

Effective 5/3/2023

Part 1
Health Promotion and Risk Reduction

26B-7-101 Definitions.

As used in this part:

- (1) "Down syndrome" means a genetic condition associated with an extra chromosome 21, in whole or in part, or an effective trisomy for chromosome 21.
- (2) "Maternal and child health services" means:
 - (a) the provision of educational, preventative, diagnostic, and treatment services, including medical care, hospitalization, and other institutional care and aftercare, appliances, and facilitating services directed toward reducing infant mortality and improving the health of mothers and children provided, however, that nothing in this Subsection (2) shall be construed to allow any agency of the state to interfere with the rights of the parent of an unmarried minor in decisions about the providing of health information or services;
 - (b) the development, strengthening, and improvement of standards and techniques relating to the services and care;
 - (c) the training of personnel engaged in the provision, development, strengthening, or improvement of the services and care; and
 - (d) necessary administrative services connected with Subsections (2)(a), (b), and (c).
- (3) "Minor" means a person under 18 years old.
- (4) "Services to children with disabilities" means:
 - (a) the early location of children with a disability, provided that any program of prenatal diagnosis for the purpose of detecting the possible disease or disabilities of an unborn child will not be used for screening, but rather will be utilized only when there are medical or genetic indications that warrant diagnosis;
 - (b) the provision for children described in Subsection (4)(a), of preventive, diagnosis, and treatment services, including medical care, hospitalization, and other institutional care and aftercare, appliances, and facilitating services directed toward the diagnosis of the condition of those children or toward the restoration of the children to maximum physical and mental health;
 - (c) the development, strengthening, and improvement of standards and techniques relating to services and care described in this Subsection (4);
 - (d) the training of personnel engaged in the provision, development, strengthening, or improvement of services and care described in this Subsection (4); and
 - (e) necessary administrative services connected with Subsections (4)(a), (b), and (c).

Amended by Chapter 308, 2023 General Session

26B-7-102 Director of family health services programs.

The executive director may appoint a director of family health services programs who shall be a board certified pediatrician or obstetrician with at least two years experience in public health programs.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-103 State plan for maternal and child health services.

The department shall prepare and submit a state plan for maternal and child health services as required by Title II of the Public Health Services Act. The plan shall be the official state plan for the state and shall be used as the basis for administration of Title V programs within the state.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-104 Child literacy -- Distribution of information kits.

- (1) The Legislature recognizes that effective child literacy programs can have a dramatic long-term impact on each child's ability to:
 - (a) succeed in school;
 - (b) successfully compete in a global society; and
 - (c) become a productive, responsible citizen.
- (2)
 - (a) To help further this end, the department may make available to parents of new-born infants, as a resource, an information kit regarding child development, the development of emerging literacy skills, and activities which promote and enhance emerging literacy skills, including reading aloud to the child on a regular basis.
 - (b) The department shall seek private funding to help support this program.
- (3)
 - (a) The department may seek assistance from the State Board of Education and local hospitals in making the information kit available to parents on a voluntary basis.
 - (b) The department may also seek assistance from private entities in making the kits available to parents.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-105 Cytomegalovirus (CMV) public education and testing.

- (1) As used in this section "CMV" means cytomegalovirus.
- (2) The department shall establish and conduct a public education program to inform pregnant women and women who may become pregnant regarding:
 - (a) the incidence of CMV;
 - (b) the transmission of CMV to pregnant women and women who may become pregnant;
 - (c) birth defects caused by congenital CMV;
 - (d) methods of diagnosing congenital CMV; and
 - (e) available preventative measures.
- (3) The department shall provide the information described in Subsection (2) to:
 - (a) child care programs licensed under Chapter 2, Part 4, Child Care Licensing, and their employees;
 - (b) a person described in Subsection 26B-2-405(1)(a)(iii) and Subsections 26B-2-405(2)(a), (b), (c), (e), and (f);
 - (c) a person serving as a school nurse under Section 53G-9-204;
 - (d) a person offering health education in a school district;
 - (e) health care providers offering care to pregnant women and infants; and
 - (f) religious, ecclesiastical, or denominational organizations offering children's programs as a part of worship services.
- (4) If a newborn infant fails the newborn hearing screening test(s) under Subsection 26B-4-319(1), a medical practitioner shall:

- (a) test the newborn infant for CMV before the newborn is 21 days old, unless a parent of the newborn infant objects; and
- (b) provide to the parents of the newborn infant information regarding:
 - (i) birth defects caused by congenital CMV; and
 - (ii) available methods of treatment.
- (5) The department shall provide to the family and the medical practitioner, if known, information regarding the testing requirements under Subsection (4) when providing results indicating that an infant has failed the newborn hearing screening test(s) under Subsection 26B-4-319(1).
- (6) The department may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, as necessary to administer the provisions of this section.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-106 Down syndrome diagnosis -- Information and support.

