



Date: 1/22/26 | Policy Analyst: Seth Anderson | Prepared For: Representative Thurston

HB 199: Health Data Amendments

[HB 199: Health Data Amendments](#) modifies the Utah Health Data Authority in [UCA Title 26B, Chapter 8, Part 5](#). The bill amends provisions related to the Department of Health and Human Services' (DHHS) responsibilities related to a strategic plan for its use of health data, it clarifies the department's authority to share identifiable data in certain circumstances, modifies definitions and uses for identifiable health data, extends the repeal date for the Utah Health Data Authority, and makes technical and conforming changes.

This bill

- Amends the Utah Health Data Authority Act by –
 - Modifying the requirements for DHHS' strategic plan for data usage;
 - Clarifying the circumstances when DHHS can share identifiable health data;
 - Modifying the definition and permissible uses of identifiable health data; and
- Extends the sunset of the Utah Health Data Authority from 2026 to 2036.

Background

The Utah Health Data Authority was established by SB 235 during the 1990 General Session.

The Utah Health Data Authority establishes a framework for the collection, use, and protection of health data throughout the state. Among other things, Title 26B, Chapter 8, Part 5 creates systems for centralized collection, analysis, validation, and presentation of information related to health data.

The Utah Health Data Authority has been amended over the years, and most recently by [HB 41](#) in 2024. Among other things, HB 41 modified the membership of the Health Data Committee and transferred some of its duties to the Department of Health and Human Services. It also created new data privacy reporting requirements and extended the sunset date of the Utah Health Data Authority two years, from July 1, 2024, to July 1, 2026.

As previously mentioned, one of the components of the Utah Health Data Authority is the Health Data Committee. The Committee's primary charge is to advise and consult with the department related to the department's duties under the Utah Health Data Authority.

The committee is composed of 19 members representing various sectors of the healthcare system, including health data privacy experts, healthcare providers, health insurers, legislators, public health systems, and patients.

The Health Data Authority permits the Department of Health and Human Services to collect and use data from various data suppliers including healthcare facilities, providers, insurers, and employers. The department is instructed to use this data to assist the Legislature and public with the awareness of, and promotion of, transparency in the health care market. The Department is permitted to publish comparative analyses with the data, subject to certain limitations and requirements.

Under the authority granted to the Department of Health and Human Services by the Health Data Authority Act, the Department maintains the following databases and programs:

- [All Payer Claims Database](#)
- [Healthcare Facility Database](#)
- [Health Plan Quality and Satisfaction Data](#)

Built in are various mechanisms to promote the protection of data privacy. For example, the disclosure of identifiable health data is prohibited except under certain circumstances. Exceptions to this prohibition include use in the Utah Statewide Immunization Information System, the Utah Cancer Registry operated by the University of Utah, and the medical examiner. Furthermore, identifiable health data can be shared in limited circumstances with a person who has received approval to perform specific research or statistical work from an institutional review board.

Policy Analysis

HB 199: Health Data Amendments is responsive to a [2025 sunset review](#) of the Utah Health Data Authority. It also addresses some recommendations from the August, 2025, Office of the Legislative Auditor General (OLAG) audit titled, "[A Performance Audit of the All-Payers Claims Database: A review of Data Accessibility and Data Usage in Utah's Behavioral Health System.](#)"

Specifically, the bill addresses the following audit recommendations:

Recommendation 2.1

We recommend the Legislature consider policy options allowing for more data sharing within the Department of Health and Human Services for public health cases.

Lines 364 – 367: allows for additional disclosure of identifiable health data to certain entities if the disclosure does not contain direct identifiers.

Recommendation 3.4

We recommend the Legislature should consider establishing a defined purpose for the All-Payers Claims Database in state statute.

Lines 117 – 177: modifies DHHS' direction related to a strategic plan for the collection, management, and use of health data. The bill clarifies that DHHS is meant to develop a **strategic plan, data management plan, and data analytics and dissemination plan** – each with their own specific directions. Additionally, this bill requires that DHHS publish each of the plans on their website.

Recommendation 3.6

We recommend the Legislature should decide whether to require that the Healthcare Statistics program prioritize improving operational revenue through data user fees.

Lines 189 – 190: adds direction to DHHS to establish fees to cover the cost of collecting data.

In addition to addressing these aspects of the OLAG audit, the bill adds a definition for “Direct identifiers,” and restricts how direct identifies may be used with health data.

Lastly, the bill modifies sunset provisions related to the Utah Health Data Authority. It extends the sunset of the Utah Health Data Authority by 10 years, from July 1, 2026, to July 1, 2036, and adds a sunset for the Health Data Committee of July 1, 2036. The Health Data Committee was previously set to sunset at the same time as the Utah Health Data Authority, but was moved out of that Code Part during the [Title 26B recodification, which occurred in 2023](#). This bill adds the sunset back onto the Health Data Committee.