

**Effective 7/1/2022**

**Chapter 4  
Health Care - Delivery and Access**

**Part 1  
Utah Emergency Medical Services System**

**Superseded 7/1/2024**

**26B-4-101 Definitions.**

As used in this part:

- (1)
  - (a) "911 ambulance or paramedic services" means:
    - (i) either:
      - (A) 911 ambulance service;
      - (B) 911 paramedic service; or
      - (C) both 911 ambulance and paramedic service; and
    - (ii) a response to a 911 call received by a designated dispatch center that receives 911 or E911 calls.
  - (b) "911 ambulance or paramedic services" does not mean a seven or 10 digit telephone call received directly by an ambulance provider licensed under this part.
- (2) "Ambulance" means a ground, air, or water vehicle that:
  - (a) transports patients and is used to provide emergency medical services; and
  - (b) is required to obtain a permit under Section 26B-4-118 to operate in the state.
- (3) "Ambulance provider" means an emergency medical service provider that:
  - (a) transports and provides emergency medical care to patients; and
  - (b) is required to obtain a license under Sections 26B-4-150 through 26B-4-170.
- (4)
  - (a) "Behavioral emergency services" means delivering a behavioral health intervention to a patient in an emergency context within a scope and in accordance with guidelines established by the department.
  - (b) "Behavioral emergency services" does not include engaging in the:
    - (i) practice of mental health therapy as defined in Section 58-60-102;
    - (ii) practice of psychology as defined in Section 58-61-102;
    - (iii) practice of clinical social work as defined in Section 58-60-202;
    - (iv) practice of certified social work as defined in Section 58-60-202;
    - (v) practice of marriage and family therapy as defined in Section 58-60-302;
    - (vi) practice of clinical mental health counseling as defined in Section 58-60-402; or
    - (vii) practice as a substance use disorder counselor as defined in Section 58-60-502.
- (5) "Committee" means the State Emergency Medical Services Committee created by Section 26B-1-204.
- (6) "Community paramedicine" means medical care:
  - (a) provided by emergency medical service personnel; and
  - (b) provided to a patient who is not:
    - (i) in need of ambulance transportation; or
    - (ii) located in a health care facility as defined in Section 26B-2-201.
- (7) "Direct medical observation" means in-person observation of a patient by a physician, registered nurse, physician's assistant, or individual licensed under Section 26B-4-116.

- (8) "Emergency medical condition" means:
- (a) a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
    - (i) placing the individual's health in serious jeopardy;
    - (ii) serious impairment to bodily functions; or
    - (iii) serious dysfunction of any bodily organ or part; or
  - (b) a medical condition that in the opinion of a physician or the physician's designee requires direct medical observation during transport or may require the intervention of an individual licensed under Section 26B-4-116 during transport.
- (9)
- (a) "Emergency medical service personnel" means an individual who provides emergency medical services or behavioral emergency services to a patient and is required to be licensed or certified under Section 26B-4-116.
  - (b) "Emergency medical service personnel" includes a paramedic, medical director of a licensed emergency medical service provider, emergency medical service instructor, behavioral emergency services technician, other categories established by the committee, and a certified emergency medical dispatcher.
- (10) "Emergency medical service providers" means:
- (a) licensed ambulance providers and paramedic providers;
  - (b) a facility or provider that is required to be designated under Subsection 26B-4-117(1)(a); and
  - (c) emergency medical service personnel.
- (11) "Emergency medical services" means:
- (a) medical services;
  - (b) transportation services;
  - (c) behavioral emergency services; or
  - (d) any combination of the services described in Subsections (11)(a) through (c).
- (12) "Emergency medical service vehicle" means a land, air, or water vehicle that is:
- (a) maintained and used for the transportation of emergency medical personnel, equipment, and supplies to the scene of a medical emergency; and
  - (b) required to be permitted under Section 26B-4-118.
- (13) "Governing body":
- (a) means the same as that term is defined in Section 11-42-102; and
  - (b) for purposes of a "special service district" under Section 11-42-102, means a special service district that has been delegated the authority to select a provider under this part by the special service district's legislative body or administrative control board.
- (14) "Interested party" means:
- (a) a licensed or designated emergency medical services provider that provides emergency medical services within or in an area that abuts an exclusive geographic service area that is the subject of an application submitted pursuant to Sections 26B-4-150 through 26B-4-170;
  - (b) any municipality, county, or fire district that lies within or abuts a geographic service area that is the subject of an application submitted pursuant to Sections 26B-4-150 through 26B-4-170; or
  - (c) the department when acting in the interest of the public.
- (15) "Level of service" means the level at which an ambulance provider type of service is licensed as:
- (a) emergency medical technician;
  - (b) advanced emergency medical technician; or

- (c) paramedic.
- (16) "Medical control" means a person who provides medical supervision to an emergency medical service provider.
- (17) "Non-911 service" means transport of a patient that is not 911 transport under Subsection (1).
- (18) "Nonemergency secured behavioral health transport" means an entity that:
  - (a) provides nonemergency secure transportation services for an individual who:
    - (i) is not required to be transported by an ambulance under Section 26B-4-119; and
    - (ii) requires behavioral health observation during transport between any of the following facilities:
      - (A) a licensed acute care hospital;
      - (B) an emergency patient receiving facility;
      - (C) a licensed mental health facility; and
      - (D) the office of a licensed health care provider; and
  - (b) is required to be designated under Section 26B-4-117.
- (19) "Paramedic provider" means an entity that:
  - (a) employs emergency medical service personnel; and
  - (b) is required to obtain a license under Sections 26B-4-150 through 26B-4-170.
- (20) "Patient" means an individual who, as the result of illness, injury, or a behavioral emergency condition, meets any of the criteria in Section 26B-4-119.
- (21) "Political subdivision" means:
  - (a) a city, town, or metro township;
  - (b) a county;
  - (c) a special service district created under Title 17D, Chapter 1, Special Service District Act, for the purpose of providing fire protection services under Subsection 17D-1-201(9);
  - (d) a special district created under Title 17B, Limited Purpose Local Government Entities - Special Districts, for the purpose of providing fire protection, paramedic, and emergency services;
  - (e) areas coming together as described in Subsection 26B-4-156(2)(b)(ii); or
  - (f) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act.
- (22) "Trauma" means an injury requiring immediate medical or surgical intervention.
- (23) "Trauma system" means a single, statewide system that:
  - (a) organizes and coordinates the delivery of trauma care within defined geographic areas from the time of injury through transport and rehabilitative care; and
  - (b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in delivering care for trauma patients, regardless of severity.
- (24) "Triage" means the sorting of patients in terms of disposition, destination, or priority. For prehospital trauma victims, triage requires a determination of injury severity to assess the appropriate level of care according to established patient care protocols.
- (25) "Triage, treatment, transportation, and transfer guidelines" means written procedures that:
  - (a) direct the care of patients; and
  - (b) are adopted by the medical staff of an emergency patient receiving facility, trauma center, or an emergency medical service provider.
- (26) "Type of service" means the category at which an ambulance provider is licensed as:
  - (a) ground ambulance transport;
  - (b) ground ambulance interfacility transport; or
  - (c) both ground ambulance transport and ground ambulance interfacility transport.

Amended by Chapter 307, 2023 General Session

**Effective 7/1/2024**

**26B-4-101 Definitions.**

Reserved.

Amended by Chapter 307, 2023 General Session

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

**Superseded 7/1/2024**

**26B-4-102 Department powers.**

The department shall:

- (1) coordinate the emergency medical services within the state;
- (2) administer this part and the rules established pursuant to it;
- (3) establish a voluntary task force representing a diversity of emergency medical service providers to advise the department and the committee on rules;
- (4) establish an emergency medical service personnel peer review board to advise the department concerning discipline of emergency medical service personnel under this part;
- (5) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
  - (a) license ambulance providers and paramedic providers;
  - (b) permit ambulances, emergency medical response vehicles, and nonemergency secured behavioral health transport vehicles, including approving an emergency vehicle operator's course in accordance with Section 26B-4-118;
  - (c) establish:
    - (i) the qualifications for membership of the peer review board created by this section;
    - (ii) a process for placing restrictions on a license while an investigation is pending;
    - (iii) the process for the investigation and recommendation by the peer review board; and
    - (iv) the process for determining the status of a license while a peer review board investigation is pending;
  - (d) establish application, submission, and procedural requirements for licenses, designations, and permits; and
  - (e) establish and implement the programs, plans, and responsibilities as specified in other sections of this part;
- (6) develop and implement, in cooperation with state, federal, and local agencies empowered to oversee disaster response activities, plans to provide emergency medical services during times of disaster or emergency;
- (7) establish a pediatric quality improvement resource program; and
- (8) develop and implement a statewide program to provide support and counseling for personnel who have been exposed to one or more stressful incidents in the course of providing emergency services which shall include:
  - (a) ongoing training for agencies providing emergency services and counseling program volunteers;
  - (b) critical incident stress debriefing for personnel at no cost to the emergency provider; and
  - (c) advising the department on training requirements for licensure as a behavioral emergency services technician.

Renumbered and Amended by Chapter 307, 2023 General Session

**Superseded 7/1/2024**

**26B-4-103 Waiver of rules and education and licensing requirements.**

- (1) Upon application, the department, or the committee with the concurrence of the department, may waive the requirements of a rule the department, or the committee with the concurrence of the department, has adopted if:
  - (a) the person applying for the waiver satisfactorily demonstrates that:
    - (i) the waiver is necessary for a pilot project to be undertaken by the applicant;
    - (ii) in the particular situation, the requirement serves no beneficial public purpose; or
    - (iii) circumstances warrant that waiver of the requirement outweighs the public benefit to be gained by adherence to the rule; and
  - (b) for a waiver granted under Subsection (1)(a)(ii) or (iii):
    - (i) the committee or department extends the waiver to similarly situated persons upon application; or
    - (ii) the department, or the committee with the concurrence of the department, amends the rule to be consistent with the waiver.
- (2) A waiver of education or licensing requirements may be granted to a veteran, as defined in Section 68-3-12.5, if the veteran:
  - (a) provides to the committee or department documentation showing military education and training in the field in which licensure is sought; and
  - (b) successfully passes any examination required.
- (3) No waiver may be granted under this section that is inconsistent with the provisions of this part.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-104 Public awareness efforts.**

The department may:

- (1) develop programs to inform the public of the emergency medical service system; and
- (2) develop and disseminate emergency medical training programs for the public, which emphasize the prevention and treatment of injuries and illnesses.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-105 Emergency medical communications.**

Consistent with federal law, the department is the lead agency for coordinating the statewide emergency medical service communication systems under which emergency medical personnel, dispatch centers, and treatment facilities provide medical control and coordination between emergency medical service providers.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-106 Data collection.**

- (1) The committee shall specify the information that shall be collected for the emergency medical services data system established pursuant to Subsection (2).
- (2)

- (a) The department shall establish an emergency medical services data system, which shall provide for the collection of information, as defined by the committee, relating to the treatment and care of patients who use or have used the emergency medical services system.
  - (b) The committee shall coordinate with the Health Data Authority created in Chapter 8, Part 5, Utah Health Data Authority, to create a report of data collected by the Health Data Committee under Section 26B-8-504 regarding:
    - (i) appropriate analytical methods;
    - (ii) the total amount of air ambulance flight charges in the state for a one-year period; and
    - (iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):
      - (A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;
      - (B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;
      - (C) the range of flight charges for which patients had personal responsibility under Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility; and
      - (D) the name of any air ambulance provider that received a median paid amount for patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.
  - (c) The department may share, with the Department of Public Safety, information from the emergency medical services data system that:
    - (i) relates to traffic incidents;
    - (ii) is for the improvement of traffic safety;
    - (iii) may not be used for the prosecution of criminal matters; and
    - (iv) may not include any personally identifiable information.
- (3)
- (a) On or before October 1, the department shall make the information in Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety dispatchers and first responders in the state.
  - (b) Before making the information in Subsection (2)(b) public, the committee shall provide the air ambulance providers named in the report with the opportunity to respond to the accuracy of the information in the report under Section 26B-8-506.
- (4) Persons providing emergency medical services:
- (a) shall provide information to the department for the emergency medical services data system established pursuant to Subsection (2)(a);
  - (b) are not required to provide information to the department under Subsection (2)(b); and
  - (c) may provide information to the department under Subsection (2)(b) or (3)(b).

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-107 Emergency Medical Services Grant Program.**

- (1) Funds appropriated to the department for the Emergency Medical Services Grant Program shall be used for improvement of delivery of emergency medical services and administrative costs as described in Subsection (2)(a).
- (2) From the total amount of funds appropriated to the department under Subsection (1), the department shall use:
  - (a) an amount equal to 50% of the funds:
    - (i) to provide staff support; and

- (ii) for other expenses incurred in:
  - (A) administration of grant funds; and
  - (B) other department administrative costs under this part; and
- (b) an amount equal to 50% of the funds to provide emergency medical services grants in accordance with Subsection (3).
- (3)
  - (a) A recipient of a grant under this section shall actively provide emergency medical services within the state.
  - (b)
    - (i) From the total amount of funds used to provide grants under Subsection (3), the department shall distribute an amount equal to 21% as per capita block grants for use specifically related to the provision of emergency medical services to nonprofit prehospital emergency medical services providers that are either licensed or designated and to emergency medical services that are the primary emergency medical services for a service area.
    - (ii) The department shall determine the grant amounts by prorating available funds on a per capita basis by county as described in department rule.
  - (c) Subject to Subsections (3)(d) through (f), the committee shall use the remaining grant funds to award competitive grants to licensed emergency medical services providers that provide emergency medical services within counties of the third through sixth class, in accordance with rules made by the committee.
  - (d) A grant awarded under Subsection (3)(c) shall be used:
    - (i) for the purchase of equipment, subject to Subsection (3)(e); or
    - (ii) for the recruitment, training, or retention of licensed emergency medical services providers.
  - (e) A recipient of a grant under Subsection (3)(c) may not use more than \$100,000 in grant proceeds for the purchase of vehicles.
  - (f) A grant awarded for the purpose described in Subsection (3)(d)(ii) is ongoing for a period of up to three years.
  - (g)
    - (i) If, after providing grants under Subsections (3)(c) through (f), any grant funds are unallocated at the end of the fiscal year, the committee shall distribute the unallocated grant funds as per capita block grants as described in Subsection (3)(b).
    - (ii) Any grant funds distributed as per capita grants under Subsection (3)(g)(i) are in addition to the amount described in Subsection (3)(b).

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-108 Fees for training equipment rental, testing, and quality assurance reviews.**

- (1) The department may charge fees, established in accordance with Section 26B-1-209:
  - (a) for the use of department-owned training equipment;
  - (b) to administer tests and conduct quality assurance reviews; and
  - (c) to process an application for a designation, permit, or license.
- (2)
  - (a) Fees collected under Subsections (1)(a) and (b) shall be separate dedicated credits.
  - (b) Fees under Subsection (1)(a) may be used to purchase training equipment.
  - (c) Fees under Subsection (1)(b) may be used to administer tests and conduct quality assurance reviews.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-109 Regional Emergency Medical Services Liaisons -- Qualifications -- Duties.**

- (1) As used in this section:
  - (a) "Liaison" means a regional emergency medical services liaison hired under this section.
  - (b) "Rural county" means a county of the third, fourth, fifth, or sixth class.
- (2) The department shall hire five individuals to serve as regional emergency medical services liaisons to:
  - (a) serve the needs of rural counties in providing emergency medical services in accordance with this part;
  - (b) act as a liaison between the department and individuals or entities responsible for emergency medical services in rural counties, including:
    - (i) emergency medical services providers;
    - (ii) local officials; and
    - (iii) local health departments or agencies;
  - (c) provide support and training to emergency medical services providers in rural counties;
  - (d) assist rural counties in utilizing state and federal grant programs for financing emergency medical services; and
  - (e) serve as emergency medical service personnel to assist licensed providers with ambulance staffing needs within rural counties.
- (3) Each liaison hired under Subsection (2):
  - (a) shall reside in a rural county; and
  - (b) shall be licensed as:
    - (i) an advanced emergency medical technician as defined in Section 26B-4-137; or
    - (ii) a paramedic as defined in Section 26B-4-137.
- (4) The department shall provide each liaison with a vehicle and other equipment in accordance with rules established by the department.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-110 Community paramedicine program.**

- (1) A ground ambulance provider or a designated quick response provider, as designated in accordance with Section 26B-4-117, may develop and implement a community paramedicine program.
- (2)
  - (a) Before providing services, a community paramedicine program shall:
    - (i) implement training requirements as determined by the committee; and
    - (ii) submit a written community paramedicine operational plan to the department that meets requirements established by the committee.
  - (b) A community paramedicine program shall report data, as determined by the committee, related to community paramedicine to the department.
- (3) A service provided as part of a community paramedicine program may not be billed to an individual or a health benefit plan as defined in Section 31A-1-301 unless:
  - (a) the service is provided in partnership with a health care facility as defined in Section 26B-2-201; and
  - (b) the partnering health care facility is the person that bills the individual or health benefit plan.



