

Representative Justin L. Fawson proposes the following substitute bill:

SUICIDE PREVENTION TRAINING AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Justin L. Fawson

Senate Sponsor: Daniel W. Thatcher

LONG TITLE

General Description:

This bill amends portions of the Utah Medical Practice Act and the Utah Osteopathic Medical Practice Act.

Highlighted Provisions:

This bill:

- requires an individual to complete a course in suicide prevention in order to obtain or renew a license under the Utah Medical Practice Act or the Utah Osteopathic Medical Practice Act; and

- allows the division to issue a waiver from the requirements created in this bill for any individual who requests a waiver.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:

58-67-302, as last amended by Laws of Utah 2012, Chapters 162 and 225

58-67-302.5, as last amended by Laws of Utah 2011, Chapter 214



- 26 **58-67-302.8 (Effective 07/01/18)**, as enacted by Laws of Utah 2017, Chapter 299
- 27 **58-67-304 (Superseded 07/01/18)**, as last amended by Laws of Utah 2011, Chapters
- 28 161 and 214
- 29 **58-67-304 (Effective 07/01/18)**, as last amended by Laws of Utah 2017, Chapter 299
- 30 **58-68-302**, as last amended by Laws of Utah 2012, Chapters 162 and 225
- 31 **58-68-302.5 (Effective 07/01/18)**, as enacted by Laws of Utah 2017, Chapter 299
- 32 **58-68-304 (Superseded 07/01/18)**, as last amended by Laws of Utah 2011, Chapters
- 33 161 and 214
- 34 **58-68-304 (Effective 07/01/18)**, as last amended by Laws of Utah 2017, Chapter 299

35

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

37 Section 1. Section **58-67-302** is amended to read:

38 **58-67-302. Qualifications for licensure.**

39 (1) ~~[(A)]~~ Except as provided in Subsection (2), an applicant for licensure as a physician
40 and surgeon~~[-, except as set forth in Subsection (2),]~~ shall:

41 (a) submit an application in a form prescribed by the division, which may include:

42 (i) submissions by the applicant of information maintained by practitioner data banks,
43 as designated by division rule, with respect to the applicant;

44 (ii) a record of professional liability claims made against the applicant and settlements
45 paid by or on behalf of the applicant; and

46 (iii) authorization to use a record coordination and verification service approved by the
47 division in collaboration with the board;

48 (b) pay a fee determined by the department under Section **63J-1-504**;

49 (c) be of good moral character;

50 (d) provide satisfactory documentation of having successfully completed a program of
51 professional education preparing an individual as a physician and surgeon, as evidenced by:

52 (i) having received an earned degree of doctor of medicine from an LCME accredited
53 medical school or college; or

54 (ii) if the applicant graduated from a medical school or college located outside the
55 United States or its territories, submitting a current certification by the Educational
56 Commission for Foreign Medical Graduates or any successor organization approved by the

57 division in collaboration with the board;

58 (e) satisfy the division and board that the applicant:

59 (i) has successfully completed 24 months of progressive resident training in a program
60 approved by the ACGME, the Royal College of Physicians and Surgeons, the College of
61 Family Physicians of Canada, or any similar body in the United States or Canada approved by
62 the division in collaboration with the board; or

63 (ii) (A) has successfully completed 12 months of resident training in an ACGME
64 approved program after receiving a degree of doctor of medicine as required under Subsection
65 (1)(d);

66 (B) has been accepted in and is successfully participating in progressive resident
67 training in an ACGME approved program within Utah, in the applicant's second or third year
68 of postgraduate training; and

69 (C) has agreed to surrender to the division the applicant's license as a physician and
70 surgeon without any proceedings under Title 63G, Chapter 4, Administrative Procedures Act,
71 and has agreed the applicant's license as a physician and surgeon will be automatically revoked
72 by the division if the applicant fails to continue in good standing in an ACGME approved
73 progressive resident training program within the state;

74 (f) pass the licensing examination sequence required by division rule made in
75 collaboration with the board;

76 (g) be able to read, write, speak, understand, and be understood in the English language
77 and demonstrate proficiency to the satisfaction of the board if requested by the board;

78 (h) meet with the board and representatives of the division, if requested, for the
79 purpose of evaluating the applicant's qualifications for licensure;

80 (i) designate:

81 (i) a contact person for access to medical records in accordance with the federal Health
82 Insurance Portability and Accountability Act; and

83 (ii) an alternate contact person for access to medical records, in the event the original
84 contact person is unable or unwilling to serve as the contact person for access to medical
85 records; ~~and~~

86 (j) establish a method for notifying patients of the identity and location of the contact
87 person and alternate contact person, if the applicant will practice in a location with no other

88 persons licensed under this chapter[-]; and

89 (k) complete a minimum of two hours of training in suicide prevention via a course
90 approved by the division.

