

Effective 5/3/2023

**Part 7
Health Care Workforce**

26B-4-701 Definitions.

As used in this part:

- (1) "Accredited clinical education program" means a clinical education program for a health care profession that is accredited by the Accreditation Council on Graduate Medical Education.
- (2) "Accredited clinical training program" means a clinical training program that is accredited by an entity recognized within medical education circles as an accrediting body for medical education, advanced practice nursing education, physician assistant education, doctor of pharmacy education, dental education, or registered nursing education.
- (3) "Centers for Medicare and Medicaid Services" means the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services.
- (4) "Health care professionals in training" means medical students and residents, advanced practice nursing students, physician assistant students, doctor of pharmacy students, dental students, and registered nursing students.
- (5) "Hospital" means a general acute hospital, as defined in Section 26B-2-201.
- (6) "Physician" means a person:
 - (a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
 - (b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.
- (7) "Rural county" means a county of the third, fourth, fifth, or sixth class under Section 17-50-501.
- (8) "Rural hospital" means a hospital located within a rural county.
- (9) "UMEC" means the Utah Medical Education Council created in Section 26B-4-706.

Amended by Chapter 240, 2024 General Session

26B-4-702 Creation of Utah Health Care Workforce Financial Assistance Program -- Duties of department.

(1) As used in this section:

- (a) "Eligible professional" means a geriatric professional or a health care professional who is eligible to participate in the program.
- (b) "Geriatric professional" means a person who:
 - (i) is a licensed:
 - (A) health care professional;
 - (B) social worker;
 - (C) occupational therapist;
 - (D) pharmacist;
 - (E) physical therapist; or
 - (F) psychologist; and
 - (ii) is determined by the department to have adequate advanced training in geriatrics to prepare the person to provide specialized geriatric care within the scope of the person's profession.
- (c) "Health care professional" means:
 - (i) a licensed:
 - (A) physician;
 - (B) physician assistant;
 - (C) nurse;

- (D) dentist; or
 - (E) mental health therapist; or
 - (ii) another licensed health care professional designated by the department by rule.
 - (d) "Program" means the Utah Health Care Workforce Financial Assistance Program created in this section.
 - (e) "Underserved area" means an area designated by the department as underserved by health care professionals, based upon the results of a needs assessment developed by the department.
- (2) There is created within the department the Utah Health Care Workforce Financial Assistance Program to provide, within funding appropriated by the Legislature for the following purposes:
- (a) professional education scholarships and loan repayment assistance to health care professionals who locate or continue to practice in underserved areas; and
 - (b) loan repayment assistance to geriatric professionals who locate or continue to practice in underserved areas.
- (3) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department shall make rules governing the administration of the program, including rules that address:
- (a) application procedures;
 - (b) eligibility criteria;
 - (c) selection criteria;
 - (d) service conditions, which at a minimum shall include professional service in an underserved area for a minimum period of time by any person receiving a scholarship or loan repayment assistance;
 - (e) penalties for failure to comply with service conditions or other terms of a scholarship or loan repayment contract;
 - (f) criteria for modifying or waiving service conditions or penalties in case of extreme hardship or other good cause; and
 - (g) administration of contracts entered into before the effective date of this act, between the department and scholarship or loan repayment recipients, as authorized by law.
- (4) The department may provide education loan repayment assistance to an eligible professional if the eligible professional:
- (a) agrees to practice in an underserved area for the duration of the eligible professional's participation in the program; and
 - (b) submits a written commitment from the health care facility employing the eligible professional that the health care facility will provide education loan repayment assistance to the eligible professional in an amount equal to 20% of the total award amount provided to the eligible professional.
- (5) Funding for the program:
- (a) shall be a line item within the appropriations act;
 - (b) shall be nonlapsing unless designated otherwise by the Legislature; and
 - (c) may be used to cover administrative costs of the program.
- (6) Refunds for loan repayment assistance, penalties for breach of contract, and other payments to the program are dedicated credits to the program.

Amended by Chapter 250, 2024 General Session

Amended by Chapter 506, 2024 General Session

26B-4-703 Rural Physician Loan Repayment Program -- Purpose -- Repayment limit -- Funding -- Reporting -- Rulemaking -- Advisory committee.