- (4) Nothing in this section affects any billing authorized under Section 26B-4-152.
- (5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the committee shall make rules to implement this section.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-111 Establishment of statewide trauma system.**

The department shall establish and actively supervise a statewide trauma system to:

- (1) promote optimal care for trauma patients;
- (2) alleviate unnecessary death and disability from trauma and emergency illness;
- (3) inform health care providers about trauma system capabilities;
- (4) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and
- (5) minimize the overall cost of trauma care.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-112 Statewide trauma system -- Department duties.**

In connection with the statewide trauma system established in Section 26B-4-111, the department shall:

- (1) establish a statewide trauma system plan that:
  - (a) identifies statewide trauma care needs, objectives, and priorities;
  - (b) identifies the equipment, facilities, personnel training, and other things necessary to create and maintain a statewide trauma system; and
  - (c) organizes and coordinates trauma care within defined geographic areas;
- (2) support the statewide trauma system by:
  - (a) facilitating the coordination of prehospital, acute care, and rehabilitation services and providers through state regulation and oversight;
  - (b) facilitating the ongoing evaluation and refinement of the statewide trauma system;
  - (c) providing educational programs;
  - (d) encouraging cooperation between community organizations, health care facilities, public health officials, emergency medical service providers, and rehabilitation facilities for the development of a statewide trauma system;
  - (e) implementing a quality assurance program using information from the statewide trauma registry established pursuant to Section 26B-4-113;
  - (f) establishing trauma center designation requirements in accordance with Section 26B-4-114; and
  - (g) developing standards so that:
    - (i) trauma centers are categorized according to their capability to provide care;
    - (ii) trauma victims are triaged at the initial point of patient contact; and
    - (iii) trauma patients are sent to appropriate health care facilities.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-113 Statewide trauma system -- Registry and quality assurance program.**

- (1) The department shall:
  - (a) establish and fund a statewide trauma registry to collect and analyze information on the incidence, severity, causes, and outcomes of trauma;
  - (b) establish, by rule, the data elements, the medical care providers that shall report, and the time frame and format for reporting;
  - (c) use the data collected to:
    - (i) improve the availability and delivery of prehospital and hospital trauma care;
    - (ii) assess trauma care delivery, patient care outcomes, and compliance with the requirements of this part and applicable department rules; and
    - (iii) regularly produce and disseminate reports to data providers, state government, and the public; and
  - (d) support data collection and abstraction by providing:
    - (i) a data collection system and technical assistance to each hospital that submits data; and
    - (ii) funding or, at the discretion of the department, personnel for collection and abstraction for each hospital not designated as a trauma center under the standards established pursuant to Section 26B-4-114.
- (2)
  - (a) Each hospital shall submit trauma data in accordance with rules established under Subsection (1).
  - (b) A hospital designated as a trauma center shall submit data as part of the ongoing quality assurance program established in Section 26B-4-112.
- (3) The department shall assess:
  - (a) the effectiveness of the data collected pursuant to Subsection (1); and
  - (b) the impact of the statewide trauma system on the provision of trauma care.
- (4) Data collected under this section shall be subject to Chapter 8, Part 4, Health Statistics.
- (5) No person may be held civilly liable for having provided data to the department in accordance with this section.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-114 Statewide trauma system -- Trauma center designations and guidelines.**

- (1) The department, after seeking the advice of the trauma system advisory committee, shall establish by rule:
  - (a) trauma center designation requirements; and
  - (b) model state guidelines for triage, treatment, transportation, and transfer of trauma patients to the most appropriate health care facility.
- (2) The department shall designate as a trauma center each hospital that:
  - (a) voluntarily requests a trauma center designation; and
  - (b) meets the applicable requirements established pursuant to Subsection (1).

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-115 Certificates, Designations, Permits, and Licenses -- General requirement.**

- (1) Except as provided in Section 26B-4-104 or 26B-4-122:
  - (a) an individual may not provide emergency medical services without a license or certification issued under Section 26B-4-116;

- (b) a facility or provider may not hold itself out as a designated emergency medical service provider or nonemergency secured behavioral health transport provider without a designation issued under Section 26B-4-117;
  - (c) a vehicle may not operate as an ambulance, emergency response vehicle, or nonemergency secured behavioral health transport vehicle without a permit issued under Section 26B-4-118; and
  - (d) an entity may not respond as an ambulance or paramedic provider without the appropriate license issued under Sections 26B-4-150 through 26B-4-170 for ambulance and paramedic providers.
- (2) Section 26B-4-127 applies to violations of this section.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-116 Licensure of emergency medical service personnel.**

- (1) To promote the availability of comprehensive emergency medical services throughout the state, the committee shall establish:
- (a) initial and ongoing licensure and training requirements for emergency medical service personnel in the following categories:
    - (i) paramedic;
    - (ii) advanced emergency medical services technician;
    - (iii) emergency medical services technician;
    - (iv) behavioral emergency services technician; and
    - (v) advanced behavioral emergency services technician;
  - (b) a method to monitor the certification status and continuing medical education hours for emergency medical dispatchers; and
  - (c) guidelines for giving credit for out-of-state training and experience.
- (2) The department shall, based on the requirements established in Subsection (1):
- (a) develop, conduct, and authorize training and testing for emergency medical service personnel;
  - (b) issue a license and license renewals to emergency medical service personnel other than emergency medical dispatchers; and
  - (c) verify the certification of emergency medical dispatchers.
- (3) The department shall coordinate with local mental health authorities described in Section 17-43-301 to develop and authorize initial and ongoing licensure and training requirements for licensure as a:
- (a) behavioral emergency services technician; and
  - (b) advanced behavioral emergency services technician.
- (4) As provided in Section 26B-4-127, an individual issued a license or certified under this section may only provide emergency medical services to the extent allowed by the license or certification.
- (5) An individual may not be issued or retain a license under this section unless the individual obtains and retains background clearance under Section 26B-4-124.
- (6) An individual may not be issued or retain a certification under this section unless the individual obtains and retains background clearance in accordance with Section 26B-4-125.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-117 Designation of emergency medical service providers and nonemergency secured behavioral health transport providers.**

- (1) To ensure quality emergency medical services, the committee shall establish designation requirements for:
  - (a) emergency medical service providers in the following categories:
    - (i) quick response provider;
    - (ii) resource hospital for emergency medical providers;
    - (iii) emergency medical service dispatch center;
    - (iv) emergency patient receiving facilities; and
    - (v) other types of emergency medical service providers as the committee considers necessary; and
  - (b) nonemergency secured behavioral health transport providers.
- (2) The department shall, based on the requirements in Subsection (1), issue designations to emergency medical service providers and nonemergency secured behavioral health transport providers listed in Subsection (1).
- (3) As provided in Section 26B-4-127, an entity issued a designation under Subsection (2) may only function and hold itself out in accordance with its designation.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-118 Permits for emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.**

- (1)
  - (a) To ensure that emergency medical service vehicles and nonemergency secured behavioral health transport vehicles are adequately staffed, safe, maintained, properly equipped, and safely operated, the committee shall establish permit requirements at levels it considers appropriate in the following categories:
    - (i) ambulance;
    - (ii) emergency medical response vehicle; and
    - (iii) nonemergency secured behavioral health transport vehicle.
  - (b) The permit requirements under Subsections (1)(a)(i) and (ii) shall include a requirement that beginning on or after January 31, 2014, every operator of an ambulance or emergency medical response vehicle annually provide proof of the successful completion of an emergency vehicle operator's course approved by the department for all ambulances and emergency medical response vehicle operators.
- (2) The department shall, based on the requirements established in Subsection (1), issue permits to emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-119 Ambulance license required for emergency medical transport.**

Except as provided in Section 26B-4-122, only an ambulance operating under a permit issued under Section 26B-4-118 may transport an individual who:

- (1) is in an emergency medical condition;

- (2) is medically or mentally unstable, requiring direct medical observation during transport;
- (3) is physically incapacitated because of illness or injury and in need of immediate transport by emergency medical service personnel;
- (4) is likely to require medical attention during transport;
- (5) is being maintained on any type of emergency medical electronic monitoring;
- (6) is receiving or has recently received medications that could cause a sudden change in medical condition that might require emergency medical services;
- (7) requires IV administration or maintenance, oxygen that is not patient-operated, or other emergency medical services during transport;
- (8) needs to be immobilized during transport to a hospital, an emergency patient receiving facility, or mental health facility due to a mental or physical condition, unless the individual is in the custody of a peace officer and the primary purpose of the restraint is to prevent escape;
- (9) needs to be immobilized due to a fracture, possible fracture, or other medical condition; or
- (10) otherwise requires or has the potential to require a level of medical care that the committee establishes as requiring direct medical observation.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-120 Medical control.**

- (1) The committee shall establish requirements for the coordination of emergency medical services rendered by emergency medical service providers, including the coordination between prehospital providers, hospitals, emergency patient receiving facilities, and other appropriate destinations.
- (2) The committee shall establish requirements for the medical supervision of emergency medical service providers to assure adequate physician oversight of emergency medical services and quality improvement.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-121 Patient destination.**

- (1) If an individual being transported by a ground or air ambulance is in a critical or unstable medical condition, the ground or air ambulance shall transport the patient to the trauma center or closest emergency patient receiving facility appropriate to adequately treat the patient.
- (2) If the patient's condition is not critical or unstable as determined by medical control, the ground or air ambulance may transport the patient to the:
  - (a) hospital, emergency patient receiving facility, licensed mental health facility, or other medical provider chosen by the patient and approved by medical control as appropriate for the patient's condition and needs; or
  - (b) nearest hospital, emergency patient receiving facility, licensed mental health facility, or other medical provider approved by medical control as appropriate for the patient's condition and needs if the patient expresses no preference.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-122 Exemptions.**

- (1) The following persons may provide emergency medical services to a patient without being licensed under this part:
  - (a) out-of-state emergency medical service personnel and providers in time of disaster;
  - (b) an individual who gratuitously acts as a Good Samaritan;
  - (c) a family member;
  - (d) a private business if emergency medical services are provided only to employees at the place of business and during transport;
  - (e) an agency of the United States government if compliance with this part would be inconsistent with federal law; and
  - (f) police, fire, and other public service personnel if:
    - (i) emergency medical services are rendered in the normal course of the person's duties; and
    - (ii) medical control, after being apprised of the circumstances, directs immediate transport.
- (2) An ambulance or emergency response vehicle may operate without a permit issued under Section 26B-4-118 in time of disaster.
- (3) Nothing in this part or Title 58, Occupations and Professions, may be construed as requiring a license for an individual to administer cardiopulmonary resuscitation or to use a fully automated external defibrillator under Section 26B-4-302.
- (4) Nothing in this part may be construed as requiring a license, permit, or designation for an acute care hospital, medical clinic, physician's office, or other fixed medical facility that:
  - (a) is staffed by a physician, physician's assistant, nurse practitioner, or registered nurse; and
  - (b) treats an individual who has presented himself or was transported to the hospital, clinic, office, or facility.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-123 Out-of-state vehicles.**

- (1) An ambulance or emergency response vehicle from another state may not pick up a patient in Utah to transport that patient to another location in Utah or to another state without a permit issued under Section 26B-2-318 and, in the case of an ambulance, a license issued under this part for ambulance and paramedic providers.
- (2) Notwithstanding Subsection (1), an ambulance or emergency response vehicle from another state may, without a permit or license:
  - (a) transport a patient into Utah; and
  - (b) provide assistance in time of disaster.
- (3) The department may enter into agreements with ambulance and paramedic providers and their respective licensing agencies from other states to assure the expeditious delivery of emergency medical services beyond what may be reasonably provided by licensed ambulance and paramedic providers, including the transportation of patients between states.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-124 Background clearance for emergency medical service personnel.**

- (1) Subject to Section 26B-4-125, the department shall determine whether to grant background clearance for an individual seeking licensure or certification under Section 26B-4-116 from whom the department receives:

- (a) the individual's social security number, fingerprints, and other personal identification information specified by the department under Subsection (4); and
  - (b) any fees established by the department under Subsection (10).
- (2) The department shall determine whether to deny or revoke background clearance for individuals for whom the department has previously granted background clearance.
- (3) The department shall determine whether to grant, deny, or revoke background clearance for an individual based on an initial and ongoing evaluation of information the department obtains under Subsections (5) and (11), which, at a minimum, shall include an initial criminal background check of state, regional, and national databases using the individual's fingerprints.
- (4) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that specify:
- (a) the criteria the department will use under Subsection (3) to determine whether to grant, deny, or revoke background clearance; and
  - (b) the other personal identification information an individual seeking licensure or certification under Section 26B-4-116 must submit under Subsection (1).
- (5) To determine whether to grant, deny, or revoke background clearance, the department may access and evaluate any of the following:
- (a) Department of Public Safety arrest, conviction, and disposition records described in Title 53, Chapter 10, Criminal Investigations and Technical Services Act, including information in state, regional, and national records files;
  - (b) adjudications by a juvenile court of committing an act that if committed by an adult would be a felony or misdemeanor, if:
    - (i) the applicant is under 28 years old; or
    - (ii) the applicant:
      - (A) is over 28 years old; and
      - (B) has been convicted of, has pleaded no contest to, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor;
  - (c) juvenile court arrest, adjudication, and disposition records, other than those under Subsection (5)(b), as allowed under Section 78A-6-209;
  - (d) child abuse or neglect findings described in Section 80-3-404;
  - (e) the department's Licensing Information System described in Section 80-2-1002;
  - (f) the department's database of reports of vulnerable adult abuse, neglect, or exploitation, described in Section 26B-6-210;
  - (g) Division of Professional Licensing records of licensing and certification under Title 58, Occupations and Professions;
  - (h) records in other federal criminal background databases available to the state; and
  - (i) any other records of arrests, warrants for arrest, convictions, pleas in abeyance, pending diversion agreements, or dispositions.
- (6) Except for the Department of Public Safety, an agency may not charge the department for information accessed under Subsection (5).
- (7) When evaluating information under Subsection (3), the department shall classify a crime committed in another state according to the closest matching crime under Utah law, regardless of how the crime is classified in the state where the crime was committed.
- (8) The department shall adopt measures to protect the security of information the department accesses under Subsection (5), which shall include limiting access by department employees to those responsible for acquiring, evaluating, or otherwise processing the information.

- (9) The department may disclose personal identification information the department receives under Subsection (1) to the department to verify that the subject of the information is not identified as a perpetrator or offender in the information sources described in Subsections (5)(d) through (f).
- (10) The department may charge fees, in accordance with Section 63J-1-504, to pay for:
- (a) the cost of obtaining, storing, and evaluating information needed under Subsection (3), both initially and on an ongoing basis, to determine whether to grant, deny, or revoke background clearance; and
  - (b) other department costs related to granting, denying, or revoking background clearance.
- (11) The Criminal Investigations and Technical Services Division within the Department of Public Safety shall:
- (a) retain, separate from other division records, personal information under Subsection (1), including any fingerprints sent to it by the department; and
  - (b) notify the department upon receiving notice that an individual for whom personal information has been retained is the subject of:
    - (i) a warrant for arrest;
    - (ii) an arrest;
    - (iii) a conviction, including a plea in abeyance; or
    - (iv) a pending diversion agreement.
- (12) The department shall use the Direct Access Clearance System database created under Section 26B-2-241 to manage information about the background clearance status of each individual for whom the department is required to make a determination under Subsection (1).
- (13) Clearance granted for an individual licensed or certified under Section 26B-4-123 is valid until two years after the day on which the individual is no longer licensed or certified in Utah as emergency medical service personnel.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-125 Background check requirements for emergency medical dispatchers.**

An emergency medical dispatcher seeking certification under Section 26B-4-116 shall undergo the background clearance process described in Section 26B-4-124 unless the emergency medical dispatcher can demonstrate that the emergency medical dispatcher has received and currently holds an approved Department of Public Safety background clearance.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-126 Discrimination prohibited.**

- (1) No person licensed or designated pursuant to this part may discriminate in the provision of emergency medical services on the basis of race, sex, color, creed, or prior inquiry as to ability to pay.
- (2) This part does not authorize or require medical assistance or transportation over the objection of an individual on religious grounds.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-127 Illegal activity.**



- (1) Except as provided in Section 26B-4-104 or 26B-4-122, a person may not:
  - (a) practice or engage in the practice, represent that the person is practicing or engaging in the practice, or attempt to practice or engage in the practice of any activity that requires a license, certification, or designation under this part unless that person is licensed, certified, or designated under this part; or
  - (b) offer an emergency medical service that requires a license, certification, or designation under this part unless the person is licensed, certified, or designated under this part.
- (2) A person may not advertise or represent that the person holds a license, certification, or designation required under this part, unless that person holds the license, certification, or designation under this part.
- (3) A person may not employ or permit any employee to perform any service for which a license or certification is required by this part, unless the person performing the service possesses the required license or certification under this part.
- (4) A person may not wear, display, sell, reproduce, or otherwise use any Utah Emergency Medical Services insignia without authorization from the department.
- (5) A person may not reproduce or otherwise use materials developed by the department for licensure or certification testing or examination without authorization from the department.
- (6) A person may not willfully summon an ambulance or emergency response vehicle or report that one is needed when the person knows that the ambulance or emergency response vehicle is not needed.
- (7) A person who violates this section is subject to Section 26B-1-224.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-128 Prohibition on the use of "911".**

