABORATING PHYSICIAN IS NOT ON-SITE.

35 N. THIS SECTION AND SECTION 32-1432.04 DO NOT LIMIT THE AUTHORITY
36 OF HOSPITALS OR HOSPITAL MEDICAL STAFF TO MAKE EMPLOYMENT OR MEDICAL STAFF
37 CREDENTIALING OR PRIVILEGING DECISIONS.

38 O. FOR THE PURPOSES OF THIS SECTION, "ASSISTANT PHYSICIAN" AND
39 "COLLABORATIVE PRACTICE ARRANGEMENT" HAVE THE SAME MEANINGS PRESCRIBED IN
40 SECTION 32-1432.04.