- (1) There is created within the department the Rural Physician Loan Repayment Program to provide, within funding appropriated by the Legislature for this purpose, education loan repayment assistance to physicians in accordance with Subsection (2).
- (2) The department may enter into an education loan repayment assistance contract with a physician if:
 - (a) the physician:
 - (i) locates or continues to practice in a rural county; and
 - (ii) has a written commitment from a rural hospital that the hospital will provide education loan repayment assistance to the physician;
 - (b) the assistance provided by the program does not exceed the assistance provided by the rural hospital; and
 - (c) the physician is otherwise eligible for assistance under administrative rules adopted under Subsection (6).
- (3) Funding for the program:
 - (a) shall be a line item within an appropriations act;
 - (b) may be used to pay for the per diem and travel expenses of the Rural Physician Loan Repayment Program Advisory Committee under Subsection 26B-1-423(5); and
 - (c) may be used to pay for department expenses incurred in the administration of the program:
 - (i) including administrative support provided to the Rural Physician Loan Repayment Program Advisory Committee created under Subsection 26B-1-423(7); and
 - (ii) in an amount not exceeding 10% of funding for the program.
- (4) Refunds of loan repayment assistance, penalties for breach of contract, and other payments to the program are dedicated credits to the program.
- (5) Before November 2025 and every five years thereafter, the department shall provide a report of the program's revenues, expenditures, and outcomes for the preceding five years to the Social Services Appropriations Subcommittee.
- (6)
 - (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department shall make rules governing the administration of the program, including rules that address:
 - (i) application procedures;
 - (ii) eligibility criteria;
 - (iii) verification of the amount provided by a rural hospital to a physician for repayment of the physician's education loans;
 - (iv) service conditions, which at a minimum shall include professional service by the physician in the rural hospital providing loan repayment assistance to the physician;
 - (v) selection criteria and assistance amounts;
 - (vi) penalties for failure to comply with service conditions or other terms of a loan repayment assistance contract; and
 - (vii) criteria for modifying or waiving service conditions or penalties in the case of extreme hardship or for other good cause.
 - (b) The department shall seek and consider the recommendations of the Rural Physician Loan Repayment Program Advisory Committee created in Section 26B-1-423 as it develops and modifies rules to administer the program.

Amended by Chapter 250, 2024 General Session

26B-4-704 Scope of telehealth practice -- Enforcement.

- (1) As used in this section:

- (a) "Asynchronous store and forward transfer" means the transmission of a patient's health care information from an originating site to a provider at a distant site.
 - (b) "Distant site" means the physical location of a provider delivering telemedicine services.
 - (c) "Originating site" means the physical location of a patient receiving telemedicine services.
 - (d) "Patient" means an individual seeking telemedicine services.
 - (e)
 - (i) "Patient-generated medical history" means medical data about a patient that the patient creates, records, or gathers.
 - (ii) "Patient-generated medical history" does not include a patient's medical record that a healthcare professional creates and the patient personally delivers to a different healthcare professional.
 - (f) "Provider" means an individual who is:
 - (i) licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
 - (ii) licensed under Title 58, Occupations and Professions, to provide health care; or
 - (iii) licensed under Chapter 2, Part 1, Human Services Programs and Facilities.
 - (g) "Synchronous interaction" means real-time communication through interactive technology that enables a provider at a distant site and a patient at an originating site to interact simultaneously through two-way audio and video transmission.
 - (h) "Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology.
 - (i) "Telemedicine services" means telehealth services:
 - (i) including:
 - (A) clinical care;
 - (B) health education;
 - (C) health administration;
 - (D) home health;
 - (E) facilitation of self-managed care and caregiver support; or
 - (F) remote patient monitoring occurring incidentally to general supervision; and
 - (ii) provided by a provider to a patient through a method of communication that:
 - (A) uses asynchronous store and forward transfer or synchronous interaction; and
 - (B) meets industry security and privacy standards, including compliance with the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended, and the federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.
- (2) A provider offering telehealth services shall:
- (a) at all times:
 - (i) act within the scope of the provider's license under Title 58, Occupations and Professions, in accordance with the provisions of this section and all other applicable laws and rules; and
 - (ii) be held to the same standards of practice as those applicable in traditional health care settings;
 - (b) if the provider does not already have a provider-patient relationship with the patient, establish a provider-patient relationship during the patient encounter in a manner consistent with the standards of practice, determined by the Division of Professional Licensing in rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, including providing the provider's licensure and credentials to the patient;
 - (c) before providing treatment or prescribing a prescription drug, establish a diagnosis and identify underlying conditions and contraindications to a recommended treatment after:
 - (i) obtaining from the patient or another provider the patient's relevant clinical history; and

