

Evan J. Vickers proposes the following substitute bill:

Office of Professional Licensure Review Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Evan J. Vickers

House Sponsor: Jason B. Kyle

LONG TITLE

General Description:

This bill modifies the scope of practice requirements for health professions.

Highlighted Provisions:

This bill:

- defines terms;
- provides that a physical therapist may prescribe durable medical equipment;
- expands the medical imaging a physical therapist may order;
- allows a physical therapist assistant to perform limited joint mobilization;
- provides a certified registered nurse anesthetist prescriptive authority immediately before and after a procedure;
- extends the amount of time a student may work as a registered nurse apprentice;
- requires a minimum level of registered nursing experience before licensure as an advanced practice registered nurse;
- clarifies collaboration requirements between an athletic trainer and a physician;
- allows an occupational therapist to prescribe durable medical equipment and adaptive devices;
- gives the division rulemaking authority for occupational therapists;
- directs the division to create and issue a respiratory care apprentice license;
- reduces the number of hours required for a physician assistant to work without a collaborative agreement;
- allows an acupuncturist to delegate a low-risk task to an unlicensed aide under specified conditions;
- changes the training requirements for an acupuncturist performing injection therapy;
- gives the division rulemaking authority to determine additional substances an acupuncturist may inject;

- clarifies the titles an acupuncturist may use;
- aligns dry needling for occupational therapists and physical therapists; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:**AMENDS:**

26B-2-801 (Effective 05/06/26), as last amended by Laws of Utah 2025, First Special Session, Chapter 11

26B-4-203 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 392

26B-8-201 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapter 240

58-1-401 (Effective 05/06/26), as last amended by Laws of Utah 2021, Chapter 404

58-1-510 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 324

58-1-602 (Effective 05/06/26), as enacted by Laws of Utah 2022, Chapter 317

58-1-603 (Effective 05/06/26), as enacted by Laws of Utah 2023, Chapter 2

58-24b-102 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 219

58-24b-402 (Effective 05/06/26), as enacted by Laws of Utah 2009, Chapter 220

58-24b-403 (Effective 05/06/26), as enacted by Laws of Utah 2009, Chapter 220

58-31b-103 (Effective 05/06/26), as last amended by Laws of Utah 2011, Chapter 303

58-31b-301 (Effective 05/06/26), as last amended by Laws of Utah 2022, Chapter 277

58-31b-303 (Effective 05/06/26), as last amended by Laws of Utah 2022, Chapters 277, 415

58-31b-304 (Effective 05/06/26), as last amended by Laws of Utah 2022, Chapter 277

58-31b-306.1 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapter 173

58-31b-803 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 223

58-31d-102 (Effective 05/06/26), as repealed and reenacted by Laws of Utah 2022, Chapter 438

58-40a-102 (Effective 05/06/26), as enacted by Laws of Utah 2006, Chapter 206

58-40a-201 (Effective 05/06/26), as enacted by Laws of Utah 2006, Chapter 206

58-40a-302 (Effective 05/06/26), as last amended by Laws of Utah 2009, Chapter 183

58-40a-303 (Effective 05/06/26), as enacted by Laws of Utah 2006, Chapter 206

58-42a-102 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 219

58-42a-306 (Effective 05/06/26), as last amended by Laws of Utah 2015, Chapter 432
58-42a-307 (Effective 05/06/26), as enacted by Laws of Utah 2025, Chapter 219
58-44a-302 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 443
58-47b-201 (Effective 05/06/26) (Repealed 07/01/34), as last amended by Laws of Utah
 2024, Chapter 507
58-54-303 (Effective 05/06/26), as last amended by Laws of Utah 2018, Chapter 242
58-70a-302 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 443
58-70a-307 (Effective 05/06/26), as enacted by Laws of Utah 2021, Chapter 312 and last
 amended by Coordination Clause, Laws of Utah 2021, Chapters 313, 344
58-72-102 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapter 507
58-72-302 (Effective 05/06/26), as last amended by Laws of Utah 2020, Chapter 339
58-72-501 (Effective 05/06/26), as last amended by Laws of Utah 2008, Chapter 250
58-72-701 (Effective 05/06/26), as enacted by Laws of Utah 2019, Chapter 485
58-88-201 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 276

REPEALS AND REENACTS:

58-31b-102 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapter 507
58-31b-302 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 443

RENUMBERS AND AMENDS:

58-57-101 (Effective 05/06/26), (Renumbered from 58-57-2, as last amended by Laws
 of Utah 2006, Chapter 106)
58-57-102 (Effective 05/06/26), (Renumbered from 58-57-3, as last amended by Laws
 of Utah 1993, Chapter 297)
58-57-103 (Effective 05/06/26), (Renumbered from 58-57-4, as last amended by Laws
 of Utah 2020, Chapter 339)
58-57-104 (Effective 05/06/26), (Renumbered from 58-57-5, as last amended by Laws
 of Utah 2006, Chapter 106)
58-57-105 (Effective 05/06/26), (Renumbered from 58-57-6, as repealed and reenacted
 by Laws of Utah 1993, Chapter 297)
58-57-106 (Effective 05/06/26), (Renumbered from 58-57-7, as last amended by Laws
 of Utah 2024, Chapter 147)
58-57-107 (Effective 05/06/26), (Renumbered from 58-57-8, as repealed and reenacted
 by Laws of Utah 1993, Chapter 297)
58-57-108 (Effective 05/06/26), (Renumbered from 58-57-10, as last amended by
 Laws of Utah 2006, Chapter 106)

58-57-109 (Effective 05/06/26), (Renumbered from 58-57-12, as last amended by Laws of Utah 2006, Chapter 106)

58-57-110 (Effective 05/06/26), (Renumbered from 58-57-14, as last amended by Laws of Utah 2022, Chapter 415)

REPEALS:

58-40a-103 (Effective 05/06/26), as enacted by Laws of Utah 2006, Chapter 206

58-41-1 (Effective 05/06/26) (Repealed 07/01/29), as last amended by Laws of Utah 1989, Chapter 207

58-41-3 (Effective 05/06/26) (Repealed 07/01/29), as last amended by Laws of Utah 2020, Chapter 424

58-57-1 (Effective 05/06/26), as enacted by Laws of Utah 1990, Chapter 208

58-57-11 (Effective 05/06/26), as last amended by Laws of Utah 2006, Chapter 106

58-72-601 (Effective 05/06/26), as last amended by Laws of Utah 2007, Chapter 90

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

Section 1. Section **26B-2-801** is amended to read:

26B-2-801 (Effective 05/06/26). Definitions for part.

As used in this part:

(1) "Adult" means an individual who is:

(a) at least 18 years old; or

(b) under 18 years old and is emancipated.

(2) "APRN" means an individual who is:

(a) certified or licensed as an advance practice registered nurse under Subsection [~~58-31b-301(2)(e)~~ 58-31b-301(2)];

(b) an independent practitioner; and

(c) acting within the scope of practice for that individual, as provided by law, rule, and specialized certification and training in that individual's area of practice.

(3) "Capacity" means the same as that term is defined in Section 75A-9-101.

(4) "Emergency medical services provider" means a person that is licensed, designated, or certified under Title 53, Chapter 2d, Emergency Medical Services Act.

(5) "Health care" means the same as that term is defined in Section 75A-9-101.

(6) "Health care provider" means the same as that term is defined in Section 78B-3-403, except that "health care provider" does not include an emergency medical services provider.

- (7)(a) "Life sustaining care" means any medical intervention, including procedures, administration of medication, or use of a medical device, that maintains life by sustaining, restoring, or supplanting a vital function.
- (b) "Life sustaining care" does not include care provided for the purpose of keeping an individual comfortable.
- (8) "Minor" means an individual who:
- (a) is under 18 years old; and
 - (b) is not emancipated.
- (9) "Order for life sustaining treatment" means an order related to life sustaining treatment, on a form designated by the Department of Health and Human Services under Section 26B-2-802, that gives direction to health care providers, health care facilities, and emergency medical services providers regarding the specific health care decisions of the individual to whom the order relates.
- (10) "Parent" means the same as that term is defined in Section 75-1-201.
- (11) "Physician" means a physician and surgeon or osteopathic surgeon licensed under Title 58, Chapter 67, Utah Medical Practice Act or Chapter 68, Utah Osteopathic Medical Practice Act.
- (12) "Physician assistant" means an individual licensed as a physician assistant under Title 58, Chapter 70a, Utah Physician Assistant Act.
- (13) "Sign" means the same as that term is defined in Section 75-1-201.
- (14) "Substituted judgment" means the standard to be applied by a surrogate when making a health care decision for an adult who previously had the capacity to make health care decisions, which requires the surrogate to consider:
- (a) specific preferences expressed by the adult:
 - (i) when the adult had the capacity to make health care decisions; and
 - (ii) at the time the decision is being made;
 - (b) the surrogate's understanding of the adult's health care preferences;
 - (c) the surrogate's understanding of what the adult would have wanted under the circumstances; and
 - (d) to the extent that the preferences described in Subsections (14)(a) through (c) are unknown, the best interest of the adult.
- (15) "Surrogate" means the same as that term is defined in Section 75A-9-101.
- Section 2. Section **26B-4-203** is amended to read:
- 26B-4-203 (Effective 05/06/26). Qualifying condition.**

- 165 (1) By designating a particular condition under Subsection (2) for which the use of medical
166 cannabis to treat symptoms is decriminalized, the Legislature does not conclusively state
167 that:
- 168 (a) current scientific evidence clearly supports the efficacy of a medical cannabis
169 treatment for the condition; or
- 170 (b) a medical cannabis treatment will treat, cure, or positively affect the condition.
- 171 (2) For the purposes of this part, each of the following conditions is a qualifying condition:
- 172 (a) HIV or acquired immune deficiency syndrome;
- 173 (b) Alzheimer's disease;
- 174 (c) amyotrophic lateral sclerosis;
- 175 (d) cancer;
- 176 (e) cachexia;
- 177 (f) persistent nausea that is not significantly responsive to traditional treatment, except
178 for nausea related to:
- 179 (i) pregnancy;
- 180 (ii) cannabis-induced cyclical vomiting syndrome; or
- 181 (iii) cannabinoid hyperemesis syndrome;
- 182 (g) Crohn's disease or ulcerative colitis;
- 183 (h) epilepsy or debilitating seizures;
- 184 (i) multiple sclerosis or persistent and debilitating muscle spasms;
- 185 (j) post-traumatic stress disorder that is being treated and monitored by a licensed mental
186 health therapist, as that term is defined in Section 58-60-102, and that:
- 187 (i) has been diagnosed by a healthcare provider or mental health provider employed
188 or contracted by the United States Veterans Administration, evidenced by copies
189 of medical records from the United States Veterans Administration that are
190 included as part of the recommending medical provider's pre-treatment assessment
191 and medical record documentation; or
- 192 (ii) has been diagnosed or confirmed, through face-to-face or telehealth evaluation of
193 the patient, by a provider who is:
- 194 (A) a licensed board-eligible or board-certified psychiatrist;
- 195 (B) a licensed psychologist with a master's-level degree;
- 196 (C) a licensed clinical social worker with a master's-level degree;
- 197 (D) a licensed advanced practice registered nurse who is qualified to practice
198 within the psychiatric mental health nursing specialty and who has completed

- the clinical practice requirements in psychiatric mental health nursing,
including in psychotherapy[, in accordance with Subsection 58-31b-302(5)(g)];
or
(E) a licensed physician assistant who is qualified to specialize in mental health
care under Section 58-70a-501.1;
- (k) autism;
- (l) a terminal illness when the patient's remaining life expectancy is less than six months;
- (m) a condition resulting in the individual receiving hospice care;
- (n) a rare condition or disease that:
- (i) affects less than 200,000 individuals in the United States, as defined in Section
526 of the Federal Food, Drug, and Cosmetic Act; and
- (ii) is not adequately managed despite treatment attempts using:
- (A) conventional medications other than opioids or opiates; or
- (B) physical interventions;
- (o) pain lasting longer than two weeks that is not adequately managed, in the
recommending medical provider's opinion, despite treatment attempts using:
- (i) conventional medications other than opioids or opiates; or
- (ii) physical interventions;
- (p) pain that is expected to last for two weeks or longer for an acute condition, including
a surgical procedure, for which a medical professional may generally prescribe
opioids for a limited duration, subject to Subsection 26B-4-213(5)(c); and
- (q) a condition that the Compassionate Use Board approves under Section 26B-1-421,
on an individual, case-by-case basis.

Section 3. Section **26B-8-201** is amended to read:

26B-8-201 (Effective 05/06/26). Definitions.

As used in this part:

- (1) "Dead body" means the same as that term is defined in Section 26B-8-101.
- (2)(a) "Death by violence" means death that resulted by the decedent's exposure to
physical, mechanical, or chemical forces.
- (b) "Death by violence" includes death that appears to have been due to homicide, death
that occurred during or in an attempt to commit rape, mayhem, kidnapping, robbery,
burglary, housebreaking, extortion, or blackmail accompanied by threats of violence,
assault with a dangerous weapon, assault with intent to commit any offense
punishable by imprisonment for more than one year, arson punishable by

imprisonment for more than one year, or any attempt to commit any of the foregoing offenses.

- (3) "Immediate relative" means an individual's spouse, child, parent, sibling, grandparent, or grandchild.
- (4) "Health care professional" means any of the following while acting in a professional capacity:
- (a) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
 - (b) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act; or
 - (c) an advance practice registered nurse licensed under Subsection ~~[58-31b-301(2)(e)]~~ 58-31b-301(2)(a) through (c).
- (5) "Medical examiner" means the state medical examiner appointed pursuant to Section 26B-8-202 or a deputy appointed by the medical examiner.
- (6) "Medical examiner record" means:
- (a) all information that the medical examiner obtains regarding a decedent;
 - (b) reports that the medical examiner makes regarding a decedent; and
 - (c) all administrative forms and correspondence related to a decedent's case.
- (7) "Regional pathologist" means an American Board of Pathology certified pathologist licensed to practice medicine and surgery in the state, appointed by the medical examiner pursuant to Subsection 26B-8-202(3).
- (8) "Sudden death while in apparent good health" means apparently instantaneous death without obvious natural cause, death during or following an unexplained syncope or coma, or death during an acute or unexplained rapidly fatal illness.
- (9) "Sudden unexpected infant death" means the death of a child who was thought to be in good health or whose terminal illness appeared to be so mild that the possibility of a fatal outcome was not anticipated.
- (10) "Suicide" means death caused by an intentional and voluntary act of an individual who understands the physical nature of the act and intends by such act to accomplish self-destruction.
- (11) "Unattended death" means a death that occurs more than 365 days after the day on which a health care professional examined or treated the deceased individual for any purpose, including writing a prescription.
- (12)(a) "Unavailable for postmortem investigation" means that a dead body is:

- (i) transported out of state;
- (ii) buried at sea;
- (iii) cremated;
- (iv) processed by alkaline hydrolysis; or
- (v) otherwise made unavailable to the medical examiner for postmortem investigation or autopsy.

(b) "Unavailable for postmortem investigation" does not include embalming or burial of a dead body pursuant to the requirements of law.

(13) "Within the scope of the decedent's employment" means all acts reasonably necessary or incident to the performance of work, including matters of personal convenience and comfort not in conflict with specific instructions.

Section 4. Section **58-1-401** is amended to read:

58-1-401 (Effective 05/06/26). Grounds for denial of license -- Disciplinary proceedings -- Time limitations -- Sanctions.

- (1) The division shall refuse to issue a license to an applicant and shall refuse to renew or shall revoke, suspend, restrict, place on probation, or otherwise act upon the license of a licensee who does not meet the qualifications for licensure under this title.
- (2) The division may refuse to issue a license to an applicant and may refuse to renew or may revoke, suspend, restrict, place on probation, issue a public reprimand to, or otherwise act upon the license of a licensee for the following reasons:
 - (a) subject to the provisions of Subsection (7), the applicant or licensee has engaged in unprofessional conduct, as defined by statute or rule under this title;
 - (b) the applicant or licensee has engaged in unlawful conduct as defined by statute under this title;
 - (c) the applicant or licensee has been determined to be mentally incompetent by a court of competent jurisdiction; or
 - (d) subject to Subsections [~~58-31b-401(7)~~] 58-31b-401(6), 58-60-108(2), 58-61-401(2), 58-67-401(2), 58-68-401(2), 58-70a-401(2), and Section 58-81-105, the applicant or licensee is unable to practice the occupation or profession with reasonable skill and safety because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or other type of material, or as a result of a mental or physical condition, when the condition demonstrates a threat or potential threat to the public health, safety, or welfare.
- (3) A licensee whose license to practice an occupation or profession regulated by this title

has been suspended, revoked, placed on probation, or restricted may apply for reinstatement of the license at reasonable intervals and upon compliance with conditions imposed upon the licensee by statute, rule, or terms of the license suspension, revocation, probation, or restriction.