- (1) The department shall provide contact information for state and national Down syndrome organizations that are nonprofit and that provide information and support services for parents, including first-call programs and information hotlines specific to Down syndrome, resource centers or clearinghouses, and other education and support programs for Down syndrome.
- (2) The department shall:
 - (a) post the information described in Subsection (1) on the department's website; and
 - (b) create an informational support sheet with the information described in Subsection (1) and the web address described in Subsection (2)(a).
- (3) A Down syndrome organization may request that the department include the organization's informational material and contact information on the website. The department may add the information to the website, if the information meets the description under Subsection (1).
- (4) Upon request, the department shall provide a health care facility or health care provider a copy of the informational support sheet described in Subsection (2)(b) to give to a pregnant woman after the result of a prenatal screening or diagnostic test indicates the unborn child has or may have Down syndrome.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-107 Lead exposure public education and testing.

- (1) The department shall establish a child blood lead epidemiology and surveillance program to:
 - (a) encourage pediatric health care providers to include a lead test in accordance with the department's recommendations under Subsection (2); and
 - (b) conduct a public education program to inform parents of children who are two years old or younger regarding:
 - (i) the effects of lead exposure in children;
 - (ii) the availability of free screening and testing for lead exposure; and
 - (iii) other available preventative measures.
- (2) The department may recommend consideration of screening and testing during the first year or second year well child clinical visit.
- (3)
 - (a) The department shall provide the information described in Subsection (1) to organizations that regularly provide care or services for children who are 5 years old or younger.
 - (b) The department may work with the following organizations to share the information described in Subsection (1):

- (i) a child care program licensed under Chapter 2, Part 4, Child Care Licensing, and the employees of the child care program;
 - (ii) a health care facility licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
 - (iii) a person providing child care under a program that is described in Subsection 26B-2-405(2);
 - (iv) an individual offering health education in a school district, including a school nurse under Section 53G-9-204;
 - (v) a health care provider offering care to pregnant women and infants;
 - (vi) a religious, ecclesiastical, or denominational organization offering children's programs as a part of worship services;
 - (vii) an organization that advocates for public education, testing, and screening of children for lead exposure;
 - (viii) a local health department as defined in Section 26A-1-102; and
 - (ix) any other person that the department believes would advance public education regarding the effects of lead exposure on children.
- (4) The department shall seek grant funding to fund the program created in this section.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-108 Rules for sale of drugs, cosmetics, and medical devices.

The department shall establish and enforce rules for the sale or distribution of human drugs, cosmetics, and medical devices. The rules adopted under this section shall be no more stringent than those established by federal law.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-109 Director of community health nursing appointed by executive director.

The executive director shall appoint a director of community health nursing who shall develop, implement, monitor, and evaluate community health nursing standards and services and participate in the formulation of policies for administration of health services.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-110 Duty to establish program to reduce deaths and other harm from prescription opiates used for chronic noncancer pain.

- (1) As used in this section, "opiate" means any drug or other substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability.
- (2) In addition to the duties listed in Section 26B-1-202, the department shall develop and implement a two-year program in coordination with the Division of Professional Licensing, the Utah Labor Commission, and the Utah attorney general, to:
 - (a) investigate the causes of and risk factors for death and nonfatal complications of prescription opiate use and misuse in Utah for chronic pain by utilizing the Utah Controlled Substance Database created in Section 58-37f-201;
 - (b) study the risks, warning signs, and solutions to the risks associated with prescription opiate medications for chronic pain, including risks and prevention of misuse and diversion of those medications;

- (c) provide education to health care providers, patients, insurers, and the general public on the appropriate management of chronic pain, including the effective use of medical treatment and quality care guidelines that are scientifically based and peer reviewed; and
- (d) educate the public regarding:
 - (i) the purpose of the Controlled Substance Database established in Section 58-37f-201; and
 - (ii) the requirement that a person's name and prescription information be recorded on the database when the person fills a prescription for a schedule II, III, IV, or V controlled substance.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-111 Local health emergency assistance program.

