Effective 7/1/2022

Chapter 4
Health Care - Delivery and Access

Part 2
Cannabinoid Research and Medical Cannabis

26B-4-201 Definitions.

As used in this part:

(1) "Active tetrahydrocannabinol" means THC, any THC analog, and tetrahydrocannabinolic acid.

(2) "Administration of criminal justice" means the performance of detection, apprehension, detention, pretrial release, post-trial release, prosecution, and adjudication.

(3) "Advertise" means information provided by a person in any medium:

(a) to the public; and

(b) that is not age restricted to an individual who is at least 21 years old.

(4) "Advisory board" means the Medical Cannabis Policy Advisory Board created in Section 26B-1-435.

(5) "Cannabis Research Review Board" means the Cannabis Research Review Board created in Section 26B-1-420.

(6) "Cannabis" means marijuana.

(7) "Cannabis processing facility" means the same as that term is defined in Section 4-41a-102.

(8) "Cannabis product" means a product that:

(a) is intended for human use; and

(b) contains cannabis or any tetrahydrocannabinol or THC analog in a total concentration of 0.3% or greater on a dry weight basis.

(9) "Cannabis production establishment" means the same as that term is defined in Section 4-41a-102.

(10) "Cannabis production establishment agent" means the same as that term is defined in Section 4-41a-102.

(11) "Cannabis production establishment agent registration card" means the same as that term is defined in Section 4-41a-102.

(12) "Conditional medical cannabis card" means an electronic medical cannabis card that the department issues in accordance with Subsection 26B-4-213(1)(b) to allow an applicant for a medical cannabis card to access medical cannabis during the department's review of the application.

(13) "Controlled substance database" means the controlled substance database created in Section 58-37f-201.

(14) "Delivery address" means the same as that term is defined in Section 4-41a-102.

(15) "Department" means the Department of Health and Human Services.

(16) "Designated caregiver" means:

(a) an individual:

(i) whom an individual with a medical cannabis patient card or a medical cannabis guardian card designates as the patient's caregiver; and

(ii) who registers with the department under Section 26B-4-214; or

(b)

(i) a facility that an individual designates as a designated caregiver in accordance with Subsection 26B-4-214(1)(b); or

(ii) an assigned employee of the facility described in Subsection 26B-4-214(1)(b)(ii).

(17) "Directions of use" means recommended routes of administration for a medical cannabis treatment and suggested usage guidelines.

(18) "Dosing guidelines" means a quantity range and frequency of administration for a recommended treatment of medical cannabis.

(19) "Government issued photo identification" means any of the following forms of identification:

(a) a valid state-issued driver license or identification card;

(b) a valid United States federal-issued photo identification, including:

(i) a United States passport;

(ii) a United States passport card;

(iii) a United States military identification card; or

(iv) a permanent resident card or alien registration receipt card; or

(c) a foreign passport.

(20) "Home delivery medical cannabis pharmacy" means a medical cannabis pharmacy that the department authorizes, as part of the pharmacy's license, to deliver medical cannabis shipments to a delivery address to fulfill electronic orders.

(21) "Inventory control system" means the system described in Section 4-41a-103.

(22) "Legal dosage limit" means an amount that:

(a) is sufficient to provide 30 days of treatment based on the dosing guidelines that the relevant recommending medical provider or pharmacy medical provider, in accordance with Subsection 26B-4-231(5), recommends; and

(b) may not exceed:

(i) for unprocessed cannabis in a medicinal dosage form, 113 grams by weight; and

(ii) for a cannabis product in a medicinal dosage form, a quantity that contains, in total, greater than 20 grams of active tetrahydrocannabinol.

(23) "Legal use termination date" means a date on the label of a container of unprocessed cannabis flower:

(a) that is 60 days after the date of purchase of the cannabis; and

(b) after which, the cannabis is no longer in a medicinal dosage form outside of the primary residence of the relevant medical cannabis patient cardholder.

(24) "Marijuana" means the same as that term is defined in Section 58-37-2.

(25) "Medical cannabis" or "medical cannabis product" means cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form.

(26) "Medical cannabis card" means a medical cannabis patient card, a medical cannabis guardian card, a medical cannabis caregiver card, or a conditional medical cannabis card.

(27) "Medical cannabis cardholder" means:

(a) a holder of a medical cannabis card; or

(b) a facility or assigned employee, described in Subsection (16)(b), only:

(i) within the scope of the facility's or assigned employee's performance of the role of a medical cannabis patient cardholder's caregiver designation under Subsection 26B-4-214(1)(b); and

(ii) while in possession of documentation that establishes:

(A) a caregiver designation described in Subsection 26B-4-214(1)(b);

(B) the identity of the individual presenting the documentation; and

(C) the relation of the individual presenting the documentation to the caregiver designation.

(28) "Medical cannabis caregiver card" means an electronic document that a cardholder may print or store on an electronic device or a physical card or document that:

(a) the department issues to an individual whom a medical cannabis patient cardholder or a medical cannabis guardian cardholder designates as a designated caregiver; and

(b) is connected to the electronic verification system.

(29) "Medical cannabis courier" means the same as that term is defined in Section 4-41a-102.

(30)

(a) "Medical cannabis device" means a device that an individual uses to ingest or inhale medical cannabis.

(b) "Medical cannabis device" does not include a device that:

(i) facilitates cannabis combustion; or

(ii) an individual uses to ingest substances other than cannabis.

(31) "Medical cannabis guardian card" means an electronic document that a cardholder may print or store on an electronic device or a physical card or document that:

(a) the department issues to the parent or legal guardian of a minor with a qualifying condition; and

(b) is connected to the electronic verification system.

(32) "Medical cannabis patient card" means an electronic document that a cardholder may print or store on an electronic device or a physical card or document that:

(a) the department issues to an individual with a qualifying condition; and

(b) is connected to the electronic verification system.

(33) "Medical cannabis pharmacy" means a person that:

(a)

(i) acquires or intends to acquire medical cannabis from a cannabis processing facility or another medical cannabis pharmacy or a medical cannabis device; or

(ii) possesses medical cannabis or a medical cannabis device; and

(b) sells or intends to sell medical cannabis or a medical cannabis device to a medical cannabis cardholder.

(34) "Medical cannabis pharmacy agent" means an individual who holds a valid medical cannabis pharmacy agent registration card issued by the department.

(35) "Medical cannabis pharmacy agent registration card" means a registration card issued by the department that authorizes an individual to act as a medical cannabis pharmacy agent.

(36) "Medical cannabis shipment" means the same as that term is defined in Section 4-41a-102.

(37) "Medical cannabis treatment" means medical cannabis or a medical cannabis device.

(38)

(a) "Medicinal dosage form" means:

(i) for processed medical cannabis, the following with a specific and consistent cannabinoid content:

(A) a tablet;

(B) a capsule;

(C) a concentrated liquid or viscous oil;

(D) a liquid suspension that does not exceed 30 milliliters;

(E) a topical preparation;

(F) a transdermal preparation;

(G) a sublingual preparation;

(H) a gelatinous cube, gelatinous rectangular cuboid, or lozenge in a cube or rectangular cuboid shape;

(I) a resin or wax;

(J) an aerosol;

(K) a suppository preparation; or

(L) a soft or hard confection that is a uniform rectangular cuboid or uniform spherical shape, is homogeneous in color and texture, and each piece is a single serving; or

(ii) for unprocessed cannabis flower, a container described in Section 4-41a-602 that:
(A) contains cannabis flower in a quantity that varies by no more than 10% from the stated weight at the time of packaging;
(B) at any time the medical cannabis cardholder transports or possesses the container in public, is contained within an opaque bag or box that the medical cannabis pharmacy provides; and
(C) is labeled with the container's content and weight, the date of purchase, the legal use termination date, and a barcode that provides information connected to an inventory control system.
(b) "Medicinal dosage form" includes a portion of unprocessed cannabis flower that:
(i) the medical cannabis cardholder has recently removed from the container described in Subsection (38)(a)(ii) for use; and
(ii) does not exceed the quantity described in Subsection (38)(a)(ii).
(c) "Medicinal dosage form" does not include:
(i) any unprocessed cannabis flower outside of the container described in Subsection (38)(a)(ii), except as provided in Subsection (38)(b);
(ii) any unprocessed cannabis flower in a container described in Subsection (38)(a)(ii) after the legal use termination date;
(iii) a process of vaporizing and inhaling concentrated cannabis by placing the cannabis on a nail or other metal object that is heated by a flame, including a blowtorch;
(iv) a liquid suspension that is branded as a beverage;
(v) a substance described in Subsection (38)(a)(i) or (ii) if the substance is not measured in grams, milligrams, or milliliters; or
(vi) a substance that contains or is covered to any degree with chocolate.
(39) "Nonresident patient" means an individual who:
(a) is not a resident of Utah or has been a resident of Utah for less than 45 days;
(b) has a currently valid medical cannabis card or the equivalent of a medical cannabis card under the laws of another state, district, territory, commonwealth, or insular possession of the United States; and
(c) has been diagnosed with a qualifying condition as described in Section 26B-4-203.
(40) "Patient product information insert" means a single page document or webpage that contains information about a medical cannabis product regarding:
(a) how to use the product;
(b) common side effects;
(c) serious side effects;
(d) dosage;
(e) contraindications;
(f) safe storage;
(g) information on when a product should not be used; and
(h) other information the department deems appropriate in consultation with the cannabis processing facility that created the product.
(41) "Pharmacy medical provider" means the medical provider required to be on site at a medical cannabis pharmacy under Section 26B-4-219.
(42) "Provisional patient card" means a card that:
(a) the department issues to a minor with a qualifying condition for whom:
(i) a recommending medical provider has recommended a medical cannabis treatment; and
(ii) the department issues a medical cannabis guardian card to the minor's parent or legal guardian; and

(b) is connected to the electronic verification system.
(43) "Qualified Patient Enterprise Fund" means the enterprise fund created in Section 26B-1-310.
(44) "Qualifying condition" means a condition described in Section 26B-4-203.
(45) "Recommend" or "recommendation" means, for a recommending medical provider, the act of suggesting the use of medical cannabis treatment, which:
(a) certifies the patient's eligibility for a medical cannabis card; and
(b) may include, at the recommending medical provider's discretion, directions of use, with or without dosing guidelines.
(46) "Recommending medical provider" means an individual who:
(a) meets the recommending qualifications;
(b) completes four hours of continuing medical education specific to medical cannabis through formal or informal sources; and
(c) every two years, provides an acknowledgment to the department that the individual completed four hours of continuing medical education.
(47) "Recommending qualifications" means that an individual:
(a)
(i) has the authority to write a prescription;
(ii) is licensed to prescribe a controlled substance under Title 58, Chapter 37, Utah Controlled Substances Act; and
(iii) possesses the authority, in accordance with the individual's scope of practice, to prescribe a Schedule II controlled substance; and
(b) is licensed as:
(i) a podiatrist under Title 58, Chapter 5a, Podiatric Physician Licensing Act;
(ii) an advanced practice registered nurse under Title 58, Chapter 31b, Nurse Practice Act;
(iii) a physician under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; or
(iv) a physician assistant under Title 58, Chapter 70a, Utah Physician Assistant Act.
(48) "State electronic verification system" means the system described in Section 26B-4-202.
(49) "Targeted marketing" means the promotion by a recommending medical provider, medical clinic, or medical office that employs a recommending medical provider of a medical cannabis recommendation service using any of the following methods:
(a) electronic communication to an individual who is at least 21 years old and has requested to receive promotional information;
(b) an in-person marketing event that is held in an area where only an individual who is at least 21 years old may access the event;
(c) other marketing material that is physically or digitally displayed in the office of the medical clinic or office that employs a recommending medical provider; or
(d) a leaflet that a recommending medical provider, medical clinic, or medical office that employs a recommending medical provider shares with an individual who is at least 21 years old.
(50) "Tetrahydrocannabinol" or "THC" means a substance derived from cannabis or a synthetic equivalent as described in Subsection 58-37-4(2)(a)(iii)(AA).
(51) "THC analog" means the same as that term is defined in Section 4-41-102.

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26B-4-202 Electronic verification system.
(1) The Department of Agriculture and Food, the department, the Department of Public Safety, and the Division of Technology Services shall:

(a) enter into a memorandum of understanding in order to determine the function and operation of the state electronic verification system in accordance with Subsection (2);
(b) coordinate with the Division of Purchasing, under Title 63G, Chapter 6a, Utah Procurement Code, to develop a request for proposals for a third-party provider to develop and maintain the state electronic verification system in coordination with the Division of Technology Services; and
(c) select a third-party provider who:
(i) meets the requirements contained in the request for proposals issued under Subsection (1)(b); and
(ii) may not have any commercial or ownership interest in a cannabis production establishment or a medical cannabis pharmacy.
(2) The Department of Agriculture and Food, the department, the Department of Public Safety, and the Division of Technology Services shall ensure that the state electronic verification system described in Subsection (1):
(a) allows an individual to apply for a medical cannabis patient card or, if applicable, a medical cannabis guardian card, provided that the card may not become active until:
(i) the relevant recommending medical provider completes the associated medical cannabis recommendation; or
(ii) the medical cannabis pharmacy completes the recording described in Subsection (2)(d);
(b) allows an individual to apply to renew a medical cannabis patient card or a medical cannabis guardian card in accordance with Section 26B-4-213;
(c) allows a recommending medical provider, or an employee described in Subsection (3) acting on behalf of the recommending medical provider, to:
(i) access dispensing and card status information regarding a patient:
(A) with whom the recommending medical provider has a provider-patient relationship; and
(B) for whom the recommending medical provider has recommended or is considering recommending a medical cannabis card;
(ii) electronically recommend treatment with medical cannabis and optionally recommend dosing guidelines;
(iii) electronically renew a recommendation to a medical cannabis patient cardholder or medical cannabis guardian cardholder:
(A) using telehealth services, for the recommending medical provider who originally recommended a medical cannabis treatment during a face-to-face visit with the patient; or
(B) during a face-to-face visit with the patient, for a recommending medical provider who did not originally recommend the medical cannabis treatment during a face-to-face visit; and
(iv) submit an initial application, renewal application, or application payment on behalf of an individual applying for any of the following:
(A) a medical cannabis patient card;
(B) a medical cannabis guardian card; or
(C) a medical cannabis caregiver card;
(d) allows a medical cannabis pharmacy medical provider or medical cannabis pharmacy agent, in accordance with Subsection 4-41a-1101(10)(a), to:
(i) access the electronic verification system to review the history within the system of a patient with whom the provider or agent is interacting, limited to read-only access for medical cannabis pharmacy agents unless the medical cannabis pharmacy's pharmacist in charge authorizes add and edit access;

(ii) record a patient's recommendation from a recommending medical provider, including any directions of use, dosing guidelines, or caregiver indications from the recommending medical provider;
(iii) record a recommending medical provider's renewal of the provider's previous recommendation; and
(iv) submit an initial application, renewal application, or application payment on behalf of an individual applying for any of the following:
(A) a medical cannabis patient card;
(B) a medical cannabis guardian card; or
(C) a medical cannabis caregiver card;
(e) connects with:
(i) an inventory control system that a medical cannabis pharmacy uses to track in real time and archive purchases of any medical cannabis or a medical cannabis device, including:
(A) the time and date of each purchase;
(B) the quantity and type of medical cannabis or medical cannabis device purchased;
(C) any cannabis production establishment, any medical cannabis pharmacy, or any medical cannabis courier associated with the medical cannabis or medical cannabis device; and
(D) the personally identifiable information of the medical cannabis cardholder who made the purchase; and
(ii) any commercially available inventory control system that a cannabis production establishment utilizes in accordance with Section 4-41a-103 to use data that the Department of Agriculture and Food requires by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, from the inventory tracking system that a licensee uses to track and confirm compliance;
(f) provides access to:
(i) the department to the extent necessary to carry out the department's functions and responsibilities under this part;
(ii) the Department of Agriculture and Food to the extent necessary to carry out the functions and responsibilities of the Department of Agriculture and Food under Title 4, Chapter 41a, Cannabis Production Establishments and Pharmacies; and
(iii) the Division of Professional Licensing to the extent necessary to carry out the functions and responsibilities related to the participation of the following in the recommendation and dispensing of medical cannabis:
(A) a podiatrist licensed under Title 58, Chapter 5a, Podiatric Physician Licensing Act;
(B) a pharmacist licensed under Title 58, Chapter 17b, Pharmacy Practice Act;
(C) an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act;
(D) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; or
(E) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act;
(g) communicates dispensing information from a record that a medical cannabis pharmacy submits to the state electronic verification system under Subsection 4-41a-1102(3)(a)(ii) to the controlled substance database;
(h) provides access to state or local law enforcement only to verify the validity of an individual's medical cannabis card for the administration of criminal justice and through a database used by law enforcement; and
(i) creates a record each time a person accesses the system that identifies the person who accesses the system and the individual whose records the person accesses.

(3)
(a) An employee of a recommending medical provider may access the electronic verification system for a purpose described in Subsection (2)(c) on behalf of the recommending medical provider if:
(i) the recommending medical provider has designated the employee as an individual authorized to access the electronic verification system on behalf of the recommending medical provider;
(ii) the recommending medical provider provides written notice to the department of the employee's identity and the designation described in Subsection (3)(a)(i); and
(iii) the department grants to the employee access to the electronic verification system.
(b) An employee of a business that employs a recommending medical provider may access the electronic verification system for a purpose described in Subsection (2)(c) on behalf of the recommending medical provider if:
(i) the recommending medical provider has designated the employee as an individual authorized to access the electronic verification system on behalf of the recommending medical provider;
(ii) the recommending medical provider and the employing business jointly provide written notice to the department of the employee's identity and the designation described in Subsection (3)(b)(i); and
(iii) the department grants to the employee access to the electronic verification system.
(c) Every two years, an employee described in Subsections (3)(a) and (3)(b) shall complete at least one hour of education regarding health information privacy laws that is offered by the department or an accredited or approved education provider that the department recognizes before the department may grant the employee access to the electronic verification system.
(4)
(a) As used in this Subsection (4), "prescribing provider" means:
(i) a podiatrist licensed under Title 58, Chapter 5a, Podiatric Physician Licensing Act;
(ii) an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act;
(iii) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; or
(iv) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act.
(b) A prescribing provider may access information in the electronic verification system regarding a patient the prescribing provider treats.
(5) The department may release limited data that the system collects for the purpose of:
(a) conducting medical and other department approved research;
(b) providing the report required by Section 26B-4-222; and
(c) other official department purposes.
(6) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish:
(a) the limitations on access to the data in the state electronic verification system as described in this section; and
(b) standards and procedures to ensure accurate identification of an individual requesting information or receiving information in this section.
(7) Any person who negligently or recklessly releases any information in the state electronic verification system in violation of this section is guilty of a class C misdemeanor.
(8) Any person who obtains or attempts to obtain information from the state electronic verification system by misrepresentation or fraud is guilty of a third degree felony.

(9)
(a) Except as provided in Subsections (9)(c) and (9)(e), a person may not knowingly and intentionally use, release, publish, or otherwise make available to any other person information obtained from the state electronic verification system for any purpose other than a purpose specified in this section.
(b) Each separate violation of this Subsection (9) is:
(i) a third degree felony; and
(ii) subject to a civil penalty not to exceed $5,000.
(c) A law enforcement officer who uses the database used by law enforcement to access information in the electronic verification system for a reason that is not the administration of criminal justice is guilty of a class B misdemeanor.
(d) The department shall determine a civil violation of this Subsection (9) in accordance with Title 63G, Chapter 4, Administrative Procedures Act.
(e) Civil penalties assessed under this Subsection (9) shall be deposited into the General Fund.
(f) This Subsection (9) does not prohibit a person who obtains information from the state electronic verification system under Subsection (2)(a), (c), or (f) from:
(i) including the information in the person's medical chart or file for access by a person authorized to review the medical chart or file;
(ii) providing the information to a person in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996; or
(iii) discussing or sharing that information about the patient with the patient.

