

Effective 5/3/2023

Part 2
Detection and Management of Chronic and
Communicable Diseases and Public Health Emergencies

26B-7-201 Definitions.

As used in this part:

- (1) "Ambulatory surgical center" means the same as that term is defined in Section 26B-2-201.
- (2) "Carrier" means an infected individual or animal who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for man. The carrier state may occur in an individual with an infection that is inapparent throughout its course, commonly known as healthy or asymptomatic carrier, or during the incubation period, convalescence, and postconvalescence of an individual with a clinically recognizable disease, commonly known as incubatory carrier or convalescent carrier. Under either circumstance the carrier state may be of short duration, as a temporary or transient carrier, or long duration, as a chronic carrier.
- (3) "Communicable disease" means illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host, either directly, as from an infected individual or animal, or indirectly, through an intermediate plant or animal host, vector, or the inanimate environment.
- (4) "Communicable period" means the time or times during which an infectious agent may be transferred directly or indirectly from an infected individual to another individual, from an infected animal to a human, or from an infected human to an animal, including arthropods.
- (5) "Contact" means an individual or animal having had association with an infected individual, animal, or contaminated environment so as to have had an opportunity to acquire the infection.
- (6) "End stage renal disease facility" is as defined in Section 26B-2-201.
- (7)
 - (a) "Epidemic" means the occurrence or outbreak in a community or region of cases of an illness clearly in excess of normal expectancy and derived from a common or propagated source.
 - (b) The number of cases indicating an epidemic will vary according to the infectious agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.
 - (c) Epidemicity is considered to be relative to usual frequency of the disease in the same area, among the specified population, at the same season of the year.
- (8) "General acute hospital" is as defined in Section 26B-2-201.
- (9) "Incubation period" means the time interval between exposure to an infectious agent and appearance of the first sign or symptom of the disease in question.
- (10) "Infected individual" means an individual who harbors an infectious agent and who has manifest disease or inapparent infection. An infected individual is one from whom the infectious agent can be naturally acquired.
- (11) "Infection" means the entry and development or multiplication of an infectious agent in the body of man or animals. Infection is not synonymous with infectious disease; the result may be inapparent or manifest. The presence of living infectious agents on exterior surfaces of the body, or upon articles of apparel or soiled articles, is not infection, but contamination of such surfaces and articles.
- (12) "Infectious agent" means an organism such as a virus, rickettsia, bacteria, fungus, protozoan, or helminth that is capable of producing infection or infectious disease.

- (13) "Infectious disease" means a disease of man or animals resulting from an infection.
- (14) "Isolation" means the separation, for the period of communicability, of infected individuals or animals from others, in such places and under such conditions as to prevent the direct or indirect conveyance of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.
- (15) "Local food" means the same as that term is defined in Section 4-1-109.
- (16) "Order of constraint" means the same as that term is defined in Section 26B-7-301.
- (17) "Quarantine" means the restriction of the activities of well individuals or animals who have been exposed to a communicable disease during its period of communicability to prevent disease transmission.
- (18) "School" means a public, private, or parochial nursery school, licensed or unlicensed day care center, child care facility, family care home, Head Start program, kindergarten, elementary, or secondary school through grade 12.
- (19) "Sexually transmitted disease" means those diseases transmitted through sexual intercourse or any other sexual contact.
- (20) "Specialty hospital" is as defined in Section 26B-2-201.

Amended by Chapter 152, 2024 General Session

26B-7-202 Authority to investigate and control epidemic infections and communicable disease.

