

HOUSE BILL NO. HB0262

Associate physicians-restricted licenses.

Sponsored by: Representative(s) Hallinan

A BILL

for

1 AN ACT relating to physicians; authorizing the board of
 2 medicine to issue restricted licenses to associate physicians
 3 under specified conditions; requiring the use of
 4 collaborative practice agreements between supervising
 5 physicians and associate physicians; requiring the
 6 promulgation of rules; and providing for an effective date.

7

8 *Be It Enacted by the Legislature of the State of Wyoming:*

9

10 **Section 1.** W.S. 33-26-801 and 33-26-802 are created to
 11 read:

12

13

ARTICLE 8

14

ASSOCIATE PHYSICIANS

15

1 **33-26-801. Restricted licenses for associate**
2 **physicians.**

3

4 (a) The board may grant a restricted license as an
5 associate physician if an individual:

6

7 (i) Complies with the provisions of W.S.
8 33-26-303, except that W.S. 33-26-303(a)(iv) and (vi) shall
9 not apply;

10

11 (ii) Is not currently enrolled in, and has not
12 completed, a medical residency program;

13

14 (iii) Successfully completes step 1 and step 2 of
15 the USMLE or the equivalent steps of national boards, the
16 FLEX, a board approved, state constructed licensing
17 examination, the examination by the licentiate of the medical
18 council of Canada or the COMLEX within the following time
19 parameters:

20

21 (A) Not later than three (3) years after the
22 individual graduates from a program specified in W.S.
23 33-26-303(a)(ii); and

1

2

(B) Not more than two (2) years before applying for a restricted license as an associate physician under this section.

5

6

(b) Within six (6) months after the issuance of a restricted license under this section and before a licensed associate physician may engage in the practice of medicine, as authorized by subsection (c) of this section, the licensed associate physician shall enter into a collaborative practice agreement under W.S. 33-26-802. Failure to enter into an agreement within six (6) months of licensure shall render a restricted license void.

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(c) Notwithstanding any other provision of law, the scope of practice of an associate physician issued a restricted license under this section is limited to providing primary care services to medically underserved populations or in medically underserved areas within the state, as determined by board rule and the collaborative practice agreement governing the associate physician under W.S. 33-26-802.

23

1 (d) An associate physician issued a restricted license
2 under this section:

3

4 (i) Shall, at all times, clearly identify himself
5 as an associate physician;

6

7 (ii) Is permitted to use "doctor", "Dr." or "M.D."
8 or similar designations; and

9

10 (iii) If authorized under a collaborative practice
11 agreement under W.S. 33-26-802 to prescribe schedule III
12 through V controlled substances, shall register with the
13 United States drug enforcement administration as part of the
14 drug enforcement administration's mid-level practitioner
15 registry and complete all other requirements for prescribers
16 specified by state law.

17

18 (e) A restricted license under this section is valid
19 for one (1) year after issuance and may be renewed not more
20 than three (3) times. As a condition of renewal under this
21 subsection, the board shall require evidence of completion of
22 applicable requirements contained in W.S. 33-26-802(e).

23

1 (f) The other provisions of this chapter apply to
2 associate physicians granted a license under this article. If
3 another provision of this chapter conflicts with this
4 article, this article shall control.

5

6 **33-26-802. Collaborative practice agreements.**

7

8 (a) A collaborative practice agreement is required for
9 all associate physicians who are issued a restricted license
10 under W.S. 33-26-801. A collaborative practice agreement
11 shall be executed by the associate physician and a physician
12 holding a regular license to practice medicine under W.S.
13 33-26-301 and who has agreed to supervise the associate
14 physician. A physician may not enter into a collaborative
15 practice agreement with more than three (3) associate
16 physicians at any one time. The board, or a designee of the
17 board, shall approve all initial collaborative practice
18 agreements and all modifications to an agreement in the manner
19 prescribed by rule. A collaborative practice agreement
20 entered into under this section shall:

21

22 (i) Limit the associate physician to providing
23 primary care services to specific medically underserved

1 populations or medically underserved areas within the state,
2 as determined by board rule and this section;

3

4 (ii) Be consistent with the skill, training and
5 competence of the associate physician;

6

7 (iii) Specify protocols, standing orders or
8 delegated authority from the supervising physician related to
9 the delivery of health care services by the associate
10 physician;