- (1) As used in this section:
  - (a) "Emergency services" means services provided by a person in response to an emergency.
  - (b) "Emergency services" includes:
    - (i) fire protection services;
    - (ii) paramedic services;
    - (iii) law enforcement services;
    - (iv) 911 ambulance or paramedic services; and
    - (v) any other emergency services.
- (2) A person may not use "911" or other similar sequence of numbers in the person's name with the purpose to deceive the public that the person operates or represents emergency services, unless the person is authorized to provide emergency services.
- (3) A violation of Subsection (2) is:
  - (a) a class C misdemeanor; and
  - (b) subject to a fine of up to \$500 per violation.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-129 Discipline of emergency medical services personnel.**

- (1) The department may refuse to issue a license or renewal, or revoke, suspend, restrict, or place on probation an individual's license if:
  - (a) the individual does not meet the qualifications for licensure under Section 26B-4-116;

- (b) the individual has engaged in conduct, as defined by committee rule, that:
    - (i) is unprofessional;
    - (ii) is adverse to the public health, safety, morals, or welfare; or
    - (iii) would adversely affect public trust in the emergency medical service system;
  - (c) the individual has violated Section 26B-4-127 or other provision of this part;
  - (d) the individual has violated Section 58-1-509;
  - (e) a court of competent jurisdiction has determined the individual to be mentally incompetent for any reason; or
  - (f) the individual is unable to provide emergency medical services with reasonable skill and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated.
- (2)
- (a) An action to revoke, suspend, restrict, or place a license on probation shall be done in:
    - (i) consultation with the peer review board created in Section 26B-4-102; and
    - (ii) accordance with Title 63G, Chapter 4, Administrative Procedures Act.
  - (b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order under Section 26B-4-133 to immediately suspend an individual's license pending an administrative proceeding to be held within 30 days if there is evidence to show that the individual poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.
- (3) An individual whose license has been suspended, revoked, or restricted may apply for reinstatement of the license at reasonable intervals and upon compliance with any conditions imposed upon the license by statute, committee rule, or the terms of the suspension, revocation, or restriction.
- (4) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26B-1-224.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-130 Discipline of designated and licensed providers.**

- (1) The department may refuse to issue a license or designation or a renewal, or revoke, suspend, restrict, or place on probation, an emergency medical service provider's license or designation if the provider has:
- (a) failed to abide by terms of the license or designation;
  - (b) violated statute or rule;
  - (c) failed to provide services at the level or in the exclusive geographic service area required by the license or designation;
  - (d) failed to submit a renewal application in a timely fashion as required by department rule;
  - (e) failed to follow operational standards established by the committee; or
  - (f) committed an act in the performance of a professional duty that endangered the public or constituted gross negligence.
- (2)
- (a) An action to revoke, suspend, restrict, or place a license or designation on probation shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

- (b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order under Section 26B-4-133 to immediately suspend a license or designation pending an administrative proceeding to be held within 30 days if there is evidence to show that the provider or facility poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.
- (3) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26B-1-224.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-131 Service interruption or cessation -- Receivership -- Default coverage -- Notice.**

- (1) Acting in the public interest, the department may petition the district court where an ambulance or paramedic provider operates or the district court with jurisdiction in Salt Lake County to appoint the department or an independent receiver to continue the operations of a provider upon any one of the following conditions:
  - (a) the provider ceases or intends to cease operations;
  - (b) the provider becomes insolvent;
  - (c) the department has initiated proceedings to revoke the provider's license and has determined that the lives, health, safety, or welfare of the population served within the provider's exclusive geographic service area are endangered because of the provider's action or inaction pending a full hearing on the license revocation; or
  - (d) the department has revoked the provider's license and has been unable to adequately arrange for another provider to take over the provider's exclusive geographic service area.
- (2) If a licensed or designated provider ceases operations or is otherwise unable to provide services, the department may arrange for another licensed provider to provide services on a temporary basis until a license is issued.
- (3) A licensed provider shall give the department 30 days' notice of its intent to cease operations.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-132 Investigations for enforcement of part.**

- (1) The department may, for the purpose of ascertaining compliance with the provisions of this part, enter and inspect on a routine basis the business premises and equipment of a person:
  - (a) with a designation, permit, or license; or
  - (b) who holds himself out to the general public as providing a service for which a designation, permit, or license is required under Section 26B-4-115.
- (2) Before conducting an inspection under Subsection (1), the department shall, after identifying the person in charge:
  - (a) give proper identification;
  - (b) describe the nature and purpose of the inspection; and
  - (c) if necessary, explain the authority of the department to conduct the inspection.
- (3) In conducting an inspection under Subsection (1), the department may, after meeting the requirements of Subsection (2):
  - (a) inspect records, equipment, and vehicles; and
  - (b) interview personnel.
- (4) An inspection conducted under Subsection (1) shall be during regular operational hours.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-133 Cease and desist orders.**

The department may issue a cease and desist order to any person who:

- (1) may be disciplined under Section 26B-4-129 or 26B-4-130; or
- (2) otherwise violates this part or any rules adopted under this part.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-134 Persons and activities exempt from civil liability.**

- (1)
  - (a) Except as provided in Subsection (1)(b), a licensed physician, physician's assistant, or licensed registered nurse who, gratuitously and in good faith, gives oral or written instructions to any of the following is not liable for any civil damages as a result of issuing the instructions:
    - (i) an individual licensed or certified under Section 26B-4-116;
    - (ii) an individual who uses a fully automated external defibrillator, as defined in Section 26B-4-301; or
    - (iii) an individual who administers CPR, as defined in Section 26B-4-301.
  - (b) The liability protection described in Subsection (1)(a) does not apply if the instructions given were the result of gross negligence or willful misconduct.
- (2) An individual licensed or certified under Section 26B-4-116, during either training or after licensure or certification, a licensed physician, a physician assistant, or a registered nurse who, gratuitously and in good faith, provides emergency medical instructions or renders emergency medical care authorized by this part is not liable for any civil damages as a result of any act or omission in providing the emergency medical instructions or medical care, unless the act or omission is the result of gross negligence or willful misconduct.
- (3) An individual licensed or certified under Section 26B-4-116 is not subject to civil liability for failure to obtain consent in rendering emergency medical services authorized by this part to any individual who is unable to give his consent, regardless of the individual's age, where there is no other person present legally authorized to consent to emergency medical care, provided that the licensed individual acted in good faith.
- (4) A principal, agent, contractor, employee, or representative of an agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises any functions of an individual licensed or certified under Section 26B-4-116 is not liable for any civil damages for any act or omission in connection with the sponsorship, authorization, support, finance, or supervision of the licensed or certified individual where the act or omission occurs in connection with the licensed or certified individual's training or occurs outside a hospital where the life of a patient is in immediate danger, unless the act or omission is inconsistent with the training of the licensed or certified individual, and unless the act or omission is the result of gross negligence or willful misconduct.
- (5) A physician or physician assistant who gratuitously and in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical care unit in another hospital is not liable for any civil damages as a result of such transfer where:

- (a) sound medical judgment indicates that the patient's medical condition is beyond the care capability of the transferring hospital or the medical community in which that hospital is located; and
  - (b) the physician or physician assistant has secured an agreement from the receiving facility to accept and render necessary treatment to the patient.
- (6) An individual who is a registered member of the National Ski Patrol System (NSPS) or a member of a ski patrol who has completed a course in winter emergency care offered by the NSPS combined with CPR for medical technicians offered by the American Red Cross or American Heart Association, or an equivalent course of instruction, and who in good faith renders emergency care in the course of ski patrol duties is not liable for civil damages as a result of any act or omission in rendering the emergency care, unless the act or omission is the result of gross negligence or willful misconduct.
- (7) An emergency medical service provider who, in good faith, transports an individual against his will but at the direction of a law enforcement officer pursuant to Section 26B-5-331 is not liable for civil damages for transporting the individual.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-135 Notification of air ambulance policies and charges.**

- (1) For any patient who is in need of air medical transport provider services, an emergency medical service provider shall:
- (a) provide the patient or the patient's representative with the information described in Subsection 26B-1-405(7)(a) before contacting an air medical transport provider; and
  - (b) if multiple air medical transport providers are capable of providing the patient with services, provide the patient or the patient's representative an opportunity to choose the air medical transport provider.
- (2) Subsection (1) does not apply if the patient:
- (a) is unconscious and the patient's representative is not physically present with the patient; or
  - (b) is unable, due to a medical condition, to make an informed decision about the choice of an air medical transport provider, and the patient's representative is not physically present with the patient.

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

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-136 Volunteer Emergency Medical Service Personnel Health Insurance Program -- Creation -- Administration -- Eligibility -- Benefits -- Rulemaking -- Advisory board.**

- (1) As used in this section:
- (a) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
  - (b) "Local government entity" means a political subdivision that:
    - (i) is licensed as a ground ambulance provider under Sections 26B-4-150 through 26B-4-170; and
    - (ii) as of January 1, 2022, does not offer health insurance benefits to volunteer emergency medical service personnel.
  - (c) "PEHP" means the Public Employees' Benefit and Insurance Program created in Section 49-20-103.

- (d) "Political subdivision" means a county, a municipality, a limited purpose government entity described in Title 17B, Limited Purpose Local Government Entities - Special Districts, or Title 17D, Limited Purpose Local Government Entities - Other Entities, or an entity created by an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act.
- (e) "Qualifying association" means an association that represents two or more political subdivisions in the state.
- (2) The Volunteer Emergency Medical Service Personnel Health Insurance Program shall promote recruitment and retention of volunteer emergency medical service personnel by making health insurance available to volunteer emergency medical service personnel.
- (3) The department shall contract with a qualifying association to create, implement, and administer the Volunteer Emergency Medical Service Personnel Health Insurance Program described in this section.
- (4) Participation in the program is limited to emergency medical service personnel who:
  - (a) are licensed under Section 26B-4-116 and are able to perform all necessary functions associated with the license;
  - (b) provide emergency medical services under the direction of a local governmental entity:
    - (i) by responding to 20% of calls for emergency medical services in a rolling twelve-month period;
    - (ii) within a county of the third, fourth, fifth, or sixth class; and
    - (iii) as a volunteer under the Fair Labor Standards Act, in accordance with 29 C.F.R. Sec. 553.106;
  - (c) are not eligible for a health benefit plan through an employer or a spouse's employer;
  - (d) are not eligible for medical coverage under a government sponsored healthcare program; and
  - (e) reside in the state.
- (5)
  - (a) A participant in the program is eligible to participate in PEHP in accordance with Subsection (5)(b) and Subsection 49-20-201(3).
  - (b) Benefits available to program participants under PEHP are limited to health insurance that:
    - (i) covers the program participant and the program participant's eligible dependents on a July 1 plan year;
    - (ii) accepts enrollment during an open enrollment period or for a special enrollment event, including the initial eligibility of a program participant;
    - (iii) if the program participant is no longer eligible for benefits, terminates on the last day of the last month for which the individual is a participant in the Volunteer Emergency Medical Service Personnel Health Insurance Program; and
    - (iv) is not subject to continuation rights under state or federal law.
- (6)
  - (a) The department may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to define additional criteria regarding benefit design and eligibility for the program.
  - (b) The department shall convene an advisory board:
    - (i) to advise the department on making rules under Subsection (6)(a); and
    - (ii) that includes representation from at least the following entities:
      - (A) the qualifying association that receives the contract under Subsection (3); and
      - (B) PEHP.
- (7) For purposes of this section, the qualifying association that receives the contract under Subsection (3) shall be considered the public agency for whom the program participant is volunteering under 29 C.F.R. Sec. 553.101.

Amended by Chapter 16, 2023 General Session  
Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-137 EMS Personnel Licensure Interstate Compact.**

EMS PERSONNEL LICENSURE INTERSTATE COMPACT

SECTION 1. PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This Compact is intended to facilitate the day to day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

1. Increase public access to EMS personnel;
2. Enhance the states' ability to protect the public's health and safety, especially patient safety;
3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
4. Support licensing of military members who are separating from an active duty tour and their spouses;
5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;
6. Promote compliance with the laws governing EMS personnel practice in each member state; and
7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

SECTION 2. DEFINITIONS

In this compact:

- A. "Advanced Emergency Medical Technician (AEMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
- B. "Adverse Action" means: any administrative, civil, equitable or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.
- C. "Alternative program" means: a voluntary, non-disciplinary substance use recovery program approved by a state EMS authority.
- D. "Certification" means: the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.
- E. "Commission" means: the national administrative body of which all states that have enacted the compact are members.

F. "Emergency Medical Technician (EMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

G. "Home State" means: a member state where an individual is licensed to practice emergency medical services.

H. "License" means: the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic.

I. "Medical Director" means: a physician licensed in a member state who is accountable for the care delivered by EMS personnel.

J. "Member State" means: a state that has enacted this compact.

K. "Privilege to Practice" means: an individual's authority to deliver emergency medical services in remote states as authorized under this compact.

L. "Paramedic" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

M. "Remote State" means: a member state in which an individual is not licensed.

N. "Restricted" means: the outcome of an adverse action that limits a license or the privilege to practice.

O. "Rule" means: a written statement by the interstate Commission promulgated pursuant to Section 12 of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

P. "Scope of Practice" means: defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform.

Q. "Significant Investigatory Information" means:

1. investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or

2. investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

R. "State" means: means any state, commonwealth, district, or territory of the United States.

S. "State EMS Authority" means: the board, office, or other agency with the legislative mandate to license EMS personnel.

### SECTION 3. HOME STATE LICENSURE

A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

C. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;

2. Has a mechanism in place for receiving and investigating complaints about individuals;



3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;

4. No later than five years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. Sec. 731.202 and submit documentation of such as promulgated in the rules of the Commission; and

5. Complies with the rules of the Commission.

#### SECTION 4. COMPACT PRIVILEGE TO PRACTICE

A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.

B. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:

1. Be at least 18 years of age;

2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and

3. Practice under the supervision of a medical director.

C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.

D. Except as provided in Section 4 subsection C, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend, or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

E. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

F. If an individual's privilege to practice in any remote state is restricted, suspended, or revoked the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

#### SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

1. The individual originates a patient transport in a home state and transports the patient to a remote state;

2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;

3. The individual enters a remote state to provide patient care and/or transport within that remote state;

4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;

5. Other conditions as determined by rules promulgated by the commission.

#### SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply and to the extent any terms or provisions of this Compact conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

#### SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

A. Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.

C. All individuals functioning with a privilege to practice under this Section remain subject to the Adverse Actions provisions of Section VIII.

#### SECTION 8. ADVERSE ACTIONS

A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

B. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

1. All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.

2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.

D. A remote state may take adverse action on an individual's privilege to practice within that state.

E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

G. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

#### SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
2. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

#### SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.

1. The Commission is a body politic and an instrumentality of the Compact states.
2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

#### B. Membership, Voting, and Meetings

1. Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or his designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the Governor of the state will determine which entity will be responsible for assigning the delegate.

2. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section XII.

5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

- a. Non-compliance of a member state with its obligations under the Compact;
- b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- c. Current, threatened, or reasonably anticipated litigation;
- d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;

- e. Accusing any person of a crime or formally censuring any person;
- f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- h. Disclosure of investigatory records compiled for law enforcement purposes;
- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
- j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

- 1. Establishing the fiscal year of the Commission;
- 2. Providing reasonable standards and procedures:
  - a. for the establishment and meetings of other committees; and
  - b. governing any general or specific delegation of any authority or function of the Commission;
- 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
- 4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;
- 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
- 6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;
- 7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
- 8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.
- 9. The Commission shall maintain its financial records in accordance with the bylaws.

10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;

8. To sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

F. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 11. COORDINATED DATABASE

A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against an individual's license;
5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
6. Non-confidential information related to alternative program participation;
7. Any denial of application for licensure, and the reason(s) for such denial; and

8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

## SECTION 12. RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission; and
2. On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five (25) persons;
2. A governmental subdivision or agency; or
3. An association having at least twenty-five (25) members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

### SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

#### A. Oversight

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.



