

1 **HEALTH CARE ASSOCIATED INFECTIONS**

2 2012 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Jack R. Draxler**

5 Senate Sponsor: Peter C. Knudson

7 **LONG TITLE**

8 **General Description:**

9 This bill amends the Utah Communicable Disease Control Act by requiring certain
10 health care facilities to share with the Department of Health data that the facility is
11 required to report under federal law regarding health care associated infections and
12 requiring the Department of Health to release a public report on health care associated
13 infections.

14 **Highlighted Provisions:**

15 This bill:

- 16 ▶ defines terms;
- 17 ▶ requires an ambulatory surgical facility, a general acute hospital, an end stage renal
18 disease facility, and a specialty hospital to share with the Department of Health data
19 on health care associated infections that the facility submits to the National
20 Healthcare Safety Network in the Centers for Disease Control and Prevention
21 pursuant to requirements of the Center for Medicare and Medicaid Services;
- 22 ▶ requires the Department of Health to prepare and publicly disclose a report on
23 health care associated infection rates;
- 24 ▶ establishes a protocol for the creation of the report;
- 25 ▶ permits the report of health care associated infections to include data that compares
26 and identifies facilities;
- 27 ▶ states that the report may not be used as evidence in a criminal, civil, or
28 administrative proceeding; and
- 29 ▶ makes technical changes.

30 **Money Appropriated in this Bill:**

31 None

32 **Other Special Clauses:**

33 This bill takes effect on July 1, 2012.

34 **Utah Code Sections Affected:**

35 AMENDS:

36 **26-6-2**, as last amended by Laws of Utah 1996, Chapter 211

37 **26-6-27**, as last amended by Laws of Utah 2008, Chapter 3

38 **58-1-307**, as last amended by Laws of Utah 2011, Chapters 110 and 181

39 **58-17b-620**, as last amended by Laws of Utah 2011, Chapter 110

40 ENACTS:

41 **26-6-31**, Utah Code Annotated 1953



43 *Be it enacted by the Legislature of the state of Utah:*

44 Section 1. Section **26-6-2** is amended to read:

45 **26-6-2. Definitions.**

46 As used in this chapter:

47 (1) "Ambulatory surgical center" is as defined in Section 26-21-2.

48 ~~(1)~~ (2) "Carrier" means an infected individual or animal who harbors a specific
49 infectious agent in the absence of discernible clinical disease and serves as a potential source of
50 infection for man. The carrier state may occur in an individual with an infection that is
51 inapparent throughout its course, commonly known as healthy or asymptomatic carrier, or
52 during the incubation period, convalescence, and postconvalescence of an individual with a
53 clinically recognizable disease, commonly known as incubatory carrier or convalescent carrier.
54 Under either circumstance the carrier state may be of short duration, as a temporary or transient
55 carrier, or long duration, as a chronic carrier.

56 ~~(2)~~ (3) "Communicable disease" means illness due to a specific infectious agent or its
57 toxic products which arises through transmission of that agent or its products from a reservoir

58 to a susceptible host, either directly, as from an infected individual or animal, or indirectly,
59 through an intermediate plant or animal host, vector, or the inanimate environment.

60 ~~[(3)]~~ (4) "Communicable period" means the time or times during which an infectious
61 agent may be transferred directly or indirectly from an infected individual to another individual,
62 from an infected animal to man, or from an infected man to an animal, including arthropods.

63 ~~[(4)]~~ (5) "Contact" means an individual or animal having had association with an
64 infected individual, animal, or contaminated environment so as to have had an opportunity to
65 acquire the infection.

66 (6) "End stage renal disease facility" is as defined in Section 26-21-2.

67 ~~[(5)]~~ (7) "Epidemic" means the occurrence or outbreak in a community or region of
68 cases of an illness clearly in excess of normal expectancy and derived from a common or
69 propagated source. The number of cases indicating an epidemic will vary according to the
70 infectious agent, size, and type of population exposed, previous experience or lack of exposure
71 to the disease, and time and place of occurrence. Epidemicity is considered to be relative to
72 usual frequency of the disease in the same area, among the specified population, at the same
73 season of the year.

74 (8) "General acute hospital" is as defined in Section 26-21-2.

75 ~~[(6)]~~ (9) "Incubation period" means the time interval between exposure to an infectious
76 agent and appearance of the first sign or symptom of the disease in question.