- (1) As used in this section:
 - (a) "Local health department" means the same as that term is defined in Section 26A-1-102.
 - (b) "Local health emergency" means an unusual event or series of events causing or resulting in a substantial risk or substantial potential risk to the health of a significant portion of the population within the boundary of a local health department, as determined by the local health department.
 - (c) "Program" means the local health emergency assistance program that the department is required to establish under this section.
 - (d) "Program fund" means money that the Legislature appropriates to the department for use in the program and other money otherwise made available for use in the program.
- (2) The department shall establish, to the extent of funds appropriated by the Legislature or otherwise made available to the program fund, a local health emergency assistance program.
- (3) Under the program, the department shall:
 - (a) provide a method for a local health department to seek reimbursement from the program fund for local health department expenses incurred in responding to a local health emergency;
 - (b) require matching funds from any local health department seeking reimbursement from the program fund;
 - (c) establish a method for apportioning money in the program fund to multiple local health departments when the total amount of concurrent requests for reimbursement by multiple local health departments exceeds the balance in the program fund; and
 - (d) establish by rule other provisions that the department considers necessary or advisable to implement the program.
- (4)
 - (a)
 - (i) Subject to Subsection (4)(a)(ii), the department shall use money in the program fund exclusively for purposes of the program.
 - (ii) The department may use money in the program fund to cover its costs of administering the program.
 - (b) Money that the Legislature appropriates to the program fund is nonlapsing in accordance with Section 63J-1-602.1.
 - (c) Any interest earned on money in the program fund shall be deposited to the General Fund.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-112 Health care grant requests and funding.

- (1) Any time the United States Department of Health and Human Services accepts grant applications, the department shall apply for a grant under Title X of the Public Health Service Act, 42 U.S.C. Sec. 300 et seq.
- (2)
 - (a) As part of the application described in Subsection (1), the department shall request that the United States Department of Health and Human Services waive the requirement of the department to comply with requirements found in 42 C.F.R. Sec. 59.5(a)(4) pertaining to providing certain services to a minor without parental consent.
 - (b) If the department's application described in Subsection (1) is denied, and at such time the United States Department of Health and Human Services creates a waiver application process, the department shall apply for a waiver from compliance with the requirements found in 42 C.F.R. Sec. 59.5(a)(4) pertaining to providing certain services to a minor without parental consent in order to be eligible for a grant under Title X of the Public Health Service Act, 42 U.S.C. Sec. 300 et seq.
- (3) If the department receives a grant under Subsection (1), the department shall prioritize disbursement of grant funds in the prioritization order described in Subsection (4).
- (4)
 - (a)
 - (i) When disbursing grant funds, the department shall give first priority to nonpublic entities that provide family planning services as well as other comprehensive services to enable women to give birth and parent or place for adoption.
 - (ii) The department shall give preference to entities described in Subsection (4)(a)(i) that:
 - (A) expand availability of prenatal and postnatal care in low-income and under-served areas of the state;
 - (B) provide support for a woman to carry a baby to term;
 - (C) emphasize the health and viability of the fetus; and
 - (D) provide education and maternity support.
 - (iii) If the department receives applications from qualifying nonpublic entities as described in Subsection (4)(a), the department shall disburse all of the grant funds to qualifying nonpublic entities described in Subsection (4)(a).
 - (b) If grant funds are not exhausted under Subsection (4)(a), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a), the department shall give second priority for grant funds to nonpublic entities that provide:
 - (i) family planning services; and
 - (ii) required primary health services as described in 42 U.S.C. Sec. 254b(b)(1)(A).
 - (c) If grant funds are not exhausted under Subsections (4)(a) and (b), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a) or (b), the department shall give third priority for grant funds to public entities that provide family planning services, including state, county, or local community health clinics, and community action organizations.
 - (d) If grant funds are not exhausted under Subsections (4)(a), (b), and (c), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a), (b), or (c), the department shall give fourth priority for grant funds to nonpublic entities that provide family planning services but do not provide required primary health services as described in 42 U.S.C. Sec. 254b(b)(1)(A).