91 (2) An applicant for licensure as a physician and surgeon by endorsement who is
92 currently licensed to practice medicine in any state other than Utah, a district or territory of the
93 United States, or Canada shall:

94 (a) be currently licensed with a full unrestricted license in good standing in any state,
95 district, or territory of the United States, or Canada;

96 (b) have been actively engaged in the legal practice of medicine in any state, district, or
97 territory of the United States, or Canada for not less than 6,000 hours during the five years
98 immediately preceding the date of application for licensure in Utah;

99 (c) comply with the requirements for licensure under Subsections (1)(a) through (d),
100 (1)(e)(i), and (1)(g) through [~~(j)~~] (k);

101 (d) have passed the licensing examination sequence required in Subsection (1)(f) or
102 another medical licensing examination sequence in another state, district or territory of the
103 United States, or Canada that the division in collaboration with the board by rulemaking
104 determines is equivalent to its own required examination;

105 (e) not have any investigation or action pending against any health care license of the
106 applicant, not have a health care license that was suspended or revoked in any state, district or
107 territory of the United States, or Canada, and not have surrendered a health care license in lieu
108 of a disciplinary action, unless:

109 (i) the license was subsequently reinstated as a full unrestricted license in good
110 standing; or

111 (ii) the division in collaboration with the board determines to its satisfaction, after full
112 disclosure by the applicant, that:

113 (A) the conduct has been corrected, monitored, and resolved; or

114 (B) a mitigating circumstance exists that prevents its resolution, and the division in
115 collaboration with the board is satisfied that, but for the mitigating circumstance, the license
116 would be reinstated;

117 (f) submit to a records review, a practice history review, and comprehensive
118 assessments, if requested by the division in collaboration with the board; and

119 (g) produce satisfactory evidence that the applicant meets the requirements of this
120 Subsection (2) to the satisfaction of the division in collaboration with the board.

121 (3) An applicant for licensure by endorsement may engage in the practice of medicine
122 under a temporary license while the applicant's application for licensure is being processed by
123 the division, provided:

124 (a) the applicant submits a complete application required for temporary licensure to the
125 division;

126 (b) the applicant submits a written document to the division from:

127 (i) a health care facility licensed under Title 26, Chapter 21, Health Care Facility
128 Licensing and Inspection Act, stating that the applicant is practicing under the:

129 (A) invitation of the health care facility; and

130 (B) the general supervision of a physician practicing at the facility; or

131 (ii) two individuals licensed under this chapter, whose license is in good standing and
132 who practice in the same clinical location, both stating that:

133 (A) the applicant is practicing under the invitation and general supervision of the
134 individual; and

135 (B) the applicant will practice at the same clinical location as the individual;

136 (c) the applicant submits a signed certification to the division that the applicant meets
137 the requirements of Subsection (2);

138 (d) the applicant does not engage in the practice of medicine until the division has
139 issued a temporary license;

140 (e) the temporary license is only issued for and may not be extended or renewed
141 beyond the duration of one year from issuance; and

142 (f) the temporary license expires immediately and prior to the expiration of one year
143 from issuance, upon notification from the division that the applicant's application for licensure
144 by endorsement is denied.

145 (4) The division shall issue a temporary license under Subsection (3) within 15
146 business days after the applicant satisfies the requirements of Subsection (3).

147 (5) The division may not require a post-residency board certification as a requirement
148 for licensure.

149 (6) The division may issue a waiver from the requirement in Subsection (1)(k) to any

150 individual who requests a waiver.