77 ~~[(7)]~~ (10) "Infected individual" means an individual who harbors an infectious agent
78 and who has manifest disease or inapparent infection. An infected individual is one from
79 whom the infectious agent can be naturally acquired.

80 ~~[(8)]~~ (11) "Infection" means the entry and development or multiplication of an
81 infectious agent in the body of man or animals. Infection is not synonymous with infectious
82 disease; the result may be inapparent or manifest. The presence of living infectious agents on
83 exterior surfaces of the body, or upon articles of apparel or soiled articles, is not infection, but
84 contamination of such surfaces and articles.

85 ~~[(9)]~~ (12) "Infectious agent" means an organism such as a virus, rickettsia, bacteria,

86 fungus, protozoan, or helminth that is capable of producing infection or infectious disease.

87 ~~[(10)]~~ (13) "Infectious disease" means a disease of man or animals resulting from an
88 infection.

89 ~~[(11)]~~ (14) "Isolation" means the separation, for the period of communicability, of
90 infected individuals or animals from others, in such places and under such conditions as to
91 prevent the direct or indirect conveyance of the infectious agent from those infected to those
92 who are susceptible or who may spread the agent to others.

93 ~~[(12)]~~ (15) "Quarantine" means the restriction of the activities of well individuals or
94 animals who have been exposed to a communicable disease during its period of
95 communicability to prevent disease transmission.

96 ~~[(13)]~~ (16) "School" means a public, private, or parochial nursery school, licensed or
97 unlicensed day care center, child care facility, family care home, headstart program,
98 kindergarten, elementary, or secondary school through grade 12.

99 ~~[(14)]~~ (17) "Sexually transmitted disease" means those diseases transmitted through
100 sexual intercourse or any other sexual contact.

101 (18) "Specialty hospital" is as defined in Section 26-21- 2.

102 Section 2. Section **26-6-27** is amended to read:

103 **26-6-27. Information regarding communicable or reportable diseases**
104 **confidentiality -- Exceptions.**

105 (1) Information collected pursuant to this chapter in the possession of the department
106 or local health departments relating to an individual who has or is suspected of having a disease
107 designated by the department as a communicable or reportable disease under this chapter shall
108 be held by the department and local health departments as strictly confidential. The department
109 and local health departments may not release or make public that information upon subpoena,
110 search warrant, discovery proceedings, or otherwise, except as provided by this section.

111 (2) The information described in Subsection (1) may be released by the department or
112 local health departments only in accordance with the requirements of this chapter and as
113 follows:

114 (a) specific medical or epidemiological information may be released with the written
115 consent of the individual identified in that information or, if that individual is deceased, his
116 next-of-kin;

117 (b) specific medical or epidemiological information may be released to medical
118 personnel or peace officers in a medical emergency, as determined by the department in
119 accordance with guidelines it has established, only to the extent necessary to protect the health
120 or life of the individual identified in the information, or of the attending medical personnel or
121 law enforcement or public safety officers;

122 (c) specific medical or epidemiological information may be released to authorized
123 personnel within the department, local health departments, official health agencies in other
124 states, the United States Public Health Service, the Centers for Disease Control and Prevention
125 (CDC), or when necessary to continue patient services or to undertake public health efforts to
126 interrupt the transmission of disease;

127 (d) if the individual identified in the information is under the age of 18, the information
128 may be released to the Division of Child and Family Services within the Department of Human
129 Services in accordance with Section 62A-4a-403. If that information is required in a court
130 proceeding involving child abuse or sexual abuse under Title 76, Chapter 5, Offenses Against
131 the Person, the information shall be disclosed in camera and sealed by the court upon
132 conclusion of the proceedings;

133 (e) specific medical or epidemiological information may be released to authorized
134 personnel in the department or in local health departments, and to the courts, to carry out the
135 provisions of this title, and rules adopted by the department in accordance with this title;

136 (f) specific medical or epidemiological information may be released to blood banks,
137 organ and tissue banks, and similar institutions for the purpose of identifying individuals with
138 communicable diseases. The department may, by rule, designate the diseases about which
139 information may be disclosed under this subsection, and may choose to release the name of an
140 infected individual to those organizations without disclosing the specific disease;

141 (g) specific medical or epidemiological information may be released in such a way that

142 no individual is identifiable;