(4) The division may issue cease and desist orders to:

- (a) a licensee or applicant who may be disciplined under Subsection (1) or (2);
- (b) a person who engages in or represents that the person is engaged in an occupation or profession regulated under this title; and
- (c) a person who otherwise violates this title or a rule adopted under this title.

(5) The division may impose an administrative penalty in accordance with Section 58-1-502.

(6)(a) The division may not take disciplinary action against a person for unprofessional or unlawful conduct under this title, unless the division enters into a stipulated agreement or initiates an adjudicative proceeding regarding the conduct within four years after the conduct is reported to the division, except under Subsection (6)(b).

(b)(i) The division may not take disciplinary action against a person for unprofessional or unlawful conduct more than 10 years after the occurrence of the conduct, unless the proceeding is in response to a civil or criminal judgment or settlement and the proceeding is initiated within one year following the judgment or settlement.

(ii) Notwithstanding Subsection (6)(b)(i), the division may refuse to issue a license due to unprofessional or unlawful conduct that occurred more than 10 years before a request or application for licensure is made.

(7) When the division is determining whether to refuse to issue a license to an applicant, or to refuse to renew the license of a licensee, based solely on the criminal conviction of an applicant or licensee, the division shall:

- (a) provide individualized consideration to the applicant or licensee;
- (b) determine whether the criminal conviction bears a substantial relationship to the applicant's or licensee's ability to safely or competently practice the occupation or profession; and
- (c) consider the applicant's or licensee's current circumstances, which may include any of the following:
 - (i) the age of the applicant or licensee when the applicant or licensee committed the offense;
 - (ii) the time that has elapsed since the applicant or licensee committed the offense;

- (iii) whether the applicant or licensee has completed the applicant's or licensee's criminal sentence;
- (iv) whether the applicant has completed or is actively participating in rehabilitative drug or alcohol treatment;
- (v) any testimonials or recommendations from other individuals provided by the applicant or licensee, including a progress report from the applicant's or licensee's probation or parole officer;
- (vi) other evidence of rehabilitation provided by the applicant or licensee;
- (vii) the education and training of the applicant or licensee;
- (viii) the employment history of the applicant or licensee; and
- (ix) other relevant information provided by the applicant or licensee.

Section 5. Section **58-1-510** is amended to read:

58-1-510 (Effective 05/06/26). Anesthesia and sedation requirements --

Unprofessional conduct -- Whistleblower protection.

(1) As used in this section:

- (a) "Anesthesia or sedation provider" means an individual who is licensed:
 - (i) under Chapter 5a, Podiatric Physician Licensing Act;
 - (ii) under Subsection [58-31b-301(2)(e)] 58-31b-301(2)(b);
 - (iii) under Chapter 67, Utah Medical Practice Act;
 - (iv) under Chapter 68, Utah Osteopathic Medical Practice Act; or
 - (v) as a dentist under Chapter 69, Dentist and Dental Hygienist Practice Act, and who has obtained the appropriate permit established by the division under Subsection 58-69-301(4).
- (b) "Deep sedation" means a drug-induced depression of consciousness where an individual:
 - (i) cannot be easily aroused;
 - (ii) responds purposefully following repeated or painful stimulation;
 - (iii) may not be able to independently maintain ventilatory function;
 - (iv) may require assistance in maintaining a patent airway; and
 - (v) usually maintains cardiovascular function.
- (c) "General anesthesia" means a drug-induced loss of consciousness where an individual:
 - (i) cannot be aroused, even by painful stimulation;
 - (ii) is often unable to maintain ventilatory function;

- 369 (iii) often requires assistance in maintaining a patent airway and positive pressure
370 ventilation may be required because of depressed spontaneous ventilation or
371 drug-induced depression of neuromuscular function; and
372 (iv) may not be able to maintain cardiovascular function.
- 373 (d) "General anesthetic" means a drug identified as a general anesthetic by the federal
374 Food and Drug Administration.
- 375 (e) "Minimal sedation" means a drug-induced state where an individual:
376 (i) responds normally to verbal commands;
377 (ii) may have reduced cognitive function and physical coordination; and
378 (iii) maintains airway reflexes, ventilatory function, and cardiovascular function.
- 379 (f) "Moderate sedation" means a drug-induced depression of consciousness where an
380 individual:
381 (i) responds purposefully to verbal commands, either alone or accompanied by light
382 tactile stimulation;
383 (ii) maintains a patent airway;
384 (iii) maintains spontaneous ventilation; and
385 (iv) usually maintains cardiovascular function.
- 386 (2) An anesthesia or sedation provider may not cause a patient to undergo moderate
387 sedation, deep sedation, or general anesthesia, in an outpatient setting that is not an
388 emergency department without:
- 389 (a) first providing the following information in writing and verbally:
390 (i) the level of anesthesia or sedation being administered;
391 (ii) the identity, type of license, and training of the provider who is performing the
392 procedure for which the anesthesia or sedation will be administered;
393 (iii) the identity, type of license, and a description of the training described in
394 Subsection (4) of the anesthesia or sedation provider who will be administering
395 the anesthesia or sedation; and
396 (iv) a description of the monitoring that will occur during the sedation or anesthesia,
397 including descriptions related to the monitoring of the patient's oxygenation,
398 ventilation, and circulation;
- 399 (b) after complying with Subsection (2)(a), obtaining the patient's written and verbal
400 consent regarding the procedure;
- 401 (c) having the training described in Subsection (4);
- 402 (d) directly supervising the patient;

- (e) if the patient is a minor, having a current pediatric advanced life support certification;
- (f) if the patient is an adult, having a current advanced cardiovascular life support certification or perioperative resuscitation and life support certification;
- (g)(i) having at least one individual in the procedure room who has advanced airway training and the knowledge and skills to recognize and treat airway complications and rescue a patient who entered a deeper than intended level of sedation; or
- (ii) if the anesthesia or sedation provider is administering ketamine for a non-anesthetic purpose, having at least one individual on site and available who has advanced airway training and the knowledge and skills to recognize and treat airway complications and rescue a patient who entered a deeper than intended level of sedation;
- (h) having access during the procedure to an advanced cardiac life support crash cart in the office with equipment that:
 - (i) is regularly maintained according to guidelines established by the American Heart Association; and
 - (ii) includes:
 - (A) a defibrillator;
 - (B) administrable oxygen;
 - (C) age appropriate airway equipment;
 - (D) positive pressure ventilation equipment; and
 - (E) unexpired emergency and reversal medications including naloxone for opioid sedation and flumazenil for benzodiazepine sedation;
- (i) using monitors that meet basic standards set by the American Society of Anesthesiologists and continually monitoring ventilatory function with capnography unless precluded or invalidated by the nature of the patient, procedure, or equipment; and
- (j) entering appropriate information into the patient's chart or medical record, which shall include:
 - (i) the patient's name;
 - (ii) the route and site the anesthesia or sedation was administered;
 - (iii) the time of anesthesia or sedation administration and the dosage;
 - (iv) the patient's periodic vital signs during the procedure; and
 - (v) the name of the individual who monitored the patient's oxygenation and ventilation.

- (3)(a) An anesthesia or sedation provider who violates Subsection (2) or ~~[any] a rule [created by the division]~~ the division makes in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this section commits unprofessional conduct.
- (b) An individual commits unprofessional conduct if the individual administers anesthesia or sedation for which the individual is not appropriately trained.
- (4)(a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division shall make rules to create training and safety standards regarding the inducing of general anesthesia, deep sedation, and moderate sedation:
- (i) for each license described in Subsection (1)(a);
 - (ii) that are based on standards created by nationally recognized organizations, such as the American Society of Anesthesiologists, the American Dental Association, or the American Association of Oral and Maxillofacial Surgeons; and
 - (iii) that include safety standards for general anesthetic use that are consistent with federal Food and Drug Administration guidance.
- (b) For making rules described in Subsection (4)(a), the division shall consult with the applicable licensing boards and a board described in Sections 58-67-201, ~~[58-68-201,]~~ and 58-69-201.
- (5) The requirements of Subsection (2) do not apply to the practice of inducing minimal sedation.
- (6) An employer may not take an adverse employment action against an employee if:
- (a) the employee notifies the division of:
 - (i) a violation of this section; or
 - (ii) a violation of ~~[any rule created by the division to implement this section]~~ a rule the division makes in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this section; and
 - (b) the employment action is based on the individual notifying the division of the violation.
- Section 6. Section **58-1-602** is amended to read:
- 58-1-602 (Effective 05/06/26). Auricular detoxification certification.**
- (1) As used in this section:
- (a) "Health care provider" means an individual who is licensed under:
 - (i) Subsection ~~[58-31b-301(2)(a), (b), (d), or (e)]~~ 58-31b-301(2)(a), (2)(b), (2)(c), (2)(d), (2)(f), or (2)(g);

- 471 (ii) Chapter 60, Mental Health Professional Practice Act;
- 472 (iii) Chapter 61, Part 3, Licensing; or
- 473 (iv) Chapter 70a, Utah Physician Assistant Act.
- 474 (b)(i) "NADA protocol" means:
- 475 (A) a protocol developed by the National Acupuncture Detoxification
- 476 Association; and
- 477 (B) an adjunctive therapy using one to five invariant ear acupuncture or
- 478 acupressure points for the adjunctive treatment and prevention of substance use
- 479 disorders or to provide support for individuals who have experienced physical
- 480 or emotional trauma.
- 481 (ii) "NADA protocol" does not include the stimulation of other auricular or distal
- 482 acupuncture points.
- 483 (2) A health care provider may perform the NADA protocol if the health care provider:
- 484 (a) obtains a certification from the National Acupuncture Detoxification Association to
- 485 perform the NADA protocol; and
- 486 (b) provides the division proof of obtaining the certification.
- 487 (3) A health care provider may perform a protocol substantially similar to the NADA
- 488 protocol if:
- 489 (a) the division has determined the protocol is substantially similar to the NADA
- 490 protocol; and
- 491 (b) the individual has met each requirement the division has created to perform the
- 492 protocol.
- 493 (4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
- 494 division may make rules for implementing Subsection (3).
- 495 Section 7. Section **58-1-603** is amended to read:
- 496 **58-1-603 (Effective 05/06/26). Hormonal transgender treatment on minors --**
- 497 **Requirements.**
- 498 (1) As used in this section:
- 499 (a) "Approved organization" means an organization with expertise regarding transgender
- 500 health care for minors that is approved by the division.
- 501 (b) "Biological sex at birth" means an individual's sex, as being male or female,
- 502 according to distinct reproductive roles as manifested by sex and reproductive organ
- 503 anatomy, chromosomal makeup, and endogenous hormone profiles.
- 504 (c) "Disorder of sexual development" means a sexual development disorder where an

individual:

(i) is born with external biological sex characteristics that are irresolvably ambiguous;

(ii) is born with 46, XX chromosomes with virilization;

(iii) is born with 46, XY chromosomes with undervirilization;

(iv) has both ovarian and testicular tissue; or

(v) has been diagnosed by a physician, based on genetic or biochemical testing, with abnormal:

(A) sex chromosome structure;

(B) sex steroid hormone production; or

(C) sex steroid hormone action for a male or female.

(d) "Health care provider" means:

(i) a physician;

(ii) a physician assistant licensed under Chapter 70a, Utah Physician Assistant Act; or

(iii) an advanced practice registered nurse licensed under ~~[Subsection 58-31b-301(2)(e)] Subsections 58-31b-301(2)(a) through (c).~~

(e)(i) "Hormonal transgender treatment" means administering, prescribing, or

supplying for effectuating or facilitating an individual's attempted sex change:

(A) to an individual whose biological sex at birth is female, a dose of testosterone or other androgens at levels above those normally found in an individual whose biological sex at birth is female;

(B) to an individual whose biological sex at birth is male, a dose of estrogen or a synthetic compound with estrogenic activity or effect at levels above those normally found in an individual whose biological sex at birth is male; or

(C) a puberty inhibition drug.

(ii) "Hormonal transgender treatment" does not include administering, prescribing, or supplying a substance described in Subsection (1)(e)(i) to an individual if the treatment is medically necessary as a treatment for:

(A) precocious puberty;

(B) endometriosis;

(C) a menstrual, ovarian, or uterine disorder;

(D) a sex-hormone stimulated cancer; or

(E) a disorder of sexual development.

(f) "Mental health professional" means any of the following:

(i) a physician who is board certified for a psychiatry specialization recognized by the

- 539 American Board of Medical Specialists or the American Osteopathic Association's
540 Bureau of Osteopathic Specialists;
- 541 (ii) a psychologist licensed under Chapter 61, Psychologist Licensing Act;
542 (iii) a clinical social worker licensed under Chapter 60, Part 2, Social Worker
543 Licensing Act;
- 544 (iv) a marriage and family therapist licensed under Chapter 60, Part 3, Marriage and
545 Family Therapist Licensing Act; or
- 546 (v) a clinical mental health counselor licensed under Chapter 60, Part 4, Clinical
547 Mental Health Counselor Licensing Act.
- 548 (g) "Minor" means an individual who is less than 18 years old.
- 549 (h) "Physician" means an individual licensed under:
- 550 (i) Chapter 67, Utah Medical Practice Act; or
- 551 (ii) Chapter 68, Utah Osteopathic Medical Practice Act.
- 552 (i) "Puberty inhibition drug" means any of the following alone or in combination with
553 aromatase inhibitors:
- 554 (i) gonadotropin-releasing hormone agonists; or
- 555 (ii) androgen receptor inhibitors.
- 556 (j) "Transgender treatment certification" means a certification described in Subsection (2).
- 557 (2)(a) The division shall create a transgender treatment certification on or before July 1,
558 2023.
- 559 (b) The division may issue the transgender treatment certification to an individual if the
560 individual:
- 561 (i) is a health care provider or a mental health professional; and
- 562 (ii) has completed at least 40 hours of education related to transgender health care for
563 minors from an approved organization.
- 564 (c) The division may renew a transgender treatment certification:
- 565 (i) at the time an individual renews the individual's license; and
- 566 (ii) if the individual has completed at least 20 hours of continuing education related
567 to transgender health care for minors from an approved organization during the
568 individual's continuing education cycle.
- 569 (d) Beginning January 1, 2024, providing a hormonal transgender treatment to a minor
570 without a transgender treatment certification is unprofessional conduct.
- 571 (3)(a) A health care provider may provide a hormonal transgender treatment to a minor
572 only if the health care provider has been treating the minor for gender dysphoria for

573 at least six months.

