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**Dyslexia Testing Amendments**

2026 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Jen Plumb**

House Sponsor:

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**LONG TITLE**

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**General Description:**

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This bill expands the licensed professionals permitted to administer a dyslexia assessment.

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**Highlighted Provisions:**

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This bill:

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- ▶ provides that is not unlawful or unprofessional conduct for a licensed mental health therapist to administer a dyslexia assessment, if the mental health therapist, by training, education, and experience, is qualified to administer the assessment;

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- ▶ requires a school district or charter school to take certain actions, including individualized intervention, if a qualifying dyslexia assessment shows that a student lacks reading competency, shows signs of dyslexia, or is lagging in acquiring a reading skill;

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- ▶ defines terms; and

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- ▶ makes technical and conforming changes.

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**Money Appropriated in this Bill:**

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None

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**Other Special Clauses:**

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None

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**Utah Code Sections Affected:**

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**AMENDS:**

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**53E-4-307**, as last amended by Laws of Utah 2024, Chapter 60

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**58-1-501**, as last amended by Laws of Utah 2025, Chapter 138

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

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Section 1. Section **53E-4-307** is amended to read:

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**53E-4-307 . Benchmark assessments in reading -- Report to parent.**

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(1) As used in this section:

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- (a) "Competency" means a demonstrable acquisition of a specified knowledge, skill, or ability that has been organized into a hierarchical arrangement leading to higher

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31                   levels of knowledge, skill, or ability.

32                   (b) "Diagnostic assessment" means an assessment that measures key literacy skills,  
33                   including phonemic awareness, sound-symbol recognition, alphabet knowledge,  
34                   decoding and encoding skills, and comprehension, to determine a student's specific  
35                   strengths and weaknesses in a skill area.

36                   (c) "Dyslexia" means a learning disorder that:

37                   (i) is neurological in origin and is characterized by difficulties with:

38                   (A) accurate or fluent word recognition; and

39                   (B) poor spelling and decoding abilities; and

40                   (ii) typically results from a deficit in the phonological component of language that is  
41                   often unexpected in relation to other cognitive abilities and the provision of  
42                   effective classroom instruction.

43                   (d) "Evidence-based" means the same as that term is defined in Section 53G-11-303.

44                   (e) "Evidence-informed" means the same as that term is defined in Section 53G-11-303.

45                   (f) "Qualifying dyslexia assessment" means a dyslexia assessment administered by a  
46                   mental health therapist as permitted by Subsection 58-1-501(7).

47                   (2) The state board shall approve a benchmark assessment for use statewide by school  
48                   districts and charter schools to assess the reading competency of students in grades 1  
49                   through 6 as provided by this section.

50                   (3)(a) A school district or charter school shall:

51                   [(a)] (i) administer benchmark assessments to students in grades 1, 2, and 3 at the  
52                   beginning, middle, and end of the school year using the benchmark assessment  
53                   approved by the state board; and

54                   [(b)] (ii) after administering a benchmark assessment, report the results to a student's  
55                   parent.

56                   (b) A student's parent may provide the results of a qualifying dyslexia assessment to a  
57                   school district or charter school.

58                   (4)(a) If a benchmark assessment[–or] , supplemental reading assessment, or qualifying  
59                   dyslexia assessment indicates a student lacks competency in a reading skill, is  
60                   demonstrating characteristics of dyslexia, or is lagging behind other students in the  
61                   student's grade in acquiring a reading skill, the school district or charter school shall:

62                   (i) administer diagnostic assessments to the student;

63                   (ii) using data from the diagnostic assessment, provide specific, focused, and  
64                   individualized intervention or tutoring to develop the reading skill;

- (iii) administer formative assessments and progress monitoring at recommended levels for the benchmark assessment to measure the success of the focused intervention;
- (iv) inform the student's parent of activities that the parent may engage in with the student to assist the student in improving reading proficiency;
- (v) provide information to the parent regarding appropriate interventions available to the student outside of the regular school day that may include tutoring, before and after school programs, or summer school; and
- (vi) provide instructional materials that are evidence-informed for core instruction and evidence-based for intervention and supplemental instruction.

(b) Nothing in this section or in Section 53F-4-203 or 53G-11-303 requires a reading software product to demonstrate the statistically significant effect size described in Subsection 53G-11-303(1)(a) in order to be used as an instructional material described in Subsection (4)(a)(vi).

(a) In accordance with Section 53F-4-201 and except as provided in Subsection (5)(b), the state board shall contract with one or more educational technology providers for a benchmark assessment system for reading for students in kindergarten through grade 6.

(b) If revenue is insufficient for the benchmark assessment system for the grades described in Subsection (5)(a), the state board shall first prioritize funding a benchmark assessment for students in kindergarten through grade 3.

A student with dyslexia is only eligible for special education services if the student meets federal eligibility criteria.