- (ii) documenting the patient's relevant clinical history and current symptoms;
- (d) be available to a patient who receives telehealth services from the provider for subsequent care related to the initial telemedicine services, in accordance with community standards of practice;
- (e) be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated;
- (f) in accordance with any applicable state and federal laws, rules, and regulations, generate, maintain, and make available to each patient receiving telehealth services the patient's medical records; and
- (g) if the patient has a designated health care provider who is not the telemedicine provider:
 - (i) consult with the patient regarding whether to provide the patient's designated health care provider a medical record or other report containing an explanation of the treatment provided to the patient and the telemedicine provider's evaluation, analysis, or diagnosis of the patient's condition;
 - (ii) collect from the patient the contact information of the patient's designated health care provider; and
 - (iii) within two weeks after the day on which the telemedicine provider provides services to the patient, and to the extent allowed under HIPAA as that term is defined in Section 26B-3-126, provide the medical record or report to the patient's designated health care provider, unless the patient indicates that the patient does not want the telemedicine provider to send the medical record or report to the patient's designated health care provider.
- (3) Subsection (2)(g) does not apply to prescriptions for eyeglasses or contacts.
- (4) A provider offering telemedicine services may not diagnose a patient, provide treatment, or prescribe a prescription drug based solely on one of the following:
 - (a) an online questionnaire;
 - (b) an email message; or
 - (c) a patient-generated medical history.
- (5) A provider may not offer telehealth services if:
 - (a) the provider is not in compliance with applicable laws, rules, and regulations regarding the provider's licensed practice; or
 - (b) the provider's license under Title 58, Occupations and Professions, is not active and in good standing.
- (6)
 - (a) The Division of Professional Licensing created in Section 58-1-103 is authorized to enforce the provisions of this section as it relates to providers licensed under Title 58, Occupations and Professions.
 - (b) The department is authorized to enforce the provisions of:
 - (i) this section as it relates to providers licensed under this title; and
 - (ii) this section as it relates to providers licensed under Chapter 2, Part 1, Human Services Programs and Facilities.

Amended by Chapter 277, 2023 General Session
Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-705 Utah Health Workforce Information Center.

- (1) As used in this section:
 - (a) "Council" means the Utah Health Workforce Advisory Council created in Section 26B-1-425.

- (b) "Health sector" means any place of employment where the primary function is the delivery of health care services.
- (c)
 - (i) "Health workforce" means the individuals, collectively and by profession, who deliver health care services or assist in the delivery of health care services.
 - (ii) "Health workforce" includes any health care professional who does not work in the health sector and any non-health care professional who works in the health sector.
- (2) There is created within the department the Utah Health Workforce Information Center.
- (3) The information center shall:
 - (a) under the guidance of the council, work with the Department of Commerce to collect data described in Section 58-1-112;
 - (b) analyze data from any available source regarding Utah's health workforce including data collected by the Department of Commerce under Section 58-1-112;
 - (c) send a report to the council regarding any analysis of health workforce data;
 - (d) conduct research on Utah's health workforce as directed by the council;
 - (e) notwithstanding the provisions of Subsection 35A-4-312(3), receive information obtained by the Department of Workforce Services under the provisions of Section 35A-4-312 for purposes consistent with the information center's duties, including identifying changes in Utah's health workforce numbers, types, and geographic distribution;
 - (f) project the demand for individuals to enter health care professions, including the nursing profession in accordance with Section 53B-26-202;
 - (g) subject to Section 26B-8-406, share data with any appropriate person as determined by the information center; and
 - (h) conduct research and provide analysis for any state agency as approved by the executive director or the executive director's designee.
- (4) Notwithstanding any other provision of state law, the information center is authorized to obtain data from any state agency if:
 - (a) the council and the information center deem receiving the data necessary to perform a duty listed under Subsection (3) or 26B-1-425(7); and
 - (b) the information center's access to the data will not:
 - (i) violate any federal statute or federal regulation; or
 - (ii) violate a condition a state agency must follow:
 - (A) to participate in a federal program; or
 - (B) to receive federal funds.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-706 Utah Medical Education Council.

