

Effective 5/7/2025

78B-3-423 Affidavit of merit.

- (1)
 - (a) A claimant who elects to file an affidavit of merit shall file the affidavit of merit:
 - (i) within 60 days after the day on which the pre-litigation panel issues an opinion, if the claimant receives a finding from the pre-litigation panel in accordance with Section 78B-3-418 of non-meritorious for either:
 - (A) the claim of breach of applicable standard of care; or
 - (B) that the breach of care was the proximate cause of injury;
 - (ii) within 60 days after the day on which the time limit in Subsection 78B-3-416(4)(b)(ii) expires, if a pre-litigation hearing is not held within the time limits under Subsection 78B-3-416(4)(b)(ii); or
 - (iii) within 30 days after the day on which the division makes a determination under Subsection 78B-3-416(4)(d)(ii)(B), if the division makes a determination under Subsection 78B-3-416(4)(d)(ii)(B).
 - (b) A claimant who elects to file an affidavit of merit under Subsection (1)(a) shall:
 - (i) file the affidavit of merit with the division; and
 - (ii) serve each defendant with the affidavit of merit in accordance with Subsection 78B-3-412(3).
- (2) A claimant may proceed to litigate and pursue a judicial remedy regardless of whether:
 - (a) the claimant has obtained or filed an affidavit of merit under this section;
 - (b) a review panel deemed the claimant's claims to have merit; or
 - (c) the claimant participated in a review panel.
- (3) The affidavit of merit shall:
 - (a) be executed by the claimant's attorney or the claimant if the claimant is proceeding pro se, stating that the affiant has consulted with and reviewed the facts of the case with a health care provider who has determined after a review of the medical record and other relevant material involved in the particular action that there is a reasonable and meritorious cause for the filing of a medical liability action; and
 - (b) include an affidavit signed by a health care provider who meets the requirements of Subsection (5):
 - (i) stating that in the health care provider's opinion, there are reasonable grounds to believe that the applicable standard of care was breached;
 - (ii) stating that in the health care provider's opinion, the breach was a proximate cause of the injury claimed in the notice of intent to commence action; and
 - (iii) stating the reasons for the health care provider's opinion.
- (4) The statement required in Subsection (3)(b)(i) shall be waived if the claimant received an opinion that there was a breach of the applicable standard of care under Subsection 78B-3-418(2)(a)(i).
- (5) A health care provider who signs an affidavit under Subsection (3)(b) shall:
 - (a) if none of the respondents is a physician or an osteopathic physician, hold a current unrestricted license issued by the appropriate licensing authority of Utah or another state in the same specialty or of the same class of license as the respondents; or
 - (b) if at least one of the respondents is a physician or an osteopathic physician, hold a current unrestricted license issued by the appropriate licensing authority of Utah or another state to practice medicine in all its branches.
- (6) A claimant's attorney or claimant may obtain up to a 60-day extension to file the affidavit of merit if:

- (a) the claimant or the claimant's attorney submits a signed affidavit for extension with notice to the division attesting to the fact that the claimant is unable to submit an affidavit of merit as required by this section because:
 - (i) a statute of limitations would impair the action; and
 - (ii) the affidavit of merit could not be obtained before the expiration of the statute of limitations; and
 - (b) the claimant or claimant's attorney submits the affidavit for extension to each named respondent in accordance with Subsection 78B-3-412(3) no later than 60 days after the date specified in Subsection (1)(a)(i).
- (7)
- (a) A claimant or claimant's attorney who submits allegations in an affidavit of merit that are found to be without reasonable cause and untrue, based on information available to the plaintiff at the time the affidavit was submitted to the division, is liable to the defendant for the payment of reasonable expenses and reasonable attorney fees actually incurred by the defendant or the defendant's insurer.
 - (b) An affidavit of merit is not admissible, and cannot be used for any purpose, in a subsequent lawsuit based on the claim that is the subject of the affidavit, except for the purpose of establishing the right to recovery under Subsection (7)(c).
 - (c) A court, or arbitrator under Section 78B-3-421, may award costs and attorney fees under Subsection (7)(a) if the defendant files a motion for costs and attorney fees within 60 days of the judgment or dismissal of the action in favor of the defendant. The person making a motion for attorney fees and costs may depose and examine the health care provider who prepared the affidavit of merit under Subsection (3)(b).
- (8) For each request for prelitigation panel review under Subsection 78B-3-416(2), the division shall compile the following information:
- (a) whether the cause of action arose on or after July 1, 2010;
 - (b) the number of respondents named in the request; and
 - (c) for each respondent named in the request:
 - (i) the respondent's license class;
 - (ii) if the respondent has a professional specialty, the respondent's professional specialty;
 - (iii) if the division does not issue a certificate of compliance at the conclusion of the prelitigation process, the reason a certificate was not issued;
 - (iv) if the division issues a certificate of compliance, the reason the certificate of compliance was issued;
 - (v) if an affidavit of merit was filed by the claimant, for each health care provider who submitted an affidavit under Subsection (3)(b):
 - (A) the health care provider's license class and professional specialty; and
 - (B) whether the health care provider meets the requirements of Subsection 78B-3-416(5)(b); and
 - (vi) whether the claimant filed an action in court against the respondent.
- (9) The division may require the following persons to submit the information to the division necessary for the division to comply with Subsection (8):
- (a) a claimant;
 - (b) a respondent;
 - (c) a health care provider who submits an affidavit under Subsection (3)(b); and
 - (d) a medical liability pre-litigation panel.

Amended by Chapter 503, 2025 General Session