- (1) Subject to Subsection (4) and the restrictions in this title, the department has authority to investigate and control the causes of epidemic infections and communicable disease, and shall provide for the detection, reporting, prevention, and control of communicable diseases and epidemic infections or any other health hazard which may affect the public health.
- (2) This part does not authorize the department to control the production, processing, distribution, or sale price of local food in response to a public health emergency, as that term is defined in Section 26B-7-301.
- (3)
 - (a) As part of the requirements of Subsection (1), the department shall distribute to the public and to health care professionals:
 - (i) medically accurate information about sexually transmitted diseases that may cause infertility and sterility if left untreated, including descriptions of:
 - (A) the probable side effects resulting from an untreated sexually transmitted disease, including infertility and sterility;
 - (B) medically accepted treatment for sexually transmitted diseases;
 - (C) the medical risks commonly associated with the medical treatment of sexually transmitted diseases; and
 - (D) suggested screening by a private physician or physician assistant; and
 - (ii) information about:
 - (A) public services and agencies available to assist individuals with obtaining treatment for the sexually transmitted disease;
 - (B) medical assistance benefits that may be available to the individual with the sexually transmitted disease; and
 - (C) abstinence before marriage and fidelity after marriage being the surest prevention of sexually transmitted disease.
 - (b) The information described in Subsection (3)(a):
 - (i) shall be distributed by the department and by local health departments free of charge;

- (ii) shall be relevant to the geographic location in which the information is distributed by:
 - (A) listing addresses and telephone numbers for public clinics and agencies providing services in the geographic area in which the information is distributed; and
 - (B) providing the information in English as well as other languages that may be appropriate for the geographic area.
- (c)
 - (i) Except as provided in Subsection (3)(c)(ii), the department shall develop written material that includes the information described in this Subsection (3).
 - (ii) In addition to the written materials described in Subsection (3)(c)(i), the department may distribute the information described in this Subsection (3) by any other methods the department determines is appropriate to educate the public, excluding public schools, including websites, toll free telephone numbers, and the media.
 - (iii) If the information described in Subsection (3)(b)(ii)(A) is not included in the written pamphlet developed by the department, the written material shall include either a website, or a 24-hour toll free telephone number that the public may use to obtain that information.
- (4)
 - (a) The Legislature may at any time terminate by joint resolution an order of constraint issued by the department as described in this section in response to a declared public health emergency.
 - (b) A county governing body may at any time terminate by majority vote an order of constraint issued by the relevant local health department as described in this section in response to a declared public health emergency.

Amended by Chapter 152, 2024 General Session

26B-7-203 Reporting AIDS and HIV infection -- Anonymous testing.

- (1) Because of the nature and consequences of Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus infection, the department shall:
 - (a) require reporting of those conditions; and
 - (b) utilize contact tracing and other methods for "partner" identification and notification. The department shall, by rule, define individuals who are considered "partners" for purposes of this section.
- (2)
 - (a) The requirements of Subsection (1) do not apply to seroprevalence and other epidemiological studies conducted by the department.
 - (b) The requirements of Subsection (1) do not apply to, and anonymity shall be provided in, research studies conducted by universities or hospitals, under the authority of institutional review boards if those studies are funded in whole or in part by research grants and if anonymity is required in order to obtain the research grant or to carry out the research.
- (3) For all purposes of Sections 26B-7-201 through 26B-7-223, Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus infection are considered communicable and infectious diseases.
- (4) The department may establish or allow one site or agency within the state to provide anonymous testing.
 - (a) The site or agency that provides anonymous testing shall maintain accurate records regarding:
 - (i) the number of HIV positive individuals that it is able to contact or inform of their condition;
 - (ii) the number of HIV positive individuals who receive extensive counseling;

- (iii) how many HIV positive individuals provide verifiable information for partner notification; and
 - (iv) how many cases in which partner notification is carried through.
- (b) If the information maintained under Subsection (4)(a) indicates anonymous testing is not resulting in partner notification, the department shall phase out the anonymous testing program allowed by this Subsection (4).

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-205 Willful introduction of communicable disease a misdemeanor.

Any person who willfully or knowingly introduces any communicable or infectious disease into any county, municipality, or community is guilty of a class A misdemeanor, except as provided in Section 76-10-1309.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-206 Duty to report individual suspected of having communicable disease.

