

**PHYSICIAN CERTIFICATION**

2018 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Michael K. McKell**

Senate Sponsor: \_\_\_\_\_

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**LONG TITLE**

**General Description:**

This bill enacts language related to certain physician certifications.

**Highlighted Provisions:**

This bill:

▶ prohibits the following from requiring that a physician maintain certain certifications:

- a health care facility for purposes of employment, privileges, or reimbursement;
- a managed care organization or other third party for purposes of reimbursement;

and

• the Division of Occupational and Professional Licensing for purposes of licensing; and

▶ makes technical and conforming changes.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**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



28 [58-68-302](#), as last amended by Laws of Utah 2012, Chapters 162 and 225

29 ENACTS:

30 [26-21-30](#), Utah Code Annotated 1953

31 [31A-45-305](#), Utah Code Annotated 1953



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

34 Section 1. Section [26-21-30](#) is enacted to read:

35 **[26-21-30](#). Prohibition on certain physician certification requirements.**

36 A health care facility may not require for purposes of employment, privileges, or  
37 reimbursement, that a physician, as defined in Section [58-67-102](#), secure maintenance of  
38 certification by a nationally recognized accrediting organization that specializes in a specific  
39 area of medicine that includes continuous reexamination to measure core competencies in  
40 practice of medicine, as defined in Section [58-67-102](#), as a requirement for maintaining  
41 certification.

42 Section 2. Section [31A-45-305](#) is enacted to read:

43 **[31A-45-305](#). Prohibition on certain physician certification requirements.**

44 A managed care organization or other third party may not require for purposes of  
45 reimbursement that a physician, as defined in Section [58-67-102](#), secure maintenance of  
46 certification by a nationally recognized accrediting organization that specializes in a specific  
47 area of medicine that includes continuous reexamination to measure core competencies in  
48 practice of medicine, as defined in Section [58-67-102](#), as a requirement for maintaining  
49 certification.

50 Section 3. Section [58-67-302](#) is amended to read:

51 **[58-67-302](#). Qualifications for licensure.**

52 (1) An applicant for licensure as a physician and surgeon, except as set forth in  
53 Subsection (2), shall:

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

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

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

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

61 (b) pay a fee determined by the department under Section [63J-1-504](#);

62 (c) be of good moral character;

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

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

67 (ii) if the applicant graduated from a medical school or college located outside the  
68 United States or its territories, submitting a current certification by the Educational  
69 Commission for Foreign Medical Graduates or any successor organization approved by the  
70 division in collaboration with the board;

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

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

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

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

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

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

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

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

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

93 (i) designate:

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

96 (ii) an alternate contact person for access to medical records, in the event the original  
97 contact person is unable or unwilling to serve as the contact person for access to medical  
98 records; and

99 (j) establish a method for notifying patients of the identity and location of the contact  
100 person and alternate contact person, if the applicant will practice in a location with no other  
101 persons licensed under this chapter.

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

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

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

110 (c) comply with the requirements for licensure under Subsections (1)(a) through (d),  
111 (1)(e)(i), and (1)(g) through (j);

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

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

120 (i) the license was subsequently reinstated as a full unrestricted license in good

- 121 standing; or
- 122 (ii) the division in collaboration with the board determines to its satisfaction, after full  
123 disclosure by the applicant, that:
- 124 (A) the conduct has been corrected, monitored, and resolved; or
- 125 (B) a mitigating circumstance exists that prevents its resolution, and the division in  
126 collaboration with the board is satisfied that, but for the mitigating circumstance, the license  
127 would be reinstated;
- 128 (f) submit to a records review, a practice history review, and comprehensive  
129 assessments, if requested by the division in collaboration with the board; and
- 130 (g) produce satisfactory evidence that the applicant meets the requirements of this  
131 Subsection (2) to the satisfaction of the division in collaboration with the board.
- 132 (3) An applicant for licensure by endorsement may engage in the practice of medicine  
133 under a temporary license while the applicant's application for licensure is being processed by  
134 the division, provided:
- 135 (a) the applicant submits a complete application required for temporary licensure to the  
136 division;
- 137 (b) the applicant submits a written document to the division from:
- 138 (i) a health care facility licensed under Title 26, Chapter 21, Health Care Facility  
139 Licensing and Inspection Act, stating that the applicant is practicing under the:
- 140 (A) invitation of the health care facility; and
- 141 (B) the general supervision of a physician practicing at the facility; or
- 142 (ii) two individuals licensed under this chapter, whose license is in good standing and  
143 who practice in the same clinical location, both stating that:
- 144 (A) the applicant is practicing under the invitation and general supervision of the  
145 individual; and
- 146 (B) the applicant will practice at the same clinical location as the individual;
- 147 (c) the applicant submits a signed certification to the division that the applicant meets  
148 the requirements of Subsection (2);
- 149 (d) the applicant does not engage in the practice of medicine until the division has  
150 issued a temporary license;
- 151 (e) the temporary license is only issued for and may not be extended or renewed

152 beyond the duration of one year from issuance; and

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

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

158 (5) The division may not require the following as a requirement for licensure:

159 (a) a post-residency board certification [~~as a requirement for licensure.~~]; or

160 (b) maintenance of certification by a nationally recognized accrediting organization  
161 that specializes in a specific area of medicine that includes continuous reexamination to  
162 measure core competencies in practice of medicine as a requirement for maintaining  
163 certification.