574 (b) Beginning July 1, 2023, before providing a hormonal transgender treatment to a
575 minor described in Subsection (3)(a), a health care provider shall:

576 (i) determine if the minor has other physical or mental health conditions, identify and
577 document any condition, and consider whether treating those conditions before
578 treating the gender dysphoria would provide the minor the best long-term outcome;

579 (ii) consider whether an alternative medical treatment or behavioral intervention to
580 treat the minor's gender dysphoria would provide the minor the best long-term
581 outcome;

582 (iii) document in the medical record that:

583 (A) the health care provider has complied with Subsections (3)(b)(i) and (ii); and

584 (B) providing the hormonal transgender treatment will likely result in the best
585 long-term outcome for the minor;

586 (iv) obtain written consent from:

587 (A) the minor; and

588 (B) the minor's parent or guardian unless the minor is emancipated;

589 (v) discuss with the minor:

590 (A) the risks of the hormonal transgender treatment;

591 (B) the minor's short-term and long-term expectations regarding the effect that the
592 hormonal transgender treatment will have on the minor; and

593 (C) the likelihood that the hormonal transgender treatment will meet the
594 short-term and long-term expectations described in Subsection (3)(b)(v)(B);

595 (vi) unless the minor is emancipated, discuss with the minor's parent or guardian:

596 (A) the risks of the hormonal transgender treatment;

597 (B) the minor's short-term and long-term expectations regarding the effect that the
598 hormonal transgender treatment will have on the minor;

599 (C) the parent or guardian's short-term and long-term expectations regarding the
600 effect that the hormonal transgender treatment will have on the minor; and

601 (D) the likelihood that the hormonal transgender treatment will meet the
602 short-term and long-term expectations described in Subsections (3)(b)(vi)(B)
603 and (C);

604 (vii) document in the medical record that the health care provider has provided the
605 information described in Subsections (3)(b)(viii) and (ix);

606 (viii) provide the minor the following information if providing the minor a puberty

- 607 inhibition drug:
- 608 (A) puberty inhibition drugs are not approved by the FDA for the treatment of
- 609 gender dysphoria;
- 610 (B) possible adverse outcomes of puberty blockers are known to include
- 611 diminished bone density, pseudotumor cerebri and long term adult sexual
- 612 dysfunction;
- 613 (C) research on the long-term risks to children of prolonged treatment with
- 614 puberty blockers for the treatment of gender dysphoria has not yet occurred;
- 615 and
- 616 (D) the full effects of puberty blockers on brain development and cognition are
- 617 unknown;
- 618 (ix) provide the minor the following information if providing a cross-sex hormone as
- 619 described in Subsection (1)(e)(i)(A) or (B):
- 620 (A) the use of cross-sex hormones in males is associated with risks that include
- 621 blood clots, gallstones, coronary artery disease, heart attacks, tumors of the
- 622 pituitary gland, strokes, elevated levels of triglycerides in the blood, breast
- 623 cancer, and irreversible infertility; and
- 624 (B) the use of cross-sex hormones in females is associated with risks of
- 625 erythrocytosis, severe liver dysfunction, coronary artery disease, hypertension,
- 626 and increased risk of breast and uterine cancers; and
- 627 (x) upon the completion of any relevant information privacy release, obtain a mental
- 628 health evaluation of the minor as described in Subsection (4).
- 629 (4) The mental health evaluation shall:
- 630 (a) be performed by a mental health professional who:
- 631 (i) beginning January 1, 2024, has a current transgender treatment certification; and
- 632 (ii) is not the health care provider that is recommending or providing the hormonal
- 633 transgender treatment;
- 634 (b) contain a determination regarding whether the minor suffers from gender dysphoria
- 635 in accordance with the fifth edition of the Diagnostic and Statistical Manual of
- 636 Mental Disorders;
- 637 (c) confirm that the minor and the mental health professional have had at least three
- 638 therapy sessions; and
- 639 (d) document all of the minor's mental health diagnoses and any significant life events
- 640 that may be contributing to the diagnoses.

(5) A violation of Subsection (3) is unprofessional conduct.

Section 8. Section **58-24b-102** is amended to read:

58-24b-102 (Effective 05/06/26). Definitions.

As used in this chapter:

~~[(1) "Animal physical therapy" means practicing physical therapy or physiotherapy on an animal.]~~

~~[(2)] (1) "Board" means the Physical Therapies Licensing Board, created in Section 58-24b-201.~~

~~[(3)] (2) "Consultation by telecommunication" [means the provision of expert or professional advice by a physical therapist who is licensed outside of Utah to a licensed physical therapist or a health care provider by telecommunication or electronic communication] means a health care provider, as that term is defined in 58-1-501.8, receiving professional advice through electronic communication from a physical therapist who is licensed outside of the state.~~

~~(3) "Dry needling" means a skilled intervention using a filiform needle to penetrate the skin and underlying tissue for the evaluation, management, or prevention of a disability, a movement impairment, a neuromusculoskeletal condition, or pain.~~

(4) "General supervision" means supervision and oversight of an individual by a licensed physical therapist when the licensed physical therapist is immediately available in person, by telephone, or by electronic communication to assist the individual.

(5) "Licensed physical therapist" means an individual licensed under this chapter to engage in the practice of physical therapy.

(6) "Licensed physical therapist assistant" means an individual licensed under this chapter to engage in the practice of physical therapy, subject to the provisions of Subsection 58-24b-401(2)(a).

(7) "Licensing examination" means a nationally recognized physical therapy examination that ~~[is approved by the division, in consultation with the board]~~ the division approves by rule the division makes in consultation with the board and with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(8) "On-site supervision" means supervision and oversight of an individual by a licensed physical therapist or a licensed physical therapist assistant when the licensed physical therapist or licensed physical therapist assistant is:

(a) continuously present at the facility where the individual is providing services;

(b) immediately available to assist the individual; and

(c) regularly involved in the services being provided by the individual.

(9) "Physical impairment" means:

- ~~[(a) a mechanical impairment;]~~
- ~~[(b) a physiological impairment;]~~
- ~~[(c) a developmental impairment;]~~
- ~~[(d) a functional limitation;]~~
- ~~[(e) a disability;]~~
- ~~[(f) a mobility impairment; or]~~
- ~~[(g) a bodily malfunction.]~~

- (a) a bodily malfunction;
- (b) a developmental impairment;
- (c) a disability;
- (d) a functional limitation;
- (e) a mechanical impairment;
- (f) a mobility impairment; or
- (g) a physiological impairment.

(10)(a) "Physical therapy" ~~[or "physiotherapy" means:]~~ means examining, evaluating, and testing an individual client who has a physical impairment or injury.

- ~~[(i) examining, evaluating, and testing an individual who has a physical impairment or injury]~~

(b) "Physical therapy" includes:

- (i) ordering imaging in accordance with Section 58-54-303;
- (ii) identifying or labeling a physical impairment or injury;
- (iii) formulating a therapeutic intervention plan for the treatment of a physical impairment, injury, or pain;
- (iv) assessing the ongoing effects of therapeutic intervention for the treatment of a physical impairment or injury;
- (v) treating or alleviating a physical impairment by designing, modifying, or implementing a therapeutic intervention;
- (vi) reducing the risk of an injury or physical impairment;
- (vii) providing instruction on the use of physical measures, activities, or devices for preventative and therapeutic purposes;
- (viii) promoting and maintaining health and fitness;
- (ix) ~~[the administration of]~~ administering a prescription drug ~~[pursuant to]~~ in

- 709 accordance with Section 58-24b-403;
- 710 (x) applying dry needling to enhance a client's physical performance if the physical
- 711 therapy practitioner has the necessary training the division requires by rule the
- 712 division makes in consultation with the board and in accordance with Title 63G,
- 713 Chapter 3, Utah Administrative Rulemaking Act;
- 714 ~~[(x)]~~ (xi) subject to Subsection 58-28-307(12)(b), engaging in the functions described
- 715 in Subsections (10)(a)(i) through (ix) in relation to an animal, in accordance with
- 716 the requirements of Section 58-24b-405; or
- 717 ~~[(xi)]~~ (xii) ~~[engaging in administration, consultation, education, and research relating~~
- 718 ~~to]~~ administering, consulting, educating, and researching the practices described in
- 719 this Subsection [(10)(a); or] (9)(a).
- 720 ~~[(xii) applying dry needling to enhance an individual's physical performance if the~~
- 721 ~~physical therapy practitioner has received the necessary training as determined by~~
- 722 ~~division rule in collaboration with the board.]~~
- 723 ~~[(b)]~~ (c) "Physical therapy" ~~[or "physiotherapy"]~~ does not include:
- 724 [(i) diagnosing disease;]
- 725 [(ii) performing surgery;]
- 726 [(iii) performing acupuncture;]
- 727 [(iv) taking x-rays; or]
- 728 [(v) prescribing or dispensing a drug, as defined in Section 58-37-2.]
- 729 (i) diagnosing a disease;
- 730 (ii) dispensing or prescribing a drug as defined in Section 58-37-2;
- 731 (iii) performing acupuncture;
- 732 (iv) performing surgery; or
- 733 (v) taking x-rays.
- 734 (11) "Physical therapy aide" means an individual who:
- 735 (a) ~~[is trained, on-the-job, by]~~ receives on-the-job training from a licensed physical
- 736 therapist; and
- 737 (b) provides routine assistance to a licensed physical therapist or licensed physical
- 738 therapist assistant, while the licensed physical therapist or licensed physical therapist
- 739 assistant practices physical therapy ~~[- within the scope of the licensed physical~~
- 740 ~~therapist's or licensed physical therapist assistant's license].~~
- 741 (12) "Recognized accreditation agency" means an accreditation agency that ~~[-]~~ the division
- 742 approves in consultation with the board.

743 [~~(a) grants accreditation, nationally, in the United States of America; and]~~

744 [~~(b) is approved by the division, in consultation with the board.]~~

745 (13)(a) "Testing" means a standard method or technique used to gather data regarding a
746 patient that is generally and nationally accepted by physical therapists for the practice
747 of physical therapy.

748 (b) "Testing" includes measurement or evaluation of:

749 (i) muscle strength, force, endurance, or tone;

750 (ii) cardiovascular fitness;

751 (iii) physical work capacity;

752 (iv) joint motion, mobility, or stability;

753 (v) reflexes or autonomic reactions;

754 (vi) movement skill or accuracy;

755 (vii) sensation;

756 (viii) perception;

757 (ix) peripheral nerve integrity;

758 (x) locomotor skills, stability, and endurance;

759 (xi) the fit, function, and comfort of prosthetic, orthotic, or other assistive devices;

760 (xii) posture;

761 (xiii) body mechanics;

762 (xiv) limb length, circumference, and volume;

763 (xv) thoracic excursion and breathing patterns;

764 (xvi) activities of daily living related to physical movement and mobility;

765 (xvii) [functioning] physical movement and mobility functions in the physical
766 environment at home or work~~[- as it relates to physical movement and mobility];~~
767 and

768 (xviii) neural muscular responses.

769 ~~[(14)(a) "Trigger point dry needling" means the stimulation of a trigger point using a
770 dry needle to treat neuromuscular pain and functional movement deficits.]~~

771 ~~[(b) "Trigger point dry needling" does not include the stimulation of auricular or distal
772 points.]~~

773 ~~[(15)]~~ (14) "Therapeutic intervention" includes:

774 (a) therapeutic exercise, with or without the use of a device;

775 (b) [functional training in] physical movement and mobility training for functional
776 self-care~~[- as it relates to physical movement and mobility];~~

- 777 (c) physical movement and mobility for community or work integration~~[, as it relates to~~
778 ~~physical movement and mobility]~~;
- 779 (d) manual therapy, including:
- 780 (i) soft tissue mobilization;
- 781 (ii) therapeutic massage; or
- 782 (iii) joint mobilization, as ~~[defined by the division, by rule]~~ the division defines by
783 rule the division makes in consultation with the board and in accordance with
784 Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
- 785 (e) ~~[prescribing, applying, or fabricating an assistive, adaptive, orthotic, prosthetic,~~
786 ~~protective, or supportive device]~~ prescription, application, fabrication, or training for
787 an assistive technology, an adaptive device, an orthotic device, or a prosthetic device;
- 788 (f) prescription of durable medical equipment to a patient with or without requesting a
789 prescription from a licensed physician;
- 790 ~~[(f)]~~ (g) airway clearance techniques, including postural drainage;
- 791 ~~[(g)]~~ (h) integumentary protection and repair techniques;
- 792 ~~[(h)]~~ (i) wound debridement, cleansing, and dressing;
- 793 ~~[(i)]~~ (j) the application of a physical agent, including:
- 794 (i) light;
- 795 (ii) heat;
- 796 (iii) cold;
- 797 (iv) water;
- 798 (v) air;
- 799 (vi) sound;
- 800 (vii) compression;
- 801 (viii) electricity; and
- 802 (ix) electromagnetic radiation;
- 803 ~~[(j)]~~ (k) mechanical or electrotherapeutic modalities;
- 804 ~~[(k)]~~ (l) positioning;
- 805 ~~[(l)]~~ (m) instructing or training a patient in locomotion or other functional activities, with
806 or without an assistive device;
- 807 ~~[(m)]~~ (n) manual or mechanical traction;
- 808 ~~[(n)]~~ (o) correction of posture, body mechanics, or gait; and
- 809 ~~[(o)]~~ (p) trigger point dry needling, under the conditions described in Section 58-24b-505.
- 810 Section 9. Section **58-24b-402** is amended to read:

58-24b-402 (Effective 05/06/26). Patient care and management.

- (1) ~~[In practicing physical therapy, a]~~ A licensed physical therapist shall:
- (a) manage ~~[all aspects of]~~ the physical therapy of a patient under the licensed physical therapist's care;
 - (b) perform the initial evaluation and documentation for each patient;
 - (c) perform periodic reevaluation and documentation for each patient;
 - (d) perform a physical therapy [interventions] intervention that [require] requires immediate and continuous ~~[examination and]~~ evaluation throughout the intervention;
 - (e) perform on a patient all therapeutic intervention ~~[on a patient]~~ that is outside of the ~~[standard]~~ scope of practice of a licensed physical therapist assistant or a physical therapy aide;
 - (f) determine the therapeutic intervention ~~[to be performed by]~~ a licensed physical therapist assistant ~~[under the on-site supervision or general supervision of the licensed physical therapist]~~ performs while under the licensed physical therapist's on-site supervision or while the licensed physical therapist is immediately available in person, by telephone, or by electronic communication to ensure that the therapeutic intervention is safe, effective, efficient, and within the scope of practice of the licensed physical therapist assistant;
 - (g) conduct the discharge of each patient and document ~~[for each patient,]~~ each patient's response to therapeutic intervention at the time of discharge~~[-the patient's response to therapeutic intervention];~~ and
 - (h) provide accurate documentation of the billing and services provided.
- (2) A licensed physical therapist assistant or a physical therapy aide may not:
- (a) perform a physical therapy evaluation or assessment;
 - (b) identify or label a physical impairment or injury;
 - (c) design a plan of care for a patient;
 - ~~[(d) perform the joint mobilization component of manual therapy; or]~~
 - ~~[(e)]~~ (d) perform the sharp selective debridement component of wound management; or
 - (e) perform high-velocity thrust joint mobilization.
- ~~[(3) Subsection (2)(d) does not apply to:]~~
- ~~[(a) simple joint distraction techniques or stretching; or]~~
 - ~~[(b) a stretch or mobilization that can be given as part of a home exercise program.]~~
- (3) A licensed physical therapy aide may not perform or assist in any joint mobilization component of manual therapy except:

(a) a simple joint distraction technique or stretching; or

(b) a stretch or a mobilization that is a part of a home exercise program.

Section 10. Section **58-24b-403** is amended to read:

58-24b-403 (Effective 05/06/26). Administration of a prescription drug --

Ordering laboratory testing -- Reporting laboratory results -- Referral.

(1) A licensed physical therapist may purchase, store, and administer topical and aerosol medications that require a prescription~~[-only]~~ as provided in this section.

(2) A licensed physical therapist may purchase, store, and administer:

(a) ~~[topically applied medicinal agents, including steroids and analgesics,]~~ a topical medication for wound care and for musculoskeletal treatment, using iontophoresis or phonophoresis; and

(b) ~~[aerosols]~~ an aerosol medication for pulmonary hygiene in an institutional setting, if a licensed respiratory therapist is not available ~~[in, or]~~ within a 10 mile radius of~~[-]~~ the institution.

(3) A licensed physical therapist ~~[may only-]~~ shall purchase, store, or administer a medication described in this section ~~[pursuant to]~~ in accordance with a written prescription issued by a practitioner who is licensed to prescribe that medication.

(4) This section does not authorize a licensed physical therapist to dispense a prescription drug.

Section 11. Section **58-31b-102** is repealed and reenacted to read:

58-31b-102 (Effective 05/06/26). Definitions.

As used in this chapter:

(1) "Administrative penalty" means a monetary fine or citation that the division imposes:

(a) for an act or an omission that the division determines is unprofessional or unlawful conduct;

(b) in accordance with a fine schedule the division makes by rule in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and

(c) as the result of an adjudicative proceeding the division conducts in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(2) "Applicant" means an individual who applies for licensure or certification under this chapter by submitting a completed application for licensure or certification and the required fees to the department.

(3) "Approved education program" means a nursing education program that meets the requirements of Section 58-31b-601.