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26B-4-203 Qualifying condition.
(1) By designating a particular condition under Subsection (2) for which the use of medical cannabis to treat symptoms is decriminalized, the Legislature does not conclusively state that:
(a) current scientific evidence clearly supports the efficacy of a medical cannabis treatment for the condition; or
(b) a medical cannabis treatment will treat, cure, or positively affect the condition.
(2) For the purposes of this part, each of the following conditions is a qualifying condition:
(a) HIV or acquired immune deficiency syndrome;
(b) Alzheimer's disease;
(c) amyotrophic lateral sclerosis;
(d) cancer;
(e) cachexia;
(f) persistent nausea that is not significantly responsive to traditional treatment, except for nausea related to:
(i) pregnancy;
(ii) cannabis-induced cyclical vomiting syndrome; or
(iii) cannabinoid hyperemesis syndrome;
(g) Crohn's disease or ulcerative colitis;
(h) epilepsy or debilitating seizures;
(i) multiple sclerosis or persistent and debilitating muscle spasms;
(j) post-traumatic stress disorder that is being treated and monitored by a licensed mental health therapist, as that term is defined in Section 58-60-102, and that:
(i) has been diagnosed by a healthcare provider or mental health provider employed or contracted by the United States Veterans Administration, evidenced by copies of medical

records from the United States Veterans Administration that are included as part of the recommending medical provider's pre-treatment assessment and medical record documentation; or

(ii) has been diagnosed or confirmed, through face-to-face or telehealth evaluation of the patient, by a provider who is:

(A) a licensed board-eligible or board-certified psychiatrist;

(B) a licensed psychologist with a master's-level degree;

(C) a licensed clinical social worker with a master's-level degree;

(D) a licensed advanced practice registered nurse who is qualified to practice 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.

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26B-4-204 Treatment recommendationprovider.

(1)

(a)

(i) A recommending medical provider may recommend medical cannabis.

(ii) Notwithstanding Subsection (1)(a)(i), a recommending medical provider who is a podiatrist licensed under Title 58, Chapter 5a, Podiatric Physician Licensing Act, may not recommend a medical cannabis treatment except within the course and scope of a practice of podiatry, as that term is defined in Section 58-5a-102.

(b) A recommending medical provider may communicate the individual's recommendation through an order for the medical cannabis pharmacy to record the individual's recommendation or renewal in the state electronic verification system under the individual's recommendation that:

(i)

(A) the individual or the individual's employee sends electronically to a medical cannabis pharmacy; or
(B) the individual gives to the patient in writing for the patient to deliver to a medical cannabis pharmacy; and
(ii) may include:
(A) directions of use or dosing guidelines; and
(B) an indication of a need for a caregiver in accordance with Subsection 26B-4-213(3)(b).
(c) If the recommending medical provider gives the patient a written recommendation to deliver to a medical cannabis pharmacy under Subsection (1)(b)(i)(B), the recommending medical provider shall ensure that the document includes all of the information that is included on a prescription the provider would issue for a controlled substance, including:
(i) the date of issuance;
(ii) the provider's name, address and contact information, controlled substance license information, and signature; and
(iii) the patient's name, address and contact information, age, and diagnosed qualifying condition.
(d) In considering making a recommendation as a recommending medical provider, an individual may consult information that the department makes available on the department's website for recommending providers.

(2)
(a) The department may, in consultation with the Division of Professional Licensing, develop continuing education related to medical cannabis.
(b) The continuing education described in this Subsection (2) may discuss:
(i) the provisions of this part;
(ii) general information about medical cannabis under federal and state law;
(iii) the latest scientific research on the endocannabinoid system and medical cannabis, including risks and benefits;
(iv) recommendations for medical cannabis as it relates to the continuing care of a patient in pain management, risk management, potential addiction, or palliative care; and
(v) best practices for recommending the form and dosage of medical cannabis based on the qualifying condition underlying a medical cannabis recommendation.

(3)
(a) Except as provided in Subsection (3)(b), a recommending medical provider may not recommend a medical cannabis treatment to more than 1.5% of the total amount of medical cannabis patient cardholders.
(b) If a recommending medical provider receives payment from an insurance plan for services provided under this chapter, then the patient whose insurance plan was billed does not count toward the 1.5% patient cap described in Subsection (3)(a).

(4) A recommending medical provider may recommend medical cannabis to an individual under this part only in the course of a provider-patient relationship after the recommending medical provider has completed and documented in the patient's medical record a thorough assessment of the patient's condition and medical history based on the appropriate standard of care for the patient's condition.

(5)
(a) The department shall host a recommending provider contact list on the department's website that contains the information described in Subsection (5)(b).
(b) A recommending medical provider that elects to be included on the contact list shall provide the department the following:

(i) the name of the recommending medical provider and, if applicable, the name of the entity that employs the recommending medical provider;
(ii) the address of the recommending medical provider's office or, if applicable, the entity that employs the recommending medical provider; and
(iii)
(A) the fee amount charged by the recommending medical provider; or
(B) whether the recommending medical provider or entity that employs the recommending medical provider bills insurance.
(c) The department shall share data collected under this Subsection (5) with the state auditor for use in the health care price transparency tool.

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26B-4-205 Standard of care -- Physicians and pharmacists not liable -- No private right of action.

(1) An individual described in Subsection (2) is not subject to the following solely for violating a federal law or regulation that would otherwise prohibit recommending, prescribing, or dispensing medical cannabis, a medical cannabis product, or a cannabis-based drug that the United States Food and Drug Administration has not approved:
(a) civil or criminal liability; or
(b) licensure sanctions under Title 58, Chapter 17b, Pharmacy Practice Act, Title 58, Chapter 31b, Nurse Practice Act, Title 58, Chapter 67, Utah Medical Practice Act, Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, or Title 58, Chapter 70a, Utah Physician Assistant Act.
(2) The limitations of liability described in Subsection (1) apply to:
(a) a recommending medical provider who recommends treatment with cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form to a patient in accordance with this part; and
(b) a pharmacist licensed under Title 58, Chapter 17b, Pharmacy Practice Act:
(i) whom the department has registered as a pharmacy medical provider; and
(ii) who dispenses, in a medical cannabis pharmacy, treatment with cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form to a medical cannabis cardholder in accordance with this part.
(3) Nothing in this section or part reduces or in any way negates the duty of an individual described in Subsection (2) to use reasonable and ordinary care in the treatment of a patient:
(a) who may have a qualifying condition; and
(b)
(i) for whom the individual described in Subsection (2)(a) has recommended or might consider recommending a treatment with cannabis or a cannabis product; or
(ii) with whom the pharmacist described in Subsection (2)(b) has interacted in the dosing or dispensing of cannabis or a cannabis product.
(4)
(a) As used in this Subsection (4), "healthcare facility" means a health care facility as defined in Section 26B-2-201.
(b) A healthcare facility may adopt restrictions on the possession, use, and storage of medical cannabis on the premises of the healthcare facility by a medical cannabis cardholder who resides at or is actively receiving treatment or care at the healthcare facility.

(c) An employee or agent of a healthcare facility described in this Subsection (4) is not subject to civil or criminal liability for carrying out employment duties, including:
(i) providing or supervising care to a medical cannabis cardholder; or
(ii) in accordance with a caregiver designation under Section 26B-4-214 for a medical cannabis cardholder residing at the healthcare facility, purchasing, transporting, or possessing medical cannabis for the relevant patient and in accordance with the designation.
(d) Nothing in this section requires a healthcare facility to adopt a restriction under Subsection (4)(b).

Amended by Chapter 392, 2025 General Session

26B-4-207 Nondiscrimination for medical care or government employment -- Notice to prospective and current public employees -- No effect on private employers.

(1) For purposes of medical care, including an organ or tissue transplant, a patient's use, in accordance with this part, of cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form:
(a) is considered the equivalent of the authorized use of any other medication used at the discretion of a physician; and
(b) does not constitute the use of an illicit substance or otherwise disqualify an individual from needed medical care.
(2)
(a)
(i) A state employer or a political subdivision employer shall take the action described in Subsection (2)(a)(ii) before:
(A) giving to a current employee an assignment or duty that arises from or directly relates to an obligation under this part; or
(B) hiring a prospective employee whose assignments or duties would include an assignment or duty that arises from or directly relates to an obligation under this part.
(ii) The employer described in Subsection (2)(a)(i) shall give the employee or prospective employee described in Subsection (2)(a)(i) a written notice that notifies the employee or prospective employee:
(A) that the employee's or prospective employee's job duties may require the employee or prospective employee to engage in conduct which is in violation of the criminal laws of the United States; and
(B) that in accepting a job or undertaking a duty described in Subsection (2)(a)(i), although the employee or prospective employee is entitled to the protections of Title 67, Chapter 21, Utah Protection of Public Employees Act, the employee may not object or refuse to carry out an assignment or duty that may be a violation of the criminal laws of the United States with respect to the manufacture, sale, or distribution of cannabis.
(b) The Division of Human Resource Management shall create, revise, and publish the form of the notice described in Subsection (2)(a).
(c) Notwithstanding Subsection 67-21-3(3), an employee who has signed the notice described in Subsection (2)(a) may not:
(i) claim in good faith that the employee's actions violate or potentially violate the laws of the United States with respect to the manufacture, sale, or distribution of cannabis; or
(ii) refuse to carry out a directive that the employee reasonably believes violates the criminal laws of the United States with respect to the manufacture, sale, or distribution of cannabis.

(d) An employer may not take retaliatory action as defined in Section 67-19a-101 against a current employee who refuses to sign the notice described in Subsection (2)(a).
(3) Nothing in this section requires a private employer to accommodate the use of medical cannabis or affects the ability of a private employer to have policies restricting the use of medical cannabis by applicants or employees.

Amended by Chapter 217, 2024 General Session

26B-4-208 No insurance requirement.

Nothing in this part requires an insurer, a third-party administrator, or an employer to pay or reimburse for cannabis, a cannabis product, or a medical cannabis device.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-209 No effect on use of hemp extract -- Cannabidiol -- Approved drugs.

(1) Nothing in this part prohibits an individual from purchasing, selling, possessing, or using a cannabinoid product in accordance with Section 4-41-402.
(2) Nothing in this part restricts or otherwise affects the prescription, distribution, or dispensing of a product that the United States Food and Drug Administration has approved.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-210 Severability clause.

(1) If any provision of this title or Laws of Utah 2018, Third Special Session, Chapter 1 or the application of any provision of this title or Laws of Utah 2018, Third Special Session, Chapter 1 to any person or circumstance is held invalid by a final decision of a court of competent jurisdiction, the remaining provisions of this title and Laws of Utah 2018, Third Special Session, Chapter 1 remain effective without the invalidated provision or application.
(2) The provisions of this title and Laws of Utah 2018, Third Special Session, Chapter 1 are severable.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-211 Analogous to prescribed controlled substances.

When an employee, officer, or agent of the state or a political subdivision makes a finding, determination, or otherwise considers an individual's possession or use of cannabis, a cannabis product, or a medical cannabis device, the employee, officer, or agent may not consider the individual's possession or use any differently than the lawful possession or use of any prescribed controlled substance, if the individual's possession or use complies with:
(1) this part;
(2) Title 4, Chapter 41a, Cannabis Production Establishments and Pharmacies; or
(3) Subsection 58-37-3.7(2) or (3).

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-212 Institutional review board -- Approved study of cannabis, a cannabinoid product, or an expanded cannabinoid product.

(1) As used in this section:

(a) "Approved study" means a medical research study:
(i) the purpose of which is to investigate the medical benefits and risks of cannabinoid products; and
(ii) that is approved by an IRB.
(b) "Board" means the Cannabis Research Review Board created in Section 26B-1-420.
(c) "Cannabinoid product" means the same as that term is defined in Section 58-37-3.6.
(d) "Cannabis" means the same as that term is defined in Section 58-37-3.6.
(e) "Expanded cannabinoid product" means the same as that term is defined in Section 58-37-3.6.
(f) "Institutional review board" or "IRB" means an institutional review board that is registered for human subject research by the United States Department of Health and Human Services.
(2) A person conducting an approved study may, for the purposes of the study:
(a) process a cannabinoid product or an expanded cannabinoid product;
(b) possess a cannabinoid product or an expanded cannabinoid product; and
(c) administer a cannabinoid product, or an expanded cannabinoid product to an individual in accordance with the approved study.
(3) A person conducting an approved study may:
(a) import cannabis, a cannabinoid product, or an expanded cannabinoid product from another state if:
(i) the importation complies with federal law; and
(ii) the person uses the cannabis, cannabinoid product, or expanded cannabinoid product in accordance with the approved study; or
(b) obtain cannabis, a cannabinoid product, or an expanded cannabinoid product from the National Institute on Drug Abuse.
(4) A person conducting an approved study may distribute cannabis, a cannabinoid product, or an expanded cannabinoid product outside the state if:
(a) the distribution complies with federal law; and
(b) the distribution is for the purposes of, and in accordance with, the approved study.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-213 Medical cannabis patient card -- Medical cannabis guardian card -- Conditional medical cannabis card -- Application -- Fees -- Studies.

(1)
(a) Subject to Section 26B-4-246, within 15 days after the day on which an individual who satisfies the eligibility criteria in this section or Section 26B-4-214 submits an application in accordance with this section or Section 26B-4-214, the department shall:
(i) issue a medical cannabis patient card to an individual described in Subsection (2)(a);
(ii) issue a medical cannabis guardian card to an individual described in Subsection (2)(b);
(iii) issue a provisional patient card to a minor described in Subsection (2)(c); and
(iv) issue a medical cannabis caregiver card to an individual described in Subsection 26B-4-214(4).
(b)
(i) Upon the entry of a recommending medical provider's medical cannabis recommendation for a patient in the state electronic verification system, either by the provider or the provider's employee or by a medical cannabis pharmacy medical provider or medical cannabis pharmacy in accordance with Subsection 4-41a-1101(10)(a), the department shall issue

to the patient an electronic conditional medical cannabis card, in accordance with this Subsection (1)(b).

(ii) A conditional medical cannabis card is valid for the lesser of:

(A) 60 days; or

(B) the day on which the department completes the department's review and issues a medical cannabis card under Subsection (1)(a), denies the patient's medical cannabis card application, or revokes the conditional medical cannabis card under Subsection (8).

(iii) The department may issue a conditional medical cannabis card to an individual applying for a medical cannabis patient card for which approval of the Compassionate Use Board is not required.

(iv) An individual described in Subsection (1)(b)(iii) has the rights, restrictions, and obligations under law applicable to a holder of the medical cannabis card for which the individual applies and for which the department issues the conditional medical cannabis card.

(2)

(a) An individual is eligible for a medical cannabis patient card if:

(i)

(A) the individual is at least 21 years old; or

(B) the individual is 18, 19, or 20 years old, the individual petitions the Compassionate Use Board under Section 26B-1-421, and the Compassionate Use Board recommends department approval of the petition;

(ii) the individual is a Utah resident;

(iii) the individual's recommending medical provider recommends treatment with medical cannabis in accordance with Subsection (4);

(iv) the individual signs an acknowledgment stating that the individual received the information described in Subsection (9); and

(v) the individual pays to the department a fee in an amount that, subject to Subsection 26B-1-310(5), the department sets in accordance with Section 63J-1-504.

(b)

(i) An individual is eligible for a medical cannabis guardian card if the individual:

(A) is at least 18 years old;

(B) is a Utah resident;

(C) is the parent or legal guardian of a minor for whom the minor's recommending medical provider recommends a medical cannabis treatment, the individual petitions the Compassionate Use Board under Section 26B-1-421, and the Compassionate Use Board recommends department approval of the petition;

(D) the individual signs an acknowledgment stating that the individual received the information described in Subsection (9); and

(E) pays to the department a fee in an amount that, subject to Subsection 26B-1-310(5), the department sets in accordance with Section 63J-1-504, plus the cost of the criminal background check described in Section 26B-4-215.

(ii) The department shall notify the Department of Public Safety of each individual that the department registers for a medical cannabis guardian card.

(c)

(i) A minor is eligible for a provisional patient card if:

(A) the minor has a qualifying condition;

(B) the minor's recommending medical provider recommends a medical cannabis treatment to address the minor's qualifying condition;

(C) one of the minor's parents or legal guardians petitions the Compassionate Use Board under Section 26B-1-421, and the Compassionate Use Board recommends department approval of the petition; and

(D) the minor's parent or legal guardian is eligible for a medical cannabis guardian card under Subsection (2)(b) or designates a caregiver under Subsection (2)(d) who is eligible for a medical cannabis caregiver card under Section 26B-4-214.

(ii) The department shall automatically issue a provisional patient card to the minor described in Subsection (2)(c)(i) at the same time the department issues a medical cannabis guardian card to the minor's parent or legal guardian.

(d) If the parent or legal guardian of a minor described in Subsections (2)(c)(i)(A) through (C) does not qualify for a medical cannabis guardian card under Subsection (2)(b), the parent or legal guardian may designate up to two caregivers in accordance with Subsection 26B-4-214(1)(c) to ensure that the minor has adequate and safe access to the recommended medical cannabis treatment.

(3)

(a) An individual who is eligible for a medical cannabis card described in Subsection (2)(a) or (b) shall submit an application for a medical cannabis card to the department:

(i) through an electronic application connected to the state electronic verification system;

(ii) with the recommending medical provider; and

(iii) with information including:

(A) the applicant's name, gender, age, and address;

(B) the number of the applicant's government issued photo identification;

(C) for a medical cannabis guardian card, the name, gender, and age of the minor receiving a medical cannabis treatment under the cardholder's medical cannabis guardian card; and

(D) for a provisional patient card, the name of the minor's parent or legal guardian who holds the associated medical cannabis guardian card.

(b)

(i) If a recommending medical provider determines that, because of age, illness, or disability, a medical cannabis patient cardholder requires assistance in administering the medical cannabis treatment that the recommending medical provider recommends, the recommending medical provider may indicate the cardholder's need in the state electronic verification system, either directly or through the order described in Subsections 26B-4-204(1)(b) and (c).

(ii) If a recommending medical provider makes the indication described in Subsection (3)(b)(i):

(A) the department shall add a label to the relevant medical cannabis patient card indicating the cardholder's need for assistance;

(B) any adult who is 18 years old or older and who is physically present with the cardholder at the time the cardholder needs to use the recommended medical cannabis treatment may handle the medical cannabis treatment and any associated medical cannabis device as needed to assist the cardholder in administering the recommended medical cannabis treatment; and

(C) an individual of any age who is physically present with the cardholder in the event of an emergency medical condition, as that term is defined in Section 31A-1-301, may handle the medical cannabis treatment and any associated medical cannabis device as needed to assist the cardholder in administering the recommended medical cannabis treatment.

(iii) A non-cardholding individual acting under Subsection (3)(b)(ii)(B) or (C) may not:

(A) ingest or inhale medical cannabis;

(B) possess, transport, or handle medical cannabis or a medical cannabis device outside of the immediate area where the cardholder is present or with an intent other than to provide assistance to the cardholder; or

(C) possess, transport, or handle medical cannabis or a medical cannabis device when the cardholder is not in the process of being dosed with medical cannabis.

(4)

(a) Except as provided in Subsection (4)(b), a recommending medical provider may not recommend medical cannabis to a patient through a virtual visit.

(b) A recommending medical provider may recommend medical cannabis to a patient through a virtual visit if the patient:

(i) is on hospice or has a terminal illness according to the patient's medical provider;

(ii) is a resident of an assisted living facility, as defined in Section 26B-2-201, or a nursing care facility, as defined in Section 26B-2-201;

(iii) has previously received a medical cannabis recommendation from the recommending medical provider through a face-to-face visit; or

(iv) is a current patient of the recommending medical provider and has met with the recommending medical provider face-to-face previously.