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-113 Identification of major risk factors by department -- Education of public -- Establishment of programs.

The department shall identify the major risk factors contributing to injury, sickness, death, and disability within the state and where it determines that a need exists, educate the public regarding these risk factors, and the department may establish programs to reduce or eliminate these factors except that such programs may not be established if adequate programs exist in the private sector.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-114 Office of Health Equity -- Duties.

(1) As used in this section:

(a) "Multicultural or minority health issue" means a health issue, including a mental and oral health issue, of particular interest to cultural, ethnic, racial, or other subpopulations, including:

(i) disparities in:

(A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment response; and

(B) access to care; and

(ii) cultural competency in the delivery of health care.

(b) "Office" means the Office of Health Equity created in this section.

(2) There is created within the department the Office of Health Equity.

(3) The office shall:

(a) promote and coordinate the research, data production, dissemination, education, and health promotion activities of the following that relate to a multicultural or minority health issue:

(i) the department;

(ii) local health departments;

(iii) local mental health authorities;

(iv) public schools;

(v) community-based organizations; and

(vi) other organizations within the state;

(b) assist in the development and implementation of one or more programs to address a multicultural or minority health issue;

(c) promote the dissemination and use of information on a multicultural or minority health issue by minority populations, health care providers, and others;

(d) seek federal funding and other resources to accomplish the office's mission;

(e) provide technical assistance to organizations within the state seeking funding to study or address a multicultural or minority health issue;

(f) develop and increase the capacity of the office to:

(i) ensure the delivery of qualified timely culturally appropriate translation services across department programs; and

(ii) provide, when appropriate, linguistically competent translation and communication services for limited English proficiency individuals;

(g) provide staff assistance to any advisory committee created by the department to study a multicultural or minority health issue; and

(h) annually report to the Legislature on its activities and accomplishments.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-115 Utah Registry of Autism and Developmental Disabilities.

- (1) As used in this section, "URADD" means the Utah Registry of Autism and Developmental Disabilities.
- (2) The department may enter into an agreement with:
 - (a) the University of Utah or another person for the operation of URADD; and
 - (b) a person to conduct a public education campaign to:
 - (i) improve public awareness of the early warning signs of autism spectrum disorders and developmental disabilities; and
 - (ii) promote the early identification of autism spectrum disorders and developmental disabilities.
- (3) URADD shall consist of a database that collects information on people in the state who have an autism spectrum disorder or a developmental disability.
- (4) The purpose of URADD is to assist health care providers to:
 - (a) determine the risk factors and causes of autism spectrum disorders and developmental disabilities;
 - (b) plan for and develop resources, therapies, methods of diagnoses, and other services for people with an autism spectrum disorder or a developmental disability;
 - (c) facilitate measuring and tracking of treatment outcomes;
 - (d) gather statistics relating to autism spectrum disorders and developmental disabilities; and
 - (e) improve coordination and cooperation between agencies and other programs that provide services to people with an autism spectrum disorder or a developmental disability.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-116 Radon awareness campaign.

The department shall, in consultation with the Division of Waste Management and Radiation Control, develop a statewide electronic awareness campaign to educate the public regarding:

- (1) the existence and prevalence of radon gas in buildings and structures;
- (2) the health risks associated with radon gas;
- (3) options for radon gas testing; and
- (4) options for radon gas remediation.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-117 Syringe exchange and education.

- (1) The following may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs, and those individuals' contacts:
 - (a) a government entity, including:
 - (i) the department;
 - (ii) a local health department; or
 - (iii) a local substance abuse authority, as defined in Section 26B-5-101;
 - (b) a nongovernment entity, including:
 - (i) a nonprofit organization; or
 - (ii) a for-profit organization; or
 - (c) any other entity that complies with Subsections (2) and (3).
- (2) An entity operating a syringe exchange program in the state shall:
 - (a) facilitate the exchange of an individual's used syringe for one or more new syringes in sealed sterile packages;
 - (b) ensure that a recipient of a new syringe is given verbal and written instruction on:

- (i) methods for preventing the transmission of blood-borne diseases, including hepatitis C and human immunodeficiency virus; and
 - (ii) options for obtaining:
 - (A) services for the treatment of a substance use disorder;
 - (B) testing for a blood-borne disease; and
 - (C) an opiate antagonist; and
 - (c) report annually to the department the following information about the program's activities:
 - (i) the number of individuals who have exchanged syringes;
 - (ii) the number of used syringes exchanged for new syringes; and
 - (iii) the number of new syringes provided in exchange for used syringes.
- (3) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, specifying how and when an entity operating a syringe exchange program shall make the report required by Subsection (2)(c).