- (4) "Board" means the Board of Nursing and Certified Nurse Midwives created in Section 58-31b-201.
- (5) "Diagnosis" means the identification of and discrimination between physical and psychosocial signs and symptoms essential to the effective execution and management of health care.
- (6) "Examinee" means an individual who applies to take or does take any examination required under this chapter for licensure.
- (7)(a) "License" means a license the division issues in accordance with this chapter.
- (b) "License" includes a certification until the earlier of:
- (i) the renewal; or
 - (ii) May 6, 2028.
- (8)(a) "Licensee" means an individual who is licensed under this chapter.
- (b) "Licensee" includes an individual who is certified until the earlier of:
- (i) renewal; or
 - (ii) May 6, 2028.
- (9) "Long-term care facility" means the following facilities the Department of Health and Human Services licenses under Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection:
- (a) a nursing care facility;
 - (b) a small health care facility;
 - (c) an intermediate care facility for people with an intellectual disability;
 - (d) an assisted living facility Type I or II; or
 - (e) a designated swing bed unit in a general hospital.
- (10) "Practice of nurse anesthesia" means:
- (a) in accordance with Section 58-31b-803, prescribing or administering a prescription drug including a Schedule II-V controlled substance;
 - (b) pre anesthesia preparation and evaluation, including:
 - (i) performing a pre anesthetic assessment of the patient; and
 - (ii) ordering and evaluating appropriate lab and other studies to determine the health of the patient;
 - (c) anesthesia induction, maintenance, and emergence, including:
 - (i) selecting and initiating the planned anesthetic technique;
 - (ii) selecting and administering anesthetics and adjunct drugs and fluids; and
 - (iii) administering general, regional, and local anesthesia;

- 913 (d) post anesthesia follow-up care, including evaluating the patient's response to
914 anesthesia and implementing corrective actions; and
915 (e) other related services related to an activity described in Subsections (10)(a) through
916 (10)(d), including:
917 (i) providing emergency airway management;
918 (ii) providing advanced cardiac life support; and
919 (iii) establishing peripheral, central, and arterial invasive lines.

920 (11) "Practice of nursing" means assisting a patient to maintain or attain optimal health,
921 implementing a strategy of care to accomplish defined goals and evaluating responses to
922 care and treatment, and requires substantial specialized or general knowledge, judgment,
923 and skill based upon principles of the biological, physical, behavioral, and social
924 sciences.

925 (12) "Registered nursing clinical practice experience" means providing nursing care to
926 patients as:

- 927 (a) a registered nurse; or
928 (b) a student in an approved registered nursing or advanced practice registered nursing
929 education program.

930 (13) "Routine medication" means an established medication that:

- 931 (a) is administered to a medically stable patient as determined by a licensed health care
932 provider or in consultation with a licensed health care provider; and
933 (b) is administered by the following routes:
934 (i) buccal;
935 (ii) ear;
936 (iii) eye;
937 (iv) inhalation:
938 (A) of a premeasured medication delivered by aerosol or nebulizer; or
939 (B) of a medication delivered by a metered hand-held inhaler;
940 (v) nasal;
941 (vi) oral;
942 (vii) rectal;
943 (viii) sublingual;
944 (ix) topical, including a skin ointment or a transdermal patch; or
945 (x) vaginal.

946 (14) "Unlawful conduct" means the same as that term is defined in Sections 58-1-501 and

58-31b-501.

- (15) "Unlicensed assistive personnel" means an unlicensed individual, regardless of title, who is delegated a task by a licensed registered nurse as the division permits by rule the division makes in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and the standards of the profession.
- (16) "Unprofessional conduct" means the same as that term is defined in Sections 58-1-501 and 58-31b-502 and as the division may define by rule the division makes in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Section 12. Section **58-31b-103** is amended to read:

58-31b-103 (Effective 05/06/26). Nurse Education and Enforcement Account.

- (1) There is created a restricted account within the General Fund known as the "Nurse Education and Enforcement Account."
- (2) The restricted account shall consist of:
- (a) administrative penalties imposed under Section 58-31b-503; and
 - (b) interest earned on money in the account.
- (3) Money in the account may be appropriated by the Legislature for the following purposes:
- (a) education and training of licensees or potential licensees under this chapter;
 - (b) enforcement of this chapter by:
 - (i) investigating unprofessional or unlawful conduct;
 - (ii) providing legal representation to the division when legal action is taken against a person engaging in unprofessional or unlawful conduct; and
 - (iii) monitoring compliance of renewal requirements;
 - (c) survey nursing education programs throughout the state;
 - (d) education and training of board members; and
 - (e) establish and review [and approve nursing education programs and medication aide certified training programs] approved education programs.

Section 13. Section **58-31b-301** is amended to read:

58-31b-301 (Effective 05/06/26). License required -- Classifications.

- (1) [A] Except as provided in Sections 58-1-307 and 58-31b-308, a license is required to engage in the practice of nursing[, except as specifically provided in Sections 58-1-307 and 58-31b-308].
- (2) The division shall issue to an individual who qualifies under this chapter a license or certification in the classification of:

981 ~~[(a) licensed practical nurse;]~~
982 ~~[(b) registered nurse apprentice;]~~
983 ~~[(c) registered nurse;]~~
984 ~~[(d) advanced practice registered nurse intern;]~~
985 ~~[(e) advanced practice registered nurse;]~~
986 ~~[(f) advanced practice registered nurse - CRNA without prescriptive practice; and]~~
987 ~~[(g) medication aide certified;]~~

988 (a) advanced practice registered nurse;
989 (b) advanced practice registered nurse - certified registered nurse anesthetist with
990 prescriptive authority;
991 (c) advanced practice registered nurse - without prescriptive practice license;
992 (d) advanced practice registered nurse intern;
993 (e) medication aide certified;
994 (f) practical nurse;
995 (g) registered nurse; or
996 (h) registered nurse apprentice.

997 (3)(a)(i) ~~[An individual]~~ The division shall issue an advanced practice registered
998 nurse - without prescriptive practice license to an individual holding an advanced
999 practice registered nurse license as of July 1, 1998, and who cannot document the
1000 successful completion of advanced course work in patient assessment, diagnosis
1001 and treatment, and pharmacotherapeutics~~[, may not prescribe and shall be issued~~
1002 an "APRN - without prescriptive practice" license].

1003 (ii) The division shall issue an advanced practice registered nurse - certified
1004 registered nurse anesthetist without prescriptive practice license to an individual
1005 holding an advanced practice registered nurse - certified registered nurse
1006 anesthetist without prescriptive practice license as of July 1, 1998 and who cannot
1007 document the successful completion of advanced course work in patient
1008 assessment, diagnosis and treatment, and pharmacotherapeutics.

1009 (b)(i) An individual who has an advanced practice registered nurse - without
1010 prescriptive practice license may not prescribe medication.

1011 (ii) An individual who has an advanced practice registered nurse - CRNA without
1012 prescriptive practice license may not prescribe medication.

1013 (4) The division shall grant an advanced practice registered nurse license to [any] a licensed
1014 advanced practice registered nurse currently holding prescriptive authority under [any] a

predecessor act.

~~[(5) An individual holding a certified registered nurse anesthetist license as of July 1, 2007, shall be issued an "APRN - CRNA - without prescriptive practice" license.]~~

Section 14. Section **58-31b-302** is repealed and reenacted to read:

58-31b-302 (Effective 05/06/26). Qualifications for licensure -- Scope of practice -- Criminal background checks.

(1)(a) Each applicant for licensure under this chapter, except an applicant under Subsection 58-31b-301(2)(e), shall:

(i) consent to, and complete, a criminal background check, described in Section 58-1-301.5;

(ii) meet the standards that the division makes by rule in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, related to the criminal background check described in Section 58-1-301.5; and

(iii) disclose the criminal history the division requests on a form the division approves.

(b) If an individual has been charged with a violent felony, as defined in Subsection 76-3-203.5(1)(c), and, as a result, the individual has been convicted, entered a plea of guilty or nolo contendere, or entered a plea of guilty or nolo contendere held in abeyance pending the successful completion of probation, the division shall act upon the license as required under Section 58-1-401.

(c) If an individual has been charged with a felony other than a violent felony, as defined in Subsection 76-3-203.5(1)(c), and, as a result, the individual has been convicted, entered a plea of guilty or nolo contendere, or entered a plea of guilty or nolo contendere held in abeyance pending the successful completion of probation, the division shall determine whether the felony disqualifies the individual for licensure under this chapter and act upon the license, as required, in accordance with Section 58-1-401.

(2)(a) An applicant for licensure as an advanced practice registered nurse shall:

(i) submit to the division an application on a form the division approves;

(ii) pay to the division a fee determined under Section 63J-1-504;

(iii) have the physical and mental health to safely perform the activities described in Subsection (2)(c);

(iv)(A) receive a graduate degree from an approved education program in advanced practice registered nursing or a related area of specialized knowledge

- 1049 as the division determines appropriate by rule the division makes in
1050 collaboration with the board and in accordance with Title 63G, Chapter 3, Utah
1051 Administrative Rulemaking Act; or
1052 (B) have completed a nurse anesthesia program in accordance with Subsection
1053 (2)(v)(B);
1054 (v) have completed:
1055 (A) course work in patient assessment, diagnosis and treatment, and
1056 pharmacotherapeutics from an approved education program; or
1057 (B) a nurse anesthesia program that is approved by the Council on Accreditation
1058 of Nurse Anesthesia Educational Programs or another accrediting body the
1059 division approves by rule made in collaboration with the board and in
1060 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
1061 (vi) except as provided in Subsection (2)(b), provide evidence to the division, in a
1062 manner the division approves by rule the division makes in collaboration with the
1063 board and in accordance with Title 63G, Chapter 3, Utah Administrative
1064 Rulemaking Act, of at least 2,000 hours of registered nursing clinical practice
1065 experience;
1066 (vii) hold a current registered nurse license in good standing issued by the state or be
1067 qualified as a registered nurse;
1068 (viii) to practice within the psychiatric mental health nursing specialty, demonstrate,
1069 as the division requires by rule the division makes in accordance with Title 63G,
1070 Chapter 3, Utah Administrative Rulemaking Act, that the applicant is in the
1071 process of completing the applicant's clinical practice requirements in psychiatric
1072 mental health nursing, including psychotherapy;
1073 (ix) have passed the examinations the division requires by rule the division makes in
1074 collaboration with the board and in accordance with Title 63G, Chapter 3, Utah
1075 Administrative Rulemaking Act; and
1076 (x) meet with the board, if the board requests, to determine the applicant's
1077 qualifications for licensure.
1078 (b)(i) Subsection (2)(a)(vi) does not apply to an applicant seeking licensure:
1079 (A) as an advanced practice registered nurse - certified registered nurse anesthetist
1080 with prescriptive authority; or
1081 (B) before July 1, 2028.
1082 (ii) The division may grant an exception to the requirements of Subsection (2)(a)(vi)

- 1083 before July 1, 2030, through rules the division makes in accordance with Title
1084 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 1085 (iii) For purposes of licensure endorsement in accordance with Section
1086 58-1-302(6)(a), registered nursing clinical practice experience may include
1087 experience working as an advanced practice registered nurse in another
1088 jurisdiction.
- 1089 (c) A licensed advanced practice registered nurse may:
- 1090 (i) maintain and promote health and prevention of disease;
1091 (ii) diagnose, treat, correct, consult, and provide a referral;
1092 (iii) prescribe or administer prescription drugs or devices, including:
1093 (A) local anesthesia; and
1094 (B) Schedule II-V controlled substances in accordance with Section 58-31b-803;
1095 (iv) if a licensed advanced practice registered nurse - certified registered nurse
1096 anesthetist, engage in the practice of nurse anesthesia; and
1097 (v) engage in other activities that are within the practice of advanced practice
1098 registered nursing as the division defines by rule the division makes in accordance
1099 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:
1100 (A) within the generally recognized scope and standards of advanced practice
1101 registered nursing; and
1102 (B) consistent with professionally recognized preparation and education standards
1103 of an advanced practice registered nurse.
- 1104 (d) The division may only define an activity as within the practice of advanced practice
1105 registered nursing if:
- 1106 (i) the activity is:
1107 (A) within the generally recognized scope of practice for a licensed advanced
1108 practice registered nurse; and
1109 (B) consistent with professionally recognized standards; or
1110 (ii) the inclusion of the activity is consistent with a recommendation from the Office
1111 of Professional Licensure Review.
- 1112 (3)(a) An applicant for certification as a medication aide certified shall:
- 1113 (i) submit an application to the division on a form the division approves;
1114 (ii) pay a fee to the division as determined under Section 63J-1-504;
1115 (iii) have a high school diploma or the equivalent;
1116 (iv) have a current certification as a nurse aide, in good standing, from the

Department of Health and Human Services;

- (v) have a minimum of 2,000 hours of experience within the two years before the day on which the applicant submits the application, working as a certified nurse aide in a long-term care facility or another health care facility that the division designates by rule the division makes in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
- (vi) provide letters of recommendation from a health care facility administrator and a registered nurse familiar with the applicant's work practices as a certified nurse aide;
- (vii) have the physical and mental health to safely perform the activities described in Subsection (3)(b);
- (viii) have completed an approved education program for a medication aide certified consisting of at least 60 hours of classroom training and 40 hours of practical training in administering a routine medication to a patient or a resident of a long term care facility or an equivalent that the division determines by rule made in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
- (ix) have passed the examinations the division requires by rule the division makes in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
- (x) meet with the board, if requested, to determine the applicant's qualifications for licensure.

(b) While under the supervision of a licensed registered nurse, a medication aide certified may:

- (i) provide routine patient care that requires minimal or limited specialized or general knowledge, judgment, and skill, to a patient who:
 - (A) is ill, injured, infirm, or is physically, mentally, developmentally, or intellectually disabled; and
 - (B) is in a regulated long-term care facility;
- (ii) administer a routine medication to a patient in accordance with a formulary and protocol the division defines by rule the division makes in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
- (iii) engage in other activities that are within the practice of a medication aide certified as the division defines by rule the division makes in accordance with

1151 Title 63G, Chapter 3, Utah Administrative Rulemaking Act:

1152 (A) within the generally recognized scope and standards of a medication aide
1153 certified; and

1154 (B) consistent with professionally recognized preparation and education standards
1155 of a medication aide certified.

1156 (c) The division may only define an activity as within the practice of a medication aide
1157 certified if:

1158 (i) the activity is:

1159 (A) within the generally recognized scope of practice for a medication aide
1160 certified; and

1161 (B) consistent with professionally recognized standards; or

1162 (ii) the inclusion of the activity is consistent with a recommendation from the Office
1163 of Professional Licensure Review.

1164 (d) A medication aide certified may not assist a resident of a long-term care facility to
1165 self-administer a medication that the Department of Health and Human Services
1166 regulates by rule made in accordance with Title 63G, Chapter 3, Utah Administrative
1167 Rulemaking Act.

1168 (4)(a) An applicant for licensure as a licensed practical nurse shall:

1169 (i) submit to the division an application in a form the division approves;

1170 (ii) pay to the division a fee determined under Section 63J-1-504;

1171 (iii) have a high school diploma or the equivalent;

1172 (iv) have the physical and mental health to safely perform the activities described in
1173 Subsection (4)(b);

1174 (v) have completed an approved education program for practical nursing or an
1175 equivalent that the board approves;

1176 (vi) have passed the examinations the division requires by rule the division makes in
1177 collaboration with the board and in accordance with Title 63G, Chapter 3, Utah
1178 Administrative Rulemaking Act; and

1179 (vii) meet with the board, if requested, to determine the applicant's qualifications for
1180 licensure.