(c) A recommending medical provider shall:

(i) before recommending or renewing a recommendation for medical cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form:

(A) verify the patient's and, for a minor patient, the minor patient's parent or legal guardian's government issued photo identification described in Subsection (3)(a);

(B) review any record related to the patient and, for a minor patient, the patient's parent or legal guardian accessible to the recommending medical provider including in the controlled substance database created in Section 58-37f-201; and

(C) consider the recommendation in light of the patient's qualifying condition, history of substance use or opioid use disorder, and history of medical cannabis and controlled substance use during a visit with the patient; and

(ii) state in the recommending medical provider's recommendation that the patient:

(A) suffers from a qualifying condition, including the type of qualifying condition; and

(B) may benefit from treatment with cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form.

(5)

(a) Except as provided in Subsection (5)(b) or (c), a medical cannabis card that the department issues under this section is valid for the lesser of:

(i) an amount of time that the recommending medical provider determines; or

(ii) one year from the day the card is issued.

(b)

(i) A medical cannabis card that the department issues in relation to a terminal illness described in Section 26B-4-203 expires after one year.

(ii) The recommending medical provider may revoke a recommendation that the provider made in relation to a terminal illness described in Section 26B-4-203 if the medical cannabis cardholder no longer has the terminal illness.

(c) A medical cannabis card that the department issues in relation to acute pain as described in Section 26B-4-203 expires 30 days after the day on which the department first issues a conditional or full medical cannabis card.

(6)

(a) A medical cannabis patient card or a medical cannabis guardian card is renewable if:

(i) at the time of renewal, the cardholder meets the requirements of Subsection (2)(a) or (b); or
(ii) the cardholder received the medical cannabis card through the recommendation of the Compassionate Use Board under Section 26B-1-421.

(b) The recommending medical provider who made the underlying recommendation for the card of a cardholder described in Subsection (6)(a) may renew the cardholder's card through phone or video conference with the cardholder, at the recommending medical provider's discretion.

(c) Before having access to a renewed card, a cardholder under Subsection (2)(a) or (b) shall pay to the department a renewal fee in an amount that:
(i) subject to Subsection 26B-1-310(5), the department sets in accordance with Section 63J-1-504; and
(ii) may not exceed the cost of the relatively lower administrative burden of renewal in comparison to the original application process.

(d) If a minor meets the requirements of Subsection (2)(c), the minor's provisional patient card renews automatically at the time the minor's parent or legal guardian renews the parent or legal guardian's associated medical cannabis guardian card.

(7)

(a) A cardholder under this section shall carry the cardholder's valid medical cannabis card with the patient's name.

(b)
(i) A medical cannabis patient cardholder or a provisional patient cardholder may purchase, in accordance with this part and the recommendation underlying the card, cannabis in a medicinal dosage form, a cannabis product in a medicinal dosage form, or a medical cannabis device.
(ii) A cardholder under this section may possess or transport, in accordance with this part and the recommendation underlying the card, cannabis in a medicinal dosage form, a cannabis product in a medicinal dosage form, or a medical cannabis device.
(iii) To address the qualifying condition underlying the medical cannabis treatment recommendation:
(A) a medical cannabis patient cardholder or a provisional patient cardholder may use medical cannabis or a medical cannabis device; and
(B) a medical cannabis guardian cardholder may assist the associated provisional patient cardholder with the use of medical cannabis or a medical cannabis device.

(8)

(a) The department may revoke a medical cannabis card that the department issues under this section if:
(i) the recommending medical provider withdraws the medical provider's recommendation for medical cannabis; or
(ii) the cardholder:
(A) violates this part; or
(B) is convicted under state or federal law of, after March 17, 2021, a drug distribution offense.

(b) The department may not refuse to issue a medical cannabis card to a patient solely based on a prior revocation under Subsection (8)(a)(i).

(9) The department shall establish by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, a process to provide information regarding the following to an individual receiving a medical cannabis card:

(a) risks associated with medical cannabis treatment;

(b) the fact that a condition's listing as a qualifying condition does not suggest that medical cannabis treatment is an effective treatment or cure for that condition, as described in Subsection 26B-4-203(1); and

(c) other relevant warnings and safety information that the department determines.

(10) The department may establish procedures by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the application and issuance provisions of this section.

(11)

(a) The department shall establish by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, a process to allow an individual from another state to register with the department in order to purchase medical cannabis or a medical cannabis device from a medical cannabis pharmacy while the individual is visiting the state.

(b) The department may only provide the registration process described in Subsection (11)(a):

(i) to a nonresident patient; and

(ii) for no more than two visitation periods per calendar year of up to 21 calendar days per visitation period.

(12)

(a) A person may submit to the department a request to conduct a research study using medical cannabis cardholder data that the state electronic verification system contains.

(b) The department shall review a request described in Subsection (12)(a) to determine whether an institutional review board, as that term is defined in Section 26B-4-201, could approve the research study.

(c) At the time an individual applies for a medical cannabis card, the department shall notify the individual:

(i) of how the individual's information will be used as a cardholder;

(ii) that by applying for a medical cannabis card, unless the individual withdraws consent under Subsection (12)(d), the individual consents to the use of the individual's information for external research; and

(iii) that the individual may withdraw consent for the use of the individual's information for external research at any time, including at the time of application.

(d) An applicant may, through the medical cannabis card application, and a medical cannabis cardholder may, through the state central patient portal, withdraw the applicant's or cardholder's consent to participate in external research at any time.

(e) The department may release, for the purposes of a study described in this Subsection (12), information about a cardholder under this section who consents to participate under Subsection (12)(c).

(f) If an individual withdraws consent under Subsection (12)(d), the withdrawal of consent:

(i) applies to external research that is initiated after the withdrawal of consent; and

(ii) does not apply to research that was initiated before the withdrawal of consent.

(g) The department may establish standards for a medical research study's validity, by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(13) The department shall record the issuance or revocation of a medical cannabis card under this section in the controlled substance database.

Amended by Chapter 392, 2025 General Session

26B-4-214 Medical cannabis caregiver card -- Registration -- Renewal -- Revocation.

(1)

(a) A cardholder described in Section 26B-4-213 may designate up to two individuals, or an individual and a facility in accordance with Subsection (1)(b), to serve as a designated caregiver for the cardholder.

(b)

(i) A cardholder described in Section 26B-4-213 may designate one of the following types of facilities as one of the caregivers described in Subsection (1)(a):

(A) for a patient or resident, an assisted living facility, as that term is defined in Section 26B-2-201;

(B) for a patient or resident, a nursing care facility, as that term is defined in Section 26B-2-201; or

(C) for a patient, a general acute hospital, as that term is defined in Section 26B-2-201.

(ii) A facility may:

(A) assign one or more employees to assist patients with medical cannabis treatment under the caregiver designation described in this Subsection (1)(b); and

(B) receive a medical cannabis shipment from a medical cannabis pharmacy or a medical cannabis courier on behalf of the medical cannabis cardholder within the facility who designated the facility as a caregiver.

(iii) The department shall make rules to regulate the practice of facilities and facility employees serving as designated caregivers under this Subsection (1)(b).

(c) A parent or legal guardian described in Subsection 26B-4-213(2)(d), in consultation with the minor and the minor's recommending medical provider, may designate up to two individuals to serve as a designated caregiver for the minor, if the department determines that the parent or legal guardian is not eligible for a medical cannabis guardian card under Section 26B-4-213.

(d)

(i) Upon the entry of a caregiver designation under Subsection (1)(c) by a patient with a terminal illness described in Section 26B-4-203, the department shall issue to the designated caregiver an electronic conditional medical cannabis caregiver card, in accordance with this Subsection (1)(d).

(ii) A conditional medical cannabis caregiver card is valid for the lesser of:

(A) 60 days; or

(B) the day on which the department completes the department's review and issues a medical cannabis caregiver card under Subsection (1)(a), denies the patient's medical cannabis caregiver card application, or revokes the conditional medical cannabis caregiver card under Section 26B-4-246.

(iii) The department may issue a conditional medical cannabis card to an individual applying for a medical cannabis patient card for which approval of the Compassionate Use Board is not required.

(iv) An individual described in Subsection (1)(b)(iii) has the rights, restrictions, and obligations under law applicable to a holder of the medical cannabis card for which the individual applies and for which the department issues the conditional medical cannabis card.

(2) An individual that the department registers as a designated caregiver under this section and a facility described in Subsection (1)(b):

(a) for an individual designated caregiver, may carry a valid medical cannabis caregiver card;

(b) in accordance with this part, may purchase, possess, transport, or assist the patient in the use of medical cannabis or a medical cannabis device on behalf of the designating medical cannabis cardholder;

(c) may not charge a fee to an individual to act as the individual's designated caregiver or for a service that the designated caregiver provides in relation to the role as a designated caregiver; and

(d) may accept reimbursement from the designating medical cannabis cardholder for direct costs the designated caregiver incurs for assisting with the designating cardholder's medicinal use of cannabis.

(3)

(a) The department shall:

(i) within 15 days after the day on which an individual submits an application in compliance with this section, issue a medical cannabis card to the applicant if the applicant:

(A) is designated as a caregiver under Subsection (1);

(B) is eligible for a medical cannabis caregiver card under Subsection (4); and

(C) complies with this section; and

(ii) notify the Department of Public Safety of each individual that the department registers as a designated caregiver.

(b) The department shall ensure that a medical cannabis caregiver card contains the information described in Subsections (5)(b) and (3)(c)(i).

(c) If a cardholder described in Section 26B-4-213 designates an individual as a caregiver who already holds a medical cannabis caregiver card, the individual with the medical cannabis caregiver card:

(i) shall report to the department the information required of applicants under Subsection (5)(b) regarding the new designation;

(ii) if the individual makes the report described in Subsection (3)(c)(i), is not required to file an application for another medical cannabis caregiver card;

(iii) may receive an additional medical cannabis caregiver card in relation to each additional medical cannabis patient who designates the caregiver; and

(iv) is not subject to an additional background check.

(4) An individual is eligible for a medical cannabis caregiver card if the individual:

(a) is at least 21 years old;

(b) is a Utah resident;

(c) pays to the department a fee in an amount that, subject to Subsection 26B-1-310(5), the department sets in accordance with Section 63J-1-504, plus the cost of the criminal background check described in Section 26B-4-215; and

(d) signs an acknowledgment stating that the applicant received the information described in Subsection 26B-4-213(9).

(5) An eligible applicant for a medical cannabis caregiver card shall:

(a) submit an application for a medical cannabis caregiver card to the department through an electronic application connected to the state electronic verification system; and

(b) submit the following information in the application described in Subsection (5)(a):

(i) the applicant's name, gender, age, and address;

(ii) the name, gender, age, and address of the cardholder described in Section 26B-4-213 who designated the applicant;

(iii) if a medical cannabis guardian cardholder designated the caregiver, the name, gender, and age of the minor receiving a medical cannabis treatment in relation to the medical cannabis guardian cardholder; and

(iv) any additional information that the department requests to assist in matching the application with the designating medical cannabis patient.

(6) Except as provided in Subsection (6)(b), a medical cannabis caregiver card that the department issues under this section is valid for the lesser of:
(a) an amount of time that the cardholder described in Section 26B-4-213 who designated the caregiver determines; or
(b) the amount of time remaining before the card of the cardholder described in Section 26B-4-213 expires.
(7)
(a) If a designated caregiver meets the requirements of Subsection (4), the designated caregiver's medical cannabis caregiver card renews automatically at the time the cardholder described in Section 26B-4-213 who designated the caregiver:
(i) renews the cardholder's card; and
(ii) renews the caregiver's designation, in accordance with Subsection (7)(b).
(b) The department shall provide a method in the card renewal process to allow a cardholder described in Section 26B-4-213 who has designated a caregiver to:
(i) signify that the cardholder renews the caregiver's designation;
(ii) remove a caregiver's designation; or
(iii) designate a new caregiver.
(8) The department shall record the issuance or revocation of a medical cannabis card under this section in the controlled substance database.

Amended by Chapter 392, 2025 General Session

26B-4-215 Designated caregiver -- Guardian -- Criminal background check.
(1) Except for an applicant reapplying for a medical cannabis card within less than one year after the expiration of the applicant's previous medical cannabis card, each applicant for a medical cannabis guardian card under Section 26B-4-213 or a medical cannabis caregiver card under Section 26B-4-214 shall:
(a) submit to the department, at the time of application:
(i) a fingerprint card in a form acceptable to the Department of Public Safety; and
(ii) a signed waiver in accordance with Subsection 53-10-108(4) acknowledging the registration of the applicant's fingerprints in the Federal Bureau of Investigation Next Generation Identification System's Rap Back Service; and
(b) consent to a fingerprint background check by:
(i) the Bureau of Criminal Identification; and
(ii) the Federal Bureau of Investigation.
(2) The Bureau of Criminal Identification shall:
(a) check the fingerprints the applicant submits under Subsection (1)(a) against the applicable state, regional, and national criminal records databases, including the Federal Bureau of Investigation Next Generation Identification System;
(b) report the results of the background check to the department;
(c) maintain a separate file of fingerprints that applicants submit under Subsection (1)(a) for search by future submissions to the local and regional criminal records databases, including latent prints;
(d) request that the fingerprints be retained in the Federal Bureau of Investigation Next Generation Identification System's Rap Back Service for search by future submissions to national criminal records databases, including the Next Generation Identification System and latent prints; and

(e) establish a privacy risk mitigation strategy to ensure that the department only receives notifications for an individual with whom the department maintains an authorizing relationship.

(3) The department shall:

(a) assess an applicant who submits fingerprints under Subsection (1)(a) a fee in an amount that the department sets in accordance with Section 63J-1-504 for the services that the Bureau of Criminal Identification or another authorized agency provides under this section; and

(b) remit the fee described in Subsection (3)(a) to the Bureau of Criminal Identification.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-216 Medical cannabis card -- Patient and designated caregiver requirements -- Rebuttable presumption.

(1)

(a) A medical cannabis cardholder who possesses medical cannabis that the cardholder purchased under this part:

(i) shall carry:

(A) at all times the cardholder's medical cannabis card; and

(B) with the medical cannabis, a label that identifies that the medical cannabis was sold from a licensed medical cannabis pharmacy and includes an identification number that links the medical cannabis to the inventory control system;

(ii) may possess up to the legal dosage limit of:

(A) unprocessed cannabis in medicinal dosage form; and

(B) a cannabis product in medicinal dosage form;

(iii) may not possess more medical cannabis than described in Subsection (1)(a)(ii);

(iv) may only possess the medical cannabis in the container in which the cardholder received the medical cannabis from the medical cannabis pharmacy; and

(v) may not alter or remove any label described in Section 4-41a-602 from the container described in Subsection (1)(a)(iv).

(b) Except as provided in Subsection (1)(c) or (e), a medical cannabis cardholder who possesses medical cannabis in violation of Subsection (1)(a) is:

(i) guilty of an infraction; and

(ii) subject to a $100 fine.

(c) A medical cannabis cardholder or a nonresident patient who possesses medical cannabis in an amount that is greater than the legal dosage limit and equal to or less than twice the legal dosage limit is:

(i) for a first offense:

(A) guilty of an infraction; and

(B) subject to a fine of up to $100; and

(ii) for a second or subsequent offense:

(A) guilty of a class B misdemeanor; and

(B) subject to a fine of $1,000.

(d) An individual who is guilty of a violation described in Subsection (1)(b) or (c) is not guilty of a violation of Title 58, Chapter 37, Utah Controlled Substances Act, for the conduct underlying the penalty described in Subsection (1)(b) or (c).

(e) A nonresident patient who possesses medical cannabis that is not in a medicinal dosage form is:

(i) for a first offense:

(A) guilty of an infraction; and

(B) subject to a fine of up to $100; and
(ii) for a second or subsequent offense, is subject to the penalties described in Title 58, Chapter 37, Utah Controlled Substances Act.
(f) A medical cannabis cardholder or a nonresident patient who possesses medical cannabis in an amount that is greater than twice the legal dosage limit is subject to the penalties described in Title 58, Chapter 37, Utah Controlled Substances Act.
(2)
(a) As used in this Subsection (2), "emergency medical condition" means the same as that term is defined in Section 31A-1-301.
(b) Except as described in Subsection (2)(c), a medical cannabis patient cardholder, a provisional patient cardholder, or a nonresident patient may not use, in public view, medical cannabis or a cannabis product.
(c) In the event of an emergency medical condition, an individual described in Subsection (2)(b) may use, and the holder of a medical cannabis guardian card or a medical cannabis caregiver card may administer to the cardholder's charge, in public view, cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form.
(d) An individual described in Subsection (2)(b) who violates Subsection (2)(b) is:
(i) for a first offense:
(A) guilty of an infraction; and
(B) subject to a fine of up to $100; and
(ii) for a second or subsequent offense:
(A) guilty of a class B misdemeanor; and
(B) subject to a fine of $1,000.
(3) If a medical cannabis cardholder carrying the cardholder's card possesses cannabis in a medicinal dosage form or a cannabis product in compliance with Subsection (1), or a medical cannabis device that corresponds with the cannabis or cannabis product:
(a) there is a rebuttable presumption that the cardholder possesses the cannabis, cannabis product, or medical cannabis device legally; and
(b) there is no probable cause, based solely on the cardholder's possession of the cannabis in medicinal dosage form, cannabis product in medicinal dosage form, or medical cannabis device, to believe that the cardholder is engaging in illegal activity.
(4)
(a) If a law enforcement officer stops an individual who possesses cannabis in a medicinal dosage form, a cannabis product in a medicinal dosage form, or a medical cannabis device, and the individual represents to the law enforcement officer that the individual holds a valid medical cannabis card, but the individual does not have the medical cannabis card in the individual's possession at the time of the stop by the law enforcement officer, the law enforcement officer shall attempt to access the state electronic verification system to determine whether the individual holds a valid medical cannabis card.
(b) If the law enforcement officer is able to verify that the individual described in Subsection (4)(a) is a valid medical cannabis cardholder, the law enforcement officer:
(i) may not arrest or take the individual into custody for the sole reason that the individual is in possession of cannabis in a medicinal dosage form, a cannabis product in a medicinal dosage form, or a medical cannabis device; and
(ii) may not seize the cannabis, cannabis product, or medical cannabis device.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-219 Pharmacy medical providers -- Registration -- Continuing education.

(1)

(a) A medical cannabis pharmacy:

(i) shall employ a pharmacist who is licensed under Title 58, Chapter 17b, Pharmacy Practice Act, as a pharmacy medical provider;

(ii) may employ a physician who has the authority to write a prescription and is licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, as a pharmacy medical provider;

(iii) shall ensure that a pharmacy medical provider described in Subsection (1)(a)(i) works onsite during all business hours; and

(iv) shall designate one pharmacy medical provider described in Subsection (1)(a)(i) as the pharmacist-in-charge to oversee the operation of and generally supervise the medical cannabis pharmacy.

(b) The pharmacist-in-charge shall determine which cannabis and cannabis products the medical cannabis pharmacy maintains in the medical cannabis pharmacy's inventory.

(c) An individual may not serve as a pharmacy medical provider unless the department registers the individual as a pharmacy medical provider in accordance with Subsection (2).

(2)

(a) The department shall, within 15 days after the day on which the department receives an application from a medical cannabis pharmacy on behalf of a prospective pharmacy medical provider, register and issue a pharmacy medical provider registration card to the prospective pharmacy medical provider if the medical cannabis pharmacy:

(i) provides to the department:

(A) the prospective pharmacy medical provider's name and address;

(B) the name and location of the licensed medical cannabis pharmacy where the prospective pharmacy medical provider seeks to act as a pharmacy medical provider;

(C) an acknowledgment that the individual has completed four hours of continuing education related to medical cannabis; and

(D) evidence that the prospective pharmacy medical provider is a pharmacist who is licensed under Title 58, Chapter 17b, Pharmacy Practice Act, or a physician who has the authority to write a prescription and is licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and

(ii) pays a fee to the department in an amount that, subject to Subsection 26B-1-310(5), the department sets in accordance with Section 63J-1-504.