The following shall report to the department or the local health department regarding any individual suffering from or suspected of having a disease that is communicable, as required by department rule:

- (1) health care providers as defined in Section 78B-3-403;
- (2) facilities licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
- (3) health care facilities operated by the federal government;
- (4) mental health facilities;
- (5) care facilities licensed by the department;
- (6) nursing homes and other care facilities;
- (7) dispensaries, clinics, or laboratories that diagnose, test, or otherwise care for individuals who are suffering from a disease suspected of being communicable;
- (8) individuals who have knowledge of others who have a communicable disease;
- (9) individuals in charge of schools having responsibility for any individuals who have a disease suspected of being communicable; and
- (10) child care programs, as defined in Section 26B-2-401.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-207 Designation of communicable diseases by department -- Establishment of rules for detection, reporting, investigation, prevention, and control.

The department may designate those diseases which are communicable, of concern to the public health, and reportable; and establish rules for the detection, reporting, investigation, prevention, and control of communicable diseases, epidemic infections, and other health hazards that affect the public health.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-208 Tuberculosis -- Duty of department to investigate, control, and monitor.

- (1) The department shall conduct or oversee the investigation, control, and monitoring of suspected or confirmed tuberculosis infection and disease within the state. Local health departments shall investigate, control, and monitor suspected or confirmed tuberculosis infection and disease within their respective jurisdictions.

- (2) A health care provider who treats an individual with suspected or confirmed tuberculosis shall treat the individual according to guidelines established by the department.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-209 Tuberculosis -- Testing of high risk individuals.

Individuals at high risk for tuberculosis shall be tested as required by department rule, which:

- (1) shall establish criteria to identify individuals who are at high risk for tuberculosis; and
- (2) may establish who is responsible for the costs of the testing.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-210 Rabies or other animal disease -- Investigation and order of quarantine.

- (1) As used in this section, "quarantine" means strict confinement upon the private premises of the owners, under restraint by leash, closed cage or paddock of all animals specified by the order.
- (2)
 - (a) Whenever rabies or any other animal disease dangerous to the health of human beings is reported, the department shall investigate to determine whether such disease exists, and the probable area of the state in which man or beast is thereby endangered.
 - (b) If the department finds that such disease exists, a quarantine may be declared against all animals designated in the quarantine order and within the area specified in the order.
 - (c) If the quarantine is for the purpose of preventing the spread of rabies or hydrophobia, the order shall contain a warning to the owners of dogs within the quarantined area to confine or muzzle all dogs to prevent biting.
 - (d) Any dog not muzzled found running at large in a quarantined area or any dog known to have been removed from or escaped from such area, may be killed by any person without liability therefor.
- (3) Following the order of quarantine the department shall make a thorough investigation as to the extent of the disease, the probable number of persons and beasts exposed, and the area involved.
- (4) During the period any quarantine order is in force all peace officers may kill or capture and hold for further action by the department all animals in a quarantined area not held in restraint on private premises.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-211 Rabies or other animal disease -- Possession of animal in violation of part a misdemeanor.

Any person in possession of any animal being held in violation of Sections 26B-7-201 through 26B-7-223 is guilty of a class C misdemeanor.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-212 Sexually transmitted infections declared dangerous to public health.

Syphilis, gonorrhea, lymphogranuloma inguinale (venereum) and chancroid are hereby declared to be contagious, infectious, communicable and dangerous to the public health.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-213 Sexually transmitted infections -- Examinations by authorities -- Treatment of infected persons.

State, county, and municipal health officers within their respective jurisdictions may make examinations of persons reasonably suspected of being infected with sexually transmitted infections. Persons infected with sexually transmitted infections shall be required to report for treatment to either a reputable physician or physician assistant and continue treatment until cured or to submit to treatment provided at public expense until cured.

Amended by Chapter 240, 2024 General Session

26B-7-214 Sexually transmitted infections -- Consent of minor to treatment.