1181 (b) A licensed practical nurse may, while under the direction of a licensed registered
1182 nurse, licensed physician, or other health care professional the division specifies by
1183 rule the division makes in accordance with Title 63G, Chapter 3, Utah Administrative
1184 Rulemaking Act;

- 1185 (i) contribute to the assessment of the health status of a patient;
1186 (ii) participate in the development and modification of the strategy of care;
1187 (iii) implement appropriate aspects of the strategy of care;
1188 (iv) maintain safe and effective nursing care rendered to a patient directly or
1189 indirectly;
1190 (v) participate in the evaluation of responses to interventions;
1191 (vi) perform other activities that are within the generally recognized scope of practice
1192 of a licensed practical nurse as the division defines by rule the division makes in
1193 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
1194 (vii) engage in practice of practical nursing, as the division defines by rule the
1195 division makes in accordance with Title 63G, Chapter 3, Utah Administrative
1196 Rulemaking Act, that is:
1197 (A) within the generally recognized scope and standards of practical nursing; and
1198 (B) consistent with professionally recognized preparation and education standards
1199 of a practical nurse.
- 1200 (c) The division may only define an activity as within the practice of practical nursing if:
1201 (i) the activity is:
1202 (A) within the generally recognized scope of practice for a licensed practical
1203 nurse; and
1204 (B) consistent with professionally recognized standards; or
1205 (ii) the inclusion of the activity is consistent with a recommendation from the Office
1206 of Professional Licensure Review.
- 1207 (5)(a) An applicant for licensure as a registered nurse shall:
1208 (i) submit to the division an application form the division approves;
1209 (ii) pay to the division a fee determined under Section 63J-1-504;
1210 (iii) have a high school diploma or the equivalent;
1211 (iv) have the physical and mental health to safely perform the activities described in
1212 Subsection (5)(b);
1213 (v) complete an approved education program for registered nursing that the division
1214 approves;
1215 (vi) have passed the examinations the division requires by rule the division makes in
1216 collaboration with the board and in accordance with Title 63G, Chapter 3, Utah
1217 Administrative Rulemaking Act; and
1218 (vii) meet with the board, if the board requests, to determine the applicant's

1219 qualifications for licensure.

1220 (b) A licensed registered nurse may:

1221 (i) assess the health status of a patient;

1222 (ii) identify health care needs;

1223 (iii) establish goals to meet identified health care needs;

1224 (iv) plan a strategy of care;

1225 (v) prescribe nursing interventions to implement the strategy of care;

1226 (vi) implement the strategy of care;

1227 (vii) render safe and effective nursing care to a patient directly or indirectly;

1228 (viii) evaluate responses to nursing interventions;

1229 (ix) teach the theory and practice of nursing;

1230 (x) manage and supervise the practice of nursing; and

1231 (xi) engage in other activities that are within the practice of a licensed registered

1232 nurse as the division defines by rule the division makes in accordance with Title

1233 63G, Chapter 3, Utah Administrative Rulemaking Act, that is:

1234 (A) within the generally recognized scope and standards of registered nursing; and

1235 (B) consistent with professionally recognized preparation and education standards
1236 of a registered nurse.

1237 (c) The division may only define an activity as within the practice of a licensed
1238 registered nurse if:

1239 (i) the activity is:

1240 (A) within the generally recognized scope of practice for a licensed registered
1241 nurse; and

1242 (B) consistent with professionally recognized standards; or

1243 (ii) the inclusion of the activity is consistent with a recommendation from the Office
1244 of Professional Licensure Review.

1245 (6)(a) An applicant for licensure as a registered nurse apprentice shall:

1246 (i) submit to the division an application form the division approves;

1247 (ii) pay to the division a fee determined under Section 63J-1-504;

1248 (iii) have a high school diploma or the equivalent;

1249 (iv) have sufficient physical and mental health to safely perform the activities
1250 described in Subsection (6)(b);

1251 (v) as determined by an approved education program, be:

1252 (A) in good standing with the approved education program; and

1253 (B) in the last two semesters, quarters, or competency experiences of the program;
1254 (vi) have written permission from the program in which the applicant is enrolled; and
1255 (vii) meet with the board, if requested, to determine the applicant's qualifications for
1256 licensure.

1257 (b) A licensed registered nurse apprentice may engage in the practice of a registered
1258 nurse that:

1259 (i) the division defines by rule the division makes that is:

1260 (A) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
1261 Act;

1262 (B) within the generally recognized scope and standards of registered nursing; and

1263 (C) consistent with professionally recognized preparation and education standards
1264 of a registered nurse; and

1265 (ii) the registered nurse apprentice performs under the indirect supervision of an
1266 individual licensed in accordance with:

1267 (A) Subsection 58-31b-301(2)(a), (2)(b), (2)(c), or (2)(g);

1268 (B) Chapter 67, Utah Medical Practice Act; or

1269 (C) Chapter 68, Utah Osteopathic Medical Practice Act.

1270 Section 15. Section **58-31b-303** is amended to read:

1271 **58-31b-303 (Effective 05/06/26). Qualifications for licensure -- Graduates of**
1272 **nonapproved nursing programs.**

1273 An applicant for licensure as a practical nurse or registered nurse who is a graduate of a
1274 nursing education program not approved by the division in collaboration with the board must
1275 comply with the requirements of this section.

1276 (1) An applicant for licensure as a licensed practical nurse shall:

1277 (a) meet all requirements of Subsection [58-31b-302(2)] 58-31b-302(4), except
1278 Subsection [58-31b-302(2)(e)] 58-31b-302(4)(v); and

1279 (b) produce evidence acceptable to the division and the board that the nursing education
1280 program completed by the applicant is equivalent to the minimum standards
1281 established by the division in collaboration with the board for an approved licensed
1282 practical nursing education program.

1283 (2) An applicant for licensure as a registered nurse shall:

1284 (a) meet all requirements of Subsection [58-31b-302(4)] 58-31b-302(5), except
1285 Subsection [58-31b-302(4)(e)] 58-31b-302(5)(iii); and

1286 (b)(i) pass the Commission on Graduates of Foreign Nursing Schools (CGFNS)

1287 Examination; or

1288 (ii) produce evidence acceptable to the division and the board that the applicant is
1289 currently licensed as a registered nurse in one of the states, territories, or the
1290 District of Columbia of the United States or in Canada and has passed the
1291 NCLEX-RN examination in English.

1292 Section 16. Section **58-31b-304** is amended to read:

1293 **58-31b-304 (Effective 05/06/26). Qualifications for admission to the examinations.**

1294 (1) To be admitted to the examinations required for certification as a medication aide
1295 certified, an individual shall:

1296 (a) submit an application on a form [~~prescribed by the division~~] the division approves;

1297 (b) pay a fee as determined by the division under Section 63J-1-504; and

1298 (c) meet all requirements of Subsection [~~58-31b-302(1)~~] 58-31b-302(3)(a), except
1299 Subsection [~~(1)(i)~~] (3)(a)(ix).

1300 (2) To be admitted to the examinations required for licensure as a practical nurse, an
1301 individual shall:

1302 (a) [~~submit an application form prescribed by the division~~] submit an application on a
1303 form the division approves;

1304 (b) pay a fee as determined by the division under Section 63J-1-504; and

1305 (c) meet all requirements of Subsection [~~58-31b-302(2)~~] 58-31b-302(4)(a), except
1306 Subsection [~~(2)(f)~~] (4)(a)(vi).

1307 (3) To be admitted to the examinations required for licensure as a registered nurse, an
1308 individual shall:

1309 (a) [~~submit an application form prescribed by the division~~] submit an application on a
1310 form the division approves;

1311 (b) pay a fee as determined by the division under Section 63J-1-504; and

1312 (c) meet all the requirements of Subsection [~~58-31b-302(4)~~] 58-31b-302(5)(a), except
1313 Subsection[~~(4)(f)~~.] (5)(a)(vi).

1314 Section 17. Section **58-31b-306.1** is amended to read:

1315 **58-31b-306.1 (Effective 05/06/26). Registered nurse apprentice license.**

1316 (1) The division shall issue a registered nurse apprentice license to an individual who meets
1317 the qualifications under Subsection [~~58-31b-302(3)~~] 58-31b-302(6).

1318 (2) Unless the division extends the license for a specified period of time by written
1319 notification provided to the individual, the license expires on the earlier of:

1320 (a) one year from the day on which the license is issued;

(b) 75 days after the day on which the division receives notice from the examination agency that the individual failed to take or pass the examinations described in Subsection [58-31b-302(4)(f)] 58-31b-302(5)(a)(vi); or

(c) the day on which the division issues the individual a license as a registered nurse.

(3) A license described in Subsection (1) is:

(a) valid only in Utah; and

(b) not an eligible license under Chapter 31e, Nurse Licensure Compact - Revised.

(4) The division may make rules to administer the license described in Subsection (1) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Section 18. Section **58-31b-803** is amended to read:

58-31b-803 (Effective 05/06/26). Advanced practice registered nurse prescriptive authority.

(1) ~~[Except as provided in]~~ Subject to Subsection (2), a licensed advanced practice registered nurse may prescribe or administer a prescription drug including, a Schedule II -V controlled substance.

(2) ~~[This section does not apply to an]~~ A licensed advanced practice registered nurse [specializing as a] - certified registered nurse anesthetist [under Subsection 58-31b-102(11)(d).] in accordance with Subsection 58-31b-302(2) may prescribe only as follows:

(a) up to a five-day supply of prescription drugs including, Schedule II-V controlled substances immediately before a procedure performed in a health care facility, as that term is defined in Section 26B-2-201, if:

(i) the licensed advanced practice registered nurse - certified registered nurse anesthetist will participate in the procedure;

(ii) the licensed advanced practice registered nurse - certified registered nurse anesthetist has established a patient record for the patient receiving the prescription; and

(iii) the prescribed drug is related to the procedure; or

(b) up to a five-day supply of prescription drugs including, Schedule II-V controlled substances immediately following a procedure performed in a health care facility, as that term is defined in Section 26B-2-201, if:

(i) the licensed advanced practice registered nurse - certified registered nurse anesthetist participated in the procedure;

(ii) the licensed advanced practice registered nurse - certified registered nurse

anesthetist has established a patient record for the patient receiving the
prescription; and

(iii) the prescribed drug is related to the procedure.

Section 19. Section **58-31d-102** is amended to read:

58-31d-102 (Effective 05/06/26). Division rulemaking.

- (1) The division shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement Section 58-31d-101.
- (2) For purposes of Section 58-31d-101, "role" as defined in Article II(17) includes an individual who is:
 - (a) licensed to practice under [~~Subsection 58-31b-301(2)(d) or (e)~~] Subsections 58-31b-301(2)(a) through (c); or
 - (b) licensed to practice under Section 58-44a-301.
- (3) Notwithstanding any provision in Section 58-31d-101, Section 58-31d-101 does not supersede state law related to an individual's scope of practice under this title.
- (4) Once the compact comes into effect as described in Section 58-31d-101, Article X(1), the division shall provide a notice that the compact is in effect:
 - (a) to an individual licensed under:
 - (i) Subsection 58-31b-301(2)(d) or (e);
 - (ii) Section 58-44a-301; and
 - (b) to the Health and Human Services Interim Committee; and
 - (c) on the division's website with information for potential applicants.

Section 20. Section **58-40a-102** is amended to read:

58-40a-102 (Effective 05/06/26). Definitions.

~~[In addition to the definitions in Section 58-1-102, as]~~ As used in this chapter:

- (1) "Adequate records" means legible records that contain, at a minimum:
 - (a) the athletic training service plan or protocol;
 - (b) an evaluation of objective findings;
 - (c) the plan of care and the treatment records; ~~[or]~~ and
 - (d) written orders.
- (2) "Athlete" means an individual~~[-referee, coach, or athletic staff member]~~ who participates ~~[in exercises, sports, or games requiring]~~ in or performs an exercise, a sport, an occupational activity, or a game that requires physical strength, agility, flexibility, range of motion, speed, or stamina, and the [exercises, sports, or games are] exercise, sport, occupational activity, or game is of a type generally conducted in association with

an educational institution or professional, amateur, or recreational sports club or organization.

(3) "Athletic injury" means:

(a) an injury ~~[sustained by]~~ an athlete sustains that affects the ~~[individual's]~~ athlete's participation or performance in ~~[sports, games, recreation, or exercise]~~ an exercise, a sport, a game, or an occupational activity; or

(b) a condition that is within the scope of practice ~~[of an athletic trainer identified by a directing physician or]~~ for athletic training that a licensed physician, a licensed nurse practitioner, a licensed physician's assistant, or a licensed physical therapist identifies as benefitting from an athletic training [services] service.

(4) "Athletic trainer" means an individual who is licensed under this chapter and ~~[earries out the practice of]~~ performs within the scope of practice for athletic training.

(5) "Board" means the Athletic Trainers Licensing Board created in Section 58-40a-201.

(6) ~~["Directing physician"]~~ "Collaborating physician" means a licensed physician who works in collaboration with an athletic trainer and is:

(a) a physician and surgeon licensed under Section 58-67-301[;] ;

(b) an osteopathic physician and surgeon licensed under Section 58-68-301[;] ;

(c) a chiropractic physician licensed under Chapter 73, Chiropractic Physician Practice Act[;] ;

(d) a naturopathic physician licensed under Chapter 71, Naturopathic Physician Practice Act[;] ; or

(e) a dentist licensed under Section 58-69-301 who, within the licensee's scope of practice and individual competency, is responsible for the athletic training services provided by the athletic trainer and oversees the practice of athletic training by the athletic trainer, as [established by board rule] the board requires by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(7) "Collaboration" means the consultation, correspondence, direction by order, or referral between a licensed athletic trainer and a collaborating physician working within the collaborating physician's scope of practice and individual competency.

~~[(7)]~~ The "practice of athletic training" means ~~[the application by]~~ a licensed ~~[and certified]~~ athletic trainer applying of principles and methods of:

(a) prevention of athletic injuries;

(b) recognition, evaluation, and assessment of athletic injuries and conditions;

(c) immediate care of athletic injuries, including common emergency medical situations;

- (d) rehabilitation and reconditioning of athletic injuries;
- (e) athletic training services administration and organization; and
- (f) education of athletes.

Section 21. Section **58-40a-201** is amended to read:

58-40a-201 (Effective 05/06/26). Board composition -- Duties and responsibilities.

- (1) There is created the Athletic Trainers Licensing Board consisting of:
 - (a) four licensed athletic trainers[;] ;
 - (b) one member representative of the [~~directing~~] collaborating physicians referred to in Subsection 58-40a-102(6)[;] ; and
 - (c) one member of the general public who has never been authorized to practice a healing art and never had a substantial personal, business, professional, or pecuniary connection with a healing art or with a medical education or health care facility, except as a client or potential client.
- (2) The board shall be appointed and serve in accordance with Section 58-1-201.
- (3) The board shall carry out the duties and responsibilities in Sections 58-1-202 and 58-1-203[;] and shall designate one of [its] the board's members on a permanent or rotating basis to:
 - (a) assist the division in reviewing complaints concerning the unlawful or unprofessional conduct of a licensee under this chapter; and
 - (b) advise the division [~~of its~~] in the division's investigation of these complaints.
- (4) A board member who has, under Subsection (3), reviewed a complaint or advised in [its] the complaint's investigation may be disqualified from participating with the board when the board serves as a presiding officer in an adjudicative proceeding concerning the complaint.

Section 22. Section **58-40a-302** is amended to read:

58-40a-302 (Effective 05/06/26). Qualifications for licensure.

The division shall issue a license to practice as an athletic trainer to an applicant who:

- (1) has obtained a bachelor's or advanced degree from an accredited four-year college or university and meets the minimum athletic training curriculum requirement established by the board by rule;
- (2) has successfully completed the certification examination administered by the Board of Certification Inc. or equivalent examination approved or recognized by the board;
- (3)(a) is in good standing with and provides documentation of current certification by the Board of Certification Inc. or a nationally recognized credentialing agency [

1457 ~~approved by the board]~~ that the board approves; or

1458 (b) provides documentation of emergency cardiac care certification that includes the
1459 following:

1460 (i) adult and pediatric cardiopulmonary resuscitation;

1461 (ii) airway obstruction;

1462 (iii) second rescuer cardiopulmonary resuscitation;

1463 (iv) automated external defibrillator;

1464 (v) barrier devices; and

1465 (vi) in-person or virtual demonstration of skills;

1466 (4) submits an application to the division on a form prescribed by the division; and

1467 (5) pays the required licensing fee as determined by the department under Section 63J-1-504.