B. Default, Technical Assistance, and Termination

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

C. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the compact that arise among member states and between member and non-member states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE  
COMMISSION FOR EMS PERSONNEL PRACTICE AND  
ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

B. Any state that joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the compact becomes law in that state.

C. Any member state may withdraw from this compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

#### SECTION 15. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

#### **26B-4-150 State regulation of emergency medical services market -- License term.**

- (1) To ensure emergency medical service quality and minimize unnecessary duplication, the department shall regulate the emergency medical services market by creating and operating a statewide system that:
  - (a) consists of exclusive geographic service areas as provided in Section 26B-4-151; and
  - (b) establishes maximum rates as provided in Section 26B-4-152.
- (2) A license issued or renewed under Sections 26B-4-150 through 26B-4-170 is valid for four years.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

#### **26B-4-151 Exclusive geographic service areas.**

- (1) Each ground ambulance provider license issued under Sections 26B-4-150 through 26B-4-170 shall be for an exclusive geographic service area as described in the license. Only the licensed ground ambulance provider may respond to an ambulance request that originates within the

- provider's exclusive geographic service area, except as provided in Subsection (5) and Section 26B-4-170.
- (2) Each paramedic provider license issued under Sections 26B-4-150 through 26B-4-170 shall be for an exclusive geographic service area as described in the license. Only the licensed paramedic provider may respond to a paramedic request that originates within the exclusive geographic service area, except as provided in Subsection (6) and Section 26B-4-170.
  - (3) Nothing in this section may be construed as either requiring or prohibiting that the formation of boundaries in a given location be the same for a licensed paramedic provider and a licensed ambulance provider.
  - (4)
    - (a) A licensed ground ambulance or paramedic provider may, as necessary, enter into a mutual aid agreement to allow another licensed provider to give assistance in times of unusual demand, as that term is defined by the committee in rule.
    - (b) A mutual aid agreement shall include a formal written plan detailing the type of assistance and the circumstances under which it would be given.
    - (c) The parties to a mutual aid agreement shall submit a copy of the agreement to the department.
    - (d) Notwithstanding this Subsection (4), a licensed provider may not subcontract with another entity to provide services in the licensed provider's exclusive geographic service area.
  - (5) Notwithstanding Subsection (1), a licensed ground ambulance provider may respond to an ambulance request that originates from the exclusive geographic area of another provider:
    - (a) pursuant to a mutual aid agreement;
    - (b) to render assistance on a case-by-case basis to that provider; and
    - (c) as necessary to meet needs in time of disaster or other major emergency.
  - (6) Notwithstanding Subsection (2), a licensed paramedic provider may respond to a paramedic request that originates from the exclusive geographic area of another provider:
    - (a) pursuant to a mutual aid agreement;
    - (b) to render assistance on a case-by-case basis to that provider; and
    - (c) as necessary to meet needs in time of disaster or other major emergency.
  - (7) The department may, upon the renewal of a license, align the boundaries of an exclusive geographic area with the boundaries of a political subdivision:
    - (a) if the alignment is practical and in the public interest;
    - (b) if each licensed provider that would be affected by the alignment agrees to the alignment; and
    - (c) taking into consideration the requirements of:
      - (i) Section 11-48-103; and
      - (ii) Section 26B-4-162.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-152 Establishment of maximum rates.**

- (1) The department shall, after receiving recommendations under Subsection (2), establish maximum rates for ground ambulance providers and paramedic providers that are just and reasonable.
- (2) The committee may make recommendations to the department on the maximum rates that should be set under Subsection (1).
- (3)

- (a) The department shall prohibit ground ambulance providers and paramedic providers from charging fees for transporting a patient when the provider does not transport the patient.
- (b) The provisions of Subsection (3)(a) do not apply to ambulance providers or paramedic providers in a geographic service area which contains a town as defined in Subsection 10-2-301(2)(f).

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-153 Ground ambulance and paramedic licenses -- Application and department review.**

- (1) Except as provided in Section 26B-4-167, an applicant for a ground ambulance or paramedic license shall apply to the department for a license only by:
  - (a) submitting a completed application;
  - (b) providing information in the format required by the department; and
  - (c) paying the required fees, including the cost of the hearing officer.
- (2) The department shall make rules establishing minimum qualifications and requirements for:
  - (a) personnel;
  - (b) capital reserves;
  - (c) equipment;
  - (d) a business plan;
  - (e) operational procedures;
  - (f) medical direction agreements;
  - (g) management and control; and
  - (h) other matters that may be relevant to an applicant's ability to provide ground ambulance or paramedic service.
- (3) An application for a license to provide ground ambulance service or paramedic service shall be for all ground ambulance services or paramedic services arising within the geographic service area, except that an applicant may apply for a license for less than all ground ambulance services or all paramedic services arising within an exclusive geographic area if it can demonstrate how the remainder of that area will be served.
- (4)
  - (a) A ground ambulance service licensee may apply to the department for a license to provide a higher level of service as defined by department rule if the application includes:
    - (i) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;
    - (ii) an assessment of field performance by the applicant's off-line director; and
    - (iii) an updated plan of operation demonstrating the ability of the applicant to provide the higher level of service.
  - (b) If the department determines that the applicant has demonstrated the ability to provide the higher level of service in accordance with Subsection (4)(a), the department shall issue a revised license reflecting the higher level of service and the requirements of Section 26B-4-162 do not apply.
  - (c) A revised license issued under Subsection (4)(b):
    - (i) may only affect the level of service that the licensee may provide; and
    - (ii) may not affect any other terms, conditions, or limitations of the original license.

- (5) Upon receiving a completed application and the required fees, the department shall review the application and determine whether the application meets the minimum qualifications and requirements for licensure.
- (6) The department may deny an application if it finds that it contains any materially false or misleading information, is incomplete, or if the application demonstrates that the applicant fails to meet the minimum qualifications and requirements for licensure under Subsection (2).
- (7) If the department denies an application, it shall notify the applicant in writing setting forth the grounds for the denial. A denial may be appealed under Title 63G, Chapter 4, Administrative Procedures Act.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-154 Ground ambulance and paramedic licenses -- Agency notice of approval.**

- (1) Beginning January 1, 2004, if the department determines that the application meets the minimum requirements for licensure under Section 26B-4-153, the department shall issue a notice of the approved application to the applicant.
- (2) A current license holder responding to a request for proposal under Section 26B-4-156 is considered an approved applicant for purposes of Section 26B-4-156 if the current license holder, prior to responding to the request for proposal, submits the following to the department:
  - (a) the information described in Subsections 26B-4-153(4)(a)(i) through (iii); and
  - (b)
    - (i) if the license holder is a private entity, a financial statement, a pro forma budget and necessary letters of credit demonstrating a financial ability to expand service to a new service area; or
    - (ii) if the license holder is a governmental entity, a letter from the governmental entity's governing body demonstrating the governing body's willingness to financially support the application.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-155 Selection of provider by political subdivision.**

- (1)
  - (a) Only an applicant approved under Section 26B-4-154 may respond to a request for a proposal issued in accordance with Section 26B-4-156 or Section 26B-4-158 by a political subdivision.
  - (b) A response to a request for proposal is subject to the maximum rates established by the department under Section 26B-4-152.
  - (c) A political subdivision may award a contract to an applicant in response to a request for proposal:
    - (i) in accordance with Section 26B-4-156; and
    - (ii) subject to Subsections (2) and (3).
- (2)
  - (a) The department shall issue a license to an applicant selected by a political subdivision under Subsection (1) unless the department finds that issuing a license to that applicant would jeopardize the health, safety, and welfare of the citizens of the geographic service area.
  - (b) A license issued under this Subsection (2):

- (i) is for the exclusive geographic service area approved by the department in accordance with Subsection 26B-4-156(2);
  - (ii) is valid for four years;
  - (iii) is not subject to a request for license from another applicant under the provisions of Sections 26B-4-160 through 26B-4-163 during the four-year term, unless the applicant's license is revoked under Section 26B-4-130;
  - (iv) is subject to revocation or revision under Subsection (3)(d); and
  - (v) is subject to supervision by the department under Sections 26B-4-129 and 26B-4-130.
- (3) Notwithstanding Subsection (2)(b), a political subdivision may terminate a contract described in Subsection (1)(c), with or without cause, if:
- (a) the contract:
    - (i) is entered into on or after May 5, 2021; and
    - (ii) allows an applicant to provide 911 ambulance services;
  - (b) the political subdivision provides written notice to the applicant described in Subsection (3)(a)(ii) and the department:
    - (i) at least 18 months before the day on which the contract is terminated; or
    - (ii) within a period of time shorter than 18 months before the day on which the contract is terminated, if otherwise agreed to by the applicant and the department;
  - (c) the political subdivision selects another applicant to provide 911 ambulance services for the political subdivision in accordance with Section 26B-4-156;
  - (d) the department:
    - (i) revokes the license of the applicant described in Subsection (3)(a)(ii), or issues a new or revised license for the applicant described in Subsection (3)(a)(ii):
      - (A) in order to remove the area that is subject to the contract from the applicant's exclusive geographic service area; and
      - (B) to take effect the day on which the contract is terminated; and
    - (ii) issues a new or revised license for the applicant described in Subsection (3)(c):
      - (A) in order to allow the applicant to provide 911 ambulance services for the area described in Subsection (3)(d)(i)(A); and
      - (B) to take effect the day on which the contract is terminated; and
  - (e) the termination does not create an orphaned area.
- (4) Except as provided in Subsection 26B-4-157(4)(a), the provisions of Sections 26B-4-160 through 26B-4-163 do not apply to a license issued under this section.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-156 Selection of provider -- Request for competitive sealed proposal -- Public convenience and necessity.**

- (1)
  - (a) A political subdivision may contract with an applicant approved under Section 26B-4-153 to provide services for the geographic service area that is approved by the department in accordance with Subsection (2), if:
    - (i) the political subdivision complies with the provisions of this section and Section 26B-4-157 if the contract is for 911 ambulance or paramedic services; or
    - (ii) the political subdivision complies with Sections 26B-4-157 and 26B-4-158, if the contract is for non-911 services.
  - (b)

- (i) The provisions of this section and Sections 26B-4-155, 26B-4-157, and 26B-4-158 do not require a political subdivision to issue a request for proposal for ambulance or paramedic services or non-911 services.
  - (ii) If a political subdivision does not contract with an applicant in accordance with this section and Section 26B-4-157, the provisions of Sections 26B-4-160 through 26B-4-163 apply to the issuance of a license for ambulance or paramedic services in the geographic service area that is within the boundaries of the political subdivision.
  - (iii) If a political subdivision does not contract with an applicant in accordance with this section, Section 26B-4-157 and Section 26B-4-158, a license for the non-911 services in the geographic service area that is within the boundaries of the political subdivision may be issued:
    - (A) under the public convenience and necessity provisions of Sections 26B-4-160 through 26B-4-163; or
    - (B) by a request for proposal issued by the department under Section 26B-4-159.
- (c)
- (i) As used in this Subsection (1)(c):
    - (A) "Fire district" means a special district under Title 17B, Limited Purpose Local Government Entities - Special Districts, that:
      - (I) is located in a county of the first or second class; and
      - (II) provides fire protection, paramedic, and emergency services.
    - (B) "Participating municipality" means a city or town whose area is partly or entirely included within a county service area or fire district.
    - (C) "Participating county" means a county whose unincorporated area is partly or entirely included within a fire district.
  - (ii) A participating municipality or participating county may as provided in this section and Section 26B-4-157, contract with a provider for 911 ambulance or paramedic service.
  - (iii) If the participating municipality or participating county contracts with a provider for services under this section and Section 26B-4-157:
    - (A) the fire district is not obligated to provide the services that are included in the contract between the participating municipality or the participating county and the provider;
    - (B) the fire district may impose taxes and obligations within the fire district in the same manner as if the participating municipality or participating county were receiving all services offered by the fire district; and
    - (C) the participating municipality's and participating county's obligations to the fire district are not diminished.
- (2)
- (a) The political subdivision shall submit the request for proposal and the exclusive geographic service area to be included in a request for proposal issued under Subsections (1)(a)(i) or (ii) to the department for approval prior to issuing the request for proposal. The department shall approve the request for proposal and the exclusive geographic service area:
    - (i) unless the geographic service area creates an orphaned area; and
    - (ii) in accordance with Subsections (2)(b) and (c).
  - (b) The exclusive geographic service area may:
    - (i) include the entire geographic service area that is within the political subdivision's boundaries;
    - (ii) include islands within or adjacent to other peripheral areas not included in the political subdivision that governs the geographic service area; or

- (iii) exclude portions of the geographic service area within the political subdivision's boundaries if another political subdivision or licensed provider agrees to include the excluded area within their license.
- (c) The proposed geographic service area for 911 ambulance or paramedic service shall demonstrate that non-911 ambulance or paramedic service will be provided in the geographic service area, either by the current provider, the applicant, or some other method acceptable to the department. The department may consider the effect of the proposed geographic service area on the costs to the non-911 provider and that provider's ability to provide only non-911 services in the proposed area.

Amended by Chapter 16, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-157 Use of competitive sealed proposals -- Procedure -- Appeal rights.**

- (1)
  - (a) Competitive sealed proposals for paramedic or 911 ambulance services under Section 26B-4-156, or for non-911 services under Section 26B-4-158, shall be solicited through a request for proposal and the provisions of this section.
  - (b) The governing body of the political subdivision shall approve the request for proposal prior to the notice of the request for proposals under Subsection (1)(c).
  - (c) The governing body of the political subdivision shall publish notice of the request for proposals for the political subdivision, as a class A notice under Section 63G-30-102, for at least 20 days.
- (2)
  - (a) Proposals shall be opened so as to avoid disclosure of contents to competing offerors during the process of negotiations.
  - (b)
    - (i) Subsequent to the published notice, and prior to selecting an applicant, the political subdivision shall hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.
    - (ii) A political subdivision shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.
  - (c) Subsequent to the presubmission conference, the political subdivision may issue addenda to the request for proposals. An addenda to a request for proposal shall be finalized and posted by the political subdivision at least 45 days before the day on which the proposal must be submitted.
  - (d) Offerors to the request for proposals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revisions of proposals, and revisions may be permitted after submission and before a contract is awarded for the purpose of obtaining best and final offers.
  - (e) In conducting discussions, there shall be no disclosures of any information derived from proposals submitted by competing offerors.
- (3)
  - (a)
    - (i) A political subdivision may select an applicant approved by the department under Section 26B-4-153 to provide 911 ambulance or paramedic services by contract to the most responsible offeror as defined in Section 63G-6a-103.



- (ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the political subdivision, taking into consideration price and the evaluation factors set forth in the request for proposal.
  - (b) The applicants who are approved under Section 26B-4-154 and who are selected under this section may be the political subdivision issuing the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.
  - (c) A political subdivision may reject all of the competitive proposals.
- (4) In seeking competitive sealed proposals and awarding contracts under this section, a political subdivision:
- (a) shall apply the public convenience and necessity factors listed in Subsections 26B-4-162(2) through (6);
  - (b) shall require the applicant responding to the proposal to disclose how the applicant will meet performance standards in the request for proposal;
  - (c) may not require or restrict an applicant to a certain method of meeting the performance standards, including:
    - (i) requiring ambulance medical personnel to also be a firefighter; or
    - (ii) mandating that offerors use fire stations or dispatch services of the political subdivision;
  - (d) shall require an applicant to submit the proposal:
    - (i) based on full cost accounting in accordance with generally accepted accounting principals; and
    - (ii) if the applicant is a governmental entity, in addition to the requirements of Subsection (4)(e) (i), in accordance with generally accepted government auditing standards and in compliance with the State of Utah Legal Compliance Audit Guide; and
  - (e) shall set forth in the request for proposal:
    - (i) the method for determining full cost accounting in accordance with generally accepted accounting principles, and require an applicant to submit the proposal based on such full cost accounting principles;
    - (ii) guidelines established to further competition and provider accountability; and
    - (iii) a list of the factors that will be considered by the political subdivision in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include such things as:
      - (A) response times;
      - (B) staging locations;
      - (C) experience;
      - (D) quality of care; and
      - (E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).
- (5)
- (a) Notwithstanding any provision of Title 63G, Chapter 6a, Utah Procurement Code, to the contrary, the provisions of Title 63G, Chapter 6a, Utah Procurement Code, apply to the procurement process required by this section, except as provided in Subsection (5)(c).
  - (b) A procurement appeals panel described in Section 63G-6a-1702 shall have jurisdiction to review and determine an appeal of an offeror under this section.
  - (c)
    - (i) An offeror may appeal the solicitation or award as provided by the political subdivision's procedures. After all political subdivision appeal rights are exhausted, the offeror may appeal under the provisions of Subsections (5)(a) and (b).

- (ii) A procurement appeals panel described in Section 63G-6a-1702 shall determine whether the solicitation or award was made in accordance with the procedures set forth in this section and Section 26B-4-156.
- (d) The determination of an issue of fact by the appeals board shall be final and conclusive unless arbitrary and capricious or clearly erroneous as provided in Section 63G-6a-1705.

Renumbered and Amended by Chapter 307, 2023 General Session  
Amended by Chapter 435, 2023 General Session

***Superseded 7/1/2024***

**26B-4-158 Non-911 provider -- Finding of meritorious complaint -- Request for proposals.**

- (1)
  - (a) This section applies to a non-911 provider license under this part.
  - (b) The department shall, in accordance with Subsections (3) and (4):
    - (i) receive a complaint about a non-911 provider;
    - (ii) determine whether the complaint has merit;
    - (iii) issue a finding of:
      - (A) a meritorious complaint; or
      - (B) a non-meritorious complaint; and
    - (iv) forward a finding of a meritorious complaint to the governing body of the political subdivision:
      - (A) in which the non-911 provider is licensed; or
      - (B) that provides the non-911 services, if different from Subsection (1)(b)(iv)(A).
- (2)
  - (a) A political subdivision that receives a finding of a meritorious complaint from the department:
    - (i) shall take corrective action that the political subdivision determines is appropriate; and
    - (ii) shall, if the political subdivision determines corrective action will not resolve the complaint or is not appropriate:
      - (A) issue a request for proposal for non-911 service in the geographic service area if the political subdivision will not respond to the request for proposal; or
      - (B)
        - (I) make a finding that a request for proposal for non-911 services is appropriate and the political subdivision intends to respond to a request for proposal; and
        - (II) submit the political subdivision's findings to the department with a request that the department issue a request for proposal in accordance with Section 26B-4-159.
  - (b)
    - (i) If Subsection (2)(a)(ii)(A) applies, the political subdivision shall issue the request for proposal in accordance with Sections 26B-4-155 through 26B-4-157.
    - (ii) If Subsection (2)(a)(ii)(B) applies, the department shall issue a request for proposal for non-911 services in accordance with Section 26B-4-159.
- (3) The department shall make a determination under Subsection (1)(b) if:
  - (a) the department receives a written complaint from any of the following in the geographic service area:
    - (i) a hospital;
    - (ii) a health care facility;
    - (iii) a political subdivision; or
    - (iv) an individual; and

- (b) the department determines, in accordance with Subsection (1)(b), that the complaint has merit.
- (4)
  - (a) If the department receives a complaint under Subsection (1)(b), the department shall request a written response from the non-911 provider concerning the complaint.
  - (b) The department shall make a determination under Subsection (1)(b) based on:
    - (i) the written response from the non-911 provider; and
    - (ii) other information that the department may have concerning the quality of service of the non-911 provider.
  - (c)
    - (i) The department's determination under Subsection (1)(b) is not subject to an adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.
    - (ii) The department shall adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of Subsection (1)(b).