- (1) A consent to medical care or services by a hospital or public clinic or the performance of medical care or services by a licensed physician or physician assistant executed by a minor who is or professes to be afflicted with a sexually transmitted disease, shall have the same legal effect upon the minor and the same legal obligations with regard to the giving of consent as a consent given by a person of full legal age and capacity, the infancy of the minor and any contrary provision of law notwithstanding.
- (2) The consent of the minor is not subject to later disaffirmance by reason of minority at the time it was given and the consent of no other person or persons shall be necessary to authorize hospital or clinical care or services to be provided to the minor by a licensed physician or physician assistant.
- (3) The provisions of this section shall apply also to minors who profess to be in need of hospital or clinical care and services or medical care or services provided by a physician or physician assistant for suspected sexually transmitted disease, regardless of whether such professed suspicions are subsequently substantiated on a medical basis.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-215 Sexually transmitted infections -- Examination and treatment of persons in prison or jail.

- (1)
 - (a) All persons confined in any state, county, or city prison or jail shall be examined, and if infected, treated for sexually transmitted infections by the health authorities.
 - (b) The prison authorities of every state, county, or city prison or jail shall make available to the health authorities such portion of the prison or jail as may be necessary for a clinic or hospital wherein all persons suffering with sexually transmitted infections at the time of the expiration of their terms of imprisonment, shall be isolated and treated at public expense until cured.
- (2)
 - (a) The department may require persons suffering with sexually transmitted infections at the time of the expiration of their terms of imprisonment to report for treatment to a licensed physician or physician assistant or submit to treatment provided at public expense in lieu of isolation.
 - (b) Nothing in this section shall interfere with the service of any sentence imposed by a court as a punishment for the commission of crime.

Amended by Chapter 240, 2024 General Session

26B-7-216 Serological testing of pregnant or recently delivered women.

- (1) As used in this section, a "standard serological test" means a test for syphilis approved by the department and made at an approved laboratory.
- (2)
 - (a) Every licensed physician, surgeon, or physician assistant attending a pregnant or recently delivered woman for conditions relating to her pregnancy shall take or cause to be taken a sample of blood of the woman at the time of first examination or within 10 days thereafter.
 - (b) The blood sample shall be submitted to an approved laboratory for a standard serological test for syphilis.
 - (c) The provisions of this section do not apply to any female who objects thereto on the grounds that she is a bona fide member of a specified, well recognized religious organization whose teachings are contrary to the tests.
- (3)
 - (a) Every other person attending a pregnant or recently delivered woman, who is not permitted by law to take blood samples, shall within 10 days from the time of first attendance cause a sample of blood to be taken by a licensed physician or physician assistant.
 - (b) The blood sample shall be submitted to an approved laboratory for a standard serological test for syphilis.
- (4)
 - (a) An approved laboratory is a laboratory approved by the department according to its rules governing the approval of laboratories for the purpose of this title.
 - (b) In submitting the sample to the laboratory the physician or physician assistant shall designate whether it is a prenatal test or a test following recent delivery.
- (5) The laboratory shall transmit a detailed report of the standard serological test, showing the result thereof to the physician or physician assistant.

Amended by Chapter 113, 2024 General Session

26B-7-217 Information regarding communicable or reportable diseases confidentiality -- Exceptions.

- (1)
 - (a) Information collected under Sections 26B-7-201 through 26B-7-223 in the possession of the department or local health departments relating to an individual who has or is suspected of having a disease designated by the department as a communicable or reportable disease under Sections 26B-7-201 through 26B-7-223 shall be held by the department and local health departments as strictly confidential.
 - (b) The department and local health departments may not release or make public that information upon subpoena, search warrant, discovery proceedings, or otherwise, except as provided by this section.
- (2) The information described in Subsection (1) may be released by the department or local health departments only in accordance with the requirements of Sections 26B-7-201 through 26B-7-223 and as follows:
 - (a) specific medical or epidemiological information may be released with the written consent of the individual identified in that information or, if that individual is deceased, the individual's next-of-kin;
 - (b) specific medical or epidemiological information may be released to medical personnel or peace officers in a medical emergency, as determined by the department in accordance with guidelines it has established, only to the extent necessary to protect the health or life