1468 Section 23. Section **58-40a-303** is amended to read:

1469 **58-40a-303 (Effective 05/06/26). Scope of practice.**

1470 (1) An athletic trainer may:

1471 ~~[(1)]~~ (a) prevent injuries by:

1472 ~~[(a)]~~ (i) designing and implementing physical conditioning programs, which may
1473 include:

1474 ~~[(i)]~~ (A) strength and range of motion testing;

1475 ~~[(ii)]~~ (B) nutritional advisement; and

1476 ~~[(iii)]~~ (C) psychosocial intervention and referral;

1477 ~~[(b)]~~ (ii) performing preparticipation screening;

1478 ~~[(c)]~~ (iii) fitting protective equipment;

1479 ~~[(d)]~~ (iv) designing and constructing protective products; and

1480 ~~[(e)]~~ (v) continuously monitoring changes in the environment;

1481 ~~[(2)]~~ (b) recognize and evaluate injuries by:

1482 ~~[(a)]~~ (i) obtaining a history of the injury;

1483 ~~[(b)]~~ (ii) inspecting an injured body part and associated structures;

1484 ~~[(c)]~~ (iii) palpating bony landmarks and soft tissue structures; and

1485 ~~[(d)]~~ (iv) performing clinical tests to determine the extent of an injury;

1486 ~~[(3)]~~ (c) provide immediate care of injuries by:

1487 ~~[(a)]~~ (i) initiating cardiopulmonary resuscitation;

1488 ~~[(b)]~~ (ii) administering basic or advanced first aid;

1489 ~~[(c)]~~ (iii) removing athletic equipment; and

1490 ~~[(d)]~~ (iv) immobilizing and transporting an injured athlete;

1491 [(4)] (d) determine whether an athlete may return to participation or, if the injury requires
 1492 further definitive care, refer the athlete to the appropriate ~~[directing]~~ licensed
 1493 physician;

1494 [(5)] (e) rehabilitate and recondition an injury by administering therapeutic exercise and
 1495 therapeutic and physical modalities, including cryotherapy, thermotherapy, and
 1496 intermittent compression, electrical stimulation, ultra sound, traction devices, or
 1497 mechanical devices~~[-as directed by established, written athletic training service plans~~
 1498 ~~or protocols or upon the order of a directing physician];~~

1499 [(6)] (f) provide athletic training services administration, including:

1500 ~~[(a)]~~ (i) implementing athletic training service plans or protocols;

1501 ~~[(b)]~~ (ii) writing organizational policies and procedures;

1502 ~~[(c)]~~ (iii) complying with governmental and institutional standards; and

1503 ~~[(d)]~~ (iv) maintaining records to document services rendered; and

1504 [(7)] (g) educate athletes to facilitate physical conditioning and reconditioning by
 1505 designing and implementing appropriate programs to minimize the risk of injury.

1506 (2) A licensed athletic trainer shall collaborate with a licensed physician when treating an
 1507 athletic injury that:

1508 (a) is beyond the athletic trainer's scope of practice or expertise;

1509 (b) is a suspected head or traumatic brain injury on an adult, including a concussion; and

1510 (c) is unresponsive to treatment.

1511 (3) An athletic trainer shall record collaboration with a physician regarding an athlete or
 1512 athletic injury.

1513 (4) Nothing in this section prevents a physician from employing, directing, supervising,
 1514 establishing protocols for, or assisting an athletic trainer in performing within the scope
 1515 of practice for athletic training consistent with the scope of practice and professional
 1516 standards of each practitioner.

1517 Section 24. Section **58-42a-102** is amended to read:

1518 **58-42a-102 (Effective 05/06/26). Definitions.**

1519 As used in this chapter:

1520 (1) "Board" means the Physical Therapies Licensing Board created in Section 58-24b-201.

1521 (2)(a) "Individual treatment plan" means a written record ~~[composed for each client by~~
 1522 ~~the individual licensed under this chapter to engage]~~ an individual engaging in the
 1523 practice of occupational therapy composes for each client.

1524 (b) "Individual treatment plan" includes:

- 1525 (i) planning and directing specific exercises and programs to improve sensory
1526 integration and motor functioning at the level of performance neurologically
1527 appropriate for the ~~[individual's]~~ client's stage of development;
- 1528 (ii) establishing a program of instruction to teach a client skills, behaviors, and
1529 attitudes necessary for the client's independent productive, emotional, and social
1530 functioning;
- 1531 (iii) analyzing, selecting, and adapting functional exercises to achieve and maintain
1532 the client's optimal functioning in activities of daily living and to prevent further
1533 disability; and
- 1534 (iv) planning and directing specific programs to evaluate and enhance a client's
1535 perceptual, motor, and cognitive skills.
- 1536 (3) "Occupational therapist" means an individual licensed under this chapter to practice
1537 occupational therapy.
- 1538 (4) "Occupational therapy aide" means an individual who is not licensed under this chapter [
1539 ~~but who~~] but provides supportive services under the supervision of an occupational
1540 therapist or occupational therapy assistant.
- 1541 (5) "Occupational therapy assistant" means an individual licensed under this chapter to
1542 practice occupational therapy under the supervision of an occupational therapist as
1543 described in Sections 58-42a-305 and 58-42a-306.
- 1544 (6)(a) "Practice of occupational therapy" means the therapeutic use of everyday life
1545 activities with ~~[an individual]~~ a client who:
- 1546 (i) ~~[that]~~ has or is at risk of developing an illness, injury, disease, disorder, condition,
1547 impairment, disability, activity limitation, or participation restriction; and
- 1548 (ii) ~~[to develop or restore the individual's]~~ needs assistance developing or restoring the
1549 ability to engage in everyday life activities by addressing physical, cognitive,
1550 mental wellness, psychosocial, sensory, or other aspects of the ~~[individual's]~~
1551 client's performance.
- 1552 (b) "Practice of occupational therapy" includes:
- 1553 (i) establishing, remediating, or restoring an undeveloped or impaired skill or ability
1554 of ~~[an individual]~~ a client;
- 1555 (ii) modifying or adapting an activity or environment to enhance ~~[an individual's]~~ a
1556 client's performance;
- 1557 (iii) maintaining and improving ~~[an individual's]~~ a client's capabilities to avoid
1558 declining performance in everyday life activities;

- 1559 (iv) promoting health and wellness to develop or improve [~~an individual's~~] a client's
 1560 performance in everyday life activities;
- 1561 (v) performance-barrier prevention for [~~an individual~~] a client, including [~~disability~~
 1562 ~~prevention~~] preventing a disability;
- 1563 (vi) evaluating factors that affect [~~an individual's~~] a client's activities of daily living in
 1564 educational, work, play, leisure, and social situations, including:
- 1565 (A) body functions and structures;
- 1566 (B) habits, routines, roles, and behavioral patterns;
- 1567 (C) cultural, physical, environmental, social, virtual, and spiritual contexts and
 1568 activity demands that affect performance; and
- 1569 (D) motor, process, communication, interaction, and other performance skills;
- 1570 (vii) providing interventions and procedures to promote or enhance [~~an individual's~~] a
 1571 client's safety and performance in activities of daily living in educational, work,
 1572 and social situations, including:
- 1573 (A) [~~the therapeutic use of~~] using therapeutic occupations and exercises;
- 1574 (B) training in self-care, self-management, home-management, and community
 1575 and work reintegration;
- 1576 (C) [~~the development, remediation, or compensation of~~] developing, remediating,
 1577 or compensating behavioral skills and physical, cognitive, neuromuscular, and
 1578 sensory functions;
- 1579 (D) [~~the education~~] educating and training of [~~an individual's~~] a client's family
 1580 members and caregivers;
- 1581 (E) [~~care coordination~~] coordinating care, case management, and transition
 1582 services;
- 1583 (F) providing a consulting [~~services to groups, programs, organizations, or~~
 1584 ~~communities;~~] service to a group, a program, an organization, or a community;
- 1585 (G) modifying the environment and adapting [~~processes~~] a process, including the
 1586 application of ergonomic principles;
- 1587 (H) assessing, designing, fabricating, applying, fitting, and providing training in
 1588 assistive technology, adaptive devices, orthotic devices, and prosthetic devices;
- 1589 (I) prescribing durable medical equipment or an adaptive device to a patient with
 1590 or without requesting a prescription from a licensed physician;
- 1591 [~~(H)~~] (J) assessing, recommending, and training [~~an individual~~] a client in [
 1592 ~~techniques~~] a technique to enhance functional mobility, including wheelchair

management;

~~[(J)]~~ (K) providing driver rehabilitation and community mobility;

~~[(K)]~~ (L) enhancing eating and feeding performance;

~~[(L)]~~ (M) applying a physical agent ~~[modalities]~~ modality, managing wound care, dry needling, ~~[and]~~ or using a manual therapy ~~[techniques]~~ technique to enhance [an individual's] a client's performance skills, if the occupational therapist has received the necessary training as ~~[determined by]~~ the division determines by rule made in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; or

~~[(M)]~~ (N) applying dry needling to enhance ~~[an individual's]~~ a client's occupational performance if the occupational therapy practitioner has received the necessary training ~~[as determined by]~~ as the division determines by rule the division makes in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(7) "Unlawful conduct" means the same as that term is defined in Sections 58-1-501 and 58-42a-501.

(8) "Unprofessional conduct" means the same as that term is defined in Sections 58-1-501 and 58-42a-502.

Section 25. Section **58-42a-306** is amended to read:

58-42a-306 (Effective 05/06/26). Supervision requirements.

An occupational therapist who is supervising an occupational therapy assistant shall:

- (1) write or contribute to an individual treatment plan before referring a client to [a supervised] the occupational therapy assistant for treatment;
- (2) approve and cosign on all modifications to the individual treatment plan;
- (3) meet face to face with the ~~[supervised]~~ occupational therapy assistant as often as necessary but at least once every two weeks in person or by video conference, and at least one time every month in person, to adequately provide consultation, advice, training, and direction to the occupational therapy assistant;
- (4) meet with each client who has been referred to ~~[a supervised]~~ the occupational therapy assistant at least once each month, to further assess the patient, evaluate the treatment, and modify the individual's treatment plan, except that if the interval of client care occurs one time per month or less, the occupational therapist shall meet with the client at least once every four visits;
- (5) ~~[supervise no more than two full-time occupational therapy assistants at one time, or~~

four ~~part-time occupational therapy assistants if the combined work hours of the assistants do not exceed 40 hours per week, unless otherwise approved by the division in collaboration with the board]~~ supervise occupational therapy assistants in accordance with rules the division makes in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;

(6) remain responsible for client treatment provided by the occupational therapy assistant; and

(7) fulfill any other supervisory responsibilities as determined by division rule.

Section 26. Section **58-42a-307** is amended to read:

58-42a-307 (Effective 05/06/26). Dry needling -- Experience required --

Registration.

(1) An occupational therapist may practice [~~trigger point~~] dry needling if the occupational therapist:

(a) has a valid license to practice occupational therapy under this chapter;

(b) has successfully completed a course in [~~trigger point~~] dry needling that is:

(i) approved by the division; and

(ii) at least 304 total course hours, including a minimum of:

(A) 54 hours of in-person instruction; and

(B) 250 supervised patient treatment hours;

(c) files a certificate of completion of the course described in Subsection (1)(b) with the division;

(d) registers with the division as a [~~trigger point~~] dry needling practitioner; and

(e) meets any other requirement to practice [~~trigger point~~] dry needling established by the division.

(2) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that establish:

(a) the criteria for approving a course described in Subsection (1)(b); and

(b) the requirements described in Subsection (1)(e).

(3) The division may charge, in accordance with Section 63J-1-504, a fee for the registration described in Subsection (1)(d).

Section 27. Section **58-44a-302** is amended to read:

58-44a-302 (Effective 05/06/26). Qualifications for licensure.

(1) An applicant for licensure as a nurse midwife shall:

(a) submit an application in a form the division approves;

- 1661 (b) pay a fee as determined by the department under Section 63J-1-504;
- 1662 (c) at the time of application for licensure hold a license in good standing as a registered
- 1663 nurse in Utah, or be at that time qualified for a license as a registered nurse under
- 1664 Title 58, Chapter 31b, Nurse Practice Act;
- 1665 (d) have completed:
- 1666 (i) a certified nurse midwifery education program accredited by the Accreditation
- 1667 Commission for Midwifery Education~~[-and approved by the division]~~ or another
- 1668 accrediting body the division approves by rule made in collaboration with the
- 1669 board and in accordance with Title 63G, Chapter 3, Utah Administrative
- 1670 Rulemaking Act; or
- 1671 (ii) a nurse midwifery education program located outside of the United States which
- 1672 is approved by the division and is equivalent to a program accredited by the
- 1673 Accreditation Commission for Midwifery Education, as demonstrated by a
- 1674 graduate's being accepted to sit for the national certifying examination
- 1675 administered by the Accreditation Commission for Midwifery Education or its
- 1676 designee;
- 1677 (e) have passed examinations established by the division rule in collaboration with the
- 1678 board within two years after completion of the approved education program required
- 1679 under Subsection (1)(d); and
- 1680 (f)(i) consent to, and complete, a criminal background check, described in Section
- 1681 58-1-301.5;
- 1682 (ii) meet any other standard related to the criminal background check described in
- 1683 Subsection (1)(f)(i), that the division establishes by rule in accordance with Title
- 1684 63G, Chapter 3, Utah Administrative Rulemaking Act; and
- 1685 (iii) disclose any criminal history the division requests on a form the division
- 1686 approves.
- 1687 (2) For purposes of Subsection (1)(d), as of January 1, 2010, an applicant shall have
- 1688 completed a graduate degree, including post-master's certificate, in nurse midwifery
- 1689 from the accredited education program or the accredited education program's equivalent.
- 1690 Section 28. Section **58-47b-201** is amended to read:
- 1691 **58-47b-201 (Effective 05/06/26) (Repealed 07/01/34). Board.**
- 1692 (1) There is created the Board of Massage Therapy and Acupuncture consisting of:
- 1693 (a) four massage therapists;
- 1694 (b) two ~~[licensed acupuncturists as defined in Section 58-72-102]~~ acupuncturists; and

(c) one member of the general public.

(2) The board shall be appointed and serve in accordance with Section 58-1-201.

(3)(a) The board shall perform the duties and responsibilities described in Sections 58-1-202 and 58-1-203 with respect to this chapter and Chapter 72, Acupuncture Licensing Act.

(b) In addition, the board shall designate one of [its] the board's members on a permanent or rotating basis to:

(i) assist the division in reviewing complaints concerning the conduct of an individual licensed under this chapter or Chapter 72, Acupuncture Licensing Act; and

(ii) advise the division in [its] the division's investigation of these complaints.

(4) A board member who has, under Subsection (3), reviewed a complaint or advised in [its] the complaint's investigation may be disqualified from participating with the board when the board serves as a presiding officer in an adjudicative proceeding concerning the complaint.

Section 29. Section **58-54-303** is amended to read:

58-54-303 (Effective 05/06/26). Supervision and prescription required -- Imaging ordered by a licensed physical therapist.

~~[(1) The practice of radiologic technology by a radiologic technologist licensed under this chapter shall be under the general supervision of a radiologist or radiology practitioner and may be performed only upon the order of a radiologist or radiology practitioner acting within the scope of the radiologist's or radiology practitioner's license and experience within the scope of practice of a radiology practitioner.]~~

(1) A radiologic technologist certified under this chapter may practice radiologic technology only:

(a) under the general supervision of a radiologist or radiology practitioner; and

(b) upon the order of a radiologist or radiology practitioner acting within the scope of the radiologist's or radiology practitioner's license and experience.

(2)(a) Notwithstanding Subsection (1), a physical therapist licensed under Chapter 24b, Physical Therapy Practice Act, acting within the scope of the physical therapist's license and experience may order ~~[plain radiographs and magnetic resonance-]~~ imaging if:

(i) the licensed physical therapist designates a physician to receive the results of the ~~[plain radiographs or magnetic resonance-]~~imaging; and

(ii) the physician designated in Subsection (2)(a)(i) agrees to receive the results of the [plain radiographs or magnetic resonance] imaging.

(b) A licensed physical therapist who orders [plain radiographs or magnetic resonance] imaging under Subsection (2)(a) shall:

(i) communicate with the patient's physician to ensure coordination of care; and

(ii) refer a patient to an appropriate provider when the findings of the imaging [that was] ordered by the licensed physical therapist indicate that the needed services [that are needed] exceed the licensed physical therapist's experience [and] or scope of practice.