(b) The department may not register a recommending medical provider as a pharmacy medical provider.

(3)

(a) A pharmacy medical provider shall complete the continuing education described in this Subsection (3) in the following amounts:

(i) as a condition precedent to registration, four hours; and

(ii) as a condition precedent to renewal of the registration, four hours every two years.

(b) The department may, in consultation with the Division of Professional Licensing, develop the continuing education described in this Subsection (3).

(c) The continuing education described in this Subsection (3) may discuss:

(i) the provisions of this part;

(ii) general information about medical cannabis under federal and state law;

(iii) the latest scientific research on the endocannabinoid system and medical cannabis, including risks and benefits;

(iv) recommendations for medical cannabis as it relates to the continuing care of a patient in pain management, risk management, potential addiction, and palliative care; or
(v) best practices for recommending the form and dosage of medical cannabis based on the qualifying condition underlying a medical cannabis recommendation.

(4)
(a) A pharmacy medical provider registration card expires two years after the day on which the department issues or renews the card.
(b) A pharmacy medical provider may renew the provider's registration card if the provider:
(i) is eligible for a pharmacy medical provider registration card under this section;
(ii) certifies to the department in a renewal application that the information in Subsection (2)(a) is accurate or updates the information;
(iii) submits a report detailing the completion of the continuing education requirement described in Subsection (3); and
(iv) pays to the department a renewal fee in an amount that:
(A) subject to Subsection 26B-1-310(5), the department sets in accordance with Section 63J-1-504; and
(B) may not exceed the cost of the relatively lower administrative burden of renewal in comparison to the original application process.

(5)
(a) Except as provided in Subsection (5)(b), a person may not advertise that the person or another person dispenses medical cannabis.
(b) Notwithstanding Subsection (5)(a) and Section 4-41a-109, a registered pharmacy medical provider may advertise the following:
(i) a green cross;
(ii) that the person is registered as a pharmacy medical provider and dispenses medical cannabis; or
(iii) a scientific study regarding medical cannabis use.

(6)
(a) The department may revoke a pharmacy medical provider's registration for a violation of this chapter.
(b) The department may inspect patient records held by a medical cannabis pharmacy to ensure a pharmacy medical provider is practicing in accordance with this chapter and applicable rules.

Amended by Chapter 414, 2025 General Session

26B-4-220 Enforcement -- Misdemeanor.

(1) Except as provided in Title 4, Chapter 41a, Cannabis Production Establishments and Pharmacies, it is unlawful for a medical cannabis cardholder to sell or otherwise give to another medical cannabis cardholder cannabis in a medicinal dosage form, a cannabis product in a medicinal dosage form, a medical cannabis device, or any cannabis residue remaining in or from a medical cannabis device.

(2)
(a) Except as provided in Subsection (2)(b), a medical cannabis cardholder who violates Subsection (1) is:
(i) guilty of a class B misdemeanor; and
(ii) subject to a $1,000 fine.
(b) An individual is not guilty under Subsection (2)(a) if the individual:

(i)
(A) is a designated caregiver; and
(B) gives the product described in Subsection (1) to the medical cannabis cardholder who designated the individual as a designated caregiver; or
(ii)
(A) is a medical cannabis guardian cardholder; and
(B) gives the product described in Subsection (1) to the relevant provisional patient cardholder.
(c) An individual who is guilty of a violation described in Subsection (2)(a) is not guilty of a violation of Title 58, Chapter 37, Utah Controlled Substances Act, for the conduct underlying the violation described in Subsection (2)(a).

Amended by Chapter 273, 2023 General Session
Amended by Chapter 307, 2023 General Session, (Coordination Clause)
Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-222 Report.
(1) By the November interim meeting each year, the department shall report to the Health and Human Services Interim Committee on:
(a) the number of applications and renewal applications filed for medical cannabis cards;
(b) the number of qualifying patients and designated caregivers;
(c) the nature of the debilitating medical conditions of the qualifying patients;
(d) the age and county of residence of cardholders;
(e) the number of medical cannabis cards revoked;
(f) the number of practitioners providing recommendations for qualifying patients; and
(g) the expenses and revenues of the Qualified Patient Enterprise Fund created in Section 26B-1-310.
(2) The report shall include information provided by the Center for Medical Cannabis Research described in Section 53B-17-1402.
(3) The department may not include personally identifying information in the report described in this section.
(4) The department shall report to the working group described in Section 36-12-8.2 as requested by the working group.

Amended by Chapter 114, 2025 General Session
Amended by Chapter 414, 2025 General Session

26B-4-231 Partial filling -- Pharmacy medical provider directions of use.
(1) As used in this section, "partially fill" means to provide less than the full amount of cannabis or cannabis product that the recommending medical provider recommends, if the recommending medical provider recommended specific dosing guidelines.
(2) A pharmacy medical provider may partially fill a recommendation for a medical cannabis treatment at the request of the recommending medical provider who issued the medical cannabis treatment recommendation or the medical cannabis cardholder.
(3) The department shall make rules, in collaboration with the Division of Professional Licensing and the Board of Pharmacy and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, specifying how to record the date, quantity supplied, and quantity remaining of a partially filled medical cannabis treatment recommendation.

(4) A pharmacy medical provider who is a pharmacist may, upon the request of a medical cannabis cardholder, determine different dosing guidelines, subject to the dosing limits in Subsection 4-41a-1102(2), to fill the quantity remaining of a partially filled medical cannabis treatment recommendation if:
(a) the pharmacy medical provider determined dosing guidelines for the partial fill under Subsection 4-41a-1102(5) or (6); and
(b) the medical cannabis cardholder reports that:
(i) the partial fill did not substantially affect the qualifying condition underlying the medical cannabis recommendation; or
(ii) the patient experienced an adverse reaction to the partial fill or was otherwise unable to successfully use the partial fill.
(5) If a recommending medical provider recommends treatment with medical cannabis but wishes for the pharmacy medical provider to determine directions of use and dosing guidelines:
(a) the recommending medical provider shall provide to the pharmacy medical provider, either through the state electronic verification system or through a medical cannabis pharmacy's recording of a recommendation under the order of a recommending medical provider, any of the following information that the recommending medical provider feels would be needed to provide appropriate directions of use and dosing guidelines:
(i) information regarding the qualifying condition underlying the recommendation;
(ii) information regarding prior treatment attempts with medical cannabis; and
(iii) portions of the patient's current medication list; and
(b) before the relevant medical cannabis cardholder may obtain medical cannabis, the pharmacy medical provider shall:
(i) review pertinent medical records, including the recommending medical provider documentation described in Subsection (5)(a); and
(ii) after completing the review described in Subsection (5)(b)(i) and consulting with the recommending medical provider as needed, determine the best course of treatment through consultation with the cardholder regarding:
(A) the patient's qualifying condition underlying the recommendation from the recommending medical provider;
(B) indications for available treatments;
(C) directions of use and dosing guidelines; and
(D) potential adverse reactions.

Amended by Chapter 392, 2025 General Session

26B-4-243 Guidance for treatment with medical cannabis.

The department, in consultation with the Center for Medical Cannabis Research created in Section 53B-17-1402, shall:
(1) develop evidence-based guidance for treatment with medical cannabis based on the latest medical research that shall include:
(a) for each qualifying condition, a summary of the latest medical research regarding the treatment of the qualifying condition with medical cannabis;
(b) risks, contraindications, side effects, and adverse reactions that are associated with medical cannabis use; and
(c) potential drug interactions between medical cannabis and medications that have been approved by the United States Food and Drug Administration;

(2) educate recommending medical providers, pharmacy medical providers, medical cannabis cardholders, and the public regarding:
(a) the evidence-based guidance for treatment with medical cannabis described in Subsection (1)(a);
(b) relevant warnings and safety information related to medical cannabis use; and
(c) other topics related to medical cannabis use as determined by the department; and
(3) develop patient product information inserts for medical cannabis products:
(a) in consultation with the cannabis processing facility that created the product; and
(b) that do not contain proprietary information about the product.

Amended by Chapter 414, 2025 General Session

26B-4-244 Government issued photo identification.

A government issued photo identification is valid for purposes of this chapter if the identification:
(1) is unexpired;
(2) expired within the previous six months; or
(3) is expired and belongs to an individual who:
(a) as reported by the individual's recommending medical provider is in hospice or has a terminal illness; or
(b) is a patient or resident of:
(i) an assisted living facility, as defined in Section 26B-2-201;
(ii) a nursing care facility, as defined in Section 26B-2-201; or
(iii) a general acute hospital, as defined in Section 26B-2-201.

Enacted by Chapter 317, 2023 General Session

26B-4-245 Purchasing and use limitations.

(1) An individual with a medical cannabis card:
(a) may purchase, in any one 28-day period, up to the legal dosage limit of:
(i) unprocessed cannabis in a medicinal dosage form; and
(ii) a cannabis product in a medicinal dosage form;
(b) may not purchase:
(i) except as provided in Subsection (2), more medical cannabis than described in Subsection (1)(a); or
(ii) if the relevant recommending medical provider did not recommend directions of use and dosing guidelines, until the individual consults with the pharmacy medical provider in accordance with Subsection 26B-4-231(5), any medical cannabis; and
(c) may not use a route of administration that the relevant recommending medical provider or the pharmacy medical provider, in accordance with Subsection 26B-4-231(5), has not recommended.
(2)
(a) A recommending medical provider may petition the department to waive the 28-day period limit described in Subsection (1)(a) for a medical cannabis cardholder if the medical cannabis cardholder:
(i) has been diagnosed with a terminal illness;
(ii) has a life expectancy of six months or less; and
(iii) needs the waiver for palliative purposes.
(b) The department shall:

(i) consult with the Compassionate Use Board to determine whether the waiver should be granted; and
(ii) issue a response to the petition within 10 days from the day on which the petition is received.
(c) The department may waive the 28-day period limit for no more than 180 days.
(d) A petition described in this Subsection (2) may be combined with the petition described in Subsection 26B-1-421(6).

Amended by Chapter 392, 2025 General Session

26B-4-246 Denial or revocation of guardian card or caregiver card.

The department may deny or revoke a medical cannabis guardian card or a medical cannabis caregiver card if the applicant or cardholder:
(1) violates the requirements of this chapter; or
(2) unless the individual completes any imposed sentence two or more years before the day on which the individual submits the application, has been convicted of any of the following under state or federal law:
(a) a drug distribution offense that is a felony within the preceding 10 years; or
(b) after December 3, 2018, a drug distribution offense that is a misdemeanor.

Enacted by Chapter 317, 2023 General Session

26B-4-247 Department coordination.

The department shall:
(1) provide draft rules made under this chapter to the advisory board for the advisory board's review;
(2) consult with the advisory board regarding:
(a) patient education; and
(b) fees set by the department that pertain to the medical cannabis program; and
(3) when appropriate, consult with the advisory board regarding issues that arise in the medical cannabis program.

Enacted by Chapter 273, 2023 General Session

Part 3
Health Care Access

26B-4-301 Definitions.

As used in this part:
(1) "Bureau" means the Bureau of Emergency Medical Services created in Section 53-2d-102.
(2) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
(3) "Community based organization":
(a) means a private entity; and
(b) includes for profit and not for profit entities.

(4) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or profession and enables that system, agency, or profession to work effectively in cross-cultural situations.
(5) "Health literacy" means the degree to which an individual has the capacity to obtain, process, and understand health information and services needed to make appropriate health decisions.
(6) "Institutional capacity" means the ability of a community based organization to implement public and private contracts.
(7) "Medically underserved population" means the population of an urban or rural area or a population group that the committee determines has a shortage of primary health care.
(8) "Pregnancy support services" means services that:
(a) encourage childbirth instead of voluntary termination of pregnancy; and
(b) assist pregnant women, or women who may become pregnant, to choose childbirth whether they intend to parent or select adoption for the child.
(9) "Primary care grant" means a grant awarded by the department under Subsection 26B-4-310(1).
(10)
(a) "Primary health care" means:
(i) basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and
(ii) care given for the management of chronic diseases.
(b) "Primary health care" includes:
(i) services of physicians, nurses, physician's assistants, physical therapists, and dentists licensed to practice in this state under Title 58, Occupations and Professions;
(ii) diagnostic and radiologic services;
(iii) preventive health services including perinatal services, well-child services, and other services that seek to prevent injury, disease, or the consequences of injury or disease;
(iv) emergency medical services;
(v) preventive dental services; and
(vi) pharmaceutical services.

Amended by Chapter 50, 2025 General Session
Amended by Chapter 340, 2025 General Session
Amended by Chapter 470, 2025 General Session

26B-4-310 Department to award primary care grants -- Applications.
(1) Within appropriations specified by the Legislature for this purpose, the department may, in accordance with the recommendation of the committee, award a grant to a public or nonprofit entity to provide primary health care to a medically underserved population.
(2) When awarding a grant under Subsection (1), the department shall, in accordance with the committee's recommendation, consider:
(a) the content of a grant application submitted to the department;
(b) whether an application is submitted in the manner and form prescribed by the department; and
(c) the criteria established in Section 26B-4-311.
(3) The application for a grant under Subsection (2)(a) shall contain:
(a) a requested award amount;
(b) a budget; and

(c) a narrative plan of the manner in which the applicant intends to provide the primary health care described in Subsection (1).

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-311 Content of primary care grant applications.

An applicant for a grant under Section 26B-4-310 shall include, in an application:

(1) a statement of specific, measurable objectives, and the methods the applicant will use to assess the achievement of those objectives;
(2) the precise boundaries of the area the applicant will serve, including a description of the medically underserved population the applicant will serve using the grant;
(3) the results of a need assessment that demonstrates that the population the applicant will serve has a need for the services provided by the applicant;
(4) a description of the personnel responsible for carrying out the activities of the grant along with a statement justifying the use of any grant funds for the personnel;
(5) evidence that demonstrates the applicant's existing financial and professional assistance and any attempts by the applicant to obtain financial and professional assistance;
(6) a list of services the applicant will provide;
(7) the schedule of fees, if any, the applicant will charge;
(8) the estimated number of individuals the applicant will serve with the grant award; and
(9) any other information required by the department in consultation with the committee.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-312 Process and criteria for awarding primary care grants.

(1) The department shall review and rank applications based on the criteria in this section and transmit the applications to the committee for review.
(2) The committee shall, after reviewing the applications transferred to the committee under Subsection (1), make recommendations to the executive director.
(3) The executive director shall, in accordance with the committee's recommendations, decide which applications to award grants under Subsection 26B-4-310(1).
(4) The department shall establish rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, governing the application form, the process, and the criteria the department will use in reviewing, ranking, and awarding grants and contracts under this part.
(5) When reviewing, ranking, and awarding a primary care grant under Subsection 26B-4-310(1), the department shall consider the extent to which an applicant:
  (a) demonstrates that the area or a population group the applicant will serve under the application has a shortage of primary health care and that the primary health care will be located so that it provides assistance to the greatest number of individuals in the population group;
  (b) utilizes other sources of funding, including private funding, to provide primary health care;
  (c) demonstrates the ability and expertise to serve a medically underserved population;
  (d) agrees to submit a report to the committee annually; and
  (e) meets other criteria determined by the department in consultation with the committee.
(6) The department may use up to 5% of the funds appropriated by the Legislature to the primary care grant program to pay the costs of administering the program.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-313 Community education and outreach contracts.

(1) The department may, as funding permits, contract with community based organizations for the purpose of developing culturally and linguistically appropriate programs and services for low income and medically underserved populations to accomplish one or more of the following:
  (a) to educate individuals:
    (i) to use private and public health care coverage programs, products, services, and resources in a timely, effective, and responsible manner;
    (ii) to pursue preventive health care, health screenings, and disease management; and
    (iii) to locate health care programs and services;
  (b) to assist individuals to develop:
    (i) personal health management;
    (ii) self-sufficiency in daily care; and
    (iii) life and disease management skills;
  (c) to support translation of health materials and information;
  (d) to facilitate an individual's access to primary care and providers, including mental health services; and
  (e) to measure and report empirical results of the pilot project.

(2) When awarding a contract for community based services under Subsection (1), the department shall consider the extent to which the applicant:
  (a) demonstrates that the area or a population group to be served under the application is a medically underserved population and that the services will be located to provide assistance to the greatest number of individuals residing in the area or included in the population group;
  (b) utilizes other sources of funding, including private funding, to provide the services described in Subsection (1);
  (c) demonstrates the ability and expertise to serve medically underserved populations, including individuals with limited English-speaking ability, single heads of households, the elderly, individuals with low income, and individuals with a chronic disease;
  (d) meets other criteria determined by the department; and
  (e) demonstrates the ability to empirically measure and report the results of all contract supported activities.

(3) The department may only award a contract under Subsection (1):
  (a) in accordance with Title 63G, Chapter 6a, Utah Procurement Code;
  (b) that contains the information described in Section 26B-4-311, relating to grants; and
  (c) that complies with Subsections (4) and (5).

(4) An applicant under this section and Sections 26B-4-310 through 26B-4-312 shall demonstrate to the department that the applicant will not deny services to a person because of the person's inability to pay for the services.

(5) Subsection (4) does not preclude an applicant from seeking payment from the person receiving services, a third party, or a government agency if:
  (a) the applicant is authorized to charge for the services; and
  (b) the person, third party, or government agency is under legal obligation to pay for the services.

(6) The department shall maximize the use of federal matching funds received for services under Subsection (1) to fund additional contracts under Subsection (1).

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-314 Assistance to rural communities by department.

The department shall assist rural communities in dealing with primary health care needs relating to recruiting health professionals, planning, and technical assistance. The department shall assist the communities, at their request, at any stage of development of new or expanded primary health care services and shall work with them to improve primary health care by providing information to increase the effectiveness of their systems, to decrease duplication and fragmentation of services, and to maximize community use of private gifts, and local, state, and federal grants and contracts.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-315 Responsibility of department for coordinating rural health programs.

The department shall be the lead agency responsible for coordinating rural health programs and shall ensure that resources available for rural health are efficiently and effectively used.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-316 Rural health development initiatives.

(1)
(a) University of Utah Health shall use any appropriations it receives for developing area health education centers to establish and maintain an area health education center program in accordance with this section.
(b) Implementation and execution of the area health education center program is contingent upon appropriations from the Legislature.

(2)
(a) The area health education center program shall consist of a central program office at University of Utah Health. The program office shall establish and operate a statewide, decentralized, regional program with emphasis on addressing rural health professions workforce education and training needs.
(b) The area health education center program shall have three regional centers serving the following geographic areas:
(i) the northern center serving Box Elder, Cache, Davis, Rich, Weber, and Morgan counties;
(ii) the crossroads center serving Salt Lake, Wasatch, Summit, Tooele, and Utah counties; and
(iii) the southern center serving Juab, Millard, Piute, Sanpete, Sevier, Wayne, Carbon, Daggett, Duchesne, Emery, Grand, San Juan, Uintah, Beaver, Garfield, Iron, Kane, and Washington counties.

(3) The area health education center program shall attempt to acquire funding from state, local, federal, and private sources.

(4) Each area health education center shall provide community-based health professions education programming for the geographic area described in Subsection (2)(b) of this section.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-317 Rural County Health Care Special Service District Retirement Grant Program.

(1) As used in this section:
(a) "Participating employer" means an employer that was required to participate in the Utah State Retirement System under Section 49-12-201, 49-12-202, 49-13-201, or 49-13-202.
(b) "Retirement liability" means an obligation in excess of $750,000 owed to the Utah State Retirement Office by a rural county health care special service district as a participating employer.