164 Section 4. Section **58-67-302.5** is amended to read:

165 **58-67-302.5. Licensing of graduates of foreign medical schools.**

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

170 (a) meets all the requirements of Subsection **58-67-302**(1), except for Subsection  
171 **58-67-302**(1)(d);

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

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

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

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

- 183 (f) has completed the postgraduate hospital training required by Subsection  
184 58-67-302(1)(e)(i); and
- 185 (g) has passed the examination required by the division of all applicants for licensure.
- 186 (2) Satisfaction of the requirements of Subsection (1) is in lieu of:
- 187 (a) the completion of any foreign internship or social service requirements; and
- 188 (b) the certification required by Subsection 58-67-302(1)(d).
- 189 (3) Individuals who satisfy the requirements of Subsections (1)(a) through (f) shall be  
190 eligible for admission to graduate medical education programs within the state, including  
191 internships and residencies, which are accredited by the liaison committee for graduate medical  
192 education.
- 193 (4) A document issued by a medical school located outside the United States shall be  
194 considered the equivalent of a degree of doctor of medicine for the purpose of licensure as a  
195 physician and surgeon in this state if:
- 196 (a) the foreign medical school is recognized by an organization approved by the  
197 division;
- 198 (b) the document granted by the foreign medical school is issued after the completion  
199 of all formal requirements of the medical school except internship or social service; and
- 200 (c) the foreign medical school certifies that the person to whom the document was  
201 issued has satisfactorily completed the requirements of Subsection (1)(c).
- 202 (5) The division may not require as a requirement for licensure maintenance of  
203 certification by a nationally recognized accrediting organization that specializes in a specific  
204 area of medicine that includes continuous reexamination to measure core competencies in  
205 practice of medicine as a requirement for maintaining certification.
- 206 [~~5~~] (6) The provisions for licensure under this section shall be known as the "fifth  
207 pathway program."
- 208 Section 5. Section 58-68-302 is amended to read:
- 209 **58-68-302. Qualifications for licensure.**
- 210 (1) An applicant for licensure as an osteopathic physician and surgeon, except as set  
211 forth in Subsection (2), shall:
- 212 (a) submit an application in a form prescribed by the division, which may include:
- 213 (i) submissions by the applicant of information maintained by practitioner data banks,

214 as designated by division rule, with respect to the applicant;

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

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

219 (b) pay a fee determined by the department under Section [63J-1-504](#);

220 (c) be of good moral character;

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

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

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

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

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

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

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

241 (C) has agreed to surrender to the division the applicant's license as an osteopathic  
242 physician and surgeon without any proceedings under Title 63G, Chapter 4, Administrative  
243 Procedures Act, and has agreed the applicant's license as an osteopathic physician and surgeon  
244 will be automatically revoked by the division if the applicant fails to continue in good standing



245 in an ACGME or AOA approved progressive resident training program within the state;

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

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

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

252 (i) designate:

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

255 (ii) an alternate contact person for access to medical records, in the event the original  
256 contact person is unable or unwilling to serve as the contact person for access to medical  
257 records; and

258 (j) establish a method for notifying patients of the identity and location of the contact  
259 person and alternate contact person, if the applicant will practice in a location with no other  
260 persons licensed under this chapter.

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

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

266 (b) have been actively engaged in the legal practice of osteopathic medicine in any  
267 state, district or territory of the United States, or Canada for not less than 6,000 hours during  
268 the five years immediately preceding the day on which the applicant applied for licensure in  
269 Utah;

270 (c) comply with the requirements for licensure under Subsections (1)(a) through (d),  
271 (1)(e)(i), and (1)(g) through (j);

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

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

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

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

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

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

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

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

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

295 (a) the applicant submits a complete application required for temporary licensure to the  
296 division;

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

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

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

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

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

304 (A) the applicant is practicing under the invitation and general supervision of the  
305 individual; and

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

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

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

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

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

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

318 (5) The division may not require [~~a post-residency board certification~~] the following as  
319 a requirement for licensure[.]:

320 (a) a post-residency board certification; or

321 (b) maintenance of certification by a nationally recognized accrediting organization  
322 that specializes in a specific area of medicine that includes continuous reexamination to  
323 measure core competencies in practice of medicine as a requirement for maintaining  
324 certification.

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**Legislative Review Note**  
**Office of Legislative Research and General Counsel**