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-159 Use of competitive sealed proposals -- Procedure -- Appeal rights.**

- (1)
  - (a) The department shall issue a request for proposal for non-911 services in a geographic service area if the department receives a request from a political subdivision under Subsection 26B-4-158(2)(a)(ii)(B) to issue a request for proposal for non-911 services.
  - (b) Competitive sealed proposals for non-911 services under Subsection (1)(a) shall be solicited through a request for proposal and the provisions of this section.
  - (c)
    - (i) Notice of the request for proposals shall be published:
      - (A) at least once a week for three consecutive weeks in a newspaper of general circulation published in the county; or
      - (B) if there is no such newspaper, then notice shall be posted for at least 20 days in at least five public places in the county; and
    - (ii) in accordance with Section 45-1-101 for at least 20 days.
- (2)
  - (a) Proposals shall be opened so as to avoid disclosure of contents to competing offerors during the process of negotiations.
  - (b)
    - (i) Subsequent to the published notice, and prior to selecting an applicant, the department shall hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.
    - (ii) The department shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.
  - (c) Subsequent to the presubmission conference, the department may issue addenda to the request for proposals. An addenda to a request for proposal shall be finalized and posted by the department at least 45 days before the day on which the proposal must be submitted.
  - (d) Offerors to the request for proposals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revisions of proposals, and revisions may be permitted after submission and before a contract is awarded for the purpose of obtaining best and final offers.

- (e) In conducting discussions, there shall be no disclosures of any information derived from proposals submitted by competing offerors.
- (3)
  - (a)
    - (i) The department may select an applicant approved by the department under Section 26B-4-153 to provide non-911 services by contract to the most responsible offeror as defined in Section 63G-6a-103.
    - (ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the public, taking into consideration price and the evaluation factors set forth in the request for proposal.
  - (b) The applicants who are approved under Section 26B-4-154 and who are selected under this section may be the political subdivision responding to the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.
  - (c) The department may reject all of the competitive proposals.
- (4) In seeking competitive sealed proposals and awarding contracts under this section, the department:
  - (a) shall consider the public convenience and necessity factors listed in Subsections 26B-4-162(2) through (6);
  - (b) shall require the applicant responding to the proposal to disclose how the applicant will meet performance standards in the request for proposal;
  - (c) may not require or restrict an applicant to a certain method of meeting the performance standards, including:
    - (i) requiring ambulance medical personnel to also be a firefighter; or
    - (ii) mandating that offerors use fire stations or dispatch services of the political subdivision;
  - (d) shall require an applicant to submit the proposal:
    - (i) based on full cost accounting in accordance with generally accepted accounting principals; and
    - (ii) if the applicant is a governmental entity, in addition to the requirements of Subsection (4)(e)(i), in accordance with generally accepted government auditing standards and in compliance with the State of Utah Legal Compliance Audit Guide; and
  - (e) shall set forth in the request for proposal:
    - (i) the method for determining full cost accounting in accordance with generally accepted accounting principles, and require an applicant to submit the proposal based on such full cost accounting principles;
    - (ii) guidelines established to further competition and provider accountability; and
    - (iii) a list of the factors that will be considered by the department in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include:
      - (A) response times;
      - (B) staging locations;
      - (C) experience;
      - (D) quality of care; and
      - (E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).
- (5) A license issued under this section:
  - (a) is for the exclusive geographic service area approved by the department;
  - (b) is valid for four years;

- (c) is not subject to a request for license from another applicant under the provisions of Sections 26B-4-160 through 26B-4-163 during the four-year term, unless the applicant's license is revoked under Section 26B-4-130;
- (d) is subject to supervision by the department under Sections 26B-4-129 and 26B-4-130; and
- (e) except as provided in Subsection (4)(a), is not subject to the provisions of Sections 26B-4-160 through 26B-4-163.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-160 Ground ambulance and paramedic licenses -- Parties.**

- (1) When an applicant approved under Section 26B-4-153 seeks licensure under the provisions of Sections 26B-4-160 through 26B-4-163, the department shall:
  - (a) issue a notice of agency action to the applicant to commence an informal administrative proceeding;
  - (b) provide notice of the application to all interested parties; and
  - (c) publish notice of the application, at the applicant's expense:
    - (i) once a week for four consecutive weeks, in a newspaper of general circulation in the geographic service area that is the subject of the application; and
    - (ii) in accordance with Section 45-1-101 for four weeks.
- (2) An interested party has 30 days to object to an application.
- (3) If an interested party objects, the presiding officer shall join the interested party as an indispensable party to the proceeding.
- (4) The department may join the proceeding as a party to represent the public interest.
- (5) Others who may be affected by the grant of a license to the applicant may join the proceeding, if the presiding officer determines that they meet the requirement of legal standing.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-161 Ground ambulance and paramedic licenses -- Proceedings.**

- (1) The presiding officer shall:
  - (a) commence an informal adjudicative proceeding within 120 days of receiving a completed application;
  - (b) meet with the applicant and objecting interested parties and provide no less than 120 days for a negotiated resolution, consistent with the criteria in Section 26B-4-162;
  - (c) set aside a separate time during the proceedings to accept public comment on the application; and
  - (d) present a written decision to the executive director if a resolution has been reached that satisfies the criteria in Section 26B-4-162.
- (2) At any time during an informal adjudicative proceeding under Subsection (1), any party may request conversion of the informal adjudicative proceeding to a formal adjudicative proceeding in accordance with Section 63G-4-202.
- (3) Upon conversion to a formal adjudicative proceeding, a hearing officer shall be assigned to the application as provided in Section 26B-4-163. The hearing office shall:
  - (a) set aside a separate time during the proceedings to accept public comment on the application;
  - (b) apply the criteria established in Section 26B-4-162; and

- (c) present a recommended decision to the executive director in writing.
- (4) The executive director may, as set forth in a final written order, accept, modify, reject, or remand the decision of a presiding or hearing officer after:
  - (a) reviewing the record;
  - (b) giving due deference to the officer's decision; and
  - (c) determining whether the criteria in Section 26B-4-162 have been satisfied.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-162 Criteria for determining public convenience and necessity.**

- (1) The criteria for determining public convenience and necessity is set forth in Subsections (2) through (6).
- (2) Access to emergency medical services shall be maintained or improved. The officer shall consider the impact on existing services, including the impact on response times, call volumes, populations and exclusive geographic service areas served, and the ability of surrounding licensed providers to service their exclusive geographic service areas. The issuance or amendment of a license may not create an orphaned area.
- (3) The quality of service in the area shall be maintained or improved. The officer shall consider the:
  - (a) staffing and equipment standards of the current licensed provider and the applicant;
  - (b) training and licensure levels of the current licensed provider's staff and the applicant's staff;
  - (c) continuing medical education provided by the current licensed provider and the applicant;
  - (d) levels of care as defined by department rule;
  - (e) plan of medical control; and
  - (f) the negative or beneficial impact on the regional emergency medical service system to provide service to the public.
- (4) The cost to the public shall be justified. The officer shall consider:
  - (a) the financial solvency of the applicant;
  - (b) the applicant's ability to provide services within the rates established under Section 26B-4-152;
  - (c) the applicant's ability to comply with cost reporting requirements;
  - (d) the cost efficiency of the applicant; and
  - (e) the cost effect of the application on the public, interested parties, and the emergency medical services system.
- (5) Local desires concerning cost, quality, and access shall be considered. The officer shall assess and consider:
  - (a) the existing provider's record of providing services and the applicant's record and ability to provide similar or improved services;
  - (b) locally established emergency medical services goals, including those established in Subsection (7);
  - (c) comment by local governments on the applicant's business and operations plans;
  - (d) comment by interested parties that are providers on the impact of the application on the parties' ability to provide emergency medical services;
  - (e) comment by interested parties that are local governments on the impact of the application on the citizens it represents; and
  - (f) public comment on any aspect of the application or proposed license.
- (6) Other related criteria:

- (a) the officer considers necessary; or
- (b) established by department rule.
- (7) Local governments shall establish cost, quality, and access goals for the ground ambulance and paramedic services that serve their areas.
- (8) In a formal adjudicative proceeding, the applicant bears the burden of establishing that public convenience and necessity require the approval of the application for all or part of the exclusive geographic service area requested.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-163 Ground ambulance and paramedic licenses -- Hearing and presiding officers.**

- (1) The department shall set training standards for hearing officers and presiding officers.
- (2) At a minimum, a presiding officer shall:
  - (a) be familiar with the theory and application of public convenience and necessity; and
  - (b) have a working knowledge of the emergency medical service system in the state.
- (3) In addition to the requirements in Subsection (2), a hearing officer shall also be licensed to practice law in the state.
- (4) The department shall provide training for hearing officer and presiding officer candidates in the theory and application of public convenience and necessity and on the emergency medical system in the state.
- (5) The department shall maintain a roster of no less than five individuals who meet the minimum qualifications for both presiding and hearing officers and the standards set by the department.
- (6) The parties may mutually select an officer from the roster if the officer is available.
- (7) If the parties cannot agree upon an officer under Subsection (4), the department shall randomly select an officer from the roster or from a smaller group of the roster agreed upon by the applicant and the objecting interested parties.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-164 Local approvals.**

- (1) Licensed ambulance providers and paramedic providers shall meet all local zoning and business licensing standards generally applicable to businesses operating within the jurisdiction.
- (2) Publicly subsidized providers shall demonstrate approval of the taxing authority that will provide the subsidy.
- (3) A publicly operated service shall demonstrate that the governing body has approved the provision of services to the entire exclusive geographic service area that is the subject of the license, including those areas that may lie outside the territorial or jurisdictional boundaries of the governing body.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-165 Limitation on repetitive applications.**

A person who has previously applied for a license under Sections 26B-4-160 through 26B-4-163 may not apply for a license for the same service that covers any exclusive geographic service area that was the subject of the prior application unless:

- (1) one year has passed from the date of the issuance of a final decision under Section 26B-4-161;  
or
- (2) all interested parties and the department agree that a new application is in the public interest.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-166 License for air ambulance providers.**

- (1) An applicant for an air ambulance provider shall apply to the department for a license only by:
  - (a) submitting a complete application;
  - (b) providing information in the format required by the department; and
  - (c) paying the required fees.
- (2) The department may make rules establishing minimum qualifications and requirements for:
  - (a) personnel;
  - (b) capital reserves;
  - (c) equipment;
  - (d) business plan;
  - (e) operational procedures;
  - (f) resource hospital and medical direction agreements;
  - (g) management and control qualifications and requirements; and
  - (h) other matters that may be relevant to an applicant's ability to provide air ambulance services.
- (3) Upon receiving a completed application and the required fees, the department shall review the application and determine whether the application meets the minimum requirements for licensure.
- (4) The department may deny an application for an air ambulance if:
  - (a) the department finds that the application contains any materially false or misleading information or is incomplete;
  - (b) the application demonstrates that the applicant fails to meet the minimum requirements for licensure; or
  - (c) the department finds after inspection that the applicant does not meet the minimum requirements for licensure.
- (5) If the department denies an application under this section, it shall notify the applicant in writing setting forth the grounds for the denial.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-167 License renewals.**

- (1) A licensed provider desiring to renew its license shall meet the renewal requirements established by department rule.
- (2) The department shall issue a renewal license for a ground ambulance provider or a paramedic provider upon the licensee's application for a renewal and without a public hearing if:
  - (a) the applicant was licensed under the provisions of Sections 26B-4-160 through 26B-4-163;  
and
  - (b) there has been:



- (i) no change in controlling interest in the ownership of the licensee as defined in Section 26B-4-169;
  - (ii) no serious, substantiated public complaints filed with the department against the licensee during the term of the previous license;
  - (iii) no material or substantial change in the basis upon which the license was originally granted;
  - (iv) no reasoned objection from the committee or the department; and
  - (v) no change to the license type.
- (3)
- (a)
    - (i) The provisions of this Subsection (3) apply to a provider licensed under the provisions of Sections 26B-4-155 and 26B-4-156.
    - (ii) A provider may renew its license if the provisions of Subsections (1) and (2) and this Subsection (3) are met.
  - (b)
    - (i) The department shall issue a renewal license to a provider upon the provider's application for renewal for one additional four-year term if the political subdivision certifies to the department that the provider has met all of the specifications of the original bid.
    - (ii) If the political subdivision does not certify to the department that the provider has met all of the specifications of the original bid, the department may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 26B-4-155 and 26B-4-156.
  - (c)
    - (i) The department shall issue an additional renewal license to a provider who has already been issued a one-time renewal license under the provisions of Subsection (3)(b)(i) if the department and the political subdivision do not receive, prior to the expiration of the provider's license, written notice from an approved applicant informing the political subdivision of the approved applicant's desire to submit a bid for ambulance or paramedic service.
    - (ii) If the department and the political subdivision receive the notice in accordance with Subsection (3)(c)(i), the department may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 26B-4-155 and 26B-4-156.
- (4) The department shall issue a renewal license for an air ambulance provider upon the licensee's application for renewal and completion of the renewal requirements established by department rule.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-168 Annexations.**

- (1) A municipality shall comply with the provisions of this section if the municipality is licensed under this part and desires to provide service to an area that is:
  - (a) included in a petition for annexation under Title 10, Chapter 2, Part 4, Annexation; and
  - (b) currently serviced by another provider licensed under this part.
- (2)
  - (a)
    - (i) At least 45 days prior to approving a petition for annexation, the municipality shall certify to the department that by the time of the approval of the annexation the municipality can meet

- or exceed the current level of service provided by the existing licensee for the annexed area by meeting the requirements of Subsections (2)(b)(ii)(A) through (D); and
- (ii) no later than three business days after the municipality files a petition for annexation in accordance with Section 10-2-403, provide written notice of the petition for annexation to:
    - (A) the existing licensee providing service to the area included in the petition of annexation; and
    - (B) the department.
- (b)
- (i) After receiving a certification under Subsection (2)(a), but prior to the municipality approving a petition for annexation, the department may audit the municipality only to verify the requirements of Subsections (2)(b)(ii)(A) through (D).
  - (ii) If the department elects to conduct an audit, the department shall make a finding that the municipality can meet or exceed the current level of service provided by the existing licensee for the annexed area if the department finds that the municipality has or will have by the time of the approval of the annexation:
    - (A) adequate trained personnel to deliver basic and advanced life support services;
    - (B) adequate apparatus and equipment to deliver emergency medical services;
    - (C) adequate funding for personnel and equipment; and
    - (D) appropriate medical controls, such as a medical director and base hospital.
  - (iii) The department shall submit the results of the audit in writing to the municipal legislative body.
- (3)
- (a) If the department audit finds that the municipality meets the requirements of Subsection (2)(b)(ii), the department shall issue an amended license to the municipality and all other affected licensees to reflect the municipality's new boundaries after the department receives notice of the approval of the petition for annexation from the municipality in accordance with Section 10-2-425.
- (b)
- (i) Notwithstanding the provisions of Subsection 63G-4-102(2)(k), if the department audit finds that the municipality fails to meet the requirements of Subsection (2)(b)(ii), the municipality may request an adjudicative proceeding under the provisions of Title 63G, Chapter 4, Administrative Procedures Act. The municipality may approve the petition for annexation while an adjudicative proceeding requested under this Subsection (3)(b)(i) is pending.
  - (ii) The department shall conduct an adjudicative proceeding when requested under Subsection (3)(b)(i).
  - (iii) Notwithstanding the provisions of Sections 26B-4-153 through 26B-4-163, in any adjudicative proceeding held under the provisions of Subsection (3)(b)(i), the department bears the burden of establishing that the municipality cannot, by the time of the approval of the annexation, meet the requirements of Subsection (2)(b)(ii).
- (c) If, at the time of the approval of the annexation, an adjudicative proceeding is pending under the provisions of Subsection (3)(b)(i), the department shall issue amended licenses if the municipality prevails in the adjudicative proceeding.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-169 Changes in ownership.**

- (1) A licensed provider whose ownership or controlling ownership interest has changed shall submit information to the department, as required by department rule:
  - (a) to establish whether the new owner or new controlling party meets minimum requirements for licensure; and
  - (b) except as provided in Subsection (2), to commence an administrative proceeding to determine whether the new owner meets the requirement of public convenience and necessity under Section 26B-4-162.
- (2) An administrative proceeding is not required under Subsection (1)(b) if:
  - (a) the change in ownership interest is among existing owners of a closely held corporation and the change does not result in a change in the management of the licensee or in the name of the licensee;
  - (b) the change in ownership in a closely held corporation results in the introduction of new owners, provided that:
    - (i) the new owners are limited to individuals who would be entitled to the equity in the closely held corporation by the laws of intestate succession had the transferor died intestate at the time of the transfer;
    - (ii) the majority owners on January 1, 1999, have been disclosed to the department by October 1, 1999, and the majority owners on January 1, 1999, retain a majority interest in the closely held corporation; and
    - (iii) the name of the licensed provider remains the same;
  - (c) the change in ownership is the result of one or more owners transferring their interests to a trust, limited liability company, partnership, or closely held corporation so long as the transferors retain control over the receiving entity;
  - (d) the change in ownership is the result of a distribution of an estate or a trust upon the death of the testator or the trustor and the recipients are limited to individuals who would be entitled to the interest by the laws of intestate succession had the transferor died intestate at the time of the transfer; or
  - (e) other similar changes that the department establishes, by rule, as having no significant impact on the cost, quality, or access to emergency medical services.