(c) "Rural county health care special service district" means a special service district formed to provide health care in a third, fourth, fifth, or sixth class county as defined in Section 17-50-501.

(2) Because there is a compelling statewide public purpose in promoting health care in Utah's rural counties, and particularly in ensuring the continued existence and financial viability of hospital services provided by rural county health care special service districts, there is created a grant program to assist rural county health care special service districts in meeting a retirement liability.

(3)

(a) Subject to legislative appropriation and this Subsection (3), the department shall make grants to rural county health care special service districts.

(b) To qualify for a grant, a rural county health care special service district shall:

(i) file a grant application with the department detailing:

(A) the name of the rural county health care special service district;

(B) the estimated total amount of the retirement liability;

(C) the grant amount that the rural county health care special service district is requesting; and

(D) the amount of matching funds to be provided by the rural county health care special service district to help fund the retirement liability as required by Subsection (3)(d); and

(ii) commit to provide matching funds as required by Subsection (3)(d).

(c) The department shall review each grant application and, subject to legislative appropriation, award grants to each rural health care special service district that qualifies for a grant under Subsection (3)(b).

(d) The department may not award a grant to a rural county health care special service district unless the rural county health care special service district commits to provide matching funds to the grant equal to at least 40% of the amount of the grant.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-318 Maternal and child health provided by department.

The department shall, as funding permits, provide for maternal and child health services and services for children with a disability if the individual needs the services and the individual cannot reasonably obtain the services from other sources.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-319 Testing of newborn infants.

(1)

(a) Except in the case where parents object on the grounds that they are members of a specified, well-recognized religious organization whose teachings are contrary to the tests required by this section, a newborn infant shall be tested for:

(i) phenylketonuria (PKU);

(ii) other heritable disorders which may result in an intellectual or physical disability or death and for which:

(A) a preventive measure or treatment is available; and

(B) there exists a reliable laboratory diagnostic test method;

(iii) hearing loss; and

(iv) critical congenital heart defects using pulse oximetry.

(b)
(i) Prior to conducting newborn infant testing under this section, information shall be provided to the newborn infant's parent or guardian explaining relevant facts and information about newborn infant testing and sample storage under this section.
(ii) Prior to conducting a newborn infant heelstick screen under this section, a copy of the privacy consent form described in Subsection (5) shall be provided to the newborn infant's parent or guardian.
(iii) The department may retain, in accordance with the department's retention policy, a biological sample and any genetic data, as those terms are defined in Section 13-60-102, collected under this section, only if a parent or guardian consents to the retention policy on the privacy consent form.
(c) A biological sample and any genetic data collected under this section shall be destroyed:
(i) according to the department's retention policy; or
(ii) if the newborn infant's parent or guardian does not consent to the department's retention policy, upon completion of the newborn infant's testing under this section.
(2) In accordance with Section 26B-1-209, the department may charge fees for:
(a) materials supplied by the department to conduct tests required under Subsection (1);
(b) tests required under Subsection (1) conducted by the department;
(c) laboratory analyses by the department of tests conducted under Subsection (1); and
(d) the administrative cost of follow-up contacts with the parents or guardians of tested infants.
(3) Tests for hearing loss described in Subsection (1) shall be based on one or more methods approved by the Newborn Hearing Screening Committee created in Section 26B-1-432, including:
(a) auditory brainstem response;
(b) automated auditory brainstem response; and
(c) evoked otoacoustic emissions.
(4) Results of tests for hearing loss described in Subsection (1) shall be reported to:
(a) the department; and
(b) when results of tests for hearing loss under Subsection (1) suggest that additional diagnostic procedures or medical interventions are necessary:
(i) a parent or guardian of the infant;
(ii) an early intervention program administered by the department in accordance with Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1431 et seq.; and
(iii) the Utah Schools for the Deaf and the Blind, created in Section 53E-8-201.
(5) The department shall publish a privacy consent form containing:
(a) relevant facts and information about:
(i) the purposes for which the department retains biological samples or any genetic data obtained through newborn infant testing; and
(ii) the department's retention policy for biological samples or any genetic data obtained through newborn infant testing; and
(b) the option for a parent or guardian to indicate consent to the department's retention policy.

Amended by Chapter 397, 2025 General Session

26B-4-320 Dental health programs -- Appointment of director.

The department shall establish and promote programs to protect and improve the dental health of the public. The executive director shall appoint a director of the dental health program who shall

be a dentist licensed in the state with at least one year of training in an accredited school of public health or not less than two years of experience in public health dentistry.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-321 Immunizations -- Consent of minor to treatment.

(1) This section:
  (a) is not intended to interfere with the integrity of the family or to minimize the rights of parents or children; and
  (b) applies to a minor, who at the time care is sought is:
    (i) married or has been married;
    (ii) emancipated as provided for in Section 80-7-105;
    (iii) a parent with custody of a minor child; or
    (iv) pregnant.

(2)
  (a) A minor described in Subsections (1)(b)(i) and (ii) may consent to:
    (i) vaccinations against epidemic infections and communicable diseases as defined in Section 26B-7-201; and
    (ii) examinations and vaccinations required to attend school as provided in Title 53G, Public Education System -- Local Administration.
  (b) A minor described in Subsections (1)(b)(iii) and (iv) may consent to the vaccinations described in Subsections (2)(a)(i) and (ii), and the vaccine for human papillomavirus only if:
    (i) the minor represents to the health care provider that the minor is an abandoned minor as defined in Section 76-5-109.3; and
    (ii) the health care provider makes a notation in the minor's chart that the minor represented to the health care provider that the minor is an abandoned minor under Section 76-5-109.3.
  (c) Nothing in Subsection (2)(a) or (b) requires a health care provider to immunize a minor.

(3) The consent of the minor pursuant to this section:
  (a) is not subject to later disaffirmance because of the minority of the person receiving the medical services;
  (b) is not voidable because of minority at the time the medical services were provided;
  (c) has the same legal effect upon the minor and the same legal obligations with regard to the giving of consent as consent given by a person of full age and capacity; and
  (d) does not require the consent of any other person or persons to authorize the medical services described in Subsections (2)(a) and (b).

(4) A health care provider who provides medical services to a minor in accordance with the provisions of this section is not subject to civil or criminal liability for providing the services described in Subsections (2)(a) and (b) without obtaining the consent of another person prior to rendering the medical services.

(5) This section does not remove the requirement for parental consent or notice when required by Section 76-7-304 or 76-7-304.5.

(6) The parents, parent, or legal guardian of a minor who receives medical services pursuant to Subsections (2)(a) and (b) are not liable for the payment for those services unless the parents, parent, or legal guardian consented to the medical services.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-323 Reporting results of a test for hearing loss.

(1) As used in this section, "health care provider" means the same as that term is defined in Section 78B-3-403.
(2) Except as provided in Subsection (3), a health care provider shall report results of a test for hearing loss to the Utah Schools for the Deaf and the Blind if:
  (a) the results suggest that additional diagnostic procedures or medical interventions are necessary; and
  (b) the individual tested for hearing loss is under the age of 22.
(3) A health care provider may not make the report of an individual's results described in Subsection (2) if the health care provider receives a request to not make the report from:
  (a) the individual, if the individual is not a minor; or
  (b) the individual's parent or guardian, if the individual is a minor.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-324 Department to award grants for assistance to persons with bleeding disorders.
(1) As used in this section:
  (a) "Hemophilia services" means a program for medical care, including the costs of blood transfusions, and the use of blood derivatives and blood clotting factors.
  (b) "Person with a bleeding disorder" means a person:
    (i) who is medically diagnosed with hemophilia or a bleeding disorder;
    (ii) who is not eligible for Medicaid or the Children's Health Insurance Program; and
    (iii) who meets one or more of the following:
      (A) the person's insurance coverage excludes coverage for hemophilia services;
      (B) the person has exceeded the person's insurance plan's annual maximum benefits;
      (C) the person has exceeded the person's annual or lifetime maximum benefits payable under private health insurance; or
      (D) the premiums for the person's private insurance coverage, or cost sharing under private coverage, are greater than a percentage of the person's annual adjusted gross income as established by the department by administrative rule.
(2)
  (a) Within appropriations specified by the Legislature for this purpose, the department shall make grants to public and nonprofit entities who assist persons with bleeding disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of hemophilia services.
  (b) Applicants for grants under this section:
    (i) shall be submitted to the department in writing; and
    (ii) shall comply with Subsection (3).
(3) Applications for grants under this section shall include:
  (a) a statement of specific, measurable objectives, and the methods to be used to assess the achievement of those objectives;
  (b) a description of the personnel responsible for carrying out the activities of the grant along with a statement justifying the use of any grant funds for the personnel;
  (c) letters and other forms of evidence showing that efforts have been made to secure financial and professional assistance and support for the services to be provided under the grant;
  (d) a list of services to be provided by the applicant;
  (e) the schedule of fees to be charged by the applicant; and
  (f) other provisions as determined by the department.

(4) The department may accept grants, gifts, and donations of money or property for use by the grant program.
(5) The department shall establish rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, governing the application form, process, and criteria it will use in awarding grants under this section.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-326 Pregnancy support services.

The department shall, as funding permits and either directly or through one or more third parties, provide pregnancy support services, which may include:
(1) medical care and information, including pregnancy tests, sexually transmitted infection tests, pregnancy-related health screenings, ultrasound services, prenatal care, or birth planning and classes;
(2) nutritional services and education;
(3) housing, education, and employment assistance during pregnancy and up to one year following a birth;
(4) adoption education, planning, and services;
(5) child care assistance, if necessary for the client to receive pregnancy support services;
(6) parenting education and support services for up to one year following a birth;
(7) material items that are supportive of pregnancy and childbirth, including cribs, car seats, clothing, formula, and other safety devices; or
(8) information regarding health care benefits, including Medicaid coverage for the client for pregnancy care that provides health coverage for the client's child upon birth.

Enacted by Chapter 261, 2024 General Session

Part 4
School Health

26B-4-401 Definitions.

As used in this part:
(1) "Agent" means a coach, teacher, employee, representative, or volunteer.
(2)
(a) "Amateur sports organization" means, except as provided in Subsection (2)(b):
(i) a sports team;
(ii) a public or private school;
(iii) a public or private sports league;
(iv) a public or private sports camp; or
(v) any other public or private organization that organizes, manages, or sponsors a sporting event for its members, enrollees, or attendees.
(b) "Amateur sports organization" does not include a professional:
(i) team;
(ii) league; or
(iii) sporting event.
(3) "Anaphylaxis" means a potentially life-threatening hypersensitivity to a substance.

(a) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.
(b) Causes of anaphylaxis may include insect sting, food allergy, drug reaction, and exercise.
(4) "Asthma action plan" means a written plan:
(a) developed with a school nurse, a student's parent or guardian, and the student's health care provider to help control the student's asthma; and
(b) signed by the student's:
(i) parent or guardian; and
(ii) health care provider.
(5) "Asthma emergency" means an episode of respiratory distress that may include symptoms such as wheezing, shortness of breath, coughing, chest tightness, or breathing difficulty.
(6) "Child" means an individual who is under 18 years old.
(7) "Department health care provider" means a health care provider who is acting in the capacity of a health care provider during employment for the department.
(8) "Epinephrine nasal spray" means a portable, disposable drug delivery device that contains a measured, single dose of epinephrine administered nasally, that is used to treat a person suffering a potentially fatal anaphylactic reaction.
(9) "Glucagon authorization" means the same as that term is defined in Section 53G-9-504.
(10) "Glucagon kit" means a medical device that contains a premeasured dose of glucagon for the emergency treatment of hypoglycemia.
(11) "Health care provider" means an individual who is licensed as:
(a) a physician under Title 58, Chapter 67, Utah Medical Practice Act;
(b) a physician under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
(c) an advanced practice registered nurse under Section 58-31b-302; or
(d) a physician assistant under Title 58, Chapter 70a, Utah Physician Assistant Act.
(12) "Hypoglycemia" means a potentially life threatening condition resulting from abnormally low blood glucose levels.
(13) "Injectable epinephrine rescue medication" means a portable, disposable drug delivery device that contains a measured, single dose of epinephrine administered through injection, that is used to treat a person suffering a potentially fatal anaphylactic reaction.
(14) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
(15) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.
(16) "Physician" means the same as that term is defined in Section 58-67-102.
(17) "Public school" means a district school or a charter school.
(18) "Qualified adult" means a person who:
(a) is at least 18 years old; and
(b)
(i) for purposes of administering an injectable epinephrine rescue medication, has successfully completed the training program established in Section 26B-4-407;
(ii) for purposes of administering a glucagon kit, has successfully completed the training program established in Section 26B-4-412; and
(iii) for purposes of administering stock albuterol, has successfully completed the training program established in Section 26B-4-408.
(19) "Qualified injectable epinephrine rescue medication entity":
(a) means a facility or organization that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience anaphylaxis; and
(b) includes:

(i) recreation camps;
(ii) an education facility, school, or university;
(iii) a day care facility;
(iv) youth sports leagues;
(v) amusement parks;
(vi) food establishments;
(vii) places of employment; and
(viii) recreation areas.

(20) "Qualified glucagon kit entity" means a public or private school that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience a diabetic emergency.

(21) "Qualified health care provider" means a health care provider who:
(a) is licensed under Title 58, Occupations and Professions; and
(b) may evaluate and manage a concussion within the health care provider's scope of practice.

(22) "Qualified stock albuterol entity" means a public or private school that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience an asthma emergency.

(23)
(a) "Sporting event" means any of the following athletic activities that is organized, managed, or sponsored by an organization:
(i) a game;
(ii) a practice;
(iii) a sports camp;
(iv) a physical education class;
(v) a competition; or
(vi) a tryout.
(b) "Sporting event" does not include:
(i) the issuance of a lift ticket or pass by a ski resort, the use of the ticket or pass, or a ski or snowboarding class or school at a ski resort, unless the skiing or snowboarding is part of a camp, team, or competition that is organized, managed, or sponsored by the ski resort;
(ii) as applied to a government entity, merely making available a field, facility, or other location owned, leased, or controlled by the government entity to an amateur sports organization or a child, regardless of whether the government entity charges a fee for the use; or
(iii) free play or recess taking place during school hours.

(24) "Stock albuterol" means a prescription inhaled medication:
(a) used to treat asthma; and
(b) that may be delivered through a device, including:
(i) an inhaler; or
(ii) a nebulizer with a mouthpiece or mask.

(25) "Traumatic head injury" means an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following observed or self-reported conditions attributable to the injury:
(a) transient confusion, disorientation, or impaired consciousness;
(b) dysfunction of memory;
(c) loss of consciousness; or
(d) signs of other neurological or neuropsychological dysfunction, including:
(i) seizures;
(ii) irritability;

(iii) lethargy;
(iv) vomiting;
(v) headache;
(vi) dizziness; or
(vii) fatigue.

Amended by Chapter 445, 2025 General Session

26B-4-402 Plan for school health services.

The department shall establish a plan for school health services for pupils in elementary and secondary schools. The department shall cooperate with the State Board of Education and local health departments in developing such plan and shall coordinate activities between these agencies. The plan may provide for the delivery of health services by and through intermediate and local school districts and local health departments.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-403 Adoption and enforcement of concussion and head injury policy -- Notice of policy to parent or guardian.

Each amateur sports organization shall:
(1) adopt and enforce a concussion and head injury policy that:
(a) is consistent with the requirements of Section 26B-4-404; and
(b) describes the nature and risk of:
(i) a concussion or a traumatic head injury; and
(ii) continuing to participate in a sporting event after sustaining a concussion or a traumatic head injury;
(2) ensure that each agent of the amateur sports organization is familiar with, and has a copy of, the concussion and head injury policy; and
(3) before permitting a child to participate in a sporting event of the amateur sports organization:
(a) provide a written copy of the concussion and head injury policy to a parent or legal guardian of a child; and
(b) obtain the signature of a parent or legal guardian of the child, acknowledging that the parent or legal guardian has read, understands, and agrees to abide by, the concussion and head injury policy.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-404 Removal of child suspected of sustaining concussion or a traumatic head injury -- Medical clearance required before return to participation.

(1) An amateur sports organization, and each agent of the amateur sports organization, shall:
(a) immediately remove a child from participating in a sporting event of the amateur sports organization if the child is suspected of sustaining a concussion or a traumatic head injury; and
(b) prohibit the child described in Subsection (1)(a) from participating in a sporting event of the amateur sports organization until the child:
(i) is evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion; and

(ii) provides the amateur sports organization with a written statement from the qualified health care provider described in Subsection (1)(b)(i) stating that:
(A) the qualified health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and
(B) the child is cleared to resume participation in the sporting event of the amateur sports organization.
(2) This section does not create a new cause of action.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-405 School nurses evaluating student injuries.
(1) A school nurse may assess a child who is suspected of sustaining a concussion or a traumatic head injury during school hours on school property regardless of whether the nurse has received specialized training in the evaluation and management of a concussion.
(2) A school nurse who does not meet the requirements of Subsections 26B-4-404(1)(b)(i) and (1)(b)(ii)(A), but who assesses a child who is suspected of sustaining a concussion or traumatic head injury under Subsection (1):
(a) shall refer the child to a qualified health care provider who is trained in the evaluation and management of a concussion; and
(b) may not provide a written statement permitting the child to resume participation in free play or physical education class under Subsection 26B-4-404(1)(b)(ii).
(3) A school nurse shall undergo training in the evaluation and management of a concussion, as funding allows.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-406 Voluntary participation.
(1) Sections 26B-4-406 through 26B-4-412 do not create a duty or standard of care for:
(a) a person to be trained in the use and storage of injectable epinephrine , rescue medication, glucagon kits, or stock albuterol; or
(b) except as provided in Subsection (5), a qualified injectable epinephrine rescue medication entity to store injectable epinephrine rescue medication, a qualified glucagon kit entity to store glucagon kits on its premises, or a qualified stock albuterol entity to store stock albuterol on its premises.
(2) Except as provided in Subsections (3) and (5), a decision by a person to successfully complete a training program under Section 26B-4-407, 26B-4-408, or 26B-4-412 and to make emergency injectable epinephrine rescue medication, glucagon kits, or stock albuterol available under the provisions of Sections 26B-4-406 through 26B-4-412 is voluntary.
(3) A school, school board, or school official may not prohibit or dissuade a teacher or other school employee at a primary or secondary school in the state, either public or private, from:
(a) completing a training program under Section 26B-4-407, 26B-4-408, or 26B-4-412;
(b) possessing or storing an injectable epinephrine rescue medication, glucagon kit, or stock albuterol on school property if:
(i) the teacher or school employee is a qualified adult; and
(ii) the possession and storage is in accordance with the training received under Section 26B-4-407, 26B-4-408, or 26B-4-412; or

(c) administering an injectable epinephrine rescue medication, glucagon kit, or stock albuterol to any person, if:
(i) the teacher or school employee is a qualified adult; and
(ii) the administration is in accordance with the training received under Section 26B-4-407, 26B-4-408, or 26B-4-412.

(4) A school, school board, or school official may encourage a teacher or other school employee to volunteer to become a qualified adult.

(5)
(a) Each primary or secondary school in the state, both public and private, shall make an emergency injectable epinephrine rescue medication available to any teacher or other school employee who:
(i) is employed at the school; and
(ii) is a qualified adult.
(b) This section does not require a school described in Subsection (5)(a) to keep more than one emergency injectable epinephrine rescue medication on the school premises, so long as it may be quickly accessed by a teacher or other school employee, who is a qualified adult, in the event of an emergency.