11

12 (iv) Provide the contact information of the
13 supervising physician and the associate physician;

14

15 (v) List other offices, and accompanying contact
16 information in addition to the information listed in
17 paragraph (iv) of this subsection, where the supervising
18 physician authorizes the associate physician to provide care
19 and where the supervising physician may provide adequate
20 supervision;

21

22 (vi) Require a prominently displayed disclosure at
23 every office where the associate physician is authorized to

1 provide care informing patients that patients may be seen by
2 an associate physician operating under a restricted license
3 and that patients may see the supervising physician upon
4 request;

5

6 (vii) List all degrees and specialty or board
7 certifications of the supervising physician and all degrees
8 and certifications of the associate physician;

9

10 (viii) Describe the manner of collaboration
11 between the supervising physician and the associate
12 physician, including how the supervising physician and the
13 associate physician shall:

14

15 (A) Engage in collaborative practice
16 consistent with each professional's skill, training,
17 education and competence;

18

19 (B) Maintain geographic proximity, except as
20 otherwise provided in subsection (b) of this section; and

21

22 (C) Set forth a plan for the supervision of
23 the associate physician, including procedures for an absence,

1 incapacity, infirmity or emergency rendering the supervising
2 physician unavailable.

3

4 (ix) Specify the associate physician's controlled
5 substance prescribing authority, in collaboration with the
6 supervising physician, including:

7

8 (A) A list of the controlled substances the
9 supervising physician authorizes the associate physician to
10 prescribe; and

11

12 (B) Affirmation that the authorization to
13 prescribe controlled substances is consistent with the
14 education, knowledge, skill and competence of the associate
15 physician and the supervising physician.

16

17 (x) Specify the duration of the collaborative
18 practice agreement between the supervising physician and the
19 associate physician;

20

21 (xi) Outline the time and manner of the
22 supervising physician's review of the associate physician's
23 delivery of health care services, which shall include the

1 following standards that the supervising physician, or
2 another physician designated in the collaborative practice
3 agreement, shall review, at a minimum, every fourteen (14)
4 days:

5

6 (A) A minimum of ten percent (10%) of the
7 charts documenting the associate physician's delivery of
8 health care services to patients; and

9

10 (B) A minimum of twenty percent (20%) of the
11 charts in which the associate physician prescribes controlled
12 substances to patients, which may be counted in the number of
13 charts required to be reviewed under subparagraph (A) of this
14 paragraph.

15

16 (xii) List other written practice arrangements as
17 necessary between the supervising physician and the associate
18 physician.

19

20 (b) If the collaborative practice agreement provides
21 for an associate physician to practice in a medically
22 underserved area, as determined by the board:

23

1 (i) The associate physician shall practice with
2 the supervising physician continuously present for not less
3 than two (2) months before the associate physician may
4 practice in a setting where the supervising physician is not
5 continuously present; and

6

7 (ii) The associate physician shall practice with
8 the supervising physician continuously present for at least
9 one hundred twenty (120) hours in a four (4) month period
10 before the associate physician may prescribe a controlled
11 substance when the supervising physician is not continuously
12 present.

13

14 (c) No agreement between any persons shall:

15

16 (i) Require a physician to act as a supervising
17 physician for an associate physician against the physician's
18 will;

19

20 (ii) Deny a physician the right to refuse to act
21 as a supervising physician without penalty for a particular
22 associate physician; or

23

1 (iii) Limit the supervising physician's ultimate
2 authority over any protocols, standing orders or delegation
3 to an associate physician. This paragraph shall not authorize
4 a physician, in implementing protocols, standing orders or a
5 delegation of authority, to violate a hospital's established
6 applicable standards for safe medical practice.

7

8 (d) A supervising physician is responsible for the
9 health care services provided by the associate physician.

10

11 (e) The board shall adopt rules to implement this
12 article, including specifying procedures for the termination
13 of a collaborative practice agreement and rules which specify
14 educational requirements under a collaborative practice
15 agreement for an associate physician, including:

16

17 (i) Requirements that an associate physician shall
18 complete throughout the duration of the agreement which
19 facilitate the advancement of the associate physician's
20 medical knowledge and capabilities; and

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22 (ii) Requirements that may lead to residency
23 program credit.

1

2 **Section 2.** This act is effective July 1, 2019.

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(END)