143 (h) specific medical or epidemiological information may be released to a "health care
144 provider" as defined in Section 78B-3-403, health care personnel, and public health personnel
145 who have a legitimate need to have access to the information in order to assist the patient, or to
146 protect the health of others closely associated with the patient[~~- This subsection does not create
147 a duty to warn third parties, but is intended only to aid health care providers in their treatment
148 and containment of infectious disease; and~~];

149 (i) specific medical or epidemiological information regarding a health care provider, as
150 defined in Section 78B-3-403, may be released to the department, the appropriate local health
151 department, and the Division of Occupational and Professional Licensing within the
152 Department of Commerce, if the identified health care provider is endangering the safety or life
153 of any individual by his continued practice of health care[~~-~~]; and

154 (j) specific medical or epidemiological information may be released in accordance with
155 Section 26-6-31 if an individual is not identifiable.

156 (3) The provisions of Subsection (2)(h) do not create a duty to warn third parties, but is
157 intended only to aid health care providers in their treatment and containment of infectious
158 disease.

159 Section 3. Section **26-6-31** is enacted to read:

160 **26-6-31. Public reporting of health care associated infections.**

161 (1) An ambulatory surgical facility, a general acute hospital, a specialty hospital, an
162 end stage renal disease facility, and other facilities as required by rules of the Center for
163 Medicare and Medicaid Services shall give the department access to the facility's data on the
164 incidence and rate of health care associated infections that the facility submits to the National
165 Healthcare Safety Network in the Center for Disease Control pursuant to the Center for
166 Medicare and Medicaid Services rules for infection reporting. Access to data under this
167 Subsection (1) may include data sharing through the National Healthcare Safety Network.

168 (2) (a) The department shall, beginning May 1, 2013, use the data submitted by the
169 facilities in accordance with Subsection (1) to compile an annual report on health care

170 associated infections in ambulatory surgical facilities, general acute hospitals, and specialty
171 hospitals for public distribution in accordance with the requirements of this subsection. The
172 department shall publish the report on the department's website and the Utah Health Exchange.

173 (b) The department's report under this section shall:

174 (i) include the following health care associated infections as required by the Center for
175 Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety
176 Network in the Center for Disease Control:

177 (A) central line associated bloodstream infections;

178 (B) catheter associated urinary tract infections;

179 (C) surgical site infections from procedures on the colon or an abdominal
180 hysterectomy;

181 (D) methicillin-resistant staphylococcus aureus bacteremia;

182 (E) clostridium difficile of the colon; and

183 (F) other health care associated infections when reporting is required by the Center for
184 Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety
185 Network in the Center for Disease Control;

186 (ii) include data on the rate of health care associated infections:

187 (A) for the infection types described in Subsection (2)(b)(i); and

188 (B) by health care facility or hospital;

189 (iii) include data on how the rate of health care associated infections in ambulatory
190 surgical facilities, general acute hospitals, and specialty hospitals compares with the rates in
191 other states;

192 (iv) in compiling the report described in Subsection (2)(a), use analytical
193 methodologies that meet accepted standards of validity and reliability;

194 (v) clearly identify and acknowledge, in the report, the limitations of the data sources
195 and analytic methodologies used to develop comparative facility or hospital information;

196 (vi) decide whether information supplied by a facility or hospital under Subsection (1)
197 is appropriate to include in the report;

198 (vii) adjust comparisons among facilities and hospitals for patient case mix and other
199 relevant factors, when appropriate; and

200 (viii) control for provider peer groups, when appropriate.

201 (3) Before posting or releasing the report described in Subsection (2)(a), the
202 department shall:

203 (a) disclose to each ambulatory surgical facility, general acute hospital, and specialty
204 hospital whose data is included in the report:

205 (i) the entire methodology for analyzing the data; and

206 (ii) the comparative facility or hospital information and other information the
207 department has compiled for the facility or hospital; and

208 (b) give the facility or hospital 30 days to suggest corrections or add explanatory
209 comments about the data.

210 (4) The department shall develop and implement effective safeguards to protect against
211 the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and
212 specialty hospital data, including the dissemination of inconsistent, incomplete, invalid,
213 inaccurate, or subjective data.