151 Section 2. Section **58-67-302.5** is amended to read:

152 **58-67-302.5. Licensing of graduates of foreign medical schools.**

153 (1) Notwithstanding any other provision of law to the contrary, an individual enrolled
154 in a medical school outside the United States, its territories, the District of Columbia, or
155 Canada is eligible for licensure as a physician and surgeon in this state if the individual has
156 satisfied the following requirements:

157 (a) meets all the requirements of Subsection **58-67-302**(1), except for Subsection
158 **58-67-302**(1)(d);

159 (b) has studied medicine in a medical school located outside the United States which is
160 recognized by an organization approved by the division;

161 (c) has completed all of the formal requirements of the foreign medical school except
162 internship or social service;

163 (d) has attained a passing score on the educational commission for foreign medical
164 graduates examination or other qualifying examinations such as the United States Medical
165 Licensing Exam parts I and II, which are approved by the division or a medical school
166 approved by the division;

167 (e) has satisfactorily completed one calendar year of supervised clinical training under
168 the direction of a United States medical education setting accredited by the liaison committee
169 for graduate medical education and approved by the division;

170 (f) has completed the postgraduate hospital training required by Subsection
171 **58-67-302**(1)(e)(i); ~~and~~

172 (g) has passed the examination required by the division of all applicants for
173 licensure~~[-]; and~~

174 (h) has completed a minimum of two hours of training in suicide prevention via a
175 course approved by the division.

176 (2) Satisfaction of the requirements of Subsection (1) is in lieu of:

177 (a) the completion of any foreign internship or social service requirements; and

178 (b) the certification required by Subsection **58-67-302**(1)(d)(ii).

179 (3) Individuals who satisfy the requirements of Subsections (1)(a) through (f) shall be
180 eligible for admission to graduate medical education programs within the state, including

181 internships and residencies, which are accredited by the liaison committee for graduate medical
182 education.

183 (4) A document issued by a medical school located outside the United States shall be
184 considered the equivalent of a degree of doctor of medicine for the purpose of licensure as a
185 physician and surgeon in this state if:

186 (a) the foreign medical school is recognized by an organization approved by the
187 division;

188 (b) the document granted by the foreign medical school is issued after the completion
189 of all formal requirements of the medical school except internship or social service; and

190 (c) the foreign medical school certifies that the person to whom the document was
191 issued has satisfactorily completed the requirements of Subsection (1)(c).

192 (5) The provisions for licensure under this section shall be known as the "fifth pathway
193 program."

194 (6) The division may issue a waiver from the requirement in Subsection (1)(h) to any
195 individual who requests a waiver.

196 Section 3. Section **58-67-302.8 (Effective 07/01/18)** is amended to read:

197 **58-67-302.8 (Effective 07/01/18). Restricted licensing of an associate physician.**

198 (1) An individual may apply for a restricted license as an associate physician if the
199 individual:

200 (a) meets the requirements described in Subsections **58-67-302(1)(a)** through (c),
201 (1)(d)(i), and (1)(g) through [(j)] (k);

202 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing
203 Examination or the equivalent steps of another board-approved medical licensing examination:

204 (i) within three years after the day on which the applicant graduates from a program
205 described in Subsection **58-67-302(1)(d)(i)**; and

206 (ii) within two years before applying for a restricted license as an associate physician;
207 and

208 (c) is not currently enrolled in and has not completed a residency program.

209 (2) Before a licensed associate physician may engage in the practice of medicine as
210 described in Subsection (3), the licensed associate physician shall:

211 (a) enter into a collaborative practice arrangement described in Section **58-67-807**

212 within six months after the associate physician's initial licensure; and

213 (b) receive division approval of the collaborative practice arrangement.

214 (3) An associate physician's scope of practice is limited to primary care services to
215 medically underserved populations or in medically underserved areas within the state.

216 (4) The division may issue a waiver from the requirement in Subsection
217 58-67-302(1)(k) to any individual who requests a waiver.

218 Section 4. Section **58-67-304 (Superseded 07/01/18)** is amended to read:

219 **58-67-304 (Superseded 07/01/18). License renewal requirements.**

220 (1) As a condition precedent for license renewal, each licensee shall, during each
221 two-year licensure cycle or other cycle defined by division rule:

222 (a) complete qualified continuing professional education requirements in accordance
223 with the number of hours and standards defined by division rule made in collaboration with the
224 board;

225 (b) appoint a contact person for access to medical records and an alternate contact
226 person for access to medical records in accordance with Subsection 58-67-302(1)(i); and

227 (c) if the licensee practices medicine in a location with no other persons licensed under
228 this chapter, provide some method of notice to the licensee's patients of the identity and
229 location of the contact person and alternate contact person for the licensee.

