

Effective 5/3/2023

Part 3

Treatment, Isolation, and Quarantine Procedures for Communicable Diseases

26B-7-301 Definitions.

As used in this part:

- (1) "Bioterrorism" means:
 - (a) the intentional use of any microorganism, virus, infectious substance, or biological product to cause death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence, intimidate, or coerce the conduct of government or a civilian population; and
 - (b) includes anthrax, botulism, small pox, plague, tularemia, and viral hemorrhagic fevers.
- (2) "Dangerous public health condition" means any of the following:
 - (a) cholera;
 - (b) pneumonic plague;
 - (c) severe acute respiratory syndrome;
 - (d) smallpox;
 - (e) tuberculosis;
 - (f) any viral hemorrhagic fever;
 - (g) measles; or
 - (h) any infection:
 - (i) that is new, drug resistant, or reemerging;
 - (ii) that evidence suggests is likely to cause either high mortality or morbidity; and
 - (iii) only if the relevant legislative body of the county where the infection is located approves as needing containment.
- (3) "Diagnostic information" means a clinical facility's record of individuals who present for treatment, including the reason for the visit, chief complaint, presenting diagnosis, final diagnosis, and any pertinent lab results.
- (4) "Epidemic or pandemic disease":
 - (a) means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy; and
 - (b) includes diseases designated by the department which have the potential to cause serious illness or death.
- (5) "Exigent circumstances" means a significant change in circumstances following the expiration of a public health emergency declared in accordance with this title that:
 - (a) substantially increases the danger to public safety or health relative to the circumstances in existence when the public health emergency expired;
 - (b) poses an imminent danger to public safety or health; and
 - (c) was not known or foreseen and could not have been known or foreseen at the time the public health emergency expired.
- (6) "First responder" means:
 - (a) a law enforcement officer as defined in Section 53-13-103;
 - (b) emergency medical service personnel as defined in Section 26B-4-101;
 - (c) firefighters; and
 - (d) public health personnel having jurisdiction over the location where an individual subject to an order of restriction is found.
- (7) "Health care provider" means the same as that term is defined in Section 78B-3-403.

- (8) "Legislative emergency response committee" means the same as that term is defined in Section 53-2a-203.
- (9) "Local food" means the same as that term is defined in Section 4-1-109.
- (10)
 - (a) "Order of constraint" means an order, rule, or regulation issued in response to a declared public health emergency under this part, that:
 - (i) applies to all or substantially all:
 - (A) individuals or a certain group of individuals; or
 - (B) public places or certain types of public places; and
 - (ii) for the protection of the public health and in response to the declared public health emergency:
 - (A) establishes, maintains, or enforces isolation or quarantine;
 - (B) establishes, maintains, or enforces a stay-at-home order;
 - (C) exercises physical control over property or individuals;
 - (D) requires an individual to perform a certain action or engage in certain behavior; or
 - (E) closes theaters, schools, or other public places or prohibits gatherings of people to protect the public health.
 - (b) "Order of constraint" includes a stay-at-home order.
- (11) "Order of restriction" means an order issued by a department or a district court which requires an individual or group of individuals who are subject to restriction to submit to an examination, treatment, isolation, or quarantine.
- (12)
 - (a) "Public health emergency" means an occurrence or imminent credible threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.
 - (b) "Public health emergency" includes an illness or health condition resulting from a natural disaster.
- (13) "Public health official" means:
 - (a) the executive director or the executive director's authorized representative; or
 - (b) the executive director of a local health department or the executive director's authorized representative.
- (14) "Reportable emergency illness and health condition" includes the diseases, conditions, or syndromes designated by the department.
- (15) "Stay-at-home order" means an order of constraint that:
 - (a) restricts movement of the general population to suppress or mitigate an epidemic or pandemic disease by directing individuals within a defined geographic area to remain in their respective residences; and
 - (b) may include exceptions for certain essential tasks.
- (16) "Threat to public health" means a situation where a dangerous public health condition could spread to other individuals.
- (17) "Subject to restriction" as applied to an individual, or a group of individuals, means the individual or group of individuals could create a threat to public health.

Amended by Chapter 152, 2024 General Session
Amended by Chapter 283, 2024 General Session

**26B-7-302 Executive director -- Power to order abatement of public health hazard --
Limitation on power to control local food.**

- (1) If the executive director finds that a condition of filth, sanitation, or other health hazard exists which creates a clear present hazard to the public health and which requires immediate action to protect human health or safety, the executive director with the concurrence of the governor may order persons causing or contributing to the condition to reduce, discontinue, or ameliorate it to the extent that the public health hazard is eliminated.
- (2) This part does not authorize the executive director to control the production, processing, distribution, or sale price of local food in response to a public health emergency.

