

Senator Daniel McCay proposes the following substitute bill:

CONSENT FOR MEDICAL PROCEDURE AMENDMENTS

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Daniel McCay

House Sponsor: Kim F. Coleman

Cosponsor: Deidre M. Henderson

LONG TITLE

General Description:

This bill enacts provisions relating to certain patient examinations.

Highlighted Provisions:

This bill:

- ▶ creates requirements for certain examinations on an unconscious or anesthetized patient;
- ▶ amends provisions relating to informed consent for health care procedures; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-8a-503, as last amended by Laws of Utah 2017, Chapter 326

78B-3-406, as last amended by Laws of Utah 2017, Chapter 113



25 ENACTS:

26 [58-1-509](#), Utah Code Annotated 1953



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

29 Section 1. Section **26-8a-503** is amended to read:

30 **26-8a-503. Discipline of emergency medical services personnel.**

31 (1) The department may refuse to issue a license or renewal, or revoke, suspend,
32 restrict, or place on probation an individual's license if:

33 (a) the individual does not meet the qualifications for licensure under Section
34 [26-8a-302](#);

35 (b) the individual has engaged in conduct, as defined by committee rule, that:

36 (i) is unprofessional;

37 (ii) is adverse to the public health, safety, morals, or welfare; or

38 (iii) would adversely affect public trust in the emergency medical service system;

39 (c) the individual has violated Section [26-8a-502](#) or other provision of this chapter;

40 (d) the individual has violated Section [58-1-509](#);

41 [~~(d)~~] (e) a court of competent jurisdiction has determined the individual to be mentally
42 incompetent for any reason; or

43 [~~(e)~~] (f) the individual is unable to provide emergency medical services with reasonable
44 skill and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other
45 type of material, or as a result of any other mental or physical condition, when the individual's
46 condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers,
47 or the public health, safety, or welfare that cannot be reasonably mitigated.

48 (2) (a) An action to revoke, suspend, restrict, or place a license on probation shall be
49 done in:

50 (i) consultation with the peer review board created in Section [26-8a-105](#); and

51 (ii) accordance with Title 63G, Chapter 4, Administrative Procedures Act.

52 (b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist
53 order under Section [26-8a-507](#) to immediately suspend an individual's license pending an
54 administrative proceeding to be held within 30 days if there is evidence to show that the
55 individual poses a clear, immediate, and unjustifiable threat or potential threat to the public

56 health, safety, or welfare.

57 (3) An individual whose license has been suspended, revoked, or restricted may apply
58 for reinstatement of the license at reasonable intervals and upon compliance with any
59 conditions imposed upon the license by statute, committee rule, or the terms of the suspension,
60 revocation, or restriction.

61 (4) In addition to taking disciplinary action under Subsection (1), the department may
62 impose sanctions in accordance with Section [26-23-6](#).

63 Section 2. Section **58-1-509** is enacted to read:

64 **58-1-509. Patient consent for certain medical examinations.**

65 (1) As used in this section:

66 (a) "Health care provider" means:

67 (i) an individual who is:

68 (A) a healthcare provider as defined in Section [78B-3-403](#); and

69 (B) licensed under this title;

70 (ii) emergency medical service personnel as defined in Section [26-8a-102](#); or

71 (iii) an individual described in Subsection [58-1-307\(1\)\(b\)](#) or (c).

72 (b) "Patient examination" means a medical examination that requires contact with the
73 patient's sexual organs.

74 (2) A health care provider may not perform a patient examination on an anesthetized or
75 unconscious patient unless:

76 (a) the health care provider obtains consent from the patient ~~Ŝ~~ **or the patient's**
76a **representative** ~~←Ŝ~~ in accordance with

77 Subsection (3);

77a ~~Ŝ~~ **(b) a court orders performance of the patient examination for the collection of**
77b **evidence;** ~~←Ŝ~~

78 ~~Ŝ~~ **[(b)] (c)** ~~←Ŝ~~ the performance of the patient examination is within the scope of care for a
79 procedure or diagnostic examination scheduled to be performed on the patient; or

80 ~~Ŝ~~ **[(c)] (d)** ~~←Ŝ~~ the patient examination is immediately necessary for diagnosis or treatment
80a of the
81 patient.