Amended by Chapter 250, 2024 General Session

26B-7-118 Online public health education module for vaccine-preventable diseases.

- (1) As used in this section:
- (a) "Health care provider" means the same as that term is defined in Section 78B-3-403.
 - (b) "Nonimmune" means that a child or an individual:
 - (i) has not received each vaccine required in Section 53G-9-305 and has not developed a natural immunity through previous illness to a vaccine-preventable disease, as documented by a health care provider;
 - (ii) cannot receive each vaccine required in Section 53G-9-305; or
 - (iii) is otherwise known to not be immune to a vaccine-preventable disease.
 - (c) "Vaccine-preventable disease" means an infectious disease that can be prevented by a vaccination required in Section 53G-9-305.
- (2) The department shall develop an online education module regarding vaccine-preventable diseases:
- (a) to assist a parent of a nonimmune child to:
 - (i) recognize the symptoms of vaccine-preventable diseases;
 - (ii) respond in the case of an outbreak of a vaccine-preventable disease;
 - (iii) protect children who contract a vaccine-preventable disease; and
 - (iv) prevent the spread of vaccine-preventable diseases;
 - (b) that contains only the following:
 - (i) information about vaccine-preventable diseases necessary to achieve the goals stated in Subsection (2)(a), including the best practices to prevent the spread of vaccine-preventable diseases;
 - (ii) recommendations to reduce the likelihood of a nonimmune individual contracting or transmitting a vaccine-preventable disease; and
 - (iii) information about additional available resources related to vaccine-preventable diseases and the availability of low-cost vaccines;
 - (c) that includes interactive questions or activities; and
 - (d) that is expected to take an average user 20 minutes or less to complete, based on user testing.
- (3) In developing the online education module described in Subsection (2), the department shall consult with individuals interested in vaccination or vaccine-preventable diseases, including:
- (a) representatives from organizations of health care professionals; and

- (b) parents of nonimmune children.
- (4) The department shall make the online education module described in Subsection (2) publicly available to parents through:
 - (a) a link on the department's website;
 - (b) county health departments, as that term is defined in Section 26A-1-102;
 - (c) local health departments, as that term is defined in Section 26A-1-102;
 - (d) local education agencies, as that term is defined in Section 53E-1-102; and
 - (e) other public health programs or organizations.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-119 Hepatitis C Outreach Pilot Program.

- (1) As used in this section, "Hepatitis C outreach organization" means a private nonprofit organization that:
 - (a) has an established relationship with individuals who are at risk of acquiring acute Hepatitis C;
 - (b) helps individuals who need Hepatitis C treatment, but who do not qualify for payment of the treatment by the Medicaid program or another health insurer, to obtain treatment;
 - (c) has the infrastructure necessary for conducting Hepatitis C assessment, testing, and diagnosis, including clinical staff with the training and ability to provide:
 - (i) specimen collection for Hepatitis C testing;
 - (ii) clinical assessments;
 - (iii) consultation regarding blood-borne diseases; and
 - (iv) case management services for patient support during Hepatitis C treatment; or
 - (d) has a partnership with a health care facility that can provide clinical follow-up and medical treatment following Hepatitis C rapid antibody testing and confirmatory testing.
- (2) There is created within the department the Hepatitis C Outreach Pilot Program.
- (3) Before September 1, 2020, the department shall, as funding permits, make grants to Hepatitis C outreach organizations in accordance with criteria established by the department under Subsection (4).
- (4) Before July 1, 2020, the department shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
 - (a) create application requirements for a grant from the program;
 - (b) establish criteria for determining:
 - (i) whether a grant is awarded, including criteria that ensure grants are awarded to areas of the state, including rural areas, that would benefit most from the grant; and
 - (ii) the amount of a grant; and
 - (c) specify reporting requirements for the recipient of a grant under this section.