230 (2) If a renewal period is extended or shortened under Section 58-67-303, the
231 continuing education hours required for license renewal under this section are increased or
232 decreased proportionally.

233 (3) An application to renew a license under this chapter shall:

234 (a) require a physician to answer the following question: "Do you perform elective
235 abortions in Utah in a location other than a hospital?"; and

236 (b) immediately following the question, contain the following statement: "For purposes
237 of the immediately preceding question, elective abortion means an abortion other than one of
238 the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is
239 necessary to avert the death of a woman, an abortion that is necessary to avert a serious risk of
240 substantial and irreversible impairment of a major bodily function of a woman, an abortion of a
241 fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where
242 the woman is pregnant as a result of rape or incest."

243 (4) In order to assist the Department of Health in fulfilling its responsibilities relating
244 to the licensing of an abortion clinic, if a physician responds positively to the question
245 described in Subsection (3)(a), the division shall, within 30 days after the day on which it
246 renews the physician's license under this chapter, inform the Department of Health in writing:

- 247 (a) of the name and business address of the physician; and
- 248 (b) that the physician responded positively to the question described in Subsection
249 (3)(a).

250 (5) (a) The continuing professional education requirements described in Subsection
251 (1)(a) shall include a minimum of two hours of training in suicide prevention via a course
252 approved by the division.

253 (b) The division may issue a waiver from the requirement in Subsection (5)(a) to any
254 individual who requests a waiver.

255 Section 5. Section **58-67-304 (Effective 07/01/18)** is amended to read:

256 **58-67-304 (Effective 07/01/18). License renewal requirements.**

257 (1) As a condition precedent for license renewal, each licensee shall, during each
258 two-year licensure cycle or other cycle defined by division rule:

259 (a) complete qualified continuing professional education requirements in accordance
260 with the number of hours and standards defined by division rule made in collaboration with the
261 board;

262 (b) appoint a contact person for access to medical records and an alternate contact
263 person for access to medical records in accordance with Subsection 58-67-302(1)(i);

264 (c) if the licensee practices medicine in a location with no other persons licensed under
265 this chapter, provide some method of notice to the licensee's patients of the identity and
266 location of the contact person and alternate contact person for the licensee; and

267 (d) if the licensee is an associate physician licensed under Section 58-67-302.8,
268 successfully complete the educational methods and programs described in Subsection
269 58-67-807(4).

270 (2) If a renewal period is extended or shortened under Section 58-67-303, the
271 continuing education hours required for license renewal under this section are increased or
272 decreased proportionally.

273 (3) An application to renew a license under this chapter shall:

274 (a) require a physician to answer the following question: "Do you perform elective
275 abortions in Utah in a location other than a hospital?"; and

276 (b) immediately following the question, contain the following statement: "For purposes
277 of the immediately preceding question, elective abortion means an abortion other than one of
278 the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is
279 necessary to avert the death of a woman, an abortion that is necessary to avert a serious risk of
280 substantial and irreversible impairment of a major bodily function of a woman, an abortion of a
281 fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where
282 the woman is pregnant as a result of rape or incest."

283 (4) In order to assist the Department of Health in fulfilling its responsibilities relating
284 to the licensing of an abortion clinic, if a physician responds positively to the question
285 described in Subsection (3)(a), the division shall, within 30 days after the day on which it
286 renews the physician's license under this chapter, inform the Department of Health in writing:

287 (a) of the name and business address of the physician; and

288 (b) that the physician responded positively to the question described in Subsection
289 (3)(a).

290 (5) (a) The continuing professional education requirements described in Subsection
291 (1)(a) shall include a minimum of two hours of training in suicide prevention via a course
292 approved by the division.

293 (b) The division may issue a waiver from the requirement in Subsection (5)(a) to any
294 individual who requests a waiver.