Section 2. Section **58-1-501** is amended to read:

**58-1-501 . Unlawful and unprofessional conduct.**

"Unlawful conduct" means conduct, by any person, that is defined as unlawful under this title and includes:

(a) practicing or engaging in, representing oneself to be practicing or engaging in, or attempting to practice or engage in any profession requiring licensure under this title, except the behavioral health technician under Chapter 60, Part 6, Behavioral Health Coach and Technician Licensing Act, if the person is:

(i) not licensed to do so or not exempted from licensure under this title; or

(ii) restricted from doing so by a suspended, revoked, restricted, temporary, probationary, or inactive license;

99 (b)(i) impersonating another licensee or practicing a profession under a false or  
100 assumed name, except as permitted by law; or  
101 (ii) for a licensee who has had a license under this title reinstated following  
102 disciplinary action, practicing the same profession using a different name than the  
103 name used before the disciplinary action, except as permitted by law and after  
104 notice to, and approval by, the division;

105 (c) knowingly employing any other person to practice or engage in or attempt to practice  
106 or engage in any profession licensed under this title if the employee is not licensed to  
107 do so under this title;

108 (d) knowingly permitting the person's authority to practice or engage in any profession  
109 licensed under this title to be used by another, except as permitted by law;

110 (e) obtaining a passing score on a licensure examination, applying for or obtaining a  
111 license, or otherwise dealing with the division or a licensing board through the use of  
112 fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission;

113 (f)(i) issuing, or aiding and abetting in the issuance of, an order or prescription for a  
114 drug or device to a person located in this state:  
115 (A) without prescriptive authority conferred by a license issued under this title, or  
116 by an exemption to licensure under this title; or  
117 (B) with prescriptive authority conferred by an exception issued under this title or  
118 a multistate practice privilege recognized under this title, if the prescription  
119 was issued without first obtaining information, in the usual course of  
120 professional practice, that is sufficient to establish a diagnosis, to identify  
121 underlying conditions, and to identify contraindications to the proposed  
122 treatment; and  
123 (ii) Subsection (1)(f)(i) does not apply to treatment rendered in an emergency, on-call  
124 or cross coverage situation, provided that the person who issues the prescription  
125 has prescriptive authority conferred by a license under this title, or is exempt from  
126 licensure under this title; or  
127 (g) aiding or abetting any other person to violate any statute, rule, or order regulating a  
128 profession under this title.

129 (2)(a) "Unprofessional conduct" means conduct, by a licensee or applicant, that is  
130 defined as unprofessional conduct under this title or under any rule adopted under  
131 this title and includes:  
132 (i) violating any statute, rule, or order regulating a profession under this title;

133 (ii) violating, or aiding or abetting any other person to violate, any generally accepted  
134 professional or ethical standard applicable to an occupation or profession  
135 regulated under this title;

136 (iii) subject to the provisions of Subsection (4), engaging in conduct that results in  
137 conviction, a plea of nolo contendere, or a plea of guilty or nolo contendere that is  
138 held in abeyance pending the successful completion of probation with respect to a  
139 crime that, when considered with the functions and duties of the profession for  
140 which the license was issued or is to be issued, bears a substantial relationship to  
141 the licensee's or applicant's ability to safely or competently practice the profession;

142 (iv) engaging in conduct that results in disciplinary action, including reprimand,  
143 censure, diversion, probation, suspension, or revocation, by any other licensing or  
144 regulatory authority having jurisdiction over the licensee or applicant in the same  
145 profession if the conduct would, in this state, constitute grounds for denial of  
146 licensure or disciplinary proceedings under Section 58-1-401;

147 (v) engaging in conduct, including the use of intoxicants, drugs, narcotics, or similar  
148 chemicals, to the extent that the conduct does, or might reasonably be considered  
149 to, impair the ability of the licensee or applicant to safely engage in the profession;

150 (vi) practicing or attempting to practice a profession regulated under this title despite  
151 being physically or mentally unfit to do so;

152 (vii) practicing or attempting to practice a or profession regulated under this title  
153 through gross incompetence, gross negligence, or a pattern of incompetency or  
154 negligence;

155 (viii) practicing or attempting to practice a profession requiring licensure under this  
156 title by any form of action or communication which is false, misleading,  
157 deceptive, or fraudulent;

158 (ix) practicing or attempting to practice a profession regulated under this title beyond  
159 the scope of the licensee's competency, abilities, or education;

160 (x) practicing or attempting to practice a profession regulated under this title beyond  
161 the scope of the licensee's license;

162 (xi) verbally, physically, mentally, or sexually abusing or exploiting any person  
163 through conduct connected with the licensee's practice under this title or otherwise  
164 facilitated by the licensee's license;

165 (xii) acting as a supervisor without meeting the qualification requirements for that  
166 position that are defined by statute or rule;

167 (xiii) issuing, or aiding and abetting in the issuance of, an order or prescription for a  
168 drug or device:  
169 (A) without first obtaining information in the usual course of professional  
170 practice, that is sufficient to establish a diagnosis, to identify conditions, and to  
171 identify contraindications to the proposed treatment; or  
172 (B) with prescriptive authority conferred by an exception issued under this title, or  
173 a multi-state practice privilege recognized under this title, if the prescription  
174 was issued without first obtaining information, in the usual course of  
175 professional practice, that is sufficient to establish a diagnosis, to identify  
176 underlying conditions, and to identify contraindications to the proposed  
177 treatment;

178 (xiv) violating a provision of Section 58-1-501.5;

179 (xv) violating the terms of an order governing a license; or

180 (xvi) violating Section 58-1-511.