Amended by Chapter 152, 2024 General Session

26B-7-303 Applicability -- Administrative procedures.

- (1) Sections 26B-7-304 through 26B-7-315 apply to involuntary examination, treatment, isolation, and quarantine actions applied to individuals or groups of individuals by the department or a local health department.
- (2) The provisions of Sections 26B-7-304 through 26B-7-315 supersede the provisions of Title 63G, Chapter 4, Administrative Procedures Act.
- (3) The department may adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, as necessary to administer the provisions of Sections 26B-7-304 through 26B-7-315.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-304 Order of restriction.

- (1) Subject to Subsection (5), the department or a local health department having jurisdiction over the location where an individual or a group of individuals who are subject to restriction are found may:
 - (a) issue a written order of restriction for the individual or group of individuals pursuant to Section 26B-1-202 or Subsection 26A-1-114(1)(b) upon compliance with the requirements of Sections 26B-7-304 through 26B-7-314; and
 - (b) issue a verbal order of restriction for an individual or group of individuals pursuant to Subsection (2)(c).
- (2)
 - (a) A department or local health department's determination to issue an order of restriction shall be based upon the totality of circumstances reported to and known by the department or local health department, including:
 - (i) observation;
 - (ii) information that the department or local health department determines is credible and reliable information; and
 - (iii) knowledge of current public health risks based on medically accepted guidelines as may be established by the department by administrative rule.
 - (b) An order of restriction issued by the department or a local health department shall:
 - (i) in the opinion of the public health official, be for the shortest reasonable period of time necessary to protect the public health;
 - (ii) use the least intrusive method of restriction that, in the opinion of the department or local health department, is reasonable based on the totality of circumstances known to the department or local health department issuing the order of restriction;

- (iii) be in writing unless the provisions of Subsection (2)(c) apply; and
 - (iv) contain notice of an individual's rights as required in Section 26B-7-307.
- (c)
- (i) The department or a local health department may issue a verbal order of restriction, without prior notice to the individual or group of individuals if the delay in imposing a written order of restriction would significantly jeopardize the department or local health department's ability to prevent or limit a threat to public health.
 - (ii) A verbal order of restriction issued under Subsection (2)(c)(i):
 - (A) is valid for 24 hours from the time the order of restriction is issued;
 - (B) may be verbally communicated to the individuals or group of individuals subject to restriction by a first responder;
 - (C) may be enforced by the first responder until the department or local health department is able to establish and maintain the place of restriction; and
 - (D) may only be continued beyond the initial 24 hours if a written order of restriction is issued pursuant to the provisions of Section 26B-7-307.
- (3) Pending issuance of a written order of restriction under Section 26B-7-307, or judicial review of an order of restriction under Section 26B-7-311, an individual who is subject to the order of restriction may be required to submit to involuntary examination, quarantine, isolation, or treatment in the individual's home, a hospital, or any other suitable facility under reasonable conditions prescribed by the department or local health department.
- (4) The department or local health department that issued the order of restriction shall take reasonable measures, including the provision of medical care, as may be necessary to assure proper care related to the reason for the involuntary examination, treatment, isolation, or quarantine of an individual ordered to submit to an order of restriction.
- (5)
- (a) The Legislature may at any time terminate by joint resolution an order of restriction issued by the department or local health 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 restriction issued by the relevant local health department under this section issued in response to a declared public health emergency.

Amended by Chapter 283, 2024 General Session

26B-7-305 Consent to order of restriction -- Periodic review.

- (1)
- (a) The department or a local health department shall either seek judicial review of an order of restriction under Sections 26B-7-309 through 26B-7-311, or obtain the consent of an individual subject to an order of restriction.
 - (b) If the department or a local health department obtains consent, the consent shall be in writing and shall inform the individual or group of individuals:
 - (i) of the terms and duration of the order of restriction;
 - (ii) of the importance of complying with the order of restriction to protect the public's health;
 - (iii) that each individual has the right to agree to the order of restriction, or refuse to agree to the order of restriction and seek a judicial review of the order of restriction;
 - (iv) that for any individual who consents to the order of restriction:
 - (A) the order of restriction will not be reviewed by the court unless the individual withdraws consent to the order of restriction in accordance with Subsection (1)(b)(iv)(B); and

