# Medicine, Board of

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Chapter 3: Practice of Medicine

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## CHAPTER 3

## PRACTICE OF MEDICINE

**Section 1. Pronouncement of death.** The determination of the cause of death constitutes medical diagnosis and is the practice of medicine. The pronouncement of death is not a medical diagnosis and does not require prior licensure by the board.

**Section 2. Board ordered testing.**

(a) Applicants/licensees who have been or are now in recovery from chemical and/or alcohol impairment or for other conditions deemed appropriate for ongoing monitoring may, at the board's or its designated agent's discretion, be required to comply with board mandated testing to monitor recovery. All such applicants/licensees shall execute and deliver to the board such releases and consents as may be required to enable the board to receive reports and communicate with any such testing facility.

(b) When ordered or as agreed to by consent decree, testing shall be done at a licensed medical facility convenient to the applicant's/licensee's residence and/or place of business at intervals determined by the board or its designated agent.

(c) A certified copy of the order/consent decree ordering the testing shall be sent to the facility where the testing is to be done. Execution of the consent decree or acceptance of a license to practice medicine will constitute waiver of applicant's/licensee's objection to release of the order/consent decree to the testing facility.

(d) Test results shall be mailed directly to the board of medicine or its designated agent for inclusion in the licensee's/applicant's file. Results and documentation thereof shall be confidential board records disclosed only if included in a final order pursuant to the terms of W.S. 33-26-408(c). Results may be disseminated to other licensing agencies, credentialing authorities, etc., if specifically requested, in writing, by the applicant/licensee.

(e) All expenses for testing shall be borne by the applicant/licensee and payable directly to the lab/facility where the testing is to be done.

**Section 3. Physical or mental infirmity and/or communicable diseases.**

(a) A physician infected with any communicable disease shall take appropriate steps to guard against the spread of contagious, infectious or communicable diseases, take appropriate steps to assure competent patient care if the disease may lead to or cause incapacity or inability to practice medicine safely and skillfully, appropriately adapt medical practice if possessing any physical or mental disability caused by such infectious disease and/or take appropriate steps to insure patient safety if the disease causes physical impairment.

(b) A physician infected with, or who has reasonable cause to believe he is infected with a communicable disease shall be aware of and adhere to current scientific

knowledge concerning the communicable disease. If the disease is progressive and leads to any disability, the physician shall promptly notify the board.

(c) A physician who affirmatively answers any question relating to physical or mental infirmity, alcohol or substance abuse, or communicable disease on the application for licensure or annual renewal questionnaire may be requested to supply additional information designated by the board, and/or may be called to interview before the board or a board designated committee. Following the interview and based on the information submitted, the board may require the physician to submit to appropriate medical and/or mental testing including, but not limited to, blood, urine and hair testing, at his/her own expense.

(d) All information received by the board of medicine during the application and/or renewal process, including but not limited to information concerning physical or mental deterioration, alcohol or substance abuse, and communicable disease shall remain confidential and shall not be disclosed to any other party or entity without the express written release of the applicant/licensee or where required by law.

(e) Failure to comply with and adhere to the provisions set out above may lead to review and appropriate disciplinary action pursuant to W.S. 33-26-402(a).

**Section 4. Patient access to physician medical records.**

(a) The information contained in a patient's medical records should be made readily available upon receipt by the physician of an appropriate, signed, written request for release of such information. The paper, microfilm or data storage unit upon which the patient's information is maintained belongs to the physician and/or health care facility in which he/she practices. Patients do not have a right to possess the physical means by which the information is stored. Upon a patient's signed, written request, physicians shall make pertinent information in the medical record available to the patient. Physicians shall comply with the patient's written request within a reasonable period or no more than thirty days, whichever is shorter. Physicians shall honor a request for a patient's medical record when such request is made in writing and signed by the patient or an individual who is authorized to consent to health care for the patient pursuant to W.S. § 35-22-401 et. seq.

(b) Physicians may provide the medical record or any portion in an accurate, detailed, comprehensive summary of the factual information contained in the complete record. If requested, physicians shall provide copies of pertinent x-rays and other diagnostic records in addition to/in lieu of interpretive summaries.

(c) For purposes of this section, ‘medical records' does not include a physician's personal office notes or personal communications between referring and consulting physicians relating to the patient. A physician may, however, include such notes and communications if appropriate.

(d) If the physician disclosing the medical record believes, in good faith, that releasing any portion of the record would injure the health or well being of the patient, a physician may refuse disclosure of that portion of the record. In such instances, a physician shall document the factual basis and rationale used in deciding against disclosure. A physician may

also deny access to patient records if he/she reasonably concludes that access to the health care information requested is otherwise prohibited by law.

(e) A physician may establish reasonable charges, and charge a patient for the actual costs incurred in responding to a patient's request for copies of any portion of a patient's medical record. Such costs may include the cost of copies, clerical staff time and the physician's time in reviewing and summarizing the records and/or x-rays and diagnostic records, if necessary. The patient requesting medical records is responsible for payment of all such charges; however, a patient shall not be denied a summary or a copy of requested medical records because of inability to pay.

(f) Violation of this rule may be cause for disciplinary action pursuant to W.S. 33-26-402(a)(xxxi).

**Section 5. Termination of physician-patient relationship; Closure of practice.**

(a) Any physician licensed by the board who desires to terminate a physician/patient relationship must notify the patient or the patient's legally-designated agent in writing at least thirty (30) days prior to the date of the termination that the licensee will no longer treat the patient. The written notice of termination shall be sent via certified mail, return receipt requested, and notify the patient that the licensee's care of the patient will continue for thirty days or until such date as the patient notifies the licensee of the name and address of the patient's new physician, whichever occurs first. Such requirements do not apply to physicians treating patients in an emergency room or under other emergent circumstances.