- of the individual identified in the information, or of the attending medical personnel or law enforcement or public safety officers;
- (c) specific medical or epidemiological information may be released to authorized personnel within the department, local health departments, public health authorities, official health agencies in other states, the United States Public Health Service, the Centers for Disease Control and Prevention, or when necessary to continue patient services or to undertake public health efforts to interrupt the transmission of disease;
 - (d) if the individual identified in the information is under the 18 years old, the information may be released to the Division of Child and Family Services within the department in accordance with Section 80-2-602, and if that information is required in a court proceeding involving child abuse or sexual abuse under Title 76, Chapter 5, Offenses Against the Individual, the information shall be disclosed in camera and sealed by the court upon conclusion of the proceedings;
 - (e) specific medical or epidemiological information may be released to authorized personnel in the department or in local health departments, and to the courts, to carry out the provisions of this title, and rules adopted by the department in accordance with this title;
 - (f) specific medical or epidemiological information may be released to blood banks, organ and tissue banks, and similar institutions for the purpose of identifying individuals with communicable diseases. The department may, by rule, designate the diseases about which information may be disclosed under this subsection, and may choose to release the name of an infected individual to those organizations without disclosing the specific disease;
 - (g) specific medical or epidemiological information may be released in such a way that no individual is identifiable;
 - (h) specific medical or epidemiological information may be released to a health care provider as defined in Section 78B-3-403, health care personnel, and public health personnel who have a legitimate need to have access to the information in order to assist the patient, or to protect the health of others closely associated with the patient;
 - (i) specific medical or epidemiological information regarding a health care provider, as defined in Section 78B-3-403, may be released to the department, the appropriate local health department, and the Division of Professional Licensing within the Department of Commerce, if the identified health care provider is endangering the safety or life of any individual by his continued practice of health care;
 - (j) specific medical or epidemiological information may be released in accordance with Section 26B-7-221 if an individual is not identifiable; and
 - (k) specific medical or epidemiological information may be released to a state agency as defined in Section 67-27-102, to perform the analysis described in Subsection 26B-7-222(4) if the state agency agrees to act in accordance with the requirements in this part.
- (3) The provisions of Subsection (2)(h) do not create a duty to warn third parties, but is intended only to aid health care providers in their treatment and containment of infectious disease.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-218 Protection from examination in legal proceedings -- Exceptions.

- (1) Except as provided in Subsection (2), an officer or employee of the department or of a local health department may not be examined in a legal proceeding of any kind or character as to the existence or content of information retained pursuant to Sections 26B-7-201 through 26B-7-223 or obtained as a result of an investigation conducted pursuant to Sections 26B-7-201 through

26B-7-223, without the written consent of the individual who is identified in the information or, if that individual is deceased, the consent of the individual's next-of-kin.

- (2) This section does not restrict testimony and evidence provided by an employee or officer of the department or a local health department about:
- (a) persons who are under restrictive actions taken by the department in accordance with Subsection 26B-7-217(2)(e); or
 - (b) individuals or groups of individuals subject to examination, treatment, isolation, and quarantine actions under Part 3, Treatment, Isolation, and Quarantine Procedures for Communicable Diseases.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-219 Violation -- Penalty.

