

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.