214 (5) The report described in Subsection (2)(a):

215 (a) may include data that compare and identify general acute hospitals, ambulatory
216 surgical centers, and specialty hospitals;

217 (b) shall contain only statistical, non-identifying information and may not disclose the
218 identity of:

219 (i) an employee of an ambulatory surgical facility, a general acute hospital, or a
220 specialty hospital;

221 (ii) a patient; or

222 (iii) a health care provider licensed under Title 58, Occupations and Professions; and

223 (c) may not be used as evidence in a criminal, civil, or administrative proceeding.

224 (6) This section does not limit the department's authority to investigate and collect data
225 regarding infections and communicable diseases under other provisions of state or federal law.

226 Section 4. Section **58-1-307** is amended to read:

227 **58-1-307. Exemptions from licensure.**

228 (1) Except as otherwise provided by statute or rule, the following individuals may
229 engage in the practice of their occupation or profession, subject to the stated circumstances and
230 limitations, without being licensed under this title:

231 (a) an individual serving in the armed forces of the United States, the United States
232 Public Health Service, the United States Department of Veterans Affairs, or other federal
233 agencies while engaged in activities regulated under this chapter as a part of employment with
234 that federal agency if the individual holds a valid license to practice a regulated occupation or
235 profession issued by any other state or jurisdiction recognized by the division;

236 (b) a student engaged in activities constituting the practice of a regulated occupation or
237 profession while in training in a recognized school approved by the division to the extent the
238 activities are supervised by qualified faculty, staff, or designee and the activities are a defined
239 part of the training program;

240 (c) an individual engaged in an internship, residency, preceptorship, postceptorship,
241 fellowship, apprenticeship, or on-the-job training program approved by the division while
242 under the supervision of qualified individuals;

243 (d) an individual residing in another state and licensed to practice a regulated
244 occupation or profession in that state, who is called in for a consultation by an individual
245 licensed in this state, and the services provided are limited to that consultation;

246 (e) an individual who is invited by a recognized school, association, society, or other
247 body approved by the division to conduct a lecture, clinic, or demonstration of the practice of a
248 regulated occupation or profession if the individual does not establish a place of business or
249 regularly engage in the practice of the regulated occupation or profession in this state;

250 (f) an individual licensed under the laws of this state, other than under this title, to
251 practice or engage in an occupation or profession, while engaged in the lawful, professional,
252 and competent practice of that occupation or profession;

253 (g) an individual licensed in a health care profession in another state who performs that

254 profession while attending to the immediate needs of a patient for a reasonable period during
255 which the patient is being transported from outside of this state, into this state, or through this
256 state;

257 (h) an individual licensed in another state or country who is in this state temporarily to
258 attend to the needs of an athletic team or group, except that the practitioner may only attend to
259 the needs of the athletic team or group, including all individuals who travel with the team or
260 group in any capacity except as a spectator;

261 (i) an individual licensed and in good standing in another state, who is in this state:

262 (i) temporarily, under the invitation and control of a sponsoring entity;

263 (ii) for a reason associated with a special purpose event, based upon needs that may
264 exceed the ability of this state to address through its licensees, as determined by the division;
265 and

266 (iii) for a limited period of time not to exceed the duration of that event, together with
267 any necessary preparatory and conclusionary periods;

268 (j) a law enforcement officer, as defined under Section 53-13-103, who:

269 (i) is operating a voice stress analyzer in the course of the officer's full-time
270 employment with a federal, state, or local law enforcement agency;

271 (ii) has completed the manufacturer's training course and is certified by the
272 manufacturer to operate that voice stress analyzer; and

273 (iii) is operating the voice stress analyzer in accordance with Section 58-64-601,
274 regarding deception detection instruments; and

275 (k) the spouse of an individual serving in the armed forces of the United States while
276 the individual is stationed within this state, provided:

277 (i) the spouse holds a valid license to practice a regulated occupation or profession
278 issued by any other state or jurisdiction recognized by the division; and

279 (ii) the license is current and the spouse is in good standing in the state of licensure.

280 (2) (a) A practitioner temporarily in this state who is exempted from licensure under

281 Subsection (1) shall comply with each requirement of the licensing jurisdiction from which the

282 practitioner derives authority to practice.

283 (b) Violation of a limitation imposed by this section constitutes grounds for removal of
284 exempt status, denial of license, or other disciplinary proceedings.

285 (3) An individual who is licensed under a specific chapter of this title to practice or
286 engage in an occupation or profession may engage in the lawful, professional, and competent
287 practice of that occupation or profession without additional licensure under other chapters of
288 this title, except as otherwise provided by this title.