(6)
(a) Each primary or secondary school in the state, both public and private, may make a glucagon kit available to any school employee who:
(i) is employed at the school; and
(ii) is a qualified adult.
(b) A qualified adult may administer a glucagon kit to a student who:
(i) has a diagnosis of diabetes by a health care provider;
(ii) has a glucagon authorization on file with the school; and
(iii) is showing symptoms of hypoglycemia.
(c) This Subsection (6) does not relieve a student's parent or guardian from providing a student's medication or create an expectation that a school will have a glucagon kit available.

(7)
(a) Each primary or secondary school in the state, both public and private, may make stock albuterol available to any school employee who:
(i) is employed at the school; and
(ii) is a qualified adult.
(b) A qualified adult may administer stock albuterol to a student who:
(i) has a diagnosis of asthma by a health care provider;
(ii) except as provided in Subsection (7)(d), has a current asthma action plan on file with the school; and
(iii) except as provided in Subsection (7)(d), is showing symptoms of an asthma emergency as described in the student's asthma action plan.
(c) This Subsection (7) may not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available.
(d) A qualified adult may administer stock albuterol to any student who appears to be experiencing respiratory distress or an asthma emergency on the qualified adult's training under Section 26-4-408 and regardless of whether a current asthma plan is on file.

(8) No school, school board, or school official shall retaliate or otherwise take adverse action against a teacher or other school employee for:
(a) volunteering under Subsection (2);

(b) engaging in conduct described in Subsection (3); or
(c) failing or refusing to become a qualified adult.

Amended by Chapter 445, 2025 General Session

26B-4-407 Training in use and storage of injectable epinephrine rescue medication.

(1)
(a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training, regarding the storage and emergency use of an injectable epinephrine rescue medication, available to any teacher or other school employee who volunteers to become a qualified adult.
(b) The training described in Subsection (1)(a) may be provided by the school nurse, or other person qualified to provide such training, designated by the school district physician, the medical director of the local health department, or the local emergency medical services director.

(2) A person who provides training under Subsection (1) or (6) shall include in the training:
(a) techniques for recognizing symptoms of anaphylaxis;
(b) standards and procedures for the storage and emergency use of injectable epinephrine rescue medication;
(c) emergency follow-up procedures, including calling the emergency 911 number and contacting, if possible, the student's parent and physician; and
(d) written materials covering the information required under this Subsection (2).

(3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).

(4) A public school shall permit a student to:
(a) possess an epinephrine nasal spray;
(b) self-administer an epinephrine nasal spray;
(c) possess an injectable epinephrine rescue medication; or
(d) self-administer an injectable epinephrine rescue medication if:
(i) the student's parent or guardian signs a statement:
(A) authorizing the student to possess or possess and self-administer an injectable epinephrine rescue medication; and
(B) acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering an injectable epinephrine rescue medication; and
(ii) the student's health care provider provides a written statement that states that:
(A) it is medically appropriate for the student to possess or possess and self-administer an injectable epinephrine rescue medication; and
(B) the student should be in possession of the injectable epinephrine rescue medication at all times.

(5) The department, in cooperation with the state superintendent of public instruction, shall design forms to be used by public and private schools for the parental and health care providers statements described in Subsection (4).

(6)
(a) The department:
(i) shall approve educational programs conducted by other persons, to train:
(A) people under Subsection (6)(b) of this section, regarding the proper use and storage of emergency injectable epinephrine rescue medication; and

(B) a qualified injectable epinephrine rescue medication entity regarding the proper storage and emergency use of injectable epinephrine rescue medication; and

(ii) may, as funding is available, conduct educational programs to train people regarding the use of and storage of emergency injectable epinephrine rescue medication.

(b) A person who volunteers to receive training as a qualified adult to administer an injectable epinephrine rescue medication under the provisions of this Subsection (6) shall demonstrate a need for the training to the department, which may be based upon occupational, volunteer, or family circumstances, and shall include:

(i) camp counselors;

(ii) scout leaders;

(iii) forest rangers;

(iv) tour guides; and

(v) other persons who have or reasonably expect to have contact with at least one other person as a result of the person's occupational or volunteer status.

Amended by Chapter 122, 2025 General Session

26B-4-408 Training in use and storage of stock albuterol.

(1)

(a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training regarding the storage and emergency use of stock albuterol available to a teacher or school employee who volunteers to become a qualified adult.

(b) The training described in Subsection (1)(a) shall be provided by the department.

(2) A person who provides training under Subsection (1) or (6) shall include in the training:

(a) techniques for recognizing symptoms of an asthma emergency;

(b) standards and procedures for the storage and emergency use of stock albuterol;

(c) emergency follow-up procedures, and contacting, if possible, the student's parent; and

(d) written materials covering the information required under this Subsection (2).

(3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).

(4)

(a) A public or private school shall permit a student to possess and self-administer asthma medication if:

(i) the student's parent or guardian signs a statement:

(A) authorizing the student to self-administer asthma medication; and

(B) acknowledging that the student is responsible for, and capable of, self-administering the asthma medication; and

(ii) the student's health care provider provides a written statement that states:

(A) it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times; and

(B) the name of the asthma medication prescribed or authorized for the student's use.

(b) Section 53G-8-205 does not apply to the possession and self-administration of asthma medication in accordance with this section.

(5) The department, in cooperation with the state superintendent of public instruction, shall design forms to be used by public and private schools for the parental and health care provider statements described in Subsection (4).

(6) The department:

(a) shall approve educational programs conducted by other persons to train:

(i) people under Subsection (6)(b), regarding the proper use and storage of stock albuterol; and
(ii) a qualified stock albuterol entity regarding the proper storage and emergency use of stock albuterol; and
(b) may conduct educational programs to train people regarding the use of and storage of stock albuterol.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-409 Authority to obtain and use an injectable epinephrine rescue medication, glucagon kit, or stock albuterol.

(1) The school district physician, a department health care provider, the medical director of the local health department, or the local emergency medical services director may provide a prescription for the following if requested by a qualified adult, who is a teacher or other school employee at a public or private primary or secondary school in the state, or a school nurse:
(a) injectable epinephrine rescue medication for use in accordance with this part;
(b) a glucagon kit for use in accordance with this part; or
(c) stock albuterol for use in accordance with this part.

(2)
(a) A qualified adult may obtain an injectable epinephrine rescue medication for use in accordance with this part that is dispensed by:
(i) a pharmacist as provided under Section 58-17b-1004; or
(ii) a pharmacy intern as provided under Section 58-17b-1004.
(b) A qualified adult may obtain a glucagon kit for use in accordance with this part that is dispensed by:
(i) a pharmacist as provided under Section 58-17b-1004; or
(ii) a pharmacy intern as provided under Section 58-17b-1004.
(c) A qualified adult may obtain stock albuterol for use in accordance with this part that is dispensed by:
(i) a pharmacist as provided under Section 58-17b-1004; or
(ii) a pharmacy intern as provided under Section 58-17b-1004.

(3) A qualified adult:
(a) may immediately administer an injectable epinephrine rescue medication to a person exhibiting potentially life-threatening symptoms of anaphylaxis when a physician or physician assistant is not immediately available; and
(b) shall initiate emergency medical services or other appropriate medical follow-up in accordance with the training materials retained under Section 26B-4-407 after administering an injectable epinephrine rescue medication.

(4) If a school nurse is not immediately available, a qualified adult:
(a) may immediately administer a glucagon kit to an individual who:
(i) has a diagnosis of diabetes by a health care provider;
(ii) has a glucagon authorization on file with the school; and
(iii) is showing symptoms of hypoglycemia; and
(b) shall initiate appropriate medical follow-up in accordance with the training materials retained under Section 26B-4-412 after administering a glucagon kit.

(5)
(a) If a school nurse is not immediately available, a qualified adult may immediately administer stock albuterol to an individual who:
(i) has a diagnosis of asthma by a health care provider;

(ii) has a current asthma action plan on file with the school; and
(iii) is showing symptoms of an asthma emergency as described in the student's asthma action plan.
(b) If a school nurse is not immediately available and an individual does not have a current asthma action plan described in Subsection (5)(a), a qualified adult may administer stock albuterol to the individual if the qualified adult identifies, based on the training received under Section 26B-4-408, that the individual is experiencing an asthma emergency.
(c) A qualified adult that administers stock albuterol under this Subsection (5) shall initiate appropriate medical follow-up in accordance with the training materials retained under Section 26B-4-408 after administering stock albuterol.

(6)
(a) A qualified entity that complies with Subsection (6)(b), (c), or (d), may obtain a supply of injectable epinephrine rescue medication, glucagon kits, or stock albuterol, respectively, from a pharmacist under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:
(i) storing:
(A) the injectable epinephrine rescue medication on the qualified injectable epinephrine rescue medication entity's premises;
(B) the glucagon kits on the qualified glucagon kit entity's premises; and
(C) stock albuterol on the qualified stock albuterol entity's premises; and
(ii) use by a qualified adult in accordance with Subsections (3) through (5).
(b) A qualified injectable epinephrine rescue medication entity shall:
(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of an injectable epinephrine rescue medication available to a qualified adult; and
(ii) store injectable epinephrine rescue medication in accordance with the standards established by the department in Section 26B-4-411.
(c) A qualified glucagon kit entity shall:
(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of a glucagon kit available to a qualified adult; and
(ii) store a glucagon kit in accordance with the standards established by the department in Section 26B-4-411.
(d) A qualified stock albuterol entity shall:
(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of stock albuterol available to a qualified adult; and
(ii) store stock albuterol in accordance with the standards established by the department in Section 26B-4-411.

Amended by Chapter 445, 2025 General Session

26B-4-410 Immunity from liability.

(1) The following, if acting in good faith, are not liable in any civil or criminal action for any act taken or not taken under the authority of Sections 26B-4-406 through 26B-4-412 with respect to an anaphylactic reaction, diabetic emergency, or asthma emergency:
(a) a qualified adult;
(b) a physician, physician assistant, pharmacist, or any other person or entity authorized to prescribe or dispense prescription drugs;
(c) a person who conducts training described in Section 26B-4-407, 26B-4-408, or 26B-4-412;

(d) a qualified injectable epinephrine rescue medication entity;
(e) a qualified glucagon kit entity;
(f) a qualified stock albuterol entity;
(g) the department;
(h) a local health department;
(i) a local education agency; and
(j) a local emergency medical services entity.
(2) Section 53G-9-502 does not apply to the administration of an injectable epinephrine rescue medication, glucagon kit, or stock albuterol in accordance with this part.
(3) This section does not eliminate, limit, or reduce any other immunity from liability or defense against liability that may be available under state law.

Amended by Chapter 445, 2025 General Session

26B-4-411 Administrative rulemaking authority.

The department shall adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
(1) establish and approve training programs in accordance with Sections 26B-4-407, 26B-4-408, and 26B-4-412;
(2) establish a procedure for determining who is eligible for training as a qualified adult under Subsection 26B-4-407(6)(b)(v); and
(3) establish standards for storage of:
(a) emergency injectable epinephrine rescue medication by a qualified injectable epinephrine rescue medication entity under Section 26B-4-407;
(b) a glucagon kit by a qualified glucagon kit entity under Section 26B-4-412; and
(c) stock albuterol by a qualified stock albuterol entity under Section 26B-4-408.

Amended by Chapter 445, 2025 General Session

26B-4-412 Training in use and storage of a glucagon kit.

(1)
(a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training regarding the storage and emergency use of a glucagon kit available to a teacher or school employee who volunteers to become a qualified adult.
(b) The department shall provide the training described in Subsection (1)(a).
(2) A person who provides training under Subsection (1) or (5) shall include in the training:
(a) techniques for recognizing symptoms of a hypoglycemic emergency;
(b) standards and procedures for the storage and emergency use of a glucagon kit;
(c) emergency follow-up procedures, and contacting, if possible, the student's parent; and
(d) written materials covering the information required under this Subsection (2).
(3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).
(4) A public or private school shall permit a student to possess and self-administer diabetes medication in accordance with Section 53G-9-506.
(5) The department:
(a) shall approve educational programs conducted by other persons to train:
(i) people under Subsection (5)(b), regarding the proper use and storage of a glucagon kit; and

(ii) a qualified glucagon kit entity regarding the proper storage and emergency use of a glucagon kit; and

(b) may conduct educational programs to train people regarding the use of and storage of a glucagon kit.

Enacted by Chapter 445, 2025 General Session

Part 5
Treatment Access

26B-4-501 Definitions.

As used in this part:

(1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37, Utah Controlled Substances Act.

(2) "Critical access hospital" means a critical access hospital that meets the criteria of 42 U.S.C. Sec. 1395i-4(c)(2).

(3) "Designated facility" means:

(a) a freestanding urgent care center;

(b) a general acute hospital; or

(c) a critical access hospital.

(4) "Dispense" means the same as that term is defined in Section 58-17b-102.

(5) "Division" means the Division of Professional Licensing created in Section 58-1-103.

(6) "Emergency contraception" means the use of a substance, approved by the United States Food and Drug Administration, to prevent pregnancy after sexual intercourse.

(7) "Freestanding urgent care center" means the same as that term is defined in Section 59-12-801.

(8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.

(9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

(10) "Health care provider" means:

(a) a physician, as defined in Section 58-67-102;

(b) an advanced practice registered nurse, as defined in Section 58-31b-102;

(c) a physician assistant, as defined in Section 58-70a-102; or

(d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.

(11) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.

(12) "Opiate" means the same as that term is defined in Section 58-37-2.

(13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.

(14) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a

controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.

(15) "Overdose outreach provider" means:

(a) a law enforcement agency;

(b) a fire department;

(c) an emergency medical service provider, as defined in Section 53-2d-101;

(d) emergency medical service personnel, as defined in Section 53-2d-101;

(e) an organization providing treatment or recovery services for drug or alcohol use;

(f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;

(g) a certified peer support specialist, as defined in Section 26B-5-610;

(h) an organization providing substance use or mental health services under contract with a local substance abuse authority, as defined in Section 26B-5-101, or a local mental health authority, as defined in Section 26B-5-101;

(i) an organization providing services to the homeless;

(j) a local health department;

(k) an individual licensed to practice under:

(i) Title 58, Chapter 17b, Pharmacy Practice Act;

(ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or

(iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or

(l) an individual.

(16) "Patient counseling" means the same as that term is defined in Section 58-17b-102.

(17) "Pharmacist" means the same as that term is defined in Section 58-17b-102.

(18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.

(19) "Physician" means the same as that term is defined in Section 58-67-102.

(20) "Practitioner" means:

(a) a physician; or

(b) any other person who is permitted by law to prescribe emergency contraception.

(21) "Prescribe" means the same as that term is defined in Section 58-17b-102.

(22)

(a) "Self-administered hormonal contraceptive" means a self-administered hormonal contraceptive that is approved by the United States Food and Drug Administration to prevent pregnancy.

(b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive, a hormonal vaginal ring, and a hormonal contraceptive patch.

(c) "Self-administered hormonal contraceptive" does not include any drug intended to induce an abortion, as that term is defined in Section 76-7-301.

(23)

(a) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4, Sexual Offenses, that may result in a pregnancy.

(b) "Sexual assault" does not include criminal conduct described in:

(i) Section 76-5-417, enticing a minor;

(ii) Section 76-5-418, sexual battery;

(iii) Section 76-5-419, lewdness; or

(iv) Section 76-5-420, lewdness involving a child.

(24) "Victim of sexual assault" means any person who presents to receive, or receives, medical care in consequence of being subjected to sexual assault.

Amended by Chapter 173, 2025 General Session
Amended by Chapter 340, 2025 General Session
Amended by Chapter 470, 2025 General Session

26B-4-502 Emergency contraception services for a victim of sexual assault.

(1) Except as provided in Subsection (2), a designated facility shall provide the following services to a victim of sexual assault:
  (a) provide the victim with written and oral medical information regarding emergency contraception that is unbiased, accurate, and generally accepted by the medical community as being scientifically valid;
  (b) orally inform the victim of sexual assault that the victim may obtain emergency contraception at the designated facility;
  (c) offer a complete regimen of emergency contraception to a victim of sexual assault;
  (d) provide, at the designated facility, emergency contraception to the victim of sexual assault upon her request;
  (e) maintain a protocol, prepared by a physician, for the administration of emergency contraception at the designated facility to a victim of sexual assault; and
  (f) develop and implement a written policy to ensure that a person is present at the designated facility, or on-call, who:
    (i) has authority to dispense or prescribe emergency contraception, independently, or under the protocol described in Subsection (1)(e), to a victim of sexual assault; and
    (ii) is trained to comply with the requirements of this section.
(2) A freestanding urgent care center is exempt from the requirements of Subsection (1) if:
  (a) there is a general acute hospital or a critical access hospital within 30 miles of the freestanding urgent care center; and
  (b) an employee of the freestanding urgent care center provides the victim with:
    (i) written and oral medical information regarding emergency contraception that is unbiased, accurate, and generally accepted by the medical community as being scientifically valid; and
    (ii) the name and address of the general acute hospital or critical access hospital described in Subsection (2)(a).
(3) A practitioner shall comply with Subsection (4) with regard to a person who is a victim of sexual assault, if the person presents to receive medical care, or receives medical care, from the practitioner at a location that is not a designated facility.
(4) A practitioner described in Subsection (3) shall:
  (a) provide the victim with written and oral medical information regarding emergency contraception that is unbiased, accurate, and generally accepted by the medical community as being scientifically valid; and
  (b)
    (i)
      (A) orally inform the victim of sexual assault that the victim may obtain emergency contraception at the facility where the practitioner is located; and
      (B) provide emergency contraception to the victim of sexual assault, if she requests emergency contraception; or
    (ii) inform the victim of sexual assault of the nearest location where she may obtain emergency contraception.
(5)
  (a) The department may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to enforce the provisions of this section.

(b) The department shall, in an expeditious manner, investigate any complaint received by the department regarding the failure of a health care facility to comply with a requirement of this section.
(c) If the department finds a violation of this section or any rules adopted under this section, the department may take one or more of the actions described in Section 26B-2-703.

Amended by Chapter 267, 2024 General Session

26B-4-503 Voluntary participation.

Sections 26B-4-504 through 26B-4-507 do not create a duty or standard of care for a person to prescribe or dispense a self-administered hormonal contraceptive.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-504 Authorization to dispense self-administered hormonal contraceptives.

Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense a self-administered hormonal contraceptive may dispense the self-administered hormonal contraceptive:
(1) to a patient who is 18 years old or older;
(2) pursuant to a standing prescription drug order made in accordance with Section 26B-4-505;
(3) without any other prescription drug order from a person licensed to prescribe a self-administered hormonal contraceptive; and
(4) in accordance with the dispensing guidelines in Section 26B-4-506.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-505 Standing prescription drug orders for a self-administered hormonal contraceptive.

A physician who is licensed to prescribe a self-administered hormonal contraceptive, including a physician acting in the physician's capacity as an employee of the department, or a medical director of a local health department, may issue a standing prescription drug order authorizing the dispensing of the self-administered hormonal contraceptive under Section 26B-4-504 in accordance with a protocol that:
(1) requires the physician to specify the persons, by professional license number, authorized to dispense the self-administered hormonal contraceptive;
(2) requires the physician to review at least annually the dispensing practices of those authorized by the physician to dispense the self-administered hormonal contraceptive;
(3) requires those authorized by the physician to dispense the self-administered hormonal contraceptive to make and retain a record of each person to whom the self-administered hormonal contraceptive is dispensed, including:
(a) the name of the person;
(b) the drug dispensed; and
(c) other relevant information; and
(4) is approved by the department by administrative rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-506 Guidelines for dispensing a self-administered hormonal contraceptive.