295 Section 6. Section **58-68-302** is amended to read:

296 **58-68-302. Qualifications for licensure.**

297 (1) ~~[An]~~ Except as provided in Subsection (2), an applicant for licensure as an
298 osteopathic physician and surgeon~~[, except as set forth in Subsection (2),]~~ shall:

299 (a) submit an application in a form prescribed by the division, which may include:

300 (i) submissions by the applicant of information maintained by practitioner data banks,
301 as designated by division rule, with respect to the applicant;

302 (ii) a record of professional liability claims made against the applicant and settlements
303 paid by or on behalf of the applicant; and

304 (iii) authorization to use a record coordination and verification service approved by the

305 division in collaboration with the board;

306 (b) pay a fee determined by the department under Section 63J-1-504;

307 (c) be of good moral character;

308 (d) provide satisfactory documentation of having successfully completed a program of
309 professional education preparing an individual as an osteopathic physician and surgeon, as
310 evidenced by:

311 (i) having received an earned degree of doctor of osteopathic medicine from an AOA
312 approved medical school or college; or

313 (ii) submitting a current certification by the Educational Commission for Foreign
314 Medical Graduates or any successor organization approved by the division in collaboration
315 with the board, if the applicant is graduated from an osteopathic medical school or college
316 located outside of the United States or its territories which at the time of the applicant's
317 graduation, met criteria for accreditation by the AOA;

318 (e) satisfy the division and board that the applicant:

319 (i) has successfully completed 24 months of progressive resident training in an
320 ACGME or AOA approved program after receiving a degree of doctor of osteopathic medicine
321 required under Subsection (1)(d); or

322 (ii) (A) has successfully completed 12 months of resident training in an ACGME or
323 AOA approved program after receiving a degree of doctor of osteopathic medicine as required
324 under Subsection (1)(d);

325 (B) has been accepted in and is successfully participating in progressive resident
326 training in an ACGME or AOA approved program within Utah, in the applicant's second or
327 third year of postgraduate training; and

328 (C) has agreed to surrender to the division the applicant's license as an osteopathic
329 physician and surgeon without any proceedings under Title 63G, Chapter 4, Administrative
330 Procedures Act, and has agreed the applicant's license as an osteopathic physician and surgeon
331 will be automatically revoked by the division if the applicant fails to continue in good standing
332 in an ACGME or AOA approved progressive resident training program within the state;

333 (f) pass the licensing examination sequence required by division rule, as made in
334 collaboration with the board;

335 (g) be able to read, write, speak, understand, and be understood in the English language

336 and demonstrate proficiency to the satisfaction of the board, if requested by the board;

337 (h) meet with the board and representatives of the division, if requested for the purpose

338 of evaluating the applicant's qualifications for licensure;

339 (i) designate:

340 (i) a contact person for access to medical records in accordance with the federal Health

341 Insurance Portability and Accountability Act; and

342 (ii) an alternate contact person for access to medical records, in the event the original

343 contact person is unable or unwilling to serve as the contact person for access to medical

344 records; ~~and~~

345 (j) establish a method for notifying patients of the identity and location of the contact

346 person and alternate contact person, if the applicant will practice in a location with no other

347 persons licensed under this chapter~~[-]~~; and

348 (k) complete a minimum of two hours of training in suicide prevention via a course

349 approved by the division.

350 (2) An applicant for licensure as an osteopathic physician and surgeon by endorsement

351 who is currently licensed to practice osteopathic medicine in any state other than Utah, a

352 district or territory of the United States, or Canada shall:

353 (a) be currently licensed with a full unrestricted license in good standing in any state,

354 district or territory of the United States, or Canada;

355 (b) have been actively engaged in the legal practice of osteopathic medicine in any

356 state, district or territory of the United States, or Canada for not less than 6,000 hours during

357 the five years immediately preceding the day on which the applicant applied for licensure in

358 Utah;

359 (c) comply with the requirements for licensure under Subsections (1)(a) through (d),

360 (1)(e)(i), and (1)(g) through ~~(f)~~ (k);

361 (d) have passed the licensing examination sequence required in Subsection (1)(f) or

362 another medical licensing examination sequence in another state, district or territory of the

363 United States, or Canada that the division in collaboration with the board by rulemaking

364 determines is equivalent to its own required examination;

365 (e) not have any investigation or action pending against any health care license of the

366 applicant, not have a health care license that was suspended or revoked in any state, district or

367 territory of the United States, or Canada, and not have surrendered a health care license in lieu
368 of a disciplinary action, unless:

369 (i) the license was subsequently reinstated as a full unrestricted license in good
370 standing; or

371 (ii) the division in collaboration with the board determines, after full disclosure by the
372 applicant, that:

373 (A) the conduct has been corrected, monitored, and resolved; or

374 (B) a mitigating circumstance exists that prevents its resolution, and the division in
375 collaboration with the board is satisfied that, but for the mitigating circumstance, the license
376 would be reinstated;

377 (f) submit to a records review, a practice review history, and physical and
378 psychological assessments, if requested by the division in collaboration with the board; and

379 (g) produce evidence that the applicant meets the requirements of this Subsection (2) to
380 the satisfaction of the division in collaboration with the board.