- (1) Any individual or entity entitled to receive confidential information from the department or a local health department under Sections 26B-7-201 through 26B-7-223, other than the individual identified in that information, who violates Sections 26B-7-201 through 26B-7-223 by releasing or making public confidential information, or by otherwise breaching the confidentiality requirements of Sections 26B-7-201 through 26B-7-223, is guilty of a class B misdemeanor.
- (2) Sections 26B-7-201 through 26B-7-223 do not apply to any individual or entity that holds or receives information relating to an individual who has or is suspected of having a disease designated by the department as a communicable or reportable disease under Sections 26B-7-201 through 26B-7-223, if that individual or entity has obtained the information from a source other than the department or a local health department.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-220 Exclusions from confidentiality requirements.

- (1) The provisions of Sections 26B-7-201 through 26B-7-223 do not apply to:
- (a) information that relates to an individual who is in the custody of the Department of Corrections, a county jail, or the Division of Juvenile Justice and Youth Services within the department;
 - (b) information that relates to an individual who has been in the custody of the Department of Corrections, a county jail, or the Division of Juvenile Justice and Youth Services within the department, if liability of either of those departments, a county, or a division, or of an employee of a department, division, or county, is alleged by that individual in a lawsuit concerning transmission of an infectious or communicable disease; or
 - (c) any information relating to an individual who willfully or maliciously or with reckless disregard for the welfare of others transmits a communicable or infectious disease.
- (2) Nothing in Sections 26B-7-201 through 26B-7-223 limits the right of the individual identified in the information described in Subsection 26B-7-217(1) to disclose that information.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-221 Public reporting of health care associated infections.

- (1)
- (a) An ambulatory surgical facility, a general acute hospital, a specialty hospital, an end stage renal disease facility, and other facilities as required by rules of the Center for Medicare and Medicaid Services shall give the department access to the facility's data on the incidence and

rate of health care associated infections that the facility submits to the National Healthcare Safety Network in the United States Centers for Disease Control and Prevention pursuant to the Centers for Medicare and Medicaid Services rules for infection reporting.

- (b) Access to data under this Subsection (1) may include data sharing through the National Healthcare Safety Network.
- (2)
- (a) The department shall, beginning May 1, 2013, use the data submitted by the facilities in accordance with Subsection (1) to compile an annual report on health care associated infections in ambulatory surgical facilities, general acute hospitals, and specialty hospitals for public distribution in accordance with the requirements of this subsection. The department shall publish the report on the department's website and the Utah Health Exchange.
- (b) The department's report under this section shall:
- (i) include the following health care associated infections as required by the Center for Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety Network in the Centers for Disease Control and Prevention:
 - (A) central line associated bloodstream infections;
 - (B) catheter associated urinary tract infections;
 - (C) surgical site infections from procedures on the colon or an abdominal hysterectomy;
 - (D) methicillin-resistant staphylococcus aureus bacteremia;
 - (E) clostridium difficile of the colon; and
 - (F) other health care associated infections when reporting is required by the Center for Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety Network in the Centers for Disease Control and Prevention;
 - (ii) include data on the rate of health care associated infections:
 - (A) for the infection types described in Subsection (2)(b)(i); and
 - (B) by health care facility or hospital;
 - (iii) include data on how the rate of health care associated infections in ambulatory surgical facilities, general acute hospitals, and specialty hospitals compares with the rates in other states;
 - (iv) in compiling the report described in Subsection (2)(a), use analytical methodologies that meet accepted standards of validity and reliability;
 - (v) clearly identify and acknowledge, in the report, the limitations of the data sources and analytic methodologies used to develop comparative facility or hospital information;
 - (vi) decide whether information supplied by a facility or hospital under Subsection (1) is appropriate to include in the report;
 - (vii) adjust comparisons among facilities and hospitals for patient case mix and other relevant factors, when appropriate; and
 - (viii) control for provider peer groups, when appropriate.
- (3) Before posting or releasing the report described in Subsection (2)(a), the department shall:
- (a) disclose to each ambulatory surgical facility, general acute hospital, and specialty hospital whose data is included in the report:
 - (i) the entire methodology for analyzing the data; and
 - (ii) the comparative facility or hospital information and other information the department has compiled for the facility or hospital; and
 - (b) give the facility or hospital 30 days to suggest corrections or add explanatory comments about the data.
- (4) The department shall develop and implement effective safeguards to protect against the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and

specialty hospital data, including the dissemination of inconsistent, incomplete, invalid, inaccurate, or subjective data.

