

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
PROPOSED RULE OR CHANGE

DOPL-FM-025 REV 07/15/2016

Title of Rule or Section: R156-67 Medical Practice Act Rule

Contact Person: Larry Marx, Bureau Manager (801) 530-6254
lmarx@utah.gov

Hearing Date and Time (if any):

Date proposed amendments approved by Board/Committee: September 21, 2016

Purpose of or reason for the filing: These amendments to the rule update references to the Medical Practice Act Rule, and implement Legislative changes made by H.B. 186 (2016) to continuing education

Summary of the filing:

Subsection R156-67-302d incorrectly references 58-67-302(1) (g) and should reference 58-67-302 (1)(f).

Subsection R156-67-304 (4): To implement H.B. 186, the Volunteer Health Care Continuing Education Credit, a physician may fulfill a portion of the their continuing education requirement by providing volunteer health care services in a qualified health care facility. For every four hours of volunteer health care services, the licensee may receive one hour of continuing education credit, up to 15% of the required continuing education.

Cost or saving impact of filing (Aggregate Impact):

State Budget: The Division will incur minimal costs of approximately \$75 to print and distribute the rule once the proposed amendments are made effective.

Local Government:

The proposed changes and amendments apply only to those persons who are required to be licensed as a physician and surgeon and choose to obtain continuing education by providing volunteer services. The volunteer services provided would benefit the local population that lacks health insurance or financial means to pay for health services.

Small Business (less than 50 employees):

Health care professionals who operate small businesses and provide volunteer services may be impacted by the cost of record keeping and lost revenue if they substitute time they could be billing for

professional services to provide volunteer health care services in lieu of obtaining continuing education. However, these health care professionals will save on the cost of attendance at a continuing education course, and they may receive "goodwill" benefits in their community from their volunteer services. The amount of the cost or savings cannot be estimated as it will vary from business to business depending on the amount of volunteer service provided.

Other Persons:

The licensee will bear the cost of the services provided relative to their time spent providing the service. The uninsured, underserved and indigent population will benefit from increased availability of health care services and improved opportunity for medical health.

Compliance costs for affected persons (Individual Impact):

Licensees will need to document services provided for audit by the Division to ensure compliance.

Reviewed By: (Initial and Date)

_____ Larry Marx	____/____/____
_____ Deborah Blackburn	____/____/____
_____ W. Ray Walker	____/____/____
_____ Mark B. Steinagel	____/____/____
_____ Administrative Law Judge	____/____/____

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

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

(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.

R156-68-304. Qualified Continuing Professional Education.

(1) In accordance with Subsection 58-68-304(1), [T]the qualified continuing professional education requirement [set forth in Subsection 58-68-304(1)] shall consist of 40 hours [in] during each [preceding two year]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 AOA or ACCME; [-]

(b) [A maximum of] Up to [6]six of the required hours [of continuing education] may come from continuing education provided by 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 [an AOA or ACCME approved residency program] shall [be considered to] meet the continuing education requirement in a pro-rata amount equal to any part of the [that] 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.

JUST FYI, here's what this section will look like after all the changes, if I got it right -- see what you think :)

Ps: I know that 15% of the 40 hours equals six hours, but I kept the 15% because that's the legislative language, and there's a risk if we put six hours and changed the 40-hour requirement later, that we'd not meet the mandated max 15% requirement. But it's up to you, maybe it would be fine to put 6 hours?

R156-68-304. Qualified Continuing Professional Education.

(1) In accordance with Subsection 58-68-304(1), the qualified

continuing professional education requirement 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 AOA or ACCME.

(b) Up to six of the required hours may come from continuing education provided by 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.

R156-17b-625 - Standards- Reporting and Maintaining Records on the Dispensing of an Opiate Antagonist.

(1) In accordance with Utah Code Ann. § 26-55-105(2)(c) and (d), the pharmacist-in-charge or a responsible corporate officer of each pharmacy licensee that dispenses an opiate antagonist pursuant to a valid standing prescription drug order issued by a physician, shall affirm that the pharmacy licensee has complied with the protocol for dispensing an opiate antagonist as set forth in Utah Code Ann. § 26-55-105, and shall report to the physician whose issued the standing drug order, on an annual basis, the following information:

(a) the total number of single doses of opiate antagonists dispensed during the reporting period; and

(b) the name of each opiate antagonist dispensed along with the total number of single doses of that particular named opiate antagonist.

(2) Corporations or organizations with multiple component pharmacy licensees may submit one cumulative report for all its component pharmacy licensees. However, that report must contain the information described above for each of the component pharmacy licensees.

(3) Null reporting is not required. If a pharmacy licensee does not dispense an opiate antagonist during any year, that pharmacy licensee is not required to make an affirmation or report to the division.

(4) The annual affirmation and report described above is due to the division no later than 10 days following December 31 of each calendar year.

(5) In accordance with Utah Code Ann. § 26-55-105(2)(d), a pharmacy licensee who dispenses an opiate antagonist pursuant to a valid standing prescription drug order issued by a physician, shall maintain, subject to audit, the following information:

(a) the name of the individual to whom the opiate antagonist is dispensed;

(b) the name of the opiate antagonist dispensed;

(c) the quantity of the opiate antagonist dispensed;

(d) the strength of the opiate antagonist dispensed;

(e) the dosage quantity of the opiate antagonist dispensed;

(f) the full name of the drug outlet which dispensed the opiate antagonist;

(g) the date the opiate antagonist was dispensed; and

(h) the name of physician issuing the standing order to dispense the opiate antagonist.

(6) The division approves the protocol for the issuance of a standing prescription drug order for opiate antagonists, which is set forth in Utah Code Ann. § 26-55-105(2)(a) through (d)

along with the requirements set forth in the foregoing provisions, and the reporting requirements set forth in Utah Admin. Code R156-67-604 and R156-68-604.

R156-17b-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(25) failing to make a timely report regarding dispensing of an opiate antagonist to the division as required in Utah Admin. Code R156-17b-625.

R156-67-604 - Required Reporting of Annual Review by Physicians of Dispensing Practices of those Authorized to Dispense an Opiate Antagonist.

(1) In accordance with Utah Code Ann. § 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 or she 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 10 days following the yearly anniversary of the date the standing order was issued, and shall continue as long as the standing order remains in effect.

(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 Utah Admin. Code R156-17b-625(1).

R156-67-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(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 Utah Admin Code R156-67-604.

R156-68-604 - Required Reporting of Annual Review by Osteopathic Physicians of Dispensing Practices of those Authorized to Dispense an Opiate Antagonist.

(1) In accordance with Utah Code Ann. § 26-55-105(2)(c), an osteopathic 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 or she has reviewed at least

annually the dispensing practices of those authorized by the osteopathic physician to dispense the opiate antagonist.

(2) The report described above shall be submitted no later than 10 days following the yearly anniversary of the date the standing order was issued, and shall continue as long as the standing order remains in effect.

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

R156-68-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(15) failing to timely submit an annual written report to the division indicating that the osteopathic physician has reviewed at least annually the dispensing practices of those authorized by the osteopathic physician to dispense an opiate antagonist, pursuant to Utah Admin Code R156-67-604.