(1) A pharmacist or pharmacist intern who dispenses a self-administered hormonal contraceptive under Section 26B-4-504:
  (a) shall obtain a completed self-screening risk assessment questionnaire, that has been approved by the division in collaboration with the Board of Pharmacy and the Medical Licensing Board, from the patient before dispensing the self-administered hormonal contraceptive;
  (b) if the results of the evaluation in Subsection (1)(a) indicate that it is unsafe to dispense a self-administered hormonal contraceptive to a patient:
    (i) may not dispense a self-administered hormonal contraceptive to the patient; and
    (ii) shall refer the patient to a primary care or women's health care practitioner;
  (c) may not continue to dispense a self-administered hormonal contraceptive to a patient for more than 24 months after the date of the initial prescription without evidence that the patient has consulted with a primary care or women's health care practitioner during the preceding 24 months; and
  (d) shall provide the patient with:
    (i) written information regarding:
      (A) the importance of seeing the patient's primary care practitioner or women's health care practitioner to obtain recommended tests and screening; and
      (B) the effectiveness and availability of long-acting reversible contraceptives as an alternative to self-administered hormonal contraceptives; and
    (ii) a copy of the record of the encounter with the patient that includes:
      (A) the patient's completed self-assessment tool; and
      (B) a description of the contraceptives dispensed, or the basis for not dispensing a contraceptive.
(2) If a pharmacist dispenses a self-administered hormonal contraceptive to a patient, the pharmacist shall, at a minimum, provide patient counseling to the patient regarding:
  (a) the appropriate administration and storage of the self-administered hormonal contraceptive;
  (b) potential side effects and risks of the self-administered hormonal contraceptive;
  (c) the need for backup contraception;
  (d) when to seek emergency medical attention; and
  (e) the risk of contracting a sexually transmitted infection or disease, and ways to reduce the risk of contraction.
(3) The division, in collaboration with the Board of Pharmacy and the Medical Licensing Board, shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing the self-screening risk assessment questionnaire described in Subsection (1)(a).

Amended by Chapter 507, 2024 General Session

26B-4-507 Limited civil liability.

A physician who issues a standing prescription drug order in accordance with Section 26B-4-505 is not liable for any civil damages for acts or omissions resulting from the dispensing of a self-administered hormonal contraceptive under Sections 26B-4-504 through 26B-4-506.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-508 Voluntary participation.

Sections 26B-4-509 through 26B-4-514 do not create a duty or standard of care for a person to prescribe or administer an opiate antagonist.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-509 Prescribing, dispensing, and administering an opiate antagonist -- Immunity from liability.

(1)
(a)
(i) For purposes of Subsection (1)(a)(ii), "a person other than a health care facility or health care provider" includes the following, regardless of whether the person has received funds from the department through the Opiate Overdose Outreach Pilot Program created in Section 26B-4-512:
(A) a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F); or
(B) an organization, defined by department rule made under Subsection 26B-4-512(7)(e), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
(ii) Except as provided in Subsection (1)(b), the following persons are not liable for any civil damages for acts or omissions made as a result of administering an opiate antagonist when the person acts in good faith to administer the opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event:
(A) an overdose outreach provider; or
(B) a person other than a health care facility or health care provider.
(b) A health care provider:
(i) is not immune from liability under Subsection (1)(a) when the health care provider is acting within the scope of the health care provider's responsibilities or duty of care; and
(ii) is immune from liability under Subsection (1)(a) if the health care provider is under no legal duty to respond and otherwise complies with Subsection (1)(a).
(2) Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order issued in accordance with Subsection 26B-4-510(2), or dispense an opiate antagonist:
(a)
(i) to an individual who is at increased risk of experiencing an opiate-related drug overdose event;
(ii) for an individual described in Subsection (2)(a)(i), to a family member, friend, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist the individual; or
(iii) to an overdose outreach provider for:
(A) furnishing the opiate antagonist to an individual described in Subsection (2)(a)(i) or (ii), as provided in Section 26B-4-511; or
(B) administering to an individual experiencing an opiate-related drug overdose event;
(b) without a prescriber-patient relationship; and
(c) without liability for any civil damages for acts or omissions made as a result of prescribing or dispensing the opiate antagonist in good faith.
(3) A health care provider who dispenses an opiate antagonist to an individual or an overdose outreach provider under Subsection (2)(a) shall provide education to the individual or overdose provider that includes written instruction on how to:

(a) recognize an opiate-related drug overdose event; and
(b) respond appropriately to an opiate-related drug overdose event, including how to:
(i) administer an opiate antagonist; and
(ii) ensure that an individual to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-510 Standing prescription drug orders for an opiate antagonist.

(1) Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opiate antagonist may dispense the opiate antagonist:
(a) pursuant to a standing prescription drug order made in accordance with Subsection (2); and
(b) without any other prescription drug order from a person licensed to prescribe an opiate antagonist.
(2) A physician who is licensed to prescribe an opiate antagonist, including a physician acting in the physician's capacity as an employee of the department, or a medical director of a local health department, as defined in Section 26B-4-512, may issue a standing prescription drug order authorizing the dispensing of the opiate antagonist under Subsection (1) in accordance with a protocol that:
(a) limits dispensing of the opiate antagonist to:
(i) an individual who is at increased risk of experiencing an opiate-related drug overdose event;
(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; or
(iii) an overdose outreach provider for:
(A) furnishing to an individual who is at increased risk of experiencing an opiate-related drug overdose event, or to a family member of, friend of, or other individual who is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event, as provided in Section 26B-4-511; or
(B) administering to an individual experiencing an opiate-related drug overdose event;
(b) requires the physician to specify the persons, by professional license number, authorized to dispense the opiate antagonist;
(c) requires the physician to review at least annually the dispensing practices of those authorized by the physician to dispense the opiate antagonist;
(d) requires those authorized by the physician to dispense the opiate antagonist to make and retain a record of each person to whom the opiate antagonist is dispensed, which shall include:
(i) the name of the person;
(ii) the drug dispensed; and
(iii) other relevant information; and
(e) is approved by the Division of Professional Licensing within the Department of Commerce by administrative rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-511 Overdose outreach providers.

Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502:
(1) an overdose outreach provider may:
(a) obtain an opiate antagonist dispensed on prescription by:
(i) a health care provider, in accordance with Subsections 26B-4-509(2) and (3); or
(ii) a pharmacist or pharmacy intern, as otherwise authorized by Title 58, Chapter 17b, Pharmacy Practice Act;
(b) store the opiate antagonist; and
(c) furnish the opiate antagonist:
(i)
(A) to an individual who is at increased risk of experiencing an opiate-related drug overdose event; or
(B) to a family member, friend, overdose outreach provider, or other individual who is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; and
(ii) without liability for any civil damages for acts or omissions made as a result of furnishing the opiate antagonist in good faith; and
(2) when furnishing an opiate antagonist under Subsection (1), an overdose outreach provider:
(a) shall also furnish to the recipient of the opiate antagonist:
(i) the written instruction under Subsection 26B-4-504(3) received by the overdose outreach provider from the health care provider at the time the opiate antagonist was dispensed to the overdose outreach provider; or
(ii) if the opiate antagonist was dispensed to the overdose outreach provider by a pharmacist or pharmacy intern, any written patient counseling under Section 58-17b-613 received by the overdose outreach provider at the time of dispensing; and
(b) may provide additional instruction on how to recognize and respond appropriately to an opiate-related drug overdose event.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-512 Opiate Overdose Outreach Pilot Program -- Grants -- Annual reporting by grantees -- Rulemaking -- Annual reporting by department.
(1) As used in this section:
(a) "Persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event":
(i) means the following organizations:
(A) a law enforcement agency;
(B) the department or a local health department, as defined in Section 26A-1-102;
(C) an organization that provides drug or alcohol treatment services;
(D) an organization that provides services to the homeless;
(E) an organization that provides training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event;
(F) a school; or
(G) except as provided in Subsection (1)(a)(ii), any other organization, as defined by department rule made under Subsection (7)(e), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; and
(ii) does not mean:
(A) a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act;
(B) a health care facility; or

(C) an individual.
(b) "School" means:
(i) a public school:
(A) for elementary or secondary education, including a charter school; or
(B) for other purposes;
(ii) a private school:
(A) for elementary or secondary education; or
(B) accredited for other purposes, including higher education or specialty training; or
(iii) an institution within the state system of higher education, as described in Section 53B-1-102.
(2) There is created within the department the "Opiate Overdose Outreach Pilot Program."
(3) The department may use funds appropriated for the program to:
(a) provide grants under Subsection (4);
(b) promote public awareness of the signs, symptoms, and risks of opioid misuse and overdose;
(c) increase the availability of educational materials and other resources designed to assist individuals at increased risk of opioid overdose, their families, and others in a position to help prevent or respond to an overdose event;
(d) increase public awareness of, access to, and use of opiate antagonist;
(e) update the department's Utah Clinical Guidelines on Prescribing Opioids and promote its use by prescribers and dispensers of opioids;
(f) develop a directory of substance misuse treatment programs and promote its dissemination to and use by opioid prescribers, dispensers, and others in a position to assist individuals at increased risk of opioid overdose;
(g) coordinate a multi-agency coalition to address opioid misuse and overdose; and
(h) maintain department data collection efforts designed to guide the development of opioid overdose interventions and track their effectiveness.
(4) No later than September 1, 2016, and with available funding, the department shall grant funds through the program to persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
(5) Funds granted by the program:
(a) may be used by a grantee to:
(i) pay for the purchase by the grantee of an opiate antagonist; or
(ii) pay for the grantee's cost of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event; and
(b) may not be used:
(i) to pay for costs associated with the storage or dispensing of an opiate antagonist; or
(ii) for any other purposes.
(6) Grantees shall report annually to the department on the use of granted funds in accordance with department rules made under Subsection (7)(d).
(7) No later than July 1, 2016, the department shall, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules specifying:
(a) how to apply for a grant from the program;
(b) the criteria used by the department to determine whether a grant request is approved, including criteria providing that:
(i) grants are awarded to areas of the state, including rural areas, that would benefit most from the grant; and

(ii) no more than 15% of the total amount granted by the program is used to pay for grantees' costs of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event;

(c) the criteria used by the department to determine the amount of a grant;

(d) the information a grantee shall report annually to the department under Subsection (6), including:

(i) the amount of opiate antagonist purchased and dispensed by the grantee during the reporting period;

(ii) the number of individuals to whom the opiate antagonist was dispensed by the grantee;

(iii) the number of lives known to have been saved during the reporting period as a result of opiate antagonist dispensed by the grantee; and

(iv) the manner in which the grantee shall record, preserve, and make available for audit by the department the information described in Subsections (7)(d)(i) through (7)(d)(iii); and

(e) as required by Subsection (1)(a)(i)(G), any other organization that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-513 Coprescription guidelines.

(1) As used in this section:

(a) "Controlled substance prescriber" means the same as that term is defined in Section 58-37-6.5.

(b) "Coprescribe" means to issue a prescription for an opiate antagonist with a prescription for an opiate.

(2) The department shall, in consultation with the Medical Licensing Board created in Section 58-67-201, and the Division of Professional Licensing created in Section 58-1-103, establish by rule, made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, scientifically based guidelines for controlled substance prescribers to coprescribe an opiate antagonist to a patient.

Amended by Chapter 507, 2024 General Session

26B-4-514 Opiate abuse prevention pamphlet.

(1) As funding is available, the department shall produce and distribute, in conjunction with the Office of Substance Use and Mental Health, a pamphlet about opiates that includes information regarding:

(a) the risk of dependency and addiction;

(b) methods for proper storage and disposal;

(c) alternative options for pain management;

(d) the benefits of and ways to obtain naloxone; and

(e) resources if the patient believes that the patient has a substance use disorder.

(2) The pamphlet described in Subsection (1) shall be:

(a) evaluated periodically for effectiveness at conveying necessary information and revised accordingly;

(b) written in simple and understandable language; and

(c) available in English and other languages that the department determines to be appropriate and necessary.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-515 Sexual assault hotline service -- Emergency contraception access.

(1) As used in this section, "sexual assault hotline service" means a telephone hotline, online chat hotline, or similar method of communication that provides information or counseling services for a victim of sexual assault.

(2) A person who operates a sexual assault hotline service available to a resident of this state shall create and maintain a policy that encourages the sexual assault hotline service to provide, when applicable, a victim of sexual assault with information on how to access:
  (a) free emergency contraception;
  (b) law enforcement; and
  (c) medical and mental health services.

(3) The department shall provide information about how a victim of sexual assault may access free emergency contraception and other medical and mental health services to:
  (a) victims of sexual assault;
  (b) sexual assault hotline services that are available to residents of this state; and
  (c) other providers who provide sexual assault support services to victims of sexual assault in this state.

(4) The department may adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to carry out the provisions of Subsection (3).

Enacted by Chapter 158, 2023 General Session

Part 6
Adult Autism Treatment Program

26B-4-601 Definitions.

As used in this part:

(1) "Adult Autism Treatment Account" means the Adult Autism Treatment Account created in Section 26B-1-322.

(2) "Advisory committee" means the Adult Autism Treatment Program Advisory Committee created in Section 26B-1-424.

(3) "Applied behavior analysis" means the same as that term is defined in Section 31A-22-642.

(4) "Autism spectrum disorder" means the same as that term is defined in Section 31A-22-642.

(5) "Program" means the Adult Autism Treatment Program created in Section 26B-4-602.

(6) "Qualified individual" means an individual who:
  (a) is at least 22 years old;
  (b) is a resident of the state;
  (c) has been diagnosed by a qualified professional as having:
    (i) an autism spectrum disorder; or
    (ii) another neurodevelopmental disorder requiring significant supports through treatment using applied behavior analysis; and
  (d) needs significant supports for a condition described in Subsection (6)(c), as demonstrated by formal assessments of the individual's:
    (i) cognitive ability;
    (ii) adaptive ability;

(iii) behavior; and
(iv) communication ability.
(7) "Qualified provider" means a provider that is qualified under Section 26B-4-603 to provide services for the program.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-602 Adult Autism Treatment Program -- Creation -- Requirements -- Reporting.
(1) There is created within the department the Adult Autism Treatment Program.
(2)
(a) The program shall be administered by the department in collaboration with the advisory committee.
(b) The program shall be funded only with money from the Adult Autism Treatment Account.
(3)
(a) An individual may apply for a grant from the program by submitting to a qualified provider the information specified by the department under Subsection 26B-4-604(5).
(b) As funding permits, the department shall award a grant from the program on behalf of an applicant in accordance with criteria established by the department, in collaboration with the advisory committee, by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
(c) A grant shall:
(i) be for a specific amount;
(ii) cover a specific period, not to exceed five years; and
(iii) be disbursed incrementally, if appropriate.
(d) The department shall transmit a grant awarded on behalf of an applicant to a qualified provider designated by the applicant.
(4) A qualified provider that receives a grant for the treatment of a qualified individual shall:
(a) use the grant only for treatment of the qualified individual;
(b) submit any reports that are required by the department; and
(c) notify the department within seven days if:
(i) the qualified individual:
(A) has not received treatment from the qualified provider for 10 consecutive days;
(B) is no longer receiving treatment from the qualified provider; or
(C) is no longer a qualified individual; or
(ii) the qualified provider is no longer a qualified provider.
(5) A qualified provider that receives a grant for the treatment of a qualified individual shall refund any amount to the department on a prorated basis for each day that:
(a) the qualified provider is no longer a qualified provider;
(b) the individual is no longer a qualified individual; or
(c) the qualified provider does not provide services to a qualified individual.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-603 Provider qualifications.
The department shall designate a provider as a qualified provider if the provider:
(1) is able to treat a qualified individual's condition through:
(a) one or more evidence-based treatments, including applied behavior analysis;
(b) individualized, client-centered treatment;

(c) any method that engages the qualified individual's family members in the treatment process; and
(d) measured development of the qualified individual's pre-vocational, vocational, and daily-living skills; and
(2) provides treatment to a qualified individual through:
(a) a behavior analyst licensed under Title 58, Chapter 61, Part 7, Behavior Analyst Licensing Act; or
(b) a psychologist who is licensed under Title 58, Chapter 61, Psychologist Licensing Act.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-604 Department rulemaking.

The department, in collaboration with the advisory committee, shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
(1) specify assessment tools and outcomes that a qualified provider may use to determine the types of supports that a qualified individual needs;
(2) define evidence-based treatments that a qualified individual may pay for with grant funding;
(3) establish criteria for awarding a grant under this part;
(4) specify the information that an individual shall submit to demonstrate that the individual is a qualified individual;
(5) specify the information a provider shall submit to demonstrate that the provider is a qualified provider; and
(6) specify the content and timing of reports required from a qualified provider, including a report on actual and projected treatment outcomes for a qualified individual.

Renumbered and Amended by Chapter 307, 2023 General Session

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-4-711 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

Part 8
Uniform Emergency Volunteer Health Practitioners Act

26B-4-801 Definitions.

As used in this part:

(1) "Disaster relief organization" means an entity that:

(a) provides emergency or disaster relief services that include health or veterinary services provided by volunteer health practitioners;

(b) is designated or recognized as a provider of the services described in Subsection (1)(a) under a disaster response and recovery plan adopted by:

(i) an agency of the federal government;

(ii) the department; or

(iii) a local health department; and

(c) regularly plans and conducts its activities in coordination with:

(i) an agency of the federal government;

(ii) the department; or

(iii) a local health department.

(2) "Emergency" means:

(a) a state of emergency declared by:

(i) the president of the United States;

(ii) the governor in accordance with Title 53, Chapter 2a, Part 2, Disaster Response and Recovery Act; and

(iii) the chief executive officer of a political subdivision in accordance with Title 53, Chapter 2a, Part 2, Disaster Response and Recovery Act, for a local emergency; or

(b) a public health emergency declared by:

(i) the executive director through a public health order in accordance with this title; or

(ii) a local health department for a location under the local health department's jurisdiction.

(3) "Emergency Management Assistance Compact" means the interstate compact approved by Congress by Public L. No. 104-321, 110 Stat. 3877 and adopted by Utah in Title 53, Chapter 2a, Part 4, Emergency Management Assistance Compact.

(4) "Entity" means a person other than an individual.

(5) "Health facility" means an entity licensed under the laws of this or another state to provide health or veterinary services.

(6) "Health practitioner" means an individual licensed under Utah law or another state to provide health or veterinary services.

(7) "Health services" means the provision of treatment, care, advice, guidance, other services, or supplies related to the health or death of individuals or human populations, to the extent necessary to respond to an emergency, including:

(a) the following, concerning the physical or mental condition or functional status of an individual or affecting the structure or function of the body:

(i) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care; or

(ii) counseling, assessment, procedures, or other services;

(b) selling or dispensing a drug, a device, equipment, or another item to an individual in accordance with a prescription; and
(c) funeral, cremation, cemetery, or other mortuary services.
(8) "Host entity":
(a) means an entity operating in Utah that:
(i) uses volunteer health practitioners to respond to an emergency; and
(ii) is responsible during an emergency, for actually delivering health services to individuals or human populations, or veterinary services to animals or animal populations; and
(b) may include disaster relief organizations, hospitals, clinics, emergency shelters, health care provider offices, or any other place where volunteer health practitioners may provide health or veterinary services.
(9)
(a) "License" means authorization by a state to engage in health or veterinary services that are unlawful without authorization.
(b) "License" includes authorization under this title to an individual to provide health or veterinary services based upon a national or state certification issued by a public or private entity.
(10) "Local emergency" means the same as that term is defined in Section 53-2a-203.
(11) "Local health department" means the same as that term is defined in Section 26A-1-102.
(12) "Public health emergency" means the same as that term is defined in Section 26B-7-301.
(13) "Scope of practice" means the extent of the authorization to provide health or veterinary services granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner's services are rendered, including any conditions imposed by the licensing authority.
(14) "State" means:
(a) a state of the United States;
(b) the District of Columbia;
(c) Puerto Rico;
(d) the United States Virgin Islands; or
(e) any territory or insular possession subject to the jurisdiction of the United States.
(15) "Veterinary services" shall have the meaning provided for in Subsection 58-28-102(11).
(16)
(a) "Volunteer health practitioner" means a health practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those services.
(b) "Volunteer health practitioner" does not include a practitioner who receives compensation under a preexisting employment relationship with a host entity or affiliate that requires the practitioner to provide health services in Utah, unless the practitioner is:
(i) not a Utah resident; and
(ii) employed by a disaster relief organization providing services in Utah during an emergency.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-802 Applicability to volunteer health practitioners.