(c) A licensed physical therapist is not subject to Subsection (2)(b)(i) if:

(i) a radiologist has read the image and has not identified a significant finding;

(ii) the patient does not have a primary care physician; and

(iii) the patient was not referred to the licensed physical therapist for health care services by another health care provider.

Section 30. Section **58-57-101**, which is renumbered from Section 58-57-2 is renumbered and amended to read:

[58-57-2] 58-57-101 (Effective 05/06/26). Definitions.

[In addition to the definitions in Section 58-1-102, as] As used in this chapter:

(1) "Board" means the Respiratory Care Licensing Board created in Section [58-57-3] 58-57-102.

(2)(a) "Health care facility" means [any] a facility or institution in which health care services are performed or furnished[~~and~~] .

(b) "Health care facility" includes a hospital, a clinic, [or] and an emergency care center.

(3)(a) "Limited practice of respiratory care" means the practice of respiratory care on a non-critical care patient.

(b) "Limited practice of respiratory care" does not include:

(i) invasive and noninvasive mechanical ventilation;

(ii) arterial line placement; or

(iii) high-risk procedures the division defines by rule the division makes in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(4) "Non-critical care patient" means a patient who is not receiving a service from an intensive care unit, an emergency department of a hospital, or an ambulance as that term is defined in Section 53-2d-101.

1763 [(3)] (5)(a) "Practice of respiratory care"[:]

1764 [(a)] _means the treatment, operation of equipment, management, diagnostic testing, and
 1765 care of ~~[any]~~ a human disease, deficiency, pain, injury, or other physical condition
 1766 associated with the cardiopulmonary system under the qualified medical direction or
 1767 supervision of a practitioner who has training and knowledge in the diagnosis,
 1768 treatment, and assessment of respiratory problems[:]

1769 (b) "Practice of respiratory care" includes:

- 1770 (i) accepting and carrying out a practitioner's written, verbal, or telephonic
 1771 prescription or order specifically relating to respiratory care in a hospital or other
 1772 health care setting and ~~[includes]~~ in consultation with ~~[licensed nurses]~~ a licensed
 1773 nurse, as appropriate;
- 1774 (ii) administering respiratory care during transportation of a patient and under other
 1775 circumstances where an emergency requires immediate respiratory care;
- 1776 (iii) serving as a resource to other health care professionals and hospital
 1777 administrators in relation to the technical aspects of, and the safe and effective
 1778 methods for, administering respiratory care;
- 1779 (iv) functioning in situations of patient contact requiring individual judgment in
 1780 administering respiratory care under the general supervision of a qualified
 1781 practitioner; and
- 1782 (v) supervising, directing, or teaching personnel in the performance of respiratory
 1783 care modalities as part of ~~[a respiratory care]~~ an approved education program for
 1784 respiratory care[: and] .

1785 (c) "Practice of respiratory care" does not include:

- 1786 (i) ~~[a person who delivers, installs, or maintains]~~ the delivery, installation, or
 1787 maintenance of respiratory related durable medical equipment~~[-and]~~ ; or
- 1788 (ii) ~~[who gives]~~ giving instructions regarding the use of ~~[that equipment as long as~~
 1789 ~~that person]~~ respiratory related durable medical equipment if the individual giving
 1790 the instruction does not perform clinical evaluation or treatment of the patient.

1791 [(4)] (6) "Practitioner" means an individual currently licensed, registered, or otherwise
 1792 authorized by the appropriate jurisdiction to prescribe and administer drugs and order
 1793 respiratory care in the course of professional practice.

1794 [(5) "~~Respiratory care practitioner~~" means any person licensed to practice respiratory care
 1795 ~~under this chapter.~~]

1796 [(6)] (7) "Respiratory related durable medical equipment" means:

- 1797 (a) medical grade oxygen;
- 1798 (b) equipment and supplies related to medical gases;
- 1799 (c) apnea monitors;
- 1800 (d) oximeters;
- 1801 (e) noninvasive positive pressure generators, except those with back-up respiratory rate
- 1802 or when used invasively;
- 1803 (f) bilirubin lights;
- 1804 (g) suctioning equipment;
- 1805 (h) large volume nebulizers with compressors, except when used invasively in
- 1806 conjunction with an artificial airway;
- 1807 (i) medication nebulizers;
- 1808 (j) enteral nutrition equipment; and
- 1809 (k) other respiratory related equipment intended for use in the home as ~~[defined by the~~
- 1810 ~~division by rule]~~ the division defines by rule the division makes in accordance with
- 1811 Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 1812 ~~[(7)]~~ (8) "Unlawful conduct" ~~[is defined in]~~ means the same as that term is defined in
- 1813 Sections 58-1-501 and ~~[58-57-14]~~ 58-57-110.
- 1814 ~~[(8)]~~ (9)(a) "Unprofessional conduct" ~~[as defined in]~~ means the same as that term is
- 1815 defined in Section 58-1-501 and as ~~[may be further defined by rule]~~ the division may
- 1816 define by rule the division makes in accordance with Title 63G, Chapter 3, Utah
- 1817 Administrative Rulemaking Act.
- 1818 (b) "Unprofessional conduct" includes:
- 1819 ~~[(a)]~~ (i) acting contrary to the instructions of the practitioner responsible for
- 1820 supervising the licensee;
- 1821 ~~[(b)]~~ (ii) knowingly operating ~~[any]~~ respiratory care equipment that is unsafe or not in
- 1822 compliance with standards of condition or operation consistent with the patient's
- 1823 safety;
- 1824 ~~[(c)]~~ (iii) permitting ~~[any person]~~ an individual to operate respiratory care equipment
- 1825 who is not competent or not allowed to operate the equipment;
- 1826 ~~[(d)]~~ (iv) revealing to ~~[any unauthorized person]~~ an unauthorized individual
- 1827 confidential or privileged information about a patient;
- 1828 ~~[(e)]~~ (v) using ~~[any]~~ a controlled substance, unless a practitioner prescribes the
- 1829 controlled substance ~~[is prescribed by a practitioner and used]~~ and the respiratory
- 1830 care practitioner uses the controlled substance in accordance with the practitioner's

instructions; and

[(f)] (vi) making [any] a statement that is incorrect due to negligence, willfulness, or intent to provide false information or entry on [any] a patient record or other record that is used for payment of respiratory care services.

Section 31. Section **58-57-102**, which is renumbered from Section 58-57-3 is renumbered and amended to read:

[58-57-3] 58-57-102 (Effective 05/06/26). Board created -- Membership -- Duties.

(1) There is created a five-member Respiratory Care Licensing Board consisting of the following [persons] individuals:

(a) one physician who is a member of either the American Society of Anesthesiologists, the American College of Chest Physicians, the American Thoracic Society, or the American Academy of Pediatrics;

(b) three licensed respiratory care practitioners who have practiced respiratory care for a period of not less than three years immediately [~~preceding their~~] before appointment to the board; and

(c) one member from the general public.

~~[(2) The board shall be appointed and serve in accordance with Section 58-1-201.]~~

~~(2) The executive director shall appoint the members of the board and the members shall serve in accordance with Section 58-1-201.~~

~~[(3) The duties and responsibilities of the board shall be in accordance with Sections 58-1-202 and 58-1-203.]~~

~~(3) The board shall perform the board's duties and responsibilities as provided in Sections 58-1-202 and 58-1-203.~~

Section 32. Section **58-57-103**, which is renumbered from Section 58-57-4 is renumbered and amended to read:

[58-57-4] 58-57-103 (Effective 05/06/26). Qualifications for a license -- Scope of practice.

(1) ~~[The division shall issue a respiratory care practitioner license to an applicant who meets the requirements specified in this section.]~~ The division shall issue to an individual who meets the requirements specified in this section a license in the classification of:

(a) respiratory care practitioner; or

(b) respiratory care apprentice.

(2)(a) An applicant seeking licensure as a respiratory care practitioner shall:

[(a)] (i) ~~[submit an application on a form prescribed by the division]~~ submit to the

1865 division an application on a form the division approves;

1866 ~~[(b)] (ii) [pay a fee as determined by the department pursuant to Section 63J-1-504]~~

1867 pay to the division a fee determined in accordance with Section 63J-1-504;

1868 ~~[(e)] (iii) [possess a]~~ have a high school education or [its] the equivalent, as [
1869 determined by the division in] the division determines by rule the division makes in
1870 collaboration with the board and in accordance with Title 63G, Chapter 3, Utah
1871 Administrative Rulemaking Act;

1872 ~~[(d)] (iv) [have completed]~~ complete a respiratory care practitioner educational
1873 program that is accredited by a nationally accredited organization acceptable to
1874 the division as defined by rule the division makes in accordance with Title 63G,
1875 Chapter 3, Utah Administrative Rulemaking Act; and

1876 ~~[(e)] (v)~~ subject to Section 58-57-104, pass an examination [approved by]the division
1877 approves in collaboration with the board.

1878 (b) A respiratory care practitioner may engage in the practice of respiratory care.

1879 (3)(a) An applicant seeking licensure as a respiratory care apprentice shall:

1880 (i) submit to the division an application on a form the division approves;

1881 (ii) pay to the division a fee determined under Section 63J-1-504;

1882 (iii) have a high school education or the equivalent, as the division determines by rule
1883 the division makes in collaboration with the board and in accordance with Title
1884 63G, Chapter 3, Utah Administrative Rulemaking Act;

1885 (iv) submit to the division evidence that the applicant is:

1886 (A) in good standing with an approved education program that the division
1887 approves by rule the division makes in accordance with Title 63G, Chapter 3,
1888 Utah Administrative Rulemaking Act;

1889 (B) in the final year with the approved education program; and

1890 (C) has written permission from the education program in which the applicant is
1891 enrolled to apply for licensure.

1892 (b) A respiratory care apprentice may perform a service in the limited practice of
1893 respiratory care if the respiratory care apprentice has documented evidence of
1894 training for the service.

1895 (c) A respiratory care apprentice shall be under the indirect supervision of a licensed
1896 respiratory care practitioner when engaging in the limited practice of respiratory care.

1897 Section 33. Section **58-57-104**, which is renumbered from Section 58-57-5 is renumbered
1898 and amended to read:

[58-57-5] 58-57-104 (Effective 05/06/26). Licensure by endorsement.

[If an applicant has completed a respiratory care practitioner education program that is approved by the board and accredited by a nationally accredited organization acceptable to the division, as defined by rule, the board may recommend that the division issue a license without examination to any applicant currently licensed by another state as a respiratory care practitioner or its equivalent, if the requirements for licensing in that state are at least as stringent as the requirements under this chapter.] Licensure by endorsement shall be in accordance with Section 58-1-302.

Section 34. Section **58-57-105**, which is renumbered from Section 58-57-6 is renumbered and amended to read:

[58-57-6] 58-57-105 (Effective 05/06/26). Term of license -- Expiration -- Renewal.

(1)(a) ~~[Each license issued under this chapter shall be issued]~~ The division shall issue a respiratory care practitioner license in accordance with a two-year renewal cycle [established by rule] the division makes by rule in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(b) ~~[A] The division may extend or shorten a renewal period [may be extended or shortened]~~ by as much as one year to maintain established renewal cycles or to change [an established] a renewal cycle.

(2) ~~[Each license]~~ A respiratory care practitioner license automatically expires on the expiration date shown on the license[unless renewed by the licensee in accordance with Section 58-1-308].

(3)(a) A respiratory care apprentice license shall expire on the day of the earliest of the following events:

(i) the issuance of a respiratory care practitioner license;

(ii) the denial of a respiratory care practitioner license application; or

(iii) the termination of enrollment at an accredited respiratory care practitioner program.

(b) Notwithstanding Subsection (3)(a)(iii), a respiratory care apprentice license is valid for 60 days after the day on which a respiratory care apprentice graduates from an accredited respiratory care practitioner program.

Section 35. Section **58-57-106**, which is renumbered from Section 58-57-7 is renumbered and amended to read:

[58-57-7] 58-57-106 (Effective 05/06/26). Exemptions from licensure.

- (1)(a) For purposes of Subsection (2)(b), "qualified" means an individual who is a registered polysomnographic technologist or a Diplomate certified by the American Board of Sleep Medicine.
- (b) For purposes of Subsections (2)(f) and (g), "supervision" means one of the following will be immediately available for consultation in person or by phone:
- (i) a practitioner;
 - (ii) a respiratory therapist;
 - (iii) a Diplomate of the American Board of Sleep Medicine; or
 - (iv) a registered polysomnographic technologist.
- (2) In addition to the exemptions from licensure in Section 58-1-307, the following ~~[persons]~~ individuals may engage in the practice of respiratory therapy subject to the stated circumstances and limitations without being licensed under this chapter:
- (a) ~~[any person]~~ an individual who provides gratuitous care for ~~[a member of his immediate family]~~ an immediate family member without representing ~~[himself as]~~ that the individual is a licensed respiratory care practitioner;
 - (b) ~~[any person]~~ an individual who is a licensed or a qualified member of another health care profession, if this practice is consistent with the accepted standards of the profession and if the ~~[person]~~ individual does not represent ~~[himself as]~~ that the individual is a respiratory care practitioner;
 - (c) ~~[any person]~~ an individual who serves in the Armed Forces of the United States or ~~[any other]~~ another agency of the federal government and is ~~[engaged in the performance of his]~~ performing official duties;
 - (d) ~~[any person]~~ an individual who acts under a certification issued ~~[pursuant to]~~ in accordance with Title 53, Chapter 2d, Emergency Medical Services Act, while providing emergency medical services;
 - (e) ~~[any person]~~ except as provided in Subsection (3), an individual who delivers, installs, or maintains respiratory related durable medical equipment ~~[and]~~ or who gives instructions regarding the use of that equipment~~[in accordance with Subsections 58-57-2(3) and (6), except that this exemption does not include any clinical evaluation or treatment of the patient];~~
 - (f) ~~[any person]~~ an individual who ~~[is working]~~ works in a practitioner's office, acting under supervision; and
 - (g) a polysomnographic technician or trainee, acting under supervision, as long as the technician or trainee administers the following only in a sleep lab, sleep center, or

- 1967 sleep facility:
- 1968 (i) oxygen titration; and
- 1969 (ii) positive airway pressure that does not include mechanical ventilation.

1970 (3) Subsection (2)(e) does not allow an individual to engage in clinical evaluation or

1971 treatment of a patient.

1972 [(3)] (4) Nothing in this chapter permits a respiratory care practitioner to engage in the

1973 unauthorized practice of other health disciplines.

1974 Section 36. Section **58-57-107**, which is renumbered from Section 58-57-8 is renumbered

1975 and amended to read:

1976 **[58-57-8] 58-57-107 (Effective 05/06/26). Grounds for denial of license --**

1977 **Disciplinary proceedings.**

1978 [Grounds for refusal to issue a license to an applicant, for refusal to renew the license of

- 1979 a licensee, to revoke, suspend, restrict, or place on probation the license of a licensee, to issue

- 1980 a public or private reprimand to a licensee, and to issue cease and desist orders shall be in

- 1981 accordance with Section 58-1-401.]

1982 (1) The division may:

- 1983 (a) refuse to issue a license to an applicant;
- 1984 (b) refuse to renew a license;
- 1985 (c) revoke, suspend, restrict, or place a license on probation;
- 1986 (d) issue a public or private reprimand to a licensee; or
- 1987 (e) issue a cease and desist order.

1988 (2) The division shall perform an act listed in Subsection (1) in accordance with Section

1989 58-1-401.

1990 Section 37. Section **58-57-108**, which is renumbered from Section 58-57-10 is renumbered

1991 and amended to read:

1992 **[58-57-10] 58-57-108 (Effective 05/06/26). Use of title or designation.**

1993 (1) Only a respiratory care practitioner may use the following titles or designations[~~in this~~

1994 state]:

- 1995 (a) respiratory care practitioner;
- 1996 (b) respiratory therapist; or
- 1997 (c) respiratory technician.

1998 (2) Only a respiratory care apprentice may use the following titles or designations:

- 1999 (a) respiratory care apprentice; or
- 2000 (b) respiratory therapy apprentice.

2001 ~~[(2)]~~ (3) ~~[Any person]~~ An individual who violates this section is guilty of a class A

2002 misdemeanor.