381 (3) An applicant for licensure by endorsement may engage in the practice of medicine
382 under a temporary license while the applicant's application for licensure is being processed by
383 the division, provided:

384 (a) the applicant submits a complete application required for temporary licensure to the
385 division;

386 (b) the applicant submits a written document to the division from:

387 (i) a health care facility licensed under Title 26, Chapter 21, Health Care Facility
388 Licensing and Inspection Act, stating that the applicant is practicing under the:

389 (A) invitation of the health care facility; and

390 (B) the general supervision of a physician practicing at the health care facility; or

391 (ii) two individuals licensed under this chapter, whose license is in good standing and
392 who practice in the same clinical location, both stating that:

393 (A) the applicant is practicing under the invitation and general supervision of the
394 individual; and

395 (B) the applicant will practice at the same clinical location as the individual;

396 (c) the applicant submits a signed certification to the division that the applicant meets
397 the requirements of Subsection (2);

398 (d) the applicant does not engage in the practice of medicine until the division has
399 issued a temporary license;

400 (e) the temporary license is only issued for and may not be extended or renewed
401 beyond the duration of one year from issuance; and

402 (f) the temporary license expires immediately and prior to the expiration of one year
403 from issuance, upon notification from the division that the applicant's application for licensure
404 by endorsement is denied.

405 (4) The division shall issue a temporary license under Subsection (3) within 15
406 business days after the applicant satisfies the requirements of Subsection (3).

407 (5) The division may not require a post-residency board certification as a requirement
408 for licensure.

409 (6) The division may issue a waiver from the requirement in Subsection (1)(k) to any
410 individual who requests a waiver.

411 Section 7. Section **58-68-302.5 (Effective 07/01/18)** is amended to read:

412 **58-68-302.5 (Effective 07/01/18). Restricted licensing of an associate physician.**

413 (1) An individual may apply for a restricted license as an associate physician if the
414 individual:

415 (a) meets the requirements described in Subsections **58-68-302(1)(a)** through (c),
416 (1)(d)(i), and (1)(g) through ~~(j)~~ (k);

417 (b) successfully completes Step 1 and Step 2 of the United States Medical Licensing
418 Examination or the equivalent steps of another board-approved medical licensing examination:

419 (i) within three years after the day on which the applicant graduates from a program
420 described in Subsection **58-68-302(1)(d)(i)**; and

421 (ii) within two years before applying for a restricted license as an associate physician;
422 and

423 (c) is not currently enrolled in and has not completed a residency program.

424 (2) Before a licensed associate physician may engage in the practice of medicine as
425 described in Subsection (3), the licensed associate physician shall:

426 (a) enter into a collaborative practice arrangement described in Section **58-68-807**
427 within six months after the associate physician's initial licensure; and

428 (b) receive division approval of the collaborative practice arrangement.

429 (3) An associate physician's scope of practice is limited to primary care services to
430 medically underserved populations or in medically underserved areas within the state.

431 Section 8. Section **58-68-304 (Superseded 07/01/18)** is amended to read:

432 **58-68-304 (Superseded 07/01/18). License renewal requirements.**

433 (1) As a condition precedent for license renewal, each licensee shall, during each
434 two-year licensure cycle or other cycle defined by division rule:

435 (a) complete qualified continuing professional education requirements in accordance
436 with the number of hours and standards defined by division rule in collaboration with the
437 board;

438 (b) appoint a contact person for access to medical records and an alternate contact
439 person for access to medical records in accordance with Subsection **58-68-302(1)(i)**; and

440 (c) if the licensee practices osteopathic medicine in a location with no other persons
441 licensed under this chapter, provide some method of notice to the licensee's patients of the
442 identity and location of the contact person and alternate contact person for access to medical
443 records for the licensee in accordance with Subsection **58-68-302(1)(j)**.

444 (2) If a renewal period is extended or shortened under Section **58-68-303**, the
445 continuing education hours required for license renewal under this section are increased or
446 decreased proportionally.