(b) Any physician licensed by the board who desires to relocate or close a medical practice shall notify patients of such termination, sale, or relocation and unavailability by causing to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest circulation in each county in which the physician practices or practiced and in a local newspaper that serves the immediate practice area, a display advertisement which shall contain the date of termination, sale, or relocation and an address at which the records may be obtained from the physician or terminating the practice or located or from another licensed physician. A copy of this notice shall also be submitted to the Board not less than one (1) month prior to the date of termination, sale, or relocation of the practice. The physician may, but is not required to, place a sign in a conspicuous location on the façade of the physician's office or notify patients by letter, of the termination, sale or relocation of the practice. The sign or notice shall advise the physician's patients of their opportunity and right to transfer or receive copies of their records.

**Section 6. Practice Coverage.** The Board recognizes that patients often need help outside of regular office hours. However, since physicians cannot be continuously available to respond to patients and their emergencies, it is recommended that physicians provide their patients with instructions about what to do if they need help with their care and treatment when their physician is unavailable. Coverage arrangements should take into account the general nature, complexity and severity of the illnesses and the care and treatment in the patient population regularly seen and treated by the physician, as well as the availability of other providers qualified and available to respond to their patients' needs. Physicians should make reasonable efforts to arrange adequate and appropriate coverage for their practices and patients

when the physician is unavailable. Physicians who do not have formal call coverage and who instruct patients to use a local emergency room for medical needs should confer with the medical director of the local emergency room to ensure that physicians and staff are able to communicate with the physician, or another provider qualified and available to respond to the patient's needs, about the care of their patients who may present for care at the facility. Failure to adequately address coverage needs of physician's patients may be grounds for the imposition of disciplinary action pursuant to W.S. 33-26-402.

**Section 7. Continuing medical education.**

(a) To renew, reinstate or reactivate a license to practice medicine in Wyoming a physician shall verify satisfactory completion of not less than sixty (60) hours of continuing medical education (CME) earned in any combination of the following during the previous three (3) years:

(i) AMA-approved Category I or II continuing medical education;

(ii) AOA-approved continuing medical education;

(iii) A current AMA Physician's Recognition Award;

(iv) A current certificate from a specialty board approved by the A.B.M.S. considered by the specialty board to be equivalent to the hours claimed to be attributable to such certificate by the licensee;

(v) Other documented and verifiable self-assessment, quality improvement or other activity that promotes the enhancement of a licensee's medical skills;

(vi) Documented volunteer service rendering clinical care in a nonprofit health care facility in this state to low income uninsured persons while holding an emeritus license in good standing, such CME to be credited at the rate set forth in Chapter 1, Section 5(a)(v)(A)(II) of these rules; and/or

(vii) Documented volunteer service to the board as a medical consultant, such service to be credited as CME at the rate of one (1) hour of continuing medical education credit per two (2) hours of service as a consultant, not to exceed twenty (20) hours' CME credit in a calendar year.

(b) The CME requirement prerequisite to renewal, reactivation or reinstatement of licensure shall not apply to physicians who:

(i) Have held a Wyoming license to practice medicine for less than three years as of the renewal date;

(ii) Have within the past three (3) years been certified or recertified by member board of the A.B.M.S.;

(iii) Have been within the previous three years, or are currently, enrolled in a residency program approved by the A.C.G.M.E. or the R.C.P.S.C.;

(iv) Hold an inactive license to practice medicine in Wyoming as defined in Ch. 1, sec. 5(a)(iv) of these rules and who indicate such status by written notice to the board.

(c) Upon written request specifying the reasons for an exemption, the board may grant an exemption of all or part of the requirements of circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.

(d) Upon written request received in the board offices on or before the renewal date and for good cause shown, the board may grant an extension of the deadline requirements for up to one year.

(e) Each year, accompanying the application for renewal of a license to practice medicine or accompanying a petition for reactivation or reinstatement of his/her license, a physician shall sign an affidavit provided by the board requiring the license holder to verify that he/she has met the CME requirements described above or that he/she holds an inactive medical license or is otherwise exempt from these rules.

(f) Licensee shall maintain CME records for no less than four (4) years and such records shall be made available to the board upon request.

(g) Failure to complete CME requirements as described in this rule may cause the physician to be ineligible for annual renewal of his/her license. Failure to produce records reflecting that a physician has completed the required minimum continuing medical education hours upon written request by the board may constitute unprofessional conduct under W.S. 33-26-402(a)(xxviii).

(h) The board shall periodically conduct a random audit of approximately ten (10%) percent of its active licensees to determine compliance with these rules. The practitioners selected for the audit shall provide a signed statement of completion of the required hours and all supporting documentation within forty-five (45) days of the date of the notice of the audit. Failure to comply with the audit may subject the licensee to disciplinary action by the board as set forth above in subsection (g). If found to have not completed the requirement noted above, a licensee shall have not more than six (6) months within which to comply with this rule.

**Section 8. Co-signing of prescriptions.**

(a) The co-signing of a prescription is the practice of medicine.

(b) A physician may co-sign a prescription only to the extent that the physician could properly write the prescription as the sole prescriber.

(c) A physician may co-sign a prescription written by a person enrolled in a residency program in this state only if that person holds a current residency training license issued by the board.