2003 Section 38. Section **58-57-109**, which is renumbered from Section 58-57-12 is renumbered

2004 and amended to read:

2005 **[58-57-12] 58-57-109 (Effective 05/06/26). Independent practice prohibited.**

2006 A respiratory care practitioner may not:

2007 (1) practice independently of a practitioner or of a health care facility while under the

2008 supervision of a practitioner; or

2009 (2) charge a fee~~[for his services]~~ independently of a practitioner or health care facility.

2010 Section 39. Section **58-57-110**, which is renumbered from Section 58-57-14 is renumbered

2011 and amended to read:

2012 **[58-57-14] 58-57-110 (Effective 05/06/26). Unlawful conduct -- Penalty.**

2013 (1) ~~[Beginning January 1, 2007, "unlawful"]~~ "Unlawful conduct" includes:

2014 (a) using the following titles~~[, names,]~~ or initials~~;~~ for the following titles if the user is

2015 not properly licensed~~[under this chapter]:~~

2016 (i) respiratory care practitioner;

2017 (ii) respiratory therapist; ~~[and]~~

2018 (iii) respiratory technician; ~~[and]~~

2019 ~~(iv) respiratory care apprentice; and~~

2020 ~~(v) respiratory therapy apprentice; and~~

2021 (b) using ~~[any other]~~ a name, title, or initials that would cause a reasonable person to

2022 believe the user is licensed under this chapter if the user is not properly licensed

2023 under this chapter.

2024 (2) ~~[Any person who]~~ A person that violates ~~[the unlawful conduct provision specifically~~

2025 ~~defined in]~~ Subsection 58-1-501(1)(a) is guilty of a third degree felony.

2026 ~~[(3) Any person who violates any of the unlawful conduct provisions specifically defined in~~

2027 ~~Subsections 58-1-501(1)(b) through (f) and Subsection (1) of this section is guilty of a~~

2028 ~~class A misdemeanor.]~~

2029 ~~[(4) After a proceeding pursuant to Title 63G, Chapter 4, Administrative Procedures Act,~~

2030 ~~and Title 58, Chapter 1, Division of Professional Licensing Act, the division may assess~~

2031 ~~administrative penalties for acts of unprofessional or unlawful conduct or any other~~

2032 ~~appropriate administrative action.]~~

2033 Section 40. Section **58-70a-302** is amended to read:

2034 **58-70a-302 (Effective 05/06/26). Qualifications for licensure.**

Each applicant for licensure as a physician assistant shall:

- (1) submit an application in a form the division approves;
 - (2) pay a fee determined by the department under Section 63J-1-504;
 - (3) have successfully completed a physician assistant program accredited by:
 - (a) the Accreditation Review Commission on Education for the Physician Assistant; or
 - (b) another accrediting body the division approves by rule made in collaboration with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
 - ~~[(b) if before January 1, 2001, either the:]~~
 - ~~[(i) Committee on Accreditation of Allied Health Education Programs; or]~~
 - ~~[(ii) Committee on Allied Health Education and Accreditation;]~~
 - (4) have passed the licensing examinations required by division rule made in collaboration with the board;
 - (5) meet with the board and representatives of the division, if requested, for the purpose of evaluating the applicant's qualifications for licensure; and
 - (6)(a) consent to, and complete, a criminal background check, described in Section 58-1-301.5;
 - (b) meet any other standard related to the criminal background check described in Subsection (6)(a), that the division establishes by rule in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
 - (c) disclose any criminal history the division requests on a form the division provides.
- Section 41. Section **58-70a-307** is amended to read:

58-70a-307 (Effective 05/06/26). Collaboration requirements -- Clinical practice experience -- Requirements for independent practice in a new specialty.

- (1) As used in this section, "collaboration" means the interaction and relationship that a physician assistant has with ~~[one or more physicians]~~ a physician in which:
 - (a) the physician assistant and physician are cognizant of the physician assistant's qualifications and limitations in caring for ~~[patients]~~ a patient;
 - (b) the physician assistant, while responsible for care that the physician assistant provides, consults with the physician~~[or physicians]~~ regarding patient care; and
 - (c) the physician ~~[or physicians give]~~ gives direction and guidance to the physician assistant.
- (2) A physician assistant with less than ~~[10,000]~~ 8,500 hours of post-graduate clinical practice experience shall:

- (a) practice under written policies and procedures established at a practice level that:
- (i) describe how collaboration will occur in accordance with this section and Subsections 58-70a-501(2) and (3); and
- (ii) describe methods for evaluating the physician assistant's competency, knowledge, and skills;
- (b) provide a copy of the written policies and procedures and documentation of compliance with this Subsection (2) to the board upon the board's request; and
- (c) except as provided in Subsection 58-70a-501.1(4)(d) for a physician assistant specializing in mental health care, engage in collaboration with a physician for the first 4,000 hours of the physician assistant's post-graduate clinical practice experience.
- (3)(a) Except as provided in Subsection 58-70a-501.1(4)(d) for a physician assistant specializing in mental health care, a physician assistant who has more than 4,000 hours of practice experience and less than ~~[10,000]~~ 8,500 hours of practice experience shall enter into a written collaborative agreement with:
- (i) a physician; or
- (ii) a licensed physician assistant with more than ~~[10,000]~~ 8,500 hours of practice experience in the same specialty as the physician assistant.
- (b) The collaborative agreement described in Subsection (3)(a) shall:
- (i) describe how collaboration under this section and Subsections 58-70a-501(2) and (3) will occur;
- (ii) be kept on file at the physician assistant's practice location; and
- (iii) be provided by the physician assistant to the board upon the board's request.
- (4) A physician assistant who wishes to change specialties to another specialty in which the [PA] physician assistant has less than 4,000 hours of experience shall engage in collaboration for a minimum of 4,000 hours with a physician who is trained and experienced in the specialty to which the physician assistant is changing.
- Section 42. Section **58-72-102** is amended to read:
- 58-72-102 (Effective 05/06/26). Acupuncture licensing -- Definitions.**
- ~~[In addition to the definitions in Section 58-1-102, as]~~ As used in this chapter:
- (1) "Acupuncture aide" means:
- (a) an individual who is not licensed under this chapter but provides a supportive service under the indirect supervision of a licensed acupuncturist who is physically present and available during the performance of a delegated supportive service; and
- (b)(i) an individual who holds a certification in clean needle technique from the

- 2103 Council of Colleges of Acupuncture and Herbal Medicine; or
 2104 (ii) an individual who completes a course using the Council of Colleges of
 2105 Acupuncture and Herbal Medicine clean needle technique that the division
 2106 approves by rule; or
 2107 (c) meets the qualifications the division makes by rule.
- 2108 (2) "Board" means the Board of Massage Therapy and Acupuncture created in Section
 2109 58-47b-201.
- 2110 [(2)] (3)(a) "Injection therapy" means the use of a hypodermic needle, by a licensed
 2111 acupuncturist ~~[who has obtained a clean needle technique certificate from the~~
 2112 ~~National Commission for the Certification of Acupuncture and Oriental Medicine~~
 2113 ~~(NCCAOM);]~~ who satisfies the coursework and supervised experience requirements
 2114 that the division makes by rule to inject any of the following sterile substances in
 2115 liquid form into acupuncture points on the body subcutaneously or intramuscularly:
- 2116 (i) a nutritional substance;
 - 2117 (ii) a local anesthetic;
 - 2118 (iii) autologous blood, if the licensee holds a current phlebotomy certification to draw
 2119 blood;
 - 2120 (iv) sterile water;
 - 2121 (v) dextrose;
 - 2122 (vi) sodium bicarbonate; ~~[and]~~
 - 2123 (vii) sterile saline[-] ; and
 - 2124 (viii) other substances as defined by the division in rule.
- 2125 (b) "Injection therapy" includes using ultrasound guidance to ensure that an injection is
 2126 only a subcutaneous injection or an intramuscular injection.
- 2127 (c) "Injection therapy" does not include injecting a substance into a vein, ~~[joint,]~~ artery,
 2128 blood vessel, nerve, ~~[tendon,]~~ deep organ, or the spine.
- 2129 ~~[(d) "Injection therapy" may not be performed on a pregnant woman or a child under the~~
 2130 ~~age of eight.]~~
- 2131 ~~[(3) "Licensed acupuncturist," designated as "L.Ac.," means a person who has been~~
 2132 ~~licensed under this chapter to practice acupuncture.]~~
- 2133 (4) "Moxibustion" means a heat therapy that uses the herb moxa to heat acupuncture points
 2134 of the body.
- 2135 (5)(a) "Practice of acupuncture" means the insertion of acupuncture needles, the use of
 2136 injection therapy, and the application of moxibustion to specific areas of the body

based on traditional oriental medical diagnosis and modern research as a primary mode of therapy.

(b) ~~[Adjunctive therapies within the scope of the practice]~~ "Practice of acupuncture" may include the following adjunctive therapies:

(i) applying manual, mechanical, thermal, electrical, light, and electromagnetic treatments based on traditional oriental medical diagnosis and modern research;

(ii) ~~[the recommendation, administration, or provision of]~~ recommending, administering, or provisioning dietary guidelines, herbs, supplements, homeopathics, and therapeutic exercise based on traditional oriental medical diagnosis and modern research according to practitioner training; ~~[and]~~

(iii) ~~[the practice]~~ performing an adjunctive therapy described in Subsections (5)(a) and ~~[(b)]~~ (5)(b) on an animal to the extent permitted by:

(A) Subsection 58-28-307(12);

(B) the provisions of this chapter; and

(C) division rule[-] ; and

(iv) delegating a task to an acupuncture aide and supervising the performance of the task.

(c) "Practice of acupuncture" does not include:

(i) the manual manipulation or adjustment of the joints of the body beyond the elastic barrier; or

(ii) the "manipulation of the articulation of the spinal column" as defined in Section 58-73-102.

(6)(a) "Supportive services" means the acts that the division defines in rule for which the acupuncture aide is trained.

(b) "Supportive services" does not include providing:

(i) a diagnosis;

(ii) point location;

(iii) needle insertion;

(iv) electrical stimulation;

(v) advice to a patient; or

(vi) a procedure requiring a similar degree of judgment or skill, or an additional act the department defines by rule.

~~[(6)]~~ (7) "Unprofessional conduct" is as defined in Sections 58-1-501 and 58-72-503, and as [may be further defined by division] the division may define by rule.

Section 43. Section **58-72-302** is amended to read:

58-72-302 (Effective 05/06/26). Qualifications for licensure.

An applicant for licensure as ~~[a-licensed]~~ an acupuncturist shall:

- (1) ~~[submit an application in a form prescribed by the division]~~ submit an application to the division on a form the division approves;
- (2) ~~[pay a fee determined by the department under Section 63J-1-504]~~ pay a fee to the division as determined under Section 63J-1-504;
- (3) meet the requirements for current active certification in acupuncture under guidelines [~~established by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM)-~~ National Certification Board for Acupuncture and Herbal Medicine establishes as demonstrated through a current certificate or other appropriate documentation;
- (4) pass the examination ~~[required by the division]~~ the division requires by rule;
- (5) establish procedures, as ~~[defined]~~ the division defines by rule, which shall enable patients to give informed consent to treatment; and
- (6) meet with the board, if requested, for the purpose of evaluating the applicant's qualifications for licensure.

Section 44. Section **58-72-501** is amended to read:

58-72-501 (Effective 05/06/26). Acupuncture licensee -- Restriction on titles used.

- (1)(a) ~~[A person practicing as a]~~ A licensed acupuncturist may not display or ~~[in any way use any]~~ use a title, ~~[words]~~ a word, or ~~an~~ an insignia in conjunction with the [~~person's~~] licensed acupuncturist's name or practice except ~~[the words-]"licensed acupuncturist" or "L.Ac."[-]~~
- (b) Only an acupuncturist licensed under this chapter may use the title "licensed acupuncturist" or "L.Ac."
- ~~[(b)]~~ (c) When used in conjunction with the ~~[person's]~~ licensed acupuncturist's practice, the term "licensed acupuncturist" or "L.Ac." shall be displayed next to the name of the licensed acupuncturist.
- (2)(a) A licensed acupuncturist may not use the term "physician," "physician or surgeon," or "doctor" in conjunction with the acupuncturist's name or practice.
- (b) A licensed acupuncturist may use the terms "Doctor of acupuncture["], "Doctor of Oriental Medicine," "Doctor of Acupuncture and Oriental Medicine," "D.O.M.," "D.A.O.M.," or "oriental medical doctor" [may be used-]if the term is commensurate with the degree in acupuncture [received by the practitioner] the practitioner holds.

(3)(a) ~~[Medical doctors or chiropractic physicians who choose to practice acupuncture shall represent themselves as medical doctors or chiropractic physicians practicing acupuncture and not as licensed acupuncturists.]~~ A medical doctor or a chiropractic physician who chooses to practice acupuncture shall provide acupuncture as a medical doctor or chiropractic physician practicing acupuncture.

(b) A medical doctor or a chiropractic physician who chooses to practice acupuncture may not represent that the medical doctor or a chiropractic physician is a licensed acupuncturist.

Section 45. Section **58-72-701** is amended to read:

58-72-701 (Effective 05/06/26). Procurement and administration authority.

(1)(a) A licensee who has received the necessary training, the division requires by rule the division makes in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to practice injection therapy~~[, including having obtained a clean needle technique certificate from the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM):]~~ as defined in Section 58-72-102:

~~[(a)]~~ (i) has authority to procure and administer prescriptive substances described in Subsections ~~[58-72-102(2)(a) and (b)]~~ 58-72-102(3)(a) and (b) for in-office administration only; and

~~[(b)]~~ (ii) may obtain substances described in Subsection ~~[58-72-102(2)]~~ 58-72-102(3)(a) from a registered prescription drug outlet, registered manufacturer, or registered wholesaler.

(b) A licensee who has received the necessary training to practice injection therapy as defined in Section 58-72-102, may not perform injection therapy on a pregnant woman or a child under eight years old.

(2) An entity that provides any substance to a licensee in accordance with this chapter, and relies in good faith on license information provided by the licensee, is not liable for providing the substance.

Section 46. Section **58-88-201** is amended to read:

58-88-201 (Effective 05/06/26). Definitions.

As used in this part:

(1)(a) "Dispense" means the delivery by a prescriber of a prescription drug or device to a patient, including the packaging, labeling, and security necessary to prepare and safeguard the drug or device for supplying to a patient.

(b) "Dispense" does not include:

- 2239 (i) prescribing or administering a drug or device; or
2240 (ii) delivering to a patient a sample packaged for individual use by a licensed
2241 manufacturer or re-packager of a drug or device.
- 2242 (2) "Dispensing practitioner" means an individual who:
2243 (a) is currently licensed as:
2244 (i) a physician and surgeon under Chapter 67, Utah Medical Practice Act;
2245 (ii) an osteopathic physician and surgeon under Chapter 68, Utah Osteopathic
2246 Medical Practice Act;
2247 (iii) an advanced practice registered nurse under [~~Subsection 58-31b-301(2)(d)~~]
2248 Subsections 58-31b-301(2)(a) through (b);
2249 (iv) a physician assistant under Chapter 70a, Utah Physician Assistant Act; or
2250 (v) a dentist under Chapter 69, Dentist and Dental Hygienist Practice Act;
2251 (b) is authorized by state law to prescribe and administer drugs in the course of
2252 professional practice; and
2253 (c) practices at a licensed dispensing practice.
- 2254 (3) "Drug" means the same as that term is defined in Section 58-17b-102.
- 2255 (4) "Health care practice" means:
2256 (a) a health care facility as defined in Section 26B-2-201; or
2257 (b) the offices of one or more private prescribers, whether for individual or group
2258 practice.
- 2259 (5) "Licensed dispensing practice" means a health care practice that is licensed as a
2260 dispensing practice under Section 58-88-202.
- 2261 Section 47. **Repealer.**
2262 This bill repeals:
2263 Section **58-40a-103, Duties of directing physician.**
2264 Section **58-41-1, Title of chapter.**
2265 Section **58-41-3, Scope of licenses -- Practicing without license prohibited.**
2266 Section **58-57-1, Short title.**
2267 Section **58-57-11, Provision for current practitioners.**
2268 Section **58-72-601, Acupuncture license not authorizing medical practice -- Insurance**
2269 **payments.**
2270 Section 48. **Effective Date.**
2271 This bill takes effect on May 6, 2026.