447 (3) An application to renew a license under this chapter shall:

448 (a) require a physician to answer the following question: "Do you perform elective
449 abortions in Utah in a location other than a hospital?"; and

450 (b) immediately following the question, contain the following statement: "For purposes
451 of the immediately preceding question, elective abortion means an abortion other than one of
452 the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is
453 necessary to avert the death of a woman, an abortion that is necessary to avert a serious risk of
454 substantial and irreversible impairment of a major bodily function of a woman, an abortion of a
455 fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where
456 the woman is pregnant as a result of rape or incest."

457 (4) In order to assist the Department of Health in fulfilling its responsibilities relating
458 to the licensing of an abortion clinic, if a physician responds positively to the question
459 described in Subsection (3)(a), the division shall, within 30 days after the day on which it

460 renews the physician's license under this chapter, inform the Department of Health in writing:

461 (a) of the name and business address of the physician; and

462 (b) that the physician responded positively to the question described in Subsection

463 (3)(a).

464 (5) (a) The continuing professional education requirements described in Subsection

465 (1)(a) shall include a minimum of two hours of training in suicide prevention via a course

466 approved by the division.

467 (b) The division may issue a waiver from the requirement in Subsection (5)(a) to any

468 individual who requests a waiver.

469 Section 9. Section **58-68-304 (Effective 07/01/18)** is amended to read:

470 **58-68-304 (Effective 07/01/18). License renewal requirements.**

471 (1) As a condition precedent for license renewal, each licensee shall, during each

472 two-year licensure cycle or other cycle defined by division rule:

473 (a) complete qualified continuing professional education requirements in accordance

474 with the number of hours and standards defined by division rule in collaboration with the

475 board;

476 (b) appoint a contact person for access to medical records and an alternate contact

477 person for access to medical records in accordance with Subsection [58-68-302\(1\)\(i\)](#);

478 (c) if the licensee practices osteopathic medicine in a location with no other persons

479 licensed under this chapter, provide some method of notice to the licensee's patients of the

480 identity and location of the contact person and alternate contact person for access to medical

481 records for the licensee in accordance with Subsection [58-68-302\(1\)\(j\)](#); and

482 (d) if the licensee is an associate physician licensed under Section [58-68-302.5](#),

483 successfully complete the educational methods and programs described in Subsection

484 [58-68-807\(4\)](#).

485 (2) If a renewal period is extended or shortened under Section [58-68-303](#), the

486 continuing education hours required for license renewal under this section are increased or

487 decreased proportionally.

488 (3) An application to renew a license under this chapter shall:

489 (a) require a physician to answer the following question: "Do you perform elective

490 abortions in Utah in a location other than a hospital?"; and

491 (b) immediately following the question, contain the following statement: "For purposes
492 of the immediately preceding question, elective abortion means an abortion other than one of
493 the following: removal of a dead fetus, removal of an ectopic pregnancy, an abortion that is
494 necessary to avert the death of a woman, an abortion that is necessary to avert a serious risk of
495 substantial and irreversible impairment of a major bodily function of a woman, an abortion of a
496 fetus that has a defect that is uniformly diagnosable and uniformly lethal, or an abortion where
497 the woman is pregnant as a result of rape or incest."

498 (4) In order to assist the Department of Health in fulfilling its responsibilities relating
499 to the licensing of an abortion clinic, if a physician responds positively to the question
500 described in Subsection (3)(a), the division shall, within 30 days after the day on which it
501 renews the physician's license under this chapter, inform the Department of Health in writing:

502 (a) of the name and business address of the physician; and

503 (b) that the physician responded positively to the question described in Subsection
504 (3)(a).

505 (5) (a) The continuing professional education requirements described in Subsection
506 (1)(a) shall include a minimum of two hours of training in suicide prevention via a course
507 approved by the division.

508 (b) The division may issue a waiver from the requirement in Subsection (5)(a) to any
509 individual who requests a waiver.

510 Section 10. **Effective date.**

511 (1) Except as provided in Subsection (2), this bill takes effect on May 8, 2018.

512 (2) The actions affecting the following sections take effect on July 1, 2018:

513 (a) Section [58-67-302.8](#) (Effective 07/01/18);

514 (b) Section [58-67-304](#) (Effective 07/01/18);

515 (c) Section [58-68-302.5](#) (Effective 07/01/18); and

516 (d) Section [58-68-304](#) (Effective 07/01/18).