82 (3) To obtain consent to perform a patient examination on an anesthetized or
83 unconscious patient, before performing the patient examination, the health care provider shall:

84 (a) provide the patient ~~Ŝ~~ **or the patient's representative** ~~←Ŝ~~ with a written ~~Ĥ~~ **or**
84a **electronic** ~~←Ĥ~~ document that:

85 (i) is provided separately from any other notice or agreement;

86 (ii) contains the following heading ~~Ĥ~~ **[printed]** ~~←Ĥ~~ at the top of the document in not
86a smaller

87 than 18-point bold face type: "CONSENT FOR EXAMINATION OF PELVIC REGION";

88 (iii) specifies the nature and purpose of the patient examination;

89 (iv) names ~~Ŝ~~ **[the] one or more** ~~←Ŝ~~ primary health care ~~Ŝ~~ **[provider that the patient**

89a **authorizes to] providers whom the patient or the patient's representative may authorize to** ~~←Ŝ~~
89b perform the

90 patient examination;

91 (v) states whether there may be a student or resident that the patient ~~Ŝ~~ **or the patient's**

91a **representative** ~~←Ŝ~~ authorizes to:

92 (A) perform an additional patient examination; or

93 (B) observe or otherwise be present at the patient examination, either in person or
94 through electronic means; and

95 (vi) provides the patient ~~Ŝ~~ **or the patient's representative** ~~←Ŝ~~ with a series of check

95a boxes that allow the patient ~~Ŝ~~ **or the patient's representative** ~~←Ŝ~~ to:

96 (A) consent to the patient examination for diagnosis or treatment and an additional
97 patient examination performed by a student or resident for an educational or training purpose;

98 (B) consent to the patient examination only for diagnosis or treatment; or

99 (C) refuse to consent to the patient examination;

100 (b) obtain the signature of the patient or the patient's representative on the written
100a **del** ~~←H~~ **or electronic** ~~←H~~

101 document while witnessed by a third party; and

102 (c) sign the written ~~del~~ **or electronic** ~~←H~~ document.

103 Section 3. Section **78B-3-406** is amended to read:

104 **78B-3-406. Failure to obtain informed consent -- Proof required of patient --**
105 **Defenses -- Consent to health care.**

106 (1) (a) When a person submits to health care rendered by a health care provider, it is
107 presumed that actions taken by the health care provider are either expressly or impliedly
108 authorized to be done.

109 (b) For a patient to recover damages from a health care provider in an action based
110 upon the provider's failure to obtain informed consent, the patient must prove the following:

111 ~~[(a)]~~ (i) that a provider-patient relationship existed between the patient and health care
112 provider;

113 ~~[(b)]~~ (ii) the health care provider rendered health care to the patient;

114 ~~[(c)]~~ (iii) the patient suffered personal injuries arising out of the health care rendered;

115 ~~[(d)]~~ (iv) the health care rendered carried with it a substantial and significant risk of
116 causing the patient serious harm;

117 ~~[(e)]~~ (v) the patient was not informed of the substantial and significant risk;

118 [(f)] (vi) a reasonable, prudent person in the patient's position would not have
119 consented to the health care rendered after having been fully informed as to all facts relevant to
120 the decision to give consent; and

121 [(g)] (vii) the unauthorized part of the health care rendered was the proximate cause of
122 personal injuries suffered by the patient.

123 (2) In determining what a reasonable, prudent person in the patient's position would do
124 under the circumstances, the finder of fact shall use the viewpoint of the patient before health
125 care was provided and before the occurrence of any personal injuries alleged to have arisen
126 from said health care.

127 (3) It shall be a defense to any malpractice action against a health care provider based
128 upon alleged failure to obtain informed consent if:

129 (a) the risk of the serious harm which the patient actually suffered was relatively
130 minor;

131 (b) the risk of serious harm to the patient from the health care provider was commonly
132 known to the public;

133 (c) the patient stated, prior to receiving the health care complained of, that he would
134 accept the health care involved regardless of the risk; or that he did not want to be informed of
135 the matters to which he would be entitled to be informed;

136 (d) the health care provider, after considering all of the attendant facts and
137 circumstances, used reasonable discretion as to the manner and extent to which risks were
138 disclosed, if the health care provider reasonably believed that additional disclosures could be
139 expected to have a substantial and adverse effect on the patient's condition; or

140 (e) the patient or [his] the patient's representative executed a written consent which sets
141 forth the nature and purpose of the intended health care and which contains a declaration that
142 the patient accepts the risk of substantial and serious harm, if any, in hopes of obtaining desired
143 beneficial results of health care and which acknowledges that health care providers involved
144 have explained [his] the patient's condition and the proposed health care in a satisfactory
145 manner and that all questions asked about the health care and its attendant risks have been
146 answered in a manner satisfactory to the patient or [his] the patient's representative.

147 (4) The written consent shall be a defense to an action against a health care provider
148 based upon failure to obtain informed consent unless the patient proves that the person giving