- (5) The report described in Subsection (2)(a):
 - (a) may include data that compare and identify general acute hospitals, ambulatory surgical centers, and specialty hospitals;
 - (b) shall contain only statistical, non-identifying information and may not disclose the identity of:
 - (i) an employee of an ambulatory surgical facility, a general acute hospital, or a specialty hospital;
 - (ii) a patient; or
 - (iii) a health care provider licensed under Title 58, Occupations and Professions; and
 - (c) may not be used as evidence in a criminal, civil, or administrative proceeding.
- (6) This section does not limit the department's authority to investigate and collect data regarding infections and communicable diseases under other provisions of state or federal law.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-222 Testing for COVID-19 for high-risk individuals at care facilities -- Collection and release of information regarding risk factors and comorbidities for COVID-19.

- (1) As used in this section:
 - (a) "Care facility" means a facility described in Subsections 26B-7-206(2) through (6).
 - (b) "COVID-19" means the same as that term is defined in Section 78B-4-517.
- (2)
 - (a) At the request of the department or a local health department, an individual who meets the criteria established by the department under Subsection (2)(b) shall submit to testing for COVID-19.
 - (b) The department:
 - (i) shall establish protocols to identify and test individuals who are present at a care facility and are at high risk for contracting COVID-19;
 - (ii) may establish criteria to identify care facilities where individuals are at high risk for COVID-19; and
 - (iii) may establish who is responsible for the costs of the testing.
 - (c)
 - (i) The protocols described in Subsection (2)(b)(i) shall:
 - (A) notwithstanding Subsection (2)(a), permit an individual who is a resident of a care facility to refuse testing; and
 - (B) specify criteria for when an individual's refusal to submit to testing under Subsection (2)(c)(i)(A) endangers the health or safety of other individuals at the care facility.
 - (ii) Notwithstanding any other provision of state law, a care facility may discharge a resident who declines testing requested by the department under Subsection (2)(a) if:
 - (A) under the criteria specified by the department under Subsection (2)(c)(i)(B), the resident's refusal to submit to testing endangers the health or safety of other individuals at the care facility; and
 - (B) discharging the resident does not violate federal law.
- (3) The department may establish protocols to collect information regarding the individual's age and relevant comorbidities from an individual who receives a positive test result for COVID-19.
- (4)
 - (a) The department shall publish deidentified information regarding comorbidities and other risk factors for COVID-19 in a manner that is accessible to the public.

- (b) The department may work with a state agency as defined in Section 67-27-102, to perform the analysis or publish the information described in Subsection (4)(a).

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-223 Department support for local education agency test to stay programs -- Department guidance for local education agencies.

- (1) As used in this section:
 - (a) "Case threshold" means the same as that term is defined in Section 53G-9-210.
 - (b) "COVID-19" means the same as that term is defined in Section 53G-9-210.
 - (c) "Local education agency" or "LEA" means the same as that term is defined in Section 53G-9-210.
 - (d) "Test to stay program" means the same as that term is defined in Section 53G-9-210.
- (2) At the request of an LEA, the department shall provide support for the LEA's test to stay program if a school in the LEA reaches the case threshold, including by providing:
 - (a) COVID-19 testing supplies;
 - (b) a mobile testing unit; and
 - (c) other support requested by the LEA related to the LEA's test to stay program.
- (3) The department shall ensure that guidance the department provides to LEAs related to test to stay programs complies with Section 53G-9-210, including the determination of whether a school meets a case threshold described in Subsection 53G-9-210(3).
- (4) Subsection (2) regarding the requirement to support an LEA's test to stay program does not apply after February 2, 2022, unless the test to stay requirement is triggered under Subsection 53G-9-210(2)(c).