- (1)
 - (a) There is created the Utah Medical Education Council, which is a subcommittee of the Utah Health Workforce Advisory Council.
 - (b) The membership of UMEC shall consist of the following appointed by the governor:
 - (i) the dean of the school of medicine at the University of Utah;
 - (ii) an individual who represents graduate medical education at the University of Utah;
 - (iii) an individual from each institution, other than the University of Utah, that sponsors an accredited clinical education program;
 - (iv) an individual from the health care insurance industry; and
 - (v)

- (A) three members of the general public who are not employed by or affiliated with any institution that offers, sponsors, or finances health care or medical education; and
 - (B) if the number of individuals appointed under Subsection (1)(b)(iii) is more than two, the governor may appoint an additional member of the public under this Subsection (1)(b)(v) for each individual the governor appoints under Subsection (1)(b)(iii) beyond two.
- (2) Except as provided in Subsections (1)(b)(i) and (ii), no two UMEC members may be employed by or affiliated with the same:
 - (a) institution of higher education;
 - (b) state agency outside of higher education; or
 - (c) private entity.
 - (3) The dean of the school of medicine at the University of Utah:
 - (a) shall chair UMEC;
 - (b) may not be counted in determining the existence of a quorum; and
 - (c) may only cast a vote on a matter before the council if the vote of the other council members results in a tied vote.
 - (4) UMEC shall annually elect a vice chair from UMEC's members.
 - (5)
 - (a) Consistent with Subsection (6)(b), a majority of the members constitute a quorum.
 - (b) The action of a majority of a quorum is the action of UMEC.
 - (6)
 - (a) Except as provided in Subsection (6)(b), members are appointed to four-year terms of office.
 - (b) Notwithstanding Subsection (6)(a), the governor shall, at the time of the initial appointment, adjust the length of terms to ensure that the terms of UMEC members are staggered so that approximately half of the members are appointed every two years.
 - (c) If a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term in the same manner as the original appointment was made.
 - (7) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
 - (a) Section 63A-3-106;
 - (b) Section 63A-3-107; and
 - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
 - (8) The council shall provide staff for UMEC.

Amended by Chapter 139, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-707 Medical Education Program.

- (1) There is created a Medical Education Program to be administered by UMEC in cooperation with the Division of Finance.
- (2) The program shall be funded from money received for graduate medical education from:
 - (a) the federal Centers for Medicare and Medicaid Services or other federal agency;
 - (b) state appropriations; and
 - (c) donation or private contributions.
- (3) All funding for this program shall be nonlapsing.
- (4) Program money may only be expended if:
 - (a) approved by UMEC; and
 - (b) used for graduate medical education in accordance with Subsection 26B-4-708(4).

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-708 Duties of UMEC.

UMEC shall:

- (1) seek private and public contributions for the program;
- (2) determine the method for reimbursing institutions that sponsor health care professionals in training;
- (3) determine the number and type of positions for health care professionals in training for which program money may be used;
- (4) distribute program money for graduate medical education in a manner that:
 - (a) prepares postgraduate medical residents, as defined by the accreditation council on graduate medical education, for inpatient, outpatient, hospital, community, and geographically diverse settings;
 - (b) encourages the coordination of interdisciplinary clinical training among health care professionals in training;
 - (c) promotes stable funding for the clinical training of health care professionals in training; and
 - (d) only funds accredited clinical training programs; and
- (5) advise on the implementation of the program.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-709 Powers of UMEC.

The UMEC may:

- (1) appoint advisory committees of broad representation on interdisciplinary clinical education, workforce mix planning and projections, funding mechanisms, and other topics as is necessary;
- (2) use federal money for necessary administrative expenses to carry out UMEC's duties and powers as permitted by federal law;
- (3) distribute program money in accordance with Subsection 26B-4-708(4); and
- (4) as is necessary to carry out UMEC's duties under Section 26B-4-708, adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-710 Rural residency training program.

- (1) As used in this section:
 - (a) "Physician" means:
 - (i) an individual licensed to practice medicine under Title 58, Chapter 67, Utah Medical Practice Act or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
 - (ii) an individual licensed to practice dentistry under Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act.
 - (b) "Rural residency training program" means an accredited clinical training program that places a physician into a rural county for a part or all of the physician's clinical training.
- (2) Subject to appropriations from the Legislature, UMEC shall establish a pilot program to place physicians into rural residency training programs.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-711 Residency grant program.