289 (4) Upon the declaration of a national, state, or local emergency, a public health
290 emergency as defined in Section 26-23b-102, or a declaration by the President of the United
291 States or other federal official requesting public health-related activities, the division in
292 collaboration with the board may:

293 (a) suspend the requirements for permanent or temporary licensure of individuals who
294 are licensed in another state for the duration of the emergency while engaged in the scope of
295 practice for which they are licensed in the other state;

296 (b) modify, under the circumstances described in this Subsection (4) and Subsection
297 (5), the scope of practice restrictions under this title for individuals who are licensed under this
298 title as:

299 (i) a physician under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah
300 Osteopathic Medical Practice Act;

301 (ii) a nurse under Chapter 31b, Nurse Practice Act, or Chapter 31c, Nurse Licensure
302 Compact;

303 (iii) a certified nurse midwife under Chapter 44a, Nurse Midwife Practice Act;

304 (iv) a pharmacist, pharmacy technician, or pharmacy intern under Chapter 17b,
305 Pharmacy Practice Act;

306 (v) a respiratory therapist under Chapter 57, Respiratory Care Practices Act;

307 (vi) a dentist and dental hygienist under Chapter 69, Dentist and Dental Hygienist
308 Practice Act; and

309 (vii) a physician assistant under Chapter 70a, Physician Assistant Act;

310 (c) suspend the requirements for licensure under this title and modify the scope of
311 practice in the circumstances described in this Subsection (4) and Subsection (5) for medical
312 services personnel or paramedics required to be certified under Section 26-8a-302;

313 (d) suspend requirements in Subsections 58-17b-620(3) through (6) which require
314 certain prescriptive procedures;

315 (e) exempt or modify the requirement for licensure of an individual who is activated as
316 a member of a medical reserve corps during a time of emergency as provided in Section
317 26A-1-126; and

318 (f) exempt or modify the requirement for licensure of an individual who is registered as
319 a volunteer health practitioner as provided in Title 26, Chapter 49, Uniform Emergency
320 Volunteer Health Practitioners Act.

321 (5) Individuals exempt under Subsection (4)(c) and individuals operating under
322 modified scope of practice provisions under Subsection (4)(b):

323 (a) are exempt from licensure or subject to modified scope of practice for the duration
324 of the emergency;

325 (b) must be engaged in the distribution of medicines or medical devices in response to
326 the emergency or declaration; and

327 (c) must be employed by or volunteering for:

328 (i) a local or state department of health; or

329 (ii) a host entity as defined in Section 26-49-102.

330 (6) In accordance with the protocols established under Subsection (8), upon the
331 declaration of a national, state, or local emergency, the Department of Health or a local health
332 department shall coordinate with public safety authorities as defined in Subsection
333 26-23b-110(1) and may:

334 (a) use a vaccine, antiviral, antibiotic, or other prescription medication that is not a
335 controlled substance to prevent or treat a disease or condition that gave rise to, or was a
336 consequence of, the emergency; or

337 (b) distribute a vaccine, antiviral, antibiotic, or other prescription medication that is not

338 a controlled substance:

339 (i) if necessary, to replenish a commercial pharmacy in the event that the commercial
340 pharmacy's normal source of the vaccine, antiviral, antibiotic, or other prescription medication
341 is exhausted; or

342 (ii) for dispensing or direct administration to treat the disease or condition that gave
343 rise to, or was a consequence of, the emergency by:

344 (A) a pharmacy;

345 (B) a prescribing practitioner;

346 (C) a licensed health care facility;

347 (D) a federally qualified community health clinic; or

348 (E) a governmental entity for use by a community more than 50 miles from a person
349 described in Subsections (6)(b)(ii)(A) through (D).

350 (7) In accordance with protocols established under Subsection (8), upon the declaration
351 of a national, state, or local emergency, the Department of Health shall coordinate the
352 distribution of medications:

353 (a) received from the strategic national stockpile to local health departments; and

354 (b) from local health departments to emergency personnel within the local health
355 departments' geographic region.

356 (8) The Department of Health shall establish by rule, made in accordance with Title
357 63G, Chapter 3, Utah Administrative Rulemaking Act, protocols for administering, dispensing,
358 and distributing a vaccine, an antiviral, an antibiotic, or other prescription medication that is
359 not a controlled substance in the event of a declaration of a national, state, or local emergency.