Renumbered and Amended by Chapter 307, 2023 General Session

***Superseded 7/1/2024***

**26B-4-170 Overlapping licenses.**

- (1) As used in this section:
  - (a) "Overlap" means two ground ambulance interfacility transport providers that are licensed at the same level of service in all or part of a single geographic service area.
  - (b) "Overlay" means two ground ambulance interfacility transport providers that are licensed at a different level of service in all or part of a single geographic service area.
- (2) Notwithstanding the exclusive geographic service requirement of Section 26B-4-151, the department shall recognize overlap and overlay ground ambulance interfacility transport licenses that existed on or before May 4, 2022.
- (3) The department may, without an adjudicative proceeding but with at least 30 days notice to providers in the same geographic service area, amend an existing overlay ground ambulance interfacility transport license solely to convert an overlay into an overlap if the existing ground ambulance interfacility transport licensed provider meets the requirements described in Subsection 26B-4-153(4).
- (4) An amendment of a license under this section may not alter:

- (a) other terms of the original license, including the applicable geographic service area; or
  - (b) the license of other providers that provide interfacility transport services in the geographic service area.
- (5) Notwithstanding Subsection (2), any license for an overlap area terminates upon:
- (a) relinquishment by the provider; or
  - (b) revocation by the department.

Renumbered and Amended by Chapter 307, 2023 General Session

## **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) "Advertise" or "advertising" means information provided by a medical cannabis pharmacy in any medium:
  - (a) to the public; and
  - (b) that is not age restricted to an individual who is at least 21 years old.
- (3) "Advisory board" means the Medical Cannabis Policy Advisory Board created in Section 26B-1-435.
- (4) "Cannabis Research Review Board" means the Cannabis Research Review Board created in Section 26B-1-420.
- (5) "Cannabis" means marijuana.
- (6) "Cannabis cultivation facility" means the same as that term is defined in Section 4-41a-102.
- (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) "Community location" means a public or private elementary or secondary school, a church, a public library, a public playground, or a public park.
- (13) "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.
- (14) "Controlled substance database" means the controlled substance database created in Section 58-37f-201.
- (15) "Delivery address" means:

- (a) for a medical cannabis cardholder who is not a facility, the medical cannabis cardholder's home address; or
  - (b) for a medical cannabis cardholder that is a facility, the facility's address.
- (16) "Department" means the Department of Health and Human Services.
- (17) "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).
- (18) "Directions of use" means recommended routes of administration for a medical cannabis treatment and suggested usage guidelines.
- (19) "Dosing guidelines" means a quantity range and frequency of administration for a recommended treatment of medical cannabis.
- (20) "Financial institution" means a bank, trust company, savings institution, or credit union, chartered and supervised under state or federal law.
- (21) "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.
- (22) "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 that the state central patient portal facilitates.
- (23) "Inventory control system" means the system described in Section 4-41a-103.
- (24) "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 the state central patient portal or pharmacy medical provider, in accordance with Subsection 26B-4-230(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.
- (25) "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.
- (26) "Limited medical provider" means an individual who:
- (a) meets the recommending qualifications; and

- (b) has no more than 15 patients with a valid medical cannabis patient card or provisional patient card as a result of the individual's recommendation, in accordance with Subsection 26B-4-204(1)(b).
- (27) "Marijuana" means the same as that term is defined in Section 58-37-2.
- (28) "Medical cannabis" means cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form.
- (29) "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.
- (30) "Medical cannabis cardholder" means:
  - (a) a holder of a medical cannabis card; or
  - (b) a facility or assigned employee, described in Subsection(17)(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.
- (31) "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.
- (32) "Medical cannabis courier" means the same as that term is defined in Section 4-41a-102.
- (33) "Medical cannabis courier agent" means the same as that term is defined in Section 4-41a-102.
- (34)
  - (a) "Medical cannabis device" means a device that an individual uses to ingest or inhale cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form.
  - (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.
- (35) "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.
- (36) "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.
- (37) "Medical cannabis pharmacy" means a person that:
  - (a)
    - (i) acquires or intends to acquire medical cannabis or a cannabis product in a medicinal dosage form 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.

- (38) "Medical cannabis pharmacy agent" means an individual who holds a valid medical cannabis pharmacy agent registration card issued by the department.
- (39) "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.
- (40) "Medical cannabis shipment" means the same as that term is defined in Section 4-41a-102.
- (41) "Medical cannabis treatment" means cannabis in a medicinal dosage form, a cannabis product in a medicinal dosage form, or a medical cannabis device.
- (42)
  - (a) "Medicinal dosage form" means:
    - (i) for processed medical cannabis or a medical cannabis product, 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, after December 1, 2022, does not exceed 30 ml;
      - (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; or
      - (J) an aerosol; or
    - (ii) for unprocessed cannabis flower, a container described in Section 4-41a-602 that:
      - (A) contains cannabis flowers 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 after December 31, 2020, 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 (42)(a)(ii) for use; and
    - (ii) does not exceed the quantity described in Subsection (42)(a)(ii).
  - (c) "Medicinal dosage form" does not include:
    - (i) any unprocessed cannabis flower outside of the container described in Subsection (42)(a)(ii), except as provided in Subsection (42)(b);
    - (ii) any unprocessed cannabis flower in a container described in Subsection (42)(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 ; or
    - (v) a substance described in Subsection (42)(a)(i) or (ii) if the substance is not measured in grams, milligrams, or milliliters.
- (43) "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.
- (44) "Payment provider" means an entity that contracts with a cannabis production establishment or medical cannabis pharmacy to facilitate transfers of funds between the establishment or pharmacy and other businesses or individuals.
- (45) "Pharmacy medical provider" means the medical provider required to be on site at a medical cannabis pharmacy under Section 26B-4-219.
- (46) "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.
- (47) "Qualified medical provider" means an individual:
- (a) who meets the recommending qualifications; and
  - (b) whom the department registers to recommend treatment with cannabis in a medicinal dosage form under Section 26B-4-204.
- (48) "Qualified Patient Enterprise Fund" means the enterprise fund created in Section 26B-1-310.
- (49) "Qualifying condition" means a condition described in Section 26B-4-203.
- (50) "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.
- (51) "Recommending medical provider" means a qualified medical provider or a limited medical provider.
- (52) "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.
- (53) "State central patient portal" means the website the department creates, in accordance with Section 26B-4-236, to facilitate patient safety, education, and an electronic medical cannabis order.
- (54) "State electronic verification system" means the system described in Section 26B-4-202.
- (55) "Targeted marketing" means the promotion by a medical cannabis pharmacy of a medical cannabis product, medical cannabis brand, or a medical cannabis device 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 from the medical cannabis pharmacy;
  - (b) an in-person marketing event that is:
    - (i) held inside a medical cannabis pharmacy; and
    - (ii) in an area where only a medical cannabis cardholder may access the event; or
  - (c) other marketing material that is physically available or digitally displayed in:
    - (i) a medical cannabis pharmacy; and
    - (ii) an area where only a medical cannabis cardholder has access.
- (56) "Tetrahydrocannabinol" or "THC" means a substance derived from cannabis or a synthetic equivalent as described in Subsection 58-37-4(2)(a)(iii)(AA).
- (57) "THC analog" means the same as that term is defined in Section 4-41-102.

Amended by Chapter 273, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

Amended by Chapter 317, 2023 General Session

**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 qualified medical provider completes the associated medical cannabis recommendation; or
    - (ii) for a medical cannabis card related to a limited medical provider's recommendation, 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 qualified medical provider, or an employee described in Subsection (3) acting on behalf of the qualified medical provider, to:
    - (i) access dispensing and card status information regarding a patient:
      - (A) with whom the qualified medical provider has a provider-patient relationship; and
      - (B) for whom the qualified medical provider has recommended or is considering recommending a medical cannabis card;

- (ii) electronically recommend treatment with cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form 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 qualified 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 qualified medical provider who did not originally recommend the medical cannabis treatment during a face-to-face visit
- (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 limited medical provider, including any directions of use, dosing guidelines, or caregiver indications from the limited medical provider;
  - (iii) record a limited 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 cannabis in a medicinal dosage form, cannabis product in a medicinal dosage form, or a medical cannabis device, including:
    - (A) the time and date of each purchase;
    - (B) the quantity and type of cannabis, cannabis product, or medical cannabis device purchased;
    - (C) any cannabis production establishment, any medical cannabis pharmacy, or any medical cannabis courier associated with the cannabis, cannabis product, 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) provides access to and interaction with the state central patient portal;
  - (h) 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;
  - (i) provides access to state or local law enforcement:
    - (i) during a law enforcement encounter, without a warrant, using the individual's driver license or state ID, only for the purpose of determining if the individual subject to the law enforcement encounter has a valid medical cannabis card; or
    - (ii) after obtaining a warrant; and
  - (j) 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 qualified medical provider may access the electronic verification system for a purpose described in Subsection (2)(c) on behalf of the qualified medical provider if:
    - (i) the qualified medical provider has designated the employee as an individual authorized to access the electronic verification system on behalf of the qualified medical provider;
    - (ii) the qualified 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 qualified medical provider may access the electronic verification system for a purpose described in Subsection (2)(c) on behalf of the qualified medical provider if:
    - (i) the qualified medical provider has designated the employee as an individual authorized to access the electronic verification system on behalf of the qualified medical provider;
    - (ii) the qualified 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.
- (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)
  - (a) Any person who knowingly and intentionally releases any information in the state electronic verification system in violation of this section is guilty of a third degree felony.
  - (b) 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)
  - (a) 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.
  - (b) Any person who obtains or attempts to obtain information from the state electronic verification system for a purpose other than a purpose this part authorizes is guilty of a third degree felony.
- (9)
  - (a) Except as provided in Subsection (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) The department shall determine a civil violation of this Subsection (9) in accordance with Title 63G, Chapter 4, Administrative Procedures Act.
  - (d) Civil penalties assessed under this Subsection (9) shall be deposited into the General Fund.
  - (e) 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.

Amended by Chapter 273, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

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

Amended by Chapter 317, 2023 General Session

**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 qualified 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 qualified 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.

Renumbered and Amended by Chapter 307, 2023 General Session

Amended by Chapter 317, 2023 General Session

**26B-4-204 Qualified medical provider registration -- Continuing education -- Treatment recommendation -- Limited medical provider.**

- (1)
  - (a)
    - (i) Except as provided in Subsection (1)(b), an individual may not recommend a medical cannabis treatment unless the department registers the individual as a qualified medical provider in accordance with this section.
    - (ii) Notwithstanding Subsection (1)(a)(i), a qualified medical provider who is 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) An individual who meets the recommending qualifications may recommend a medical cannabis treatment as a limited medical provider without registering under Subsection (1)(a) if:
    - (i) the individual recommends the use of medical cannabis to the patient through an order described in Subsection (1)(c) after:
      - (A) a face-to-face visit for an initial recommendation or the renewal of a recommendation for a patient for whom the limited medical provider did not make the patient's original recommendation; or
      - (B) a visit using telehealth services for a renewal of a recommendation for a patient for whom the limited medical provider made the patient's original recommendation; and
    - (ii) the individual's recommendation or renewal would not cause the total number of the individual's patients who have a valid medical cannabis patient card or provisional patient card resulting from the individual's recommendation to exceed 15.
  - (c) The individual described in Subsection (1)(b) shall 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)(c).
  - (d) If the limited medical provider gives the patient a written recommendation to deliver to a medical cannabis pharmacy under Subsection (1)(c)(i)(B), the limited 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.
  - (e) In considering making a recommendation as a limited medical provider, an individual may consult information that the department makes available on the department's website for recommending providers.
- (2)
- (a) The department shall, within 15 days after the day on which the department receives an application from an individual, register and issue a qualified medical provider registration card to the individual if the individual:
    - (i) provides to the department the individual's name and address;
    - (ii) provides to the department an acknowledgment that the individual has completed four hours of continuing education related to medical cannabis;
    - (iii) provides to the department evidence that the individual meets the recommending qualifications;
    - (iv) for an applicant on or after November 1, 2021, provides to the department the information described in Subsection (10)(a); and
    - (v) pays the department a fee in an amount that:
      - (A) the department sets, in accordance with Section 63J-1-504; and
      - (B) does not exceed \$300 for an initial registration.
  - (b) The department may not register an individual as a qualified medical provider if the individual is:
    - (i) a pharmacy medical provider; or
    - (ii) an owner, officer, director, board member, employee, or agent of a cannabis production establishment, a medical cannabis pharmacy, or a medical cannabis courier.
- (3)
- (a) An individual shall complete the continuing education related to medical cannabis in the following amounts:
    - (i) for an individual as a condition precedent to registration, four hours; and
    - (ii) for a qualified medical provider as a condition precedent to renewal, four hours every two years.
  - (b) The department may, in consultation with the Division of Professional Licensing, develop continuing education related to medical cannabis.
  - (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, or palliative care; and

- (v) best practices for recommending the form and dosage of medical cannabis products based on the qualifying condition underlying a medical cannabis recommendation.
- (4)
- (a) Except as provided in Subsection (4)(b), a qualified 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 qualified 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 (4)(a).
- (5) 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.
- (6)
- (a) Except as provided in Subsection (6)(b), a person may not advertise that the person or the person's employee recommends a medical cannabis treatment.
  - (b) Notwithstanding Subsection (6)(a) and Section 4-41a-109, a qualified medical provider or clinic or office that employs a qualified medical provider may advertise the following:
    - (i) a green cross;
    - (ii) the provider's or clinic's name and logo;
    - (iii) a qualifying condition that the individual treats;
    - (iv) that the individual is registered as a qualified medical provider and recommends medical cannabis; or
    - (v) a scientific study regarding medical cannabis use.
- (7)
- (a) A qualified medical provider registration card expires two years after the day on which the department issues the card.
  - (b) The department shall renew a qualified medical provider's registration card if the provider:
    - (i) applies for renewal;
    - (ii) is eligible for a qualified medical provider registration card under this section, including maintaining an unrestricted license under the recommending qualifications;
    - (iii) certifies to the department in a renewal application that the information in Subsection (2)(a) is accurate or updates the information;
    - (iv) submits a report detailing the completion of the continuing education requirement described in Subsection (3); and
    - (v) pays the department a fee in an amount that:
      - (A) the department sets, in accordance with Section 63J-1-504; and
      - (B) does not exceed \$50 for a registration renewal.
- (8) The department may revoke the registration of a qualified medical provider who fails to maintain compliance with the requirements of this section.
- (9) A recommending medical provider may not receive any compensation or benefit for the qualified medical provider's medical cannabis treatment recommendation from:
- (a) a cannabis production establishment or an owner, officer, director, board member, employee, or agent of a cannabis production establishment;
  - (b) a medical cannabis pharmacy or an owner, officer, director, board member, employee, or agent of a medical cannabis pharmacy; or
  - (c) a recommending medical provider or pharmacy medical provider.



(10)

- (a) On or before November 1, 2021, a qualified medical provider shall report to the department, in a manner designated by the department:
  - (i) if applicable, that the qualified medical provider or the entity that employs the qualified medical provider represents online or on printed material that the qualified medical provider is a qualified medical provider or offers medical cannabis recommendations to patients; and
  - (ii) the fee amount that the qualified medical provider or the entity that employs the qualified medical provider charges a patient for a medical cannabis recommendation, either as an actual cash rate or, if the provider or entity bills insurance, an average cash rate.
- (b) The department shall:
  - (i) ensure that the following information related to qualified medical providers and entities described in Subsection (10)(a)(i) is available on the department's website or on the health care price transparency tool under Subsection (10)(b)(ii):
    - (A) the name of the qualified medical provider and, if applicable, the name of the entity that employs the qualified medical provider;
    - (B) the address of the qualified medical provider's office or, if applicable, the entity that employs the qualified medical provider; and
    - (C) the fee amount described in Subsection (10)(a)(ii); and
  - (ii) share data collected under this Subsection (10) with the state auditor for use in the health care price transparency tool described in Section 67-3-11.

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

Amended by Chapter 317, 2023 General Session

**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 podiatrist licensed under Title 58, Chapter 5a, Podiatric Physician Licensing Act, an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act, a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, or a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act:
    - (i)
      - (A) whom the department has registered as a qualified medical provider; or
      - (B) who makes a recommendation as a limited medical provider; and
    - (ii) 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)(i) or (ii) 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).