- (1) As used in this section:
 - (a) "D.O. program" means an osteopathic medical program that prepares a graduate to obtain licensure as a doctor of osteopathic medicine upon completing a state's licensing requirements.
 - (b) "M.D. program" means a medical education program that prepares a graduate to obtain licensure as a doctor of medicine upon completing a state's licensing requirements.
 - (c) "Residency program" means a program that provides training for graduates of a D.O. program or an M.D. program.
- (2) UMEC shall develop a grant program where a sponsoring institution in Utah may apply for a grant to establish a new residency program or expand a current residency program.
- (3) An applicant for a grant shall:
 - (a) provide the proposed specialty area for each grant funded residency position;
 - (b) identify where the grant funded residency position will provide care;
 - (c)
 - (i) provide proof that the residency program is accredited by the Accreditation Council for Graduate Medical Education; or
 - (ii) identify what actions need to occur for the proposed residency program to become accredited by the Accreditation Council for Graduate Medical Education;
 - (d) identify how a grant funded residency position will be funded once the residency program exhausts the grant money;
 - (e) agree to implement selection processes for a residency position that treat applicants from D.O. programs and applicants from M.D. programs equally;
 - (f) agree to provide information identified by UMEC that relates to post-residency employment outcomes for individuals who work in grant funded residency positions; and
 - (g) provide any other information related to the grant application UMEC deems necessary.
- (4) UMEC shall prioritize awarding grants to new or existing residency programs that will:
 - (a) address a workforce shortage, occurring in Utah, for a specialty; or
 - (b) serve an underserved population, including a rural population.
- (5)
 - (a) An applicant that receives a grant under this section may apply, every two years, to renew the grant for two years.
 - (b) An applicant to renew a grant under Subsection (5)(a) shall provide a statement that:
 - (i) the applicant applied for federal funding and was not awarded federal funding in an amount that fully funds each grant funded residency position; or
 - (ii) the funding the applicant described in Subsection (3)(d) is unavailable to the applicant.
- (6) Each November 1 until November 2026 and then every three years thereafter, the Health Workforce Advisory Council, in consultation with UMEC, shall provide a written report to the Higher Education Appropriations Subcommittee and the Social Services Appropriations Subcommittee describing:
 - (a) which sponsoring institutions received a grant;
 - (b) the number of residency positions created; and
 - (c) for each residency position created:
 - (i) the type of specialty;
 - (ii) where the residency position provides care; and
 - (iii) an estimated date of when a grant funded residency position will no longer need grant funding.

Amended by Chapter 250, 2024 General Session

Amended by Chapter 303, 2024 General Session

26B-4-712 Forensic psychiatrist fellowship grant.

- (1) As used in this section, "forensic psychiatry" means the provision of services by an individual who:
 - (a) is a licensed physician;
 - (b) is board certified or board eligible for a psychiatry specialization recognized by the American Board of Medical Specialists or the American Osteopathic Association's Bureau of Osteopathic Specialists; and
 - (c) uses scientific and clinical expertise in legal contexts involving the mental health of individuals.
- (2) UMEC shall establish a grant program that will facilitate the creation of a single forensic psychiatrist fellowship program.
- (3) An applicant for the grant shall:
 - (a) demonstrate how the applicant is best suited for developing a forensic psychiatry fellowship program, including:
 - (i) a description of resources that would be available to the program; and
 - (ii) any resources or staff that need to be acquired for the program;
 - (b) identify what needs to occur for the proposed residency program to become accredited by the Accreditation Council for Graduate Medical Education;
 - (c) provide an estimate of how many individuals would be trained in the program at any one time;
 - (d) provide any information related to the grant application UMEC deems necessary for awarding the grant; and
 - (e) if awarded the grant, agree to:
 - (i) enter into a contract with the Department of Corrections that the applicant will provide for the provision of forensic psychiatry services to an individual:
 - (A) who needs psychiatric services; and
 - (B) is under the Department of Corrections' jurisdiction; and
 - (ii) ensure that any individual hired to provide forensic psychiatry services will comply with all relevant:
 - (A) national licensing requirements; and
 - (B) state licensing requirements under Title 58, Occupations and Professions.

Amended by Chapter 303, 2024 General Session