181 (b) "Unprofessional conduct" does not include:  
182 (i) a health care provider, as defined in Section 78B-3-403 and who is licensed under  
183 this title, deviating from medical norms or established practices if the conditions  
184 described in Subsection (5) are met; and  
185 (ii) notwithstanding Section 58-1-501.6, a health care provider advertising that the  
186 health care provider deviates from medical norms or established practices,  
187 including the maladies the health care provider treats, if the health care provider:  
188 (A) does not guarantee any results regarding any health care service;  
189 (B) fully discloses on the health care provider's website that the health care  
190 provider deviates from medical norms or established practices with a  
191 conspicuous statement; and  
192 (C) includes the health care provider's contact information on the website.

193 (3) Unless otherwise specified by statute or administrative rule, in a civil or administrative  
194 proceeding commenced by the division under this title, a person subject to any of the  
195 unlawful and unprofessional conduct provisions of this title is strictly liable for each  
196 violation.

197 (4) The following are not evidence of engaging in unprofessional conduct under Subsection  
198 (2)(a)(iii):  
199 (a) an arrest not followed by a conviction; or  
200 (b) a conviction for which an individual's incarceration has ended more than five years

before the date of the division's consideration, unless:

- (i) after the incarceration the individual has engaged in additional conduct that results in another conviction, a plea of nolo contendere, or a plea of guilty or nolo contendere that is held in abeyance pending the successful completion of probation; or
- (ii) the conviction was for:
  - (A) a violent felony as defined in Section 76-3-203.5;
  - (B) a felony related to a criminal sexual act under Title 76, Chapter 5, Part 4, Sexual Offenses, or Title 76, Chapter 5b, Sexual Exploitation Act;
  - (C) a felony related to criminal fraud or embezzlement, including a felony under Title 76, Chapter 6, Part 5, Fraud, or Title 76, Chapter 6, Part 4, Theft; or
  - (D) a crime or a pattern of crimes that demonstrates a substantial potential to harm Utah patients or consumers, as may be determined by the director in a process defined by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(5) In accordance with Subsection (2)(b)(i), a health care provider may deviate from medical norms or established practices if:

- (a) the health care provider does not deviate outside of the health care provider's scope of practice and possesses the education, training, and experience to competently and safely administer the alternative health care service;
- (b) the health care provider does not provide an alternative health care service that is otherwise contrary to any state or federal law;
- (c) the alternative health care service has reasonable potential to be of benefit to the patient to whom the alternative health care service is to be given;
- (d) the potential benefit of the alternative health care service outweighs the known harms or side effects of the alternative health care service;
- (e) the alternative health care service is reasonably justified under the totality of the circumstances;
- (f) after diagnosis but before providing the alternative health care service:
  - (i) the health care provider educates the patient on the health care services that are within the medical norms and established practices;
  - (ii) the health care provider discloses to the patient that the health care provider is recommending an alternative health care service that deviates from medical norms and established practices;

235 (iii) the health care provider discusses the rationale for deviating from medical norms  
236 and established practices with the patient;

237 (iv) the health care provider discloses any potential risks associated with deviation  
238 from medical norms and established practices; and

239 (v) the patient signs and acknowledges a notice of deviation; and

240 (g) before providing an alternative health care service, the health care provider discloses  
241 to the patient that the patient may enter into an agreement describing what would  
242 constitute the health care provider's negligence related to deviation.

243 (6) As used in this section, "notice of deviation" means a written notice provided by a  
244 health care provider to a patient that:

245 (a) is specific to the patient;

246 (b) indicates that the health care provider is deviating from medical norms or established  
247 practices in the health care provider's recommendation for the patient's treatment;

248 (c) describes how the alternative health care service deviates from medical norms or  
249 established practices;

250 (d) describes the potential risks and benefits associated with the alternative health care  
251 service;

252 (e) describes the health care provider's reasonably justified rationale regarding the  
253 reason for the deviation; and

254 (f) provides clear and unequivocal notice to the patient that the patient is agreeing to  
255 receive the alternative health care service which is outside medical norms and  
256 established practices.

257 (7)(a) As used in this Subsection (7):

258 (i) "Diagnostic assessment" means the same as that term is defined in Section  
259 53E-4-307.

260 (ii) "Dyslexia" means the same as that term is defined in Section 53E-4-307.

261 (iii) "Dyslexia assessment" means a diagnostic assessment or psychoeducational  
262 evaluation for the identification or diagnosis of dyslexia.

263 (iv) "Mental health therapist" means the same as that term is defined in Section  
264 58-60-102.

265 (v) "Qualified mental health therapist" means a mental health therapist who by  
266 education, training, and experience is qualified to administer a dyslexia  
267 assessment.

268 (b) Notwithstanding any other provision of this title it is not unlawful conduct or

269        unprofessional conduct for a qualified mental health therapist to administer a dyslexia  
270        assessment.

271        **Section 3. Effective Date.**

272        This bill takes effect on May 6, 2026.