Renumbered and Amended by Chapter 307, 2023 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) Notwithstanding any other provision of law and except as provided in Subsection (2)(b), the state or any political subdivision shall treat:
    - (i) an employee's use of medical cannabis in accordance with this part or Section 58-37-3.7 in the same way the state or political subdivision treats employee use of any prescribed controlled substance; and
    - (ii) an employee's status as a medical cannabis cardholder or an employee's medical cannabis recommendation from a qualified medical provider or limited provider in the same way the

state or political subdivision treats an employee's prescriptions for any prescribed controlled substance.

- (b) A state or political subdivision employee who has a valid medical cannabis card is not subject to retaliatory action, as that term is defined in Section 67-19a-101, for failing a drug test due to marijuana or tetrahydrocannabinol without evidence that the employee was impaired or otherwise adversely affected in the employee's job performance due to the use of medical cannabis.
- (c) Subsections (2)(a) and (b) do not apply:
  - (i) where the application of Subsection (2)(a) or (b) would jeopardize federal funding, a federal security clearance, or any other federal background determination required for the employee's position;
  - (ii) if the employee's position is dependent on a license or peace officer certification that is subject to federal regulations, including 18 U.S.C. Sec. 922(g)(3); or
  - (iii) if an employee described in Subsections 34A-2-102(1)(h)(ii) through (vi) uses medical cannabis during the 12 hours immediately preceding the employee's shift or during the employee's shift.
- (3)
  - (a)
    - (i) A state employer or a political subdivision employer shall take the action described in Subsection (3)(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 (3)(a)(i) shall give the employee or prospective employee described in Subsection (3)(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 (3)(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 (3)(a).
  - (c) Notwithstanding Subsection 67-21-3(3), an employee who has signed the notice described in Subsection (3)(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 (3)(a).
- (4) 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.

Renumbered and Amended by Chapter 307, 2023 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 qualified 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);
      - (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 qualified 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) The department shall ensure that a medical cannabis card the department issues under this section contains the information described in Subsection (3)(a)(iii).
  - (c)
    - (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, for a limited medical provider, through the order described in Subsections 26B-4-204(1)(c) and (d).
    - (ii) If a recommending medical provider makes the indication described in Subsection (3)(c)(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)(c)(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) To recommend a medical cannabis treatment to a patient or to renew a recommendation, a recommending medical provider shall:
- (a) visit with the patient face-to-face for an initial recommendation unless the patient:
    - (i) prefers a virtual visit; and
    - (ii)
      - (A) is on hospice or has a terminal illness according to the patient's medical provider; or
      - (B) 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;
  - (b) before recommending or renewing a recommendation for medical cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form:
    - (i) 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);
    - (ii) review any record related to the patient and, for a minor patient, the patient's parent or legal guardian in:
      - (A) for a qualified medical provider, the state electronic verification system; and
      - (B) the controlled substance database created in Section 58-37f-201; and
    - (iii) 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
  - (c) state in the recommending medical provider's recommendation that the patient:
    - (i) suffers from a qualifying condition, including the type of qualifying condition; and
    - (ii) 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 cannabis in a medicinal dosage form, a medical cannabis product in a medicinal dosage form, or a medical cannabis device; and
      - (B) a medical cannabis guardian cardholder may assist the associated provisional patient cardholder with the use of cannabis in a medicinal dosage form, a medical cannabis product in a medicinal dosage form, 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) On or before September 1, 2021, 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 273, 2023 General Session

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

Renumbered and Amended by Chapter 307, 2023 General Session

Amended by Chapter 317, 2023 General Session

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

- (1)
- (a) A cardholder described in Section 26B-4-213 may designate, through the state central patient portal, 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) Beginning on the earlier of September 1, 2021, or the date on which the electronic verification system is functionally capable of servicing the designation, 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 qualified medical provider, may designate, through the state central patient portal, 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) Beginning on the earlier of September 1, 2022, or the date on which the electronic verification system is functionally capable of facilitating a conditional medical cannabis caregiver card under this Subsection (1)(d), upon the entry of a caregiver designation under Subsection (1) 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 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 cannabis in a medicinal dosage form, a cannabis product in a medicinal dosage form, 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;
  - (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.

Renumbered and Amended by Chapter 307, 2023 General Session  
Amended by Chapter 317, 2023 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) 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) a report detailing the completion of the continuing education requirement described in Subsection (3); 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) In accordance with Subsection (3)(a), the pharmacy medical provider shall:
  - (i) complete continuing education:
    - (A) regarding the topics described in Subsection (3)(d); and
    - (B) offered by the department under Subsection (3)(c) or an accredited or approved continuing education provider that the department recognizes as offering continuing education appropriate for the medical cannabis pharmacy practice; and
  - (ii) make a continuing education report to the department in accordance with a process that the department establishes by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and in collaboration with the Division of Professional Licensing and:
    - (A) for a pharmacy medical provider who is licensed under Title 58, Chapter 17b, Pharmacy Practice Act, the Board of Pharmacy;
    - (B) for a pharmacy medical provider licensed under Title 58, Chapter 67, Utah Medical Practice Act, the Physicians Licensing Board; and
    - (C) for a pharmacy medical provider licensed under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, the Osteopathic Physician and Surgeon's Licensing Board.
- (c) The department may, in consultation with the Division of Professional Licensing, develop the continuing education described in this Subsection (3).
- (d) 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 a medical cannabis product 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 273, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

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

Amended by Chapter 317, 2023 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 beginning in 2020, 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;
  - (g) the number of license applications and renewal license applications received;
  - (h) the number of licenses the department has issued in each county;
  - (i) the number of licenses the department has revoked;
  - (j) the quantity of medical cannabis shipments that the state central patient portal facilitates;
  - (k) the number of overall purchases of medical cannabis and medical cannabis products from each medical cannabis pharmacy;
  - (l) the expenses incurred and revenues generated from the medical cannabis program; and
  - (m) an analysis of product availability in medical cannabis pharmacies in consultation with the Department of Agriculture and Food.
- (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 273, 2023 General Session

Amended by Chapter 281, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 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 limited 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) unless the pertinent medical records show directions of use and dosing guidelines from a state central patient portal medical provider in accordance with Subsection (6), 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.

Renumbered and Amended by Chapter 273, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

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

Amended by Chapter 317, 2023 General Session

**26B-4-236 State central patient portal -- Department duties.**

- (1) The department shall establish or contract to establish, in accordance with Title 63G, Chapter 6a, Utah Procurement Code, a state central patient portal as described in this section.
- (2) The state central patient portal shall:
  - (a) authenticate each user to ensure the user is a valid medical cannabis patient cardholder;
  - (b) allow a medical cannabis patient cardholder to:
    - (i) obtain and download the cardholder's medical cannabis card;
    - (ii) review the cardholder's medical cannabis purchase history; and
    - (iii) manage the cardholder's personal information, including withdrawing consent for the use of the cardholder's information for a study described in Subsection 26B-4-213(12);
  - (c) if the cardholder's recommending medical provider recommended the use of medical cannabis without providing directions of use and dosing guidelines and the cardholder has not yet received the counseling or consultation required in Subsection 26B-4-230(4):
    - (i) alert the cardholder of the outstanding need for consultation; and
    - (ii) provide the cardholder with access to the contact information for each pharmacy medical provider;
  - (d) except as provided in Subsection (2)(e), facilitate an electronic medical cannabis order:
    - (i) to a home delivery medical cannabis pharmacy for a medical cannabis shipment; or
    - (ii) to a medical cannabis pharmacy for a medical cannabis cardholder to obtain in person from the pharmacy;

- (e) prohibit a patient from completing an electronic medical cannabis order described in Subsection (2)(d) if the purchase would exceed the limitations described in Subsection 4-41a-1102(2)(a) or (b);
  - (f) provide educational information to medical cannabis patient cardholders regarding the state's medical cannabis laws and regulatory programs and other relevant information regarding medical cannabis; and
  - (g) allow the patient to designate up to two caregivers who may receive a medical cannabis caregiver card to purchase and transport medical cannabis on behalf of the patient in accordance with this part.
- (3) The department may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the state central patient portal.

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

Amended by Chapter 317, 2023 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; and
- (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.

Enacted by Chapter 281, 2023 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.**

An individual with a medical cannabis card:

- (1) may purchase, in any one 28-day period, up to the legal dosage limit of:
  - (a) unprocessed cannabis in a medicinal dosage form; and
  - (b) a cannabis product in a medicinal dosage form;
- (2) may not purchase:
  - (a) more medical cannabis than described in Subsection (1)(a); or
  - (b) 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(4), any medical cannabis; and
- (3) 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(4), has not recommended.

Enacted by Chapter 273, 2023 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) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
- (2) "Community based organization":
  - (a) means a private entity; and
  - (b) includes for profit and not for profit entities.
- (3) "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.
- (4) "Emergency medical dispatch center" means a public safety answering point, as defined in Section 63H-7a-103, that is designated as an emergency medical dispatch center by the office.
- (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) "Office" means the Office of Emergency Medical Services and Preparedness within the department.
- (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, 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 disease or its consequences;
    - (iv) emergency medical services;
    - (v) preventive dental services; and
    - (vi) pharmaceutical services.

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

***Renumbered 7/1/2024***

**26B-4-302 Authority to administer CPR or use an AED.**

- (1) A person may administer CPR on another person without a license, certificate, or other governmental authorization if the person reasonably believes that the other person is in sudden cardiac arrest.
- (2) A person may use an AED on another person without a license, certificate, or other governmental authorization if the person reasonably believes that the other person is in sudden cardiac arrest.

Renumbered and Amended by Chapter 307, 2023 General Session

**Renumbered 7/1/2024**

**26B-4-303 Immunity.**

- (1) Except as provided in Subsection (3), the following persons are not subject to civil liability for any act or omission relating to preparing to care for, responding to care for, or providing care to, another person who reasonably appears to be in sudden cardiac arrest:
  - (a) a person authorized, under Section 26B-4-302, to administer CPR, who:
    - (i) gratuitously and in good faith attempts to administer or administers CPR to another person;  
or
    - (ii) fails to administer CPR to another person;
  - (b) a person authorized, under Section 26B-4-302, to use an AED who:
    - (i) gratuitously and in good faith attempts to use or uses an AED; or
    - (ii) fails to use an AED;
  - (c) a person that teaches or provides a training course in administering CPR or using an AED;
  - (d) a person that acquires an AED;
  - (e) a person that owns, manages, or is otherwise responsible for the premises or conveyance where an AED is located;
  - (f) a person who retrieves an AED in response to a perceived or potential sudden cardiac arrest;
  - (g) a person that authorizes, directs, or supervises the installation or provision of an AED;
  - (h) a person involved with, or responsible for, the design, management, or operation of a CPR or AED program;
  - (i) a person involved with, or responsible for, reporting, receiving, recording, updating, giving, or distributing information relating to the ownership or location of an AED under Sections 26B-4-304 through 26B-4-306; or
  - (j) a physician who gratuitously and in good faith:
    - (i) provides medical oversight for a public AED program; or
    - (ii) issues a prescription for a person to acquire or use an AED.
- (2) This section does not relieve a manufacturer, designer, developer, marketer, or commercial distributor of an AED, or an accessory for an AED, of any liability.
- (3) The liability protection described in Subsection (1) does not apply to an act or omission that constitutes gross negligence or willful misconduct.

Renumbered and Amended by Chapter 307, 2023 General Session

**Renumbered 7/1/2024**

**26B-4-304 Reporting location of automatic external defibrillators.**

- (1) In accordance with Subsection (2) and except as provided in Subsection (3):
  - (a) a person who owns or leases an AED shall report the person's name, address, and telephone number, and the exact location of the AED, in writing or by a web-based AED registration form, if available, to the emergency medical dispatch center that provides emergency dispatch services for the location where the AED is installed, if the person:
    - (i) installs the AED;
    - (ii) causes the AED to be installed; or
    - (iii) allows the AED to be installed; and
  - (b) a person who owns or leases an AED that is removed from a location where it is installed shall report the person's name, address, and telephone number, and the exact location from which the AED is removed, in writing or by a web-based AED registration form, if available,



to the emergency medical dispatch center that provides emergency dispatch services for the location from which the AED is removed, if the person:

- (i) removes the AED;
  - (ii) causes the AED to be removed; or
  - (iii) allows the AED to be removed.
- (2) A report required under Subsection (1) shall be made within 14 days after the day on which the AED is installed or removed.
- (3) Subsection (1) does not apply to an AED:
- (a) at a private residence; or
  - (b) in a vehicle or other mobile or temporary location.
- (4) A person who owns or leases an AED that is installed in, or removed from, a private residence may voluntarily report the location of, or removal of, the AED to the emergency medical dispatch center that provides emergency dispatch services for the location where the private residence is located.
- (5) The department may not impose a penalty on a person for failing to comply with the requirements of this section.

Renumbered and Amended by Chapter 307, 2023 General Session

***Renumbered 7/1/2024***

**26B-4-305 Distributors to notify of reporting requirements.**

A person in the business of selling or leasing an AED shall, at the time the person provides, sells, or leases an AED to another person, notify the other person, in writing, of the reporting requirements described in Section 26B-4-304.

Renumbered and Amended by Chapter 307, 2023 General Session

***Renumbered 7/1/2024***

**26B-4-306 Duties of emergency medical dispatch centers.**

An emergency medical dispatch center shall:

- (1) implement a system to receive and manage the information reported to the emergency medical dispatch center under Section 26B-4-304;
- (2) record in the system described in Subsection (1), all information received under Section 26B-4-304 within 14 days after the day on which the information is received;
- (3) inform a person who calls to report a potential incident of sudden cardiac arrest of the location of an AED located at the address of the potential sudden cardiac arrest;
- (4) provide verbal instructions to a person described in Subsection (3) to:
  - (a) help a person determine if a patient is in cardiac arrest; and
  - (b) if needed:
    - (i) provide direction to start CPR;
    - (ii) offer instructions on how to perform CPR; or
    - (iii) offer instructions on how to use an AED, if one is available; and
- (5) provide the information contained in the system described in Subsection (1), upon request, to the office.

Renumbered and Amended by Chapter 307, 2023 General Session

***Renumbered 7/1/2024***

**26B-4-307 Education and training.**

- (1) The office shall work in cooperation with federal, state, and local agencies and schools, to encourage individuals to complete courses on the administration of CPR and the use of an AED.
- (2) A person who owns or leases an AED shall encourage each person who is likely to use the AED to complete courses on the administration of CPR and the use of an AED.

Renumbered and Amended by Chapter 307, 2023 General Session

***Renumbered 7/1/2024***

**26B-4-308 AEDs for demonstration purposes.**

- (1) Any AED used solely for demonstration or training purposes, which is not operational for emergency use is, except for the provisions of this section, exempt from the provisions of this part.
- (2) The owner of an AED described in Subsection (1) shall clearly mark on the exterior of the AED that the AED is for demonstration or training use only.

Renumbered and Amended by Chapter 307, 2023 General Session

***Renumbered 7/1/2024***

**26B-4-309 Tampering with an AED prohibited -- Penalties.**

A person is guilty of a class C misdemeanor if the person removes, tampers with, or otherwise disturbs an AED, AED cabinet or enclosure, or AED sign, unless:

- (1) the person is authorized by the AED owner for the purpose of:
  - (a) inspecting the AED or AED cabinet or enclosure; or
  - (b) performing maintenance or repairs on the AED, the AED cabinet or enclosure, a wall or structure that the AED cabinet or enclosure is directly attached to, or an AED sign;
- (2) the person is responding to, or providing care to, a potential sudden cardiac arrest patient; or
- (3) the person acts in good faith with the intent to support, and not to violate, the recognized purposes of the AED.

Renumbered and Amended by Chapter 307, 2023 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) 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:
  - (a) phenylketonuria (PKU);
  - (b) other heritable disorders which may result in an intellectual or physical disability or death and for which:
    - (i) a preventive measure or treatment is available; and
    - (ii) there exists a reliable laboratory diagnostic test method;
  - (c)
    - (i) an infant born in a hospital with 100 or more live births annually, hearing loss; and

- (ii) an infant born in a setting other than a hospital with 100 or more live births annually, hearing loss; and
- (d) critical congenital heart defects using pulse oximetry.
- (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.

Renumbered and Amended by Chapter 307, 2023 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-4-325 Medical care for inmates -- Reporting of statistics.**

As used in this section:

- (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) "Terminally ill" means the same as that term is defined in Section 31A-36-102.
- (6) 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) create policies and procedures for providing services to inmates; and
  - (c) in coordination with the Department of Corrections, develop standard population indicators and performance measures relating to the health of inmates.
- (7) 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 (6)(c) available to the public through the Department of Corrections and the department websites.
- (8) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.
- (9) 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 (6)(c) 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 (9)(b).

Enacted by Chapter 322, 2023 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 the age of 18.
- (7) "Epinephrine auto-injector" means a portable, disposable drug delivery device that contains a measured, single dose of epinephrine that is used to treat a person suffering a potentially fatal anaphylactic reaction.
- (8) "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.
- (9) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- (10) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.
- (11) "Physician" means the same as that term is defined in Section 58-67-102.
- (12) "Qualified adult" means a person who:
  - (a) is 18 years of age or older; and
  - (b)
    - (i) for purposes of administering an epinephrine auto-injector, has successfully completed the training program established in Section 26B-4-407; and
    - (ii) for purposes of administering stock albuterol, has successfully completed the training program established in Section 26B-4-408.
- (13) "Qualified epinephrine auto-injector 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.
- (14) "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.