Amended by Chapter 250, 2024 General Session

26B-7-120 Invisible condition alert program education and outreach.

- (1) As used in this section:
 - (a) "Health care professional" means the same as that term is defined in Section 53-3-207.
 - (b) "Invisible condition" means the same as that term is defined in Section 53-3-207.
 - (c) "Invisible condition alert program" means the same as that term is defined in Section 53-27-101.
- (2) In coordination with the Department of Public Safety as described in Section 53-27-102, the department shall develop:

- (a) informational materials that describe the availability of the invisible condition alert program, including information on how an individual with an invisible condition may participate in the program; and
 - (b) educational materials for health care professionals regarding the invisible condition alert program.
- (3) The materials described in Subsection (2) shall be made available to health care professionals in accordance with Section 58-1-604.

Enacted by Chapter 456, 2023 General Session

26B-7-121 Sickle cell disease.

In collaboration with the Medicaid program as defined in Section 26B-3-101, the Drug Utilization Review Board created in Section 26B-3-302, the Health Data Committee created in Section 26B-1-413, the Office of Health Disparities Reduction created in Section 26B-7-114, and others within the department, the Division of Population Health created in Section 26B-1-204 shall:

- (1) review and develop recommendations for improving the surveillance, screening, diagnosis, and treatment of sickle cell disease among residents of the state; and
- (2) report the recommendations to the Health and Human Services Interim Committee before July 1, 2024.

Enacted by Chapter 465, 2023 General Session

26B-7-122 Communication Habits to reduce Adolescent Threats Pilot Program.

- (1) As used in this section:
 - (a) "Campaign" means a multimedia marketing strategy.
 - (b) "CHAT" means the Communication Habits to reduce Adolescent Threats Pilot Program created in this section.
- (2) There is created a Communication Habits to reduce Adolescent Threats, or CHAT, Pilot Program as described in this part.
- (3) By no later than October 1, 2024, the department shall issue a request for proposals for the creation of a statewide CHAT campaign to:
 - (a) increase public awareness of:
 - (i) the benefits of strong communication skills, particularly between a minor and the minor's parent or guardian; and
 - (ii) the harms associated with poor communication or a lack of communication; and
 - (b) promote:
 - (i) the destigmatization of mental health issues;
 - (ii) the personal and community benefits of effective communication;
 - (iii) tips and advice on how to effectively communicate; and
 - (iv) resources to support minors if they are struggling with mental illness.
- (4) The CHAT campaign shall include a branding strategy around the CHAT campaign to increase public awareness.
- (5) The request for proposals described in Subsection (3) shall be open to an institution of higher education.
- (6) Within available funds, the department shall enter into an agreement with the selected proposer to implement the CHAT campaign selected through the request for proposal process on a statewide basis through June 30, 2029.

- (7) The department may accept donations and use those funds to support the implementation of the CHAT campaign.

Enacted by Chapter 285, 2024 General Session

26B-7-123 Report on CHAT campaign.

- (1) The department shall determine metrics to measure the success of the CHAT campaign and regularly reevaluate those metrics.
- (2) No later than September 1, 2028, the department shall create a report on:
 - (a) the implementation of the CHAT campaign;
 - (b) the results of the CHAT campaign; and
 - (c) recommendations for the continuance or the suspension of the CHAT campaign.
- (3) The department shall deliver the report described in Subsection (2) to the Health and Human Services Interim Committee, no later than October 1, 2028.

Enacted by Chapter 285, 2024 General Session

26B-7-124 Rules for public cold baths.

- (1) As used in this section, "public cold bath" means a tub or tank that:
 - (a) is used by:
 - (i) the general public, regardless of whether there is a charge or payment for use; and
 - (ii) one bather at a time;
 - (b) contains chilled water that is:
 - (i) maintained at a temperature lower than 60 degrees Fahrenheit;
 - (ii) no more than 180 gallons in volume; and
 - (iii) at a depth that allows the bather to maintain the bather's head above the water while in a seated position; and
 - (c) continuously filters and sanitizes the chilled water.
- (2) The department may not adopt a rule that restricts, limits, or imposes requirements on the operation of a public cold bath.

Enacted by Chapter 478, 2024 General Session