This part applies to volunteer health practitioners who:
(1) are registered with a registration system that complies with Section 26B-4-804; and
(2) provide health or veterinary services in Utah for a host entity during an emergency.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-803 Regulation of services during emergency.

(1) During an emergency, the department or a local health department may limit, restrict, or otherwise regulate:
  (a) the duration of practice by volunteer health practitioners;
  (b) the geographical areas in which volunteer health practitioners may practice;
  (c) the types of volunteer health practitioners who may practice; and
  (d) any other matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.
(2) An order issued under Subsection (1) takes effect immediately, without prior notice or comment, and is not a rule within the meaning of Title 63G, Chapter 3, Utah Administrative Rulemaking Act, or an adjudication within the meaning of Title 63G, Chapter 4, Administrative Procedures Act.
(3) A host entity that uses volunteer health practitioners to provide health or veterinary services in Utah shall:
  (a) to the extent practicable and in order to provide for the efficient and effective use of volunteer health practitioners, consult and coordinate its activities with:
    (i) the department;
    (ii) local health departments; or
    (iii) the Department of Agriculture and Food; and
  (b) comply with all state and federal laws relating to the management of emergency health or veterinary services.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-804 Volunteer health practitioner registration systems.

(1) To qualify as a volunteer health practitioner registration system, the registration system shall:
  (a) accept applications for the registration of volunteer health practitioners before or during an emergency;
  (b) include information about the licensure and good standing of health practitioners that is accessible by authorized persons;
  (c) be capable of confirming the accuracy of information concerning whether a health practitioner is licensed and in good standing before health services or veterinary services are provided under this part; and
  (d) meet one of the following conditions:
    (i) be an emergency system for advance registration of volunteer health practitioners established by a state and funded through the United States Department of Health and Human Services under Section 319I of the Public Health Services Act, 42 U.S.C. Sec. 247d-7b, as amended;
    (ii) be a local unit consisting of trained and equipped emergency response, public health, and medical personnel formed under Section 2801 of the Public Health Services Act, 42 U.S.C. Sec. 300hh as amended;
    (iii) be operated by a:
      (A) disaster relief organization;
      (B) licensing board;
      (C) national or regional association of licensing boards or health practitioners;
      (D) health facility that provides comprehensive inpatient and outpatient healthcare services, including tertiary care; or
      (E) governmental entity; or

(iv) be designated by the department as a registration system for purposes of this part.

(2)

(a) Subject to Subsection (2)(b), during an emergency, the department, a person authorized to act on behalf of the department, or a host entity shall confirm whether a volunteer health practitioner in Utah is registered with a registration system that complies with Subsection (1).

(b) The confirmation authorized under this Subsection (2) is limited to obtaining the identity of the practitioner from the system and determining whether the system indicates that the practitioner is licensed and in good standing.

(3) Upon request of a person authorized under Subsection (2), or a similarly authorized person in another state, a registration system located in Utah shall notify the person of the identity of a volunteer health practitioner and whether or not the volunteer health practitioner is licensed and in good standing.

(4) A host entity is not required to use the services of a volunteer health practitioner even if the volunteer health practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-805 Recognition of volunteer health practitioners licensed in other states.

(1) During an emergency, a volunteer health practitioner registered with a registration system that complies with Section 26B-4-804 and licensed and in good standing in the state upon which the practitioner's registration is based:

(a) may practice in Utah to the extent authorized by this part as if the practitioner were licensed in Utah; and

(b) is exempt from:

(i) licensure in Utah; or

(ii) operating under modified scope of practice provisions in accordance with Subsections 58-1-307(4) and (5).

(2) A volunteer health practitioner qualified under Subsection (1) is not entitled to the protections of this part if the practitioner is licensed in more than one state and any license of the practitioner:

(a) is suspended, revoked, or subject to an agency order limiting or restricting practice privileges; or

(b) has been voluntarily terminated under threat of sanction.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-806 No effect on credentialing and privileging.

(1) For purposes of this section:

(a) "Credentialing" means obtaining, verifying, and assessing the qualifications of a health practitioner to provide treatment, care, or services.

(b) "Privileging" means the authorizing by an appropriate authority of a health practitioner to provide specific treatment, care, or services at a health facility subject to limits based on factors that include license, education, training, experience, competence, health status, and specialized skill.

(2) This part does not affect credentialing or privileging standards of a health facility, and does not preclude a health facility from waiving or modifying those standards during an emergency.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-807 Provision of volunteer health or veterinary services -- Administrative sanctions -- Authority of Division of Professional Licensing.

(1) Subject to Subsections (2) and (3), a volunteer health practitioner shall comply with the scope of practice for a similarly licensed practitioner established by the licensing provisions, practice acts, or other Utah laws.

(2) Except as otherwise provided in Subsection (3), this part does not authorize a volunteer health practitioner to provide services that are outside the volunteer health practitioner's scope of practice, even if a similarly licensed practitioner in Utah would be permitted to provide the services.

(3)

(a) In accordance with this section and Section 58-1-405, the Division of Professional Licensing may issue an order modifying or restricting the health or veterinary services that volunteer health practitioners may provide pursuant to this part.

(b) An order under this subsection takes effect immediately, without prior notice or comment, and is not a rule within the meaning of Title 63G, Chapter 3, Utah Administrative Rulemaking Act, or a directive within the meaning of Title 63G, Chapter 4, Administrative Procedures Act.

(4) A host entity may restrict the health or veterinary services that a volunteer health practitioner may provide under this part.

(5)

(a) A volunteer health practitioner does not engage in unauthorized practice unless the volunteer health practitioner has reason to know of any limitation, modification, or restriction under this part, Title 58, Chapter 1, Division of Professional Licensing Act, or that a similarly licensed practitioner in Utah would not be permitted to provide the services.

(b) A volunteer health practitioner has reason to know of a limitation, modification, or restriction, or that a similarly licensed practitioner in Utah would not be permitted to provide a service, if:

(i) the volunteer health practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in Utah would not be permitted to provide the service; or

(ii) from all the facts and circumstances known to the volunteer health practitioner at the relevant time, a reasonable person would conclude that:

(A) the limitation, modification, or restriction exists; or

(B) a similarly licensed practitioner in Utah would not be permitted to provide the service.

(6) In addition to the authority granted by law of Utah other than this part to regulate the conduct of volunteer health practitioners, the Division of Professional Licensing Act or other disciplinary authority in Utah:

(a) may impose administrative sanctions upon a volunteer health practitioner licensed in Utah for conduct outside of Utah in response to an out-of-state emergency;

(b) may impose administrative sanctions upon a volunteer health practitioner not licensed in Utah for conduct in Utah in response to an in-state emergency; and

(c) shall report any administrative sanctions imposed upon a volunteer health practitioner licensed in another state to the appropriate licensing board or other disciplinary authority in any other state in which the volunteer health practitioner is known to be licensed.

(7) In determining whether or not to impose administrative sanctions under Subsection (6), the Division of Professional Licensing Act or other disciplinary authority shall consider the circumstances in which the conduct took place, including:

(a) any exigent circumstances; and

(b) the volunteer health practitioner's scope of practice, education, training, experience, and specialized skill.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-808 Relation to other laws.

(1)

(a) This part does not limit rights, privileges, or immunities provided to volunteer health practitioners by laws other than this part.

(b) Except as otherwise provided in Subsection (2), this part does not affect requirements for the use of health practitioners pursuant to Title 53, Chapter 2a, Part 4, Emergency Management Assistance Compact.

(2) An authorized representative of a party state may incorporate volunteer health practitioners into the emergency forces of Utah even if those volunteer health practitioners are not officers or employees of Utah, a political subdivision of Utah, or a municipality or other local government within Utah.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-809 Regulatory authority.

(1) The department shall make rules by following the procedures and requirements of Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(2) Before adopting rules under Subsection (1), the department shall consult and consider:

(a) the recommendations of the entity established to coordinate the implementation of the Emergency Management Assistance Compact; and

(b) rules adopted by similarly empowered agencies in other states in order to promote uniformity of application of this part and make the emergency response systems in the various states reasonably compatible.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-810 Limitations on civil liability for volunteer health practitioners.

Volunteer health practitioners who provide health or veterinary services pursuant to this chapter are immune from liability and civil damages as set forth in Section 58-13-2.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-811 Workers' compensation coverage.

(1) For purposes of this section, "injury" means a physical or mental injury or disease for which an employee of Utah who is injured or contracts the disease in the course of the employee's employment would be entitled to benefits under Title 34A, Chapter 2, Workers' Compensation Act.

(2) A volunteer health practitioner is considered a state employee for purposes of receiving workers' compensation medical benefits under Title 34A, Chapter 2, Workers' Compensation Act, and Chapter 3, Utah Occupational Disease Act.

(3) The state shall provide workers' compensation benefits for a volunteer health practitioner under:

(a) Title 34A, Chapter 2, Workers' Compensation Act; and

(b) Title 34A, Chapter 3, Utah Occupational Disease Act.

(4)

(a) In accordance with Section 34A-2-105, the workers' compensation benefits described in Subsection (3) are the exclusive remedy against the state or an officer, agent, or employee of the state, for all injuries and occupational diseases resulting from the volunteer health practitioner's services for the state.
(b) For purposes of Subsection (4)(a), the state is considered the employer of the volunteer health practitioner.
(5) To compute the workers' compensation benefits for a volunteer health practitioner described in Subsection (3), the average weekly wage of the volunteer health practitioner shall be the state's average weekly wage at the time of the emergency that is the basis for the volunteer health practitioner's workers' compensation claim.
(6)
(a) The Labor Commission shall:
(i) adopt rules, enter into agreements with other states, or take other measures to facilitate the receipt of benefits for injury or death by volunteer health practitioners who reside in other states; and
(ii) consult with and consider the practices for filing, processing, and paying claims by agencies with similar authority in other states to promote uniformity of application of this chapter with other states that enact similar legislation.
(b) The Labor Commission may waive or modify requirements for filing, processing, and paying claims that unreasonably burden the volunteer health practitioners.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-812 Uniformity of application and construction.

In applying and construing this part, consideration shall be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

Renumbered and Amended by Chapter 307, 2023 General Session

Part 9
Inmate Health

26B-4-901 Definitions.

As used in this part:
(1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:
(a) by the Department of Corrections; or
(b) under a contract with the Department of Corrections.
(2) "Health care facility" means the same as that term is defined in Section 26B-2-201.
(3) "Inmate" means an individual who is:
(a) committed to the custody of the Department of Corrections; and
(b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.
(4) "Medical monitoring technology" means a device, application, or other technology that can be used to improve health outcomes and the experience of care for patients, including evidence-

based clinically evaluated software and devices that can be used to monitor and treat diseases and disorders.

(5) "Telehealth psychiatric consultation" means the same as that term is defined in Section 26B-1-328.

Enacted by Chapter 112, 2025 General Session

26B-4-903 Electronic health record system study.

(1) On or before June 30, 2025, the department shall convene a working group to study and develop recommendations regarding the electronic health record system used in connection with providing inmates with comprehensive health care, including:
  (a) identification of the department's electronic health record system requirements;
  (b) an analysis of what features of an electronic health record system are needed to maximize the implementation, effectiveness, and efficiency of the waiver described in Section 26B-3-217; and
  (c) a determination of whether the department's current electronic health record system meets the requirements and includes the features identified under Subsections (1)(a) and (b).

(2) The working group described in Subsection (1) shall include department staff as determined by the director.

(3) The working group shall provide recommendations regarding the electronic health record system to the Health and Human Services Interim Committee on or before the date of the committee's meeting in November 2025.

Enacted by Chapter 112, 2025 General Session

26B-4-904 Staffing -- Reporting.

(1)
  (a) Except as provided in Subsection (1)(b), the department shall contract with psychiatrists to ensure that all correctional psychiatric positions are filled.
  (b) If all correctional psychiatric positions are filled by internal staff for six continuous months:
    (i) the department shall submit a certification of that fact to the Health and Human Services Interim Committee; and
    (ii) the department is exempt from the requirement in Subsection (1)(a) for a period of 24 months from the date the certification is submitted to the Health and Human Services Interim Committee.

(2) On or before September 1 each year, the department shall provide a report to the Health and Human Services Interim Committee that includes, for the fiscal year immediately preceding the report:
  (a) a description of the staff positions responsible for providing comprehensive health care to inmates, including an identification of any staff position that was open for more than half of the preceding fiscal year;
  (b) the average time after admission for an inmate to receive:
    (i) an initial health assessment;
    (ii) a mental health evaluation; and
    (iii) an oral examination by a dentist;
  (c) the number of inmates who did not receive an initial health assessment within seven days after admission;

(d) the number of inmates who did not receive a mental health evaluation within 30 days after admission;
(e) the number of inmates who did not receive an oral examination by a dentist within 30 days after admission;
(f) the average time for an inmate to have a face-to-face encounter with department staff after the inmate submits a health care request; and
(g) the number of inmates who did not have a face-to-face encounter with department staff within 24 hours after the inmate submitted a health care request.

Enacted by Chapter 112, 2025 General Session

Part 10
Inmate Health

26B-4-1001 Definitions.

As used in this part:
(1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:
(a) by the Department of Corrections; or
(b) under a contract with the Department of Corrections.
(2) "Cross-sex hormone 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; or
(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.
(3) "Health care facility" means the same as that term is defined in Section 26B-2-201.
(4) "Inmate" means an individual who is:
(a) committed to the custody of the Department of Corrections; and
(b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.
(5) "Medical monitoring technology" means a device, application, or other technology that can be used to improve health outcomes and the experience of care for patients, including evidence-based clinically evaluated software and devices that can be used to monitor and treat diseases and disorders.
(6)
(a) "Primary sex characteristic surgical procedure" means any of the following if done for the purpose of effectuating or facilitating an individual's attempted sex change:
(i) for an individual whose biological sex at birth is male, castration, orchiectomy, penectomy, vaginoplasty, or vulvoplasty;
(ii) for an individual whose biological sex at birth is female, hysterectomy, oophorectomy, metoidioplasty, or phalloplasty; or

(iii) any surgical procedure that is related to or necessary for a procedure described in Subsection (6)(a)(i) or (ii), that would result in the sterilization of an individual who is not sterile.

(b) "Primary sex characteristic surgical procedure" does not include:

(i) surgery or other procedures or treatments performed on an individual who:

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

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

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

(D) has both ovarian and testicular tissue; or

(E) has been diagnosed by a physician, based on genetic or biochemical testing, with a sex development disorder characterized by abnormal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female; or

(ii) removing a body part:

(A) because the body part is cancerous or diseased; or

(B) for a reason that is medically necessary, other than to effectuate or facilitate an individual's attempted sex change.

(7)

(a) "Secondary sex characteristic surgical procedure" means any of the following if done for the purpose of effectuating or facilitating an individual's attempted sex change:

(i) for an individual whose biological sex at birth is male, breast augmentation surgery, chest feminization surgery, or facial feminization surgery; or

(ii) for an individual whose biological sex at birth is female, mastectomy, breast reduction surgery, chest masculinization surgery, or facial masculinization surgery.

(b) "Secondary sex characteristic surgical procedure" does not include:

(i) surgery or other procedures or treatments performed on an individual who:

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

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

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

(D) has both ovarian and testicular tissue; or

(E) has been diagnosed by a physician, based on genetic or biochemical testing, with a sex development disorder characterized by abnormal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female; or

(ii) removing a body part:

(A) because the body part is cancerous or diseased; or

(B) for a reason that is medically necessary, other than to effectuate or facilitate an individual's attempted sex change.

(8) "Terminally ill" means the same as that term is defined in Section 31A-36-102.

Enacted by Chapter 88, 2025 General Session

26B-4-1002 Medical care for inmates -- Reporting of statistics.

(1) The department shall:

(a) for each health care facility owned or operated by the Department of Corrections, assist the Department of Corrections in complying with Section 64-13-39;

(b) in coordination with the Department of Corrections, and as the Department of Correction's agent:

(i) create policies and procedures for providing comprehensive health care to inmates;

(ii) provide inmates with comprehensive health care; and
(iii) develop standard population indicators and performance measures relating to the health of inmates;
(c) collaborate with the Department of Corrections to comply with Section 64-13-25.1; and
(d) contract with a telehealth psychiatric consultation provider to provide consultation services to staff responsible for inmates' psychiatric care.
(2) In providing the comprehensive health care described in Subsection (1)(b)(ii), the department may not, without entering into an agreement with the Department of Corrections, provide, operate, or manage any treatment plans for inmates that are:
(a) required to be provided, operated, or managed by the Department of Corrections in accordance with Section 64-13-6; and
(b) not related to the comprehensive health care provided by the department.
(3) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
(a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:
(i) the types of medical monitoring technology that will be used during the pilot program; and
(ii) eligibility for participation in the pilot program; and
(b) make the indicators and performance measures described in Subsection (1)(b)(iii) available to the public through the Department of Corrections and the department websites.
(4) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.
(5) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:
(a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;
(b) a report that summarizes the indicators and performance measures described in Subsection (1)(b)(iii) on or before October 1, 2024; and
(c) an updated report before October 1 of each year that compares the indicators and population measures of the most recent year to the initial report described in Subsection (5)(b).
(6) An inmate receiving comprehensive health care from the department remains in the custody of the Department of Corrections.

Renumbered and Amended by Chapter 88, 2025 General Session

26B-4-1003 Requirements for certain treatments for inmates.
(1) The department may not initiate any of the following procedures or treatments for an inmate:
(a) a cross-sex hormone treatment;
(b) a primary sex characteristic surgical procedure; or
(c) a secondary sex characteristic surgical procedure.
(2) Subject to Subsection (1) and Section 63-14-45, to treat an inmate's gender dysphoria and any co-occurring mental health disorder, the department may provide psychotherapy, mental health care, or any other necessary and appropriate treatment.

Enacted by Chapter 88, 2025 General Session

Part 11

Inmate Health

26B-4-1101 Definitions.

As used in this part:

(1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:
  (a) by the Department of Corrections; or
  (b) under a contract with the Department of Corrections.
(2) "Division" means the Division of Correctional Health Services.
(3) "Inmate" means an individual who is:
  (a) committed to the custody of the Department of Corrections; and
  (b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.
(4) "Medication assisted treatment" means the use of a prescribed medication approved by the Food and Drug Administration, such as buprenorphine, methadone, or naltrexone, to treat substance use withdrawal symptoms or an opioid use disorder.
(5) "Substance use disorder" means the same as that term is defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Enacted by Chapter 428, 2025 General Session

26B-4-1102 Substance use disorder screening.

(1) Within 30 days after an inmate is committed to the custody of the Department of Corrections, the division shall use an evidence-based screening tool to screen the inmate for substance use disorders.
(2) If the screening described in Subsection (1) indicates the presence of a substance use disorder, the division, in coordination with the correctional facility where the inmate is housed, and as appropriate and available, may:
  (a) make medication assisted treatment available to the inmate; and
  (b) place the inmate in programs designed to assist individuals with a substance use disorder.
(3) Before October 1 each year, the division shall provide a report to the Health and Human Services Interim Committee regarding actions taken pursuant to this section in the preceding fiscal year, including:
  (a) the number of inmates who were screened;
  (b) the number of inmates whose screening indicated the presence of a substance use disorder; and
  (c) of the inmates whose screening indicated the presence of a substance use disorder, the number of inmates who received medication assisted treatment.

Enacted by Chapter 428, 2025 General Session