360 The protocol shall establish procedures for the Department of Health or a local health
361 department to:

362 (a) coordinate the distribution of:

363 (i) a vaccine, an antiviral, an antibiotic, or other prescription medication that is not a
364 controlled substance received by the Department of Health from the strategic national stockpile
365 to local health departments; and

366 (ii) a vaccine, an antiviral, an antibiotic, or other non-controlled prescription
367 medication received by a local health department to emergency personnel within the local
368 health department's geographic region;

369 (b) authorize the dispensing, administration, or distribution of a vaccine, an antiviral,
370 an antibiotic, or other prescription medication that is not a controlled substance to the contact
371 of a patient, as defined in [~~Subsection~~] Section 26-6-2[(4)], without a patient-practitioner
372 relationship, if the contact's condition is the same as that of the physician's patient; and

373 (c) authorize the administration, distribution, or dispensing of a vaccine, an antiviral,
374 an antibiotic, or other non-controlled prescription medication to an individual who:

375 (i) is working in a triage situation;

376 (ii) is receiving preventative or medical treatment in a triage situation;

377 (iii) does not have coverage for the prescription in the individual's health insurance
378 plan;

379 (iv) is involved in the delivery of medical or other emergency services in response to
380 the declared national, state, or local emergency; or

381 (v) otherwise has a direct impact on public health.

382 (9) The Department of Health shall give notice to the division upon implementation of
383 the protocol established under Subsection (8).

384 Section 5. Section **58-17b-620** is amended to read:

385 **58-17b-620. Prescriptions issued within the public health system.**

386 (1) As used in this section:

387 (a) "Department of Health" means the state Department of Health created in Section
388 26-1-4.

389 (b) "Health department" means either the Department of Health or a local health
390 department.

391 (c) "Local health departments" mean the local health departments created in Title 26A,
392 Chapter 1, Local Health Departments.

393 (2) When it is necessary to treat a reportable disease or non-emergency condition that

394 has a direct impact on public health, a health department may implement the prescription
395 procedure described in Subsection (3) for a prescription drug that is not a controlled substance
396 for use in:

- 397 (a) a clinic; or
- 398 (b) a remote or temporary off-site location, including a triage facility established in the
399 community, that provides:
 - 400 (i) treatment for sexually transmitted infections;
 - 401 (ii) fluoride treatment;
 - 402 (iii) travel immunization;
 - 403 (iv) preventative treatment for an individual with latent tuberculosis infection;
 - 404 (v) preventative treatment for an individual at risk for an infectious disease that has a
405 direct impact on public health when the treatment is indicated to prevent the spread of disease
406 or to mitigate the seriousness of infection in the exposed individual; or
 - 407 (vi) other treatment as defined by the Department of Health rule.

408 (3) In a circumstance described in Subsection (2), an individual with prescriptive
409 authority may write a prescription for each contact, as defined in ~~[Subsection]~~ Section
410 26-6-2[~~(4)~~], of a patient of the individual with prescriptive authority without a face-to-face
411 exam, if:

- 412 (a) the individual with prescriptive authority is treating the patient for a reportable
413 disease or non-emergency condition having a direct impact on public health; and
- 414 (b) the contact's condition is the same as the patient of the individual with prescriptive
415 authority.

416 (4) The following prescription procedure shall be carried out in accordance with the
417 requirements of Subsection (5) and may be used only in the circumstances described under
418 Subsections (2) and (3):

- 419 (a) a physician writes and signs a prescription for a prescription drug, other than a
420 controlled substance, without the name and address of the patient and without the date the
421 prescription is provided to the patient; and

422 (b) the physician authorizes a registered nurse employed by the health department to
423 complete the prescription written under this Subsection [~~3~~] (4) by inserting the patient's name
424 and address, and the date the prescription is provided to the patient, in accordance with the
425 physician's standing written orders and a written health department protocol approved by the
426 physician and the medical director of the state Department of Health.

427 (5) A physician assumes responsibility for all prescriptions issued under this section in
428 the physician's name.

429 (6) (a) All prescription forms to be used by a physician and health department in
430 accordance with this section shall be serially numbered according to a numbering system
431 assigned to that health department.

432 (b) All prescriptions issued shall contain all information required under this chapter
433 and rules adopted under this chapter.

434 **Section 6. Effective date.**

435 This bill takes effect on July 1, 2012.