(15) "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.

(16)

(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.

(17) "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.

(18) "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.

Renumbered and Amended by Chapter 307, 2023 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-4-411 do not create a duty or standard of care for:
  - (a) a person to be trained in the use and storage of epinephrine auto-injectors or stock albuterol; or
  - (b) except as provided in Subsection (5), a qualified epinephrine auto-injector entity to store epinephrine auto-injectors 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 or 26B-4-408 and to make emergency epinephrine auto-injectors or stock albuterol available under the provisions of Sections 26B-4-406 through 26B-4-411 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 or 26B-4-408;
  - (b) possessing or storing an epinephrine auto-injector 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 or 26B-4-408; or
  - (c) administering an epinephrine auto-injector 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 or 26B-4-408.
- (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 epinephrine auto-injector 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 epinephrine auto-injector 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 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) 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.
  - (c) This Subsection (6) 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.
- (7) 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.

Renumbered and Amended by Chapter 307, 2023 General Session

**26B-4-407 Training in use and storage of epinephrine auto-injector.**

- (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 epinephrine auto-injector, 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 epinephrine auto-injectors;
  - (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 possess an epinephrine auto-injector or possess and self-administer an epinephrine auto-injector if:
- (a) the student's parent or guardian signs a statement:
    - (i) authorizing the student to possess or possess and self-administer an epinephrine auto-injector; and
    - (ii) acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering an epinephrine auto-injector; and
  - (b) the student's health care provider provides a written statement that states that:
    - (i) it is medically appropriate for the student to possess or possess and self-administer an epinephrine auto-injector; and
    - (ii) the student should be in possession of the epinephrine auto-injector 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 epinephrine auto-injectors; and
      - (B) a qualified epinephrine auto-injector entity regarding the proper storage and emergency use of epinephrine auto-injectors; and
    - (ii) may, as funding is available, conduct educational programs to train people regarding the use of and storage of emergency epinephrine auto-injectors.
  - (b) A person who volunteers to receive training as a qualified adult to administer an epinephrine auto-injector 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.

Renumbered and Amended by Chapter 307, 2023 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 epinephrine auto-injector or stock albuterol.**

- (1) 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, may obtain from the school district physician, the medical director of the local health department, or the local emergency medical services director a prescription for:
  - (a) epinephrine auto-injectors for use in accordance with this part; or
  - (b) stock albuterol for use in accordance with this part.
- (2)
  - (a) A qualified adult may obtain an epinephrine auto-injector 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 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 epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis when a physician 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 epinephrine auto-injector.
- (4) If a school nurse is not immediately available, a qualified adult:
  - (a) 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; and
  - (b) shall initiate appropriate medical follow-up in accordance with the training materials retained under Section 26B-4-408 after administering stock albuterol.
- (5)

- (a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply of epinephrine auto-injectors 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 epinephrine auto-injectors on the qualified epinephrine auto-injector entity's premises; and
    - (B) stock albuterol on the qualified stock albuterol entity's premises; and
  - (ii) use by a qualified adult in accordance with Subsection (3) or (4).
- (b) A qualified epinephrine auto-injector entity shall:
  - (i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of an epinephrine auto-injector available to a qualified adult; and
  - (ii) store epinephrine auto-injectors in accordance with the standards established by the department in Section 26B-4-411.
- (c) 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.

Renumbered and Amended by Chapter 307, 2023 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-4-411 with respect to an anaphylactic reaction or asthma emergency:
  - (a) a qualified adult;
  - (b) a physician, 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 or 26B-4-408;
  - (d) a qualified epinephrine auto-injector entity; and
  - (e) a qualified stock albuterol entity.
- (2) Section 53G-9-502 does not apply to the administration of an epinephrine auto-injector 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.

Renumbered and Amended by Chapter 307, 2023 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 and 26B-4-408;
- (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 auto-injectors by a qualified epinephrine auto-injector entity under Section 26B-4-407; and
- (b) stock albuterol by a qualified stock albuterol entity under Section 26B-4-408.

Renumbered and Amended by Chapter 307, 2023 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) (1998).
- (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 26B-4-101;
  - (d) emergency medical service personnel, as defined in Section 26B-4-101;
  - (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) 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;
  - (h) an organization providing services to the homeless;
  - (i) a local health department;
  - (j) an individual licensed to practice pharmacy under Title 58, Chapter 17b, Pharmacy Practice Act; or
  - (k) 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) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4, Sexual Offenses, that may result in a pregnancy.
- (24) "Victim of sexual assault" means any person who presents to receive, or receives, medical care in consequence of being subjected to sexual assault.

Renumbered and Amended by Chapter 307, 2023 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-2-208.

Renumbered and Amended by Chapter 307, 2023 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 Physicians 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 Physicians 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).

Renumbered and Amended by Chapter 307, 2023 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 Physicians Licensing Board created in Section 58-67-201, the Osteopathic Physician and Surgeon's Licensing Board created in Section 58-68-201, 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.

Renumbered and Amended by Chapter 307, 2023 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 assistance 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, advance 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 with a population of less than 50,000, as determined by:
  - (a) the most recent official census or census estimate of the United States Bureau of the Census; or
  - (b) the most recent population estimate for the county from the Utah Population Committee, if a population figure for the county is not available under Subsection (7)(a).
- (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.

Renumbered and Amended by Chapter 307, 2023 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 in consultation with the Utah Health Care Workforce Financial Assistance Program Advisory Committee created under Section 26B-1-419.
- (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) The department shall seek and consider the recommendations of the Utah Health Care Workforce Financial Assistance Program Advisory Committee created under Section 26B-1-419 as it develops and modifies rules to administer the program.
- (6) 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, including reimbursement expenses of the Utah Health Care Workforce Financial Assistance Program Advisory Committee created under Section 26B-1-419.
- (7) Refunds for loan repayment assistance, penalties for breach of contract, and other payments to the program are dedicated credits to the program.
- (8) The department shall prepare an annual report on the revenues, expenditures, and outcomes of the program.

Renumbered and Amended by Chapter 307, 2023 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) The department shall prepare an annual report of the program's revenues, expenditures, and outcomes.
- (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.

Renumbered and Amended by Chapter 307, 2023 General Session

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

- (1) As used in this section:
  - (a) "Asynchronous store and forward transfer" means the transmission of a patient's health care information from an originating site to a provider at a distant site.
  - (b) "Distant site" means the physical location of a provider delivering telemedicine services.
  - (c) "Originating site" means the physical location of a patient receiving telemedicine services.
  - (d) "Patient" means an individual seeking telemedicine services.
  - (e)
    - (i) "Patient-generated medical history" means medical data about a patient that the patient creates, records, or gathers.
    - (ii) "Patient-generated medical history" does not include a patient's medical record that a healthcare professional creates and the patient personally delivers to a different healthcare professional.
  - (f) "Provider" means an individual who is:
    - (i) licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
    - (ii) licensed under Title 58, Occupations and Professions, to provide health care; or
    - (iii) licensed under Chapter 2, Part 1, Human Services Programs and Facilities.
  - (g) "Synchronous interaction" means real-time communication through interactive technology that enables a provider at a distant site and a patient at an originating site to interact simultaneously through two-way audio and video transmission.
  - (h) "Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology.
  - (i) "Telemedicine services" means telehealth services:

- (i) including:
    - (A) clinical care;
    - (B) health education;
    - (C) health administration;
    - (D) home health;
    - (E) facilitation of self-managed care and caregiver support; or
    - (F) remote patient monitoring occurring incidentally to general supervision; and
  - (ii) provided by a provider to a patient through a method of communication that:
    - (A) uses asynchronous store and forward transfer or synchronous interaction; and
    - (B) meets industry security and privacy standards, including compliance with the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended, and the federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.
- (2) A provider offering telehealth services shall:
- (a) at all times:
    - (i) act within the scope of the provider's license under Title 58, Occupations and Professions, in accordance with the provisions of this section and all other applicable laws and rules; and
    - (ii) be held to the same standards of practice as those applicable in traditional health care settings;
  - (b) if the provider does not already have a provider-patient relationship with the patient, establish a provider-patient relationship during the patient encounter in a manner consistent with the standards of practice, determined by the Division of Professional Licensing in rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, including providing the provider's licensure and credentials to the patient;
  - (c) before providing treatment or prescribing a prescription drug, establish a diagnosis and identify underlying conditions and contraindications to a recommended treatment after:
    - (i) obtaining from the patient or another provider the patient's relevant clinical history; and
    - (ii) documenting the patient's relevant clinical history and current symptoms;
  - (d) be available to a patient who receives telehealth services from the provider for subsequent care related to the initial telemedicine services, in accordance with community standards of practice;
  - (e) be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated;
  - (f) in accordance with any applicable state and federal laws, rules, and regulations, generate, maintain, and make available to each patient receiving telehealth services the patient's medical records; and
  - (g) if the patient has a designated health care provider who is not the telemedicine provider:
    - (i) consult with the patient regarding whether to provide the patient's designated health care provider a medical record or other report containing an explanation of the treatment provided to the patient and the telemedicine provider's evaluation, analysis, or diagnosis of the patient's condition;
    - (ii) collect from the patient the contact information of the patient's designated health care provider; and
    - (iii) within two weeks after the day on which the telemedicine provider provides services to the patient, and to the extent allowed under HIPAA as that term is defined in Section 26B-3-126, provide the medical record or report to the patient's designated health care provider, unless the patient indicates that the patient does not want the telemedicine provider to send the medical record or report to the patient's designated health care provider.

- (3) Subsection (2)(g) does not apply to prescriptions for eyeglasses or contacts.
- (4) A provider offering telemedicine services may not diagnose a patient, provide treatment, or prescribe a prescription drug based solely on one of the following:
  - (a) an online questionnaire;
  - (b) an email message; or
  - (c) a patient-generated medical history.
- (5) A provider may not offer telehealth services if:
  - (a) the provider is not in compliance with applicable laws, rules, and regulations regarding the provider's licensed practice; or
  - (b) the provider's license under Title 58, Occupations and Professions, is not active and in good standing.
- (6)
  - (a) The Division of Professional Licensing created in Section 58-1-103 is authorized to enforce the provisions of this section as it relates to providers licensed under Title 58, Occupations and Professions.
  - (b) The department is authorized to enforce the provisions of:
    - (i) this section as it relates to providers licensed under this title; and
    - (ii) this section as it relates to providers licensed under Chapter 2, Part 1, Human Services Programs and Facilities.

Amended by Chapter 277, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

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

- (1) As used in this section:
  - (a) "Council" means the Utah Health Workforce Advisory Council created in Section 26B-1-425.
  - (b) "Health sector" means any place of employment where the primary function is the delivery of health care services.
  - (c)
    - (i) "Health workforce" means the individuals, collectively and by profession, who deliver health care services or assist in the delivery of health care services.
    - (ii) "Health workforce" includes any health care professional who does not work in the health sector and any non-health care professional who works in the health sector.
- (2) There is created within the department the Utah Health Workforce Information Center.
- (3) The information center shall:
  - (a) under the guidance of the council, work with the Department of Commerce to collect data described in Section 58-1-112;
  - (b) analyze data from any available source regarding Utah's health workforce including data collected by the Department of Commerce under Section 58-1-112;
  - (c) send a report to the council regarding any analysis of health workforce data;
  - (d) conduct research on Utah's health workforce as directed by the council;
  - (e) notwithstanding the provisions of Subsection 35A-4-312(3), receive information obtained by the Department of Workforce Services under the provisions of Section 35A-4-312 for purposes consistent with the information center's duties, including identifying changes in Utah's health workforce numbers, types, and geographic distribution;
  - (f) project the demand for individuals to enter health care professions, including the nursing profession in accordance with Section 53B-26-202;

- (g) subject to Section 26B-8-406, share data with any appropriate person as determined by the information center; and
  - (h) conduct research and provide analysis for any state agency as approved by the executive director or the executive director's designee.
- (4) Notwithstanding any other provision of state law, the information center is authorized to obtain data from any state agency if:
- (a) the council and the information center deem receiving the data necessary to perform a duty listed under Subsection (3) or 26B-1-425(7); and
  - (b) the information center's access to the data will not:
    - (i) violate any federal statute or federal regulation; or
    - (ii) violate a condition a state agency must follow:
      - (A) to participate in a federal program; or
      - (B) to receive federal funds.

Renumbered and Amended by Chapter 307, 2023 General Session

**26B-4-706 Utah Medical Education Council.**

- (1)
- (a) There is created the Utah Medical Education Council, which is a subcommittee of the Utah Health Workforce Advisory Council.
  - (b) The membership of UMEC shall consist of the following appointed by the governor:
    - (i) the dean of the school of medicine at the University of Utah;
    - (ii) an individual who represents graduate medical education at the University of Utah;
    - (iii) an individual from each institution, other than the University of Utah, that sponsors an accredited clinical education program;
    - (iv) an individual from the health care insurance industry; and
    - (v)
      - (A) three members of the general public who are not employed by or affiliated with any institution that offers, sponsors, or finances health care or medical education; and
      - (B) if the number of individuals appointed under Subsection (1)(b)(iii) is more than two, the governor may appoint an additional member of the public under this Subsection (1)(b)(v) for each individual the governor appoints under Subsection (1)(b)(iii) beyond two.
- (2) Except as provided in Subsections (1)(b)(i) and (ii), no two UMEC members may be employed by or affiliated with the same:
- (a) institution of higher education;
  - (b) state agency outside of higher education; or
  - (c) private entity.
- (3) The dean of the school of medicine at the University of Utah:
- (a) shall chair UMEC;
  - (b) may not be counted in determining the existence of a quorum; and
  - (c) may only cast a vote on a matter before the council if the vote of the other council members results in a tied vote.
- (4) UMEC shall annually elect a vice chair from UMEC's members.
- (5)
- (a) Consistent with Subsection (6)(b), a majority of the members constitute a quorum.
  - (b) The action of a majority of a quorum is the action of UMEC.
- (6)
- (a) Except as provided in Subsection (6)(b), members are appointed to four-year terms of office.

- (b) Notwithstanding Subsection (6)(a), the governor shall, at the time of the initial appointment, adjust the length of terms to ensure that the terms of UMEC members are staggered so that approximately half of the members are appointed every two years.
  - (c) If a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term in the same manner as the original appointment was made.
- (7) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (8) The council shall provide staff for UMEC.

Amended by Chapter 139, 2023 General Session  
Renumbered and Amended by Chapter 307, 2023 General Session

**26B-4-707 Medical Education Program.**

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

Renumbered and Amended by Chapter 307, 2023 General Session

**26B-4-708 Duties of UMEC.**

UMEC shall:

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

Renumbered and Amended by Chapter 307, 2023 General Session

**26B-4-709 Powers of UMEC.**

The UMEC may:

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

Renumbered and Amended by Chapter 307, 2023 General Session

**26B-4-710 Rural residency training program.**

(1) As used in this section:

(a) "Physician" means:

- (i) an individual licensed to practice medicine under Title 58, Chapter 67, Utah Medical Practice Act or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
- (ii) an individual licensed to practice dentistry under Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act.

(b) "Rural residency training program" means an accredited clinical training program that places a physician into a rural county for a part or all of the physician's clinical training.

(2) Subject to appropriations from the Legislature, UMEC shall establish a pilot program to place physicians into rural residency training programs.

Renumbered and Amended by Chapter 307, 2023 General Session

**26B-4-711 Residency grant program.**

(1) As used in this section:

(a) "D.O. program" means an osteopathic medical program that prepares a graduate to obtain licensure as a doctor of osteopathic medicine upon completing a state's licensing requirements.

(b) "M.D. program" means a medical education program that prepares a graduate to obtain licensure as a doctor of medicine upon completing a state's licensing requirements.

(c) "Residency program" means a program that provides training for graduates of a D.O. program or an M.D. program.

(2) UMEC shall develop a grant program where a sponsoring institution in Utah may apply for a grant to establish a new residency program or expand a current residency program.

(3) An applicant for a grant shall:

(a) provide the proposed specialty area for each grant funded residency position;

(b) identify where the grant funded residency position will provide care;

(c)

(i) provide proof that the residency program is accredited by the Accreditation Council for Graduate Medical Education; or

(ii) identify what actions need to occur for the proposed residency program to become accredited by the Accreditation Council for Graduate Medical Education;

(d) identify how a grant funded residency position will be funded once the residency program exhausts the grant money;

- (e) agree to implement selection processes for a residency position that treat applicants from D.O. programs and applicants from M.D. programs equally;
  - (f) agree to provide information identified by UMEC that relates to post-residency employment outcomes for individuals who work in grant funded residency positions; and
  - (g) provide any other information related to the grant application UMEC deems necessary.
- (4) UMEC shall prioritize awarding grants to new or existing residency programs that will:
- (a) address a workforce shortage, occurring in Utah, for a specialty; or
  - (b) serve an underserved population, including a rural population.
- (5) Before November 1, 2023, and each November 1 thereafter, UMEC shall provide a written report to the Higher Education 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.

Renumbered and Amended by Chapter 307, 2023 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 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;
    - (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.

Renumbered and Amended by Chapter 307, 2023 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 319l 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