Renumbered and Amended by Chapter 308, 2023 General Session

Renumbered 7/1/2024

26B-7-225 Statewide stroke registry.

- (1) The department shall establish and supervise a statewide stroke registry to:
 - (a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation of stroke;
 - (b) promote optimal care for stroke patients;
 - (c) alleviate unnecessary death and disability from stroke;
 - (d) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and
 - (e) minimize the overall cost of stroke.
- (2) The department shall utilize the registry established under Subsection (1) to assess:
 - (a) the effectiveness of the data collected by the registry; and
 - (b) the impact of the statewide stroke registry on the provision of stroke care.
- (3)
 - (a) The department shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish:
 - (i) the data elements that general acute hospitals shall report to the registry; and
 - (ii) the time frame and format for reporting.
 - (b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics consistent with data elements used in nationally recognized data set platforms for stroke care.

- (c) The department shall permit a general acute hospital to submit data required under this section through an electronic exchange of clinical health information that meets the standards established by the department under Section 26B-8-411.
- (4) A general acute hospital shall submit stroke data in accordance with rules established under Subsection (3).
- (5) Data collected under this section shall be subject to Chapter 8, Part 4, Health Statistics.
- (6) No person may be held civilly liable for providing data to the department in accordance with this section.

Renumbered and Amended by Chapter 308, 2023 General Session

Renumbered 7/1/2024

26B-7-226 Statewide cardiac registry.

- (1) The department shall establish and supervise a statewide cardiac registry to:
 - (a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation of cardiac diseases;
 - (b) promote optimal care for cardiac patients;
 - (c) alleviate unnecessary death and disability from cardiac diseases;
 - (d) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and
 - (e) minimize the overall cost of cardiac care.
- (2) The department shall utilize the registry established under Subsection (1) to assess:
 - (a) the effectiveness of the data collected by the registry; and
 - (b) the impact of the statewide cardiac registry on the provision of cardiac care.
- (3)
 - (a) The department shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish:
 - (i) the data elements that general acute hospitals shall report to the registry; and
 - (ii) the time frame and format for reporting.
 - (b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics consistent with data elements used in nationally recognized data set platforms for cardiac care.
 - (c) The department shall permit a general acute hospital to submit data required under this section through an electronic exchange of clinical health information that meets the standards established by the department under Section 26B-8-411.
- (4) A general acute hospital shall submit cardiac data in accordance with rules established under Subsection (3).
- (5) Data collected under this section shall be subject to Chapter 8, Part 4, Health Statistics.
- (6) No person may be held civilly liable for providing data to the department in accordance with this section.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-227 Chronic disease control -- Establishing a prevention program -- Detection, monitoring, and community education.

- (1) As used in this section, "chronic disease" means an impairment or deviation from the normal functioning of the human body having one or more of the following characteristics:
 - (a) is permanent;

- (b) leaves residual disability;
 - (c) is caused by nonreversible pathological alterations;
 - (d) requires special patient education and instruction for rehabilitation; or
 - (e) may require a long period of supervision, observation and care.
- (2) The department shall establish and operate reasonable programs to prevent, delay, and detect the onset of chronic diseases including cancer, diabetes, cardiovascular and pulmonary diseases, genetic diseases, and such other chronic diseases as the department determines are important in promoting, protecting, and maintaining the public's health.
- (3)
- (a) The department shall develop and maintain a system for detecting and monitoring chronic diseases within the state and shall investigate and determine the epidemiology of those conditions which contributed to preventable and premature sickness, or both, and to death and disability.
 - (b) The department shall consider the disease known as "lupus" a chronic disease subject to the detection and monitoring provisions of Subsection (3)(a).
- (4) The department shall establish programs of community and professional education relevant to the detection, prevention, and control of chronic diseases.

Renumbered and Amended by Chapter 308, 2023 General Session