- (B) the individual shall notify the department or local health department in writing, with at least five business day's notice, if the individual intends to withdraw consent to the order of restriction; and
 - (v) that a breach of a consent agreement prior to the end of the order of restriction may subject the individual to an involuntary order of restriction under Section 26B-7-306.
- (2)
- (a) The department or local health department responsible for the care of an individual who has consented to the order of restriction shall periodically reexamine the reasons upon which the order of restriction was based. This reexamination shall occur at least once every six months.
 - (b)
 - (i) If at any time, the department or local health department determines that the conditions justifying the order of restriction for either a group or an individual no longer exist, the department or local health department shall immediately discharge the individual or group from the order of restriction.
 - (ii) If the department or local health department determines that the conditions justifying the order of restriction continue to exist, the department or local health department shall send to the individual a written notice of:
 - (A) the department or local health department's findings, the expected duration of the order of restriction, and the reason for the decision; and
 - (B) the individual's right to a judicial review of the order of restriction by the court if requested by the individual.
 - (iii) Upon request for judicial review by an individual, the department or local health department shall:
 - (A) file a petition with the court within five business days after the individual's request for a judicial review; and
 - (B) proceed under Sections 26B-7-309 through 26B-7-311.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-306 Involuntary order of restriction -- Notice -- Effect of order during judicial review.

- (1) If the department or local health department cannot obtain consent to the order of restriction from an individual, or if an individual withdraws consent to an order under Subsection 26B-7-305(1)(b)(iv)(B), the department or local health department shall:
 - (a) give the individual or group of individuals subject to the order of restriction a written notice of:
 - (i) the order of restriction and any supporting documentation; and
 - (ii) the individual's right to a judicial review of the order of restriction; and
 - (b) file a petition for a judicial review of the order of restriction under Section 26B-7-309 in court within:
 - (i) five business days after issuing the written notice of the order of restriction; or
 - (ii) if consent has been withdrawn under Subsection 26B-7-305(1)(b)(iv)(B), within five business days after receiving notice of the individual's withdrawal of consent.
- (2)
 - (a) An order of restriction remains in effect during any judicial proceedings to review the order of restriction if the department or local health department files a petition for judicial review of the order of restriction within the period of time required by this section.
 - (b) Law enforcement officers with jurisdiction in the area where the individual who is subject to the order of restriction can be located shall assist the department or local health department with enforcing the order of restriction.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-307 Contents of notice of order of restriction -- Rights of individuals.

- (1) A written order of restriction issued by a department or local health department shall include the following information:
 - (a) the identity of the individual or a description of the group of individuals subject to the order of restriction;
 - (b) the identity or location of any premises that may be subject to restriction;
 - (c) the date and time for which the restriction begins and the expected duration of the restriction;
 - (d) the suspected dangerous public health condition that poses a threat to public health;
 - (e) the requirements for termination of the order of restriction, such as necessary laboratory reports, the expiration of an incubation period, or the completion of treatment for the communicable disease;
 - (f) any conditions on the restriction, such as limitation of visitors or requirements for medical monitoring;
 - (g) the medical or scientific information upon which the restriction is based;
 - (h) a statement advising of the right to a judicial review of the order of restriction by the court; and
 - (i) pursuant to Subsection (2), the rights of each individual subject to restriction.
- (2) An individual subject to restriction has the following rights:
 - (a) the right to be represented by legal counsel in any judicial review of the order of restriction in accordance with Subsection 26B-7-309(3);
 - (b) the right to be provided with prior notice of the date, time, and location of any hearing concerning the order of restriction;
 - (c) the right to participate in any hearing, in a manner established by the court based on precautions necessary to prevent additional exposure to communicable or possibly communicable diseases or to protect the public health;
 - (d) the right to respond and present evidence and arguments on the individual's own behalf in any hearing;
 - (e) the right to cross examine witnesses; and
 - (f) the right to review and copy all records in the possession of the department that issued the order of restriction which relate to the subject of the written order of restriction.
- (3)
 - (a) Notwithstanding the provisions of Subsection (1), if the department or a local health department issues an order of restriction for a group of individuals, the department or local health department may modify the method of providing notice to the group or modify the information contained in the notice, if the public health official determines the modification of the notice is necessary to:
 - (i) protect the privacy of medical information of individuals in the group; or
 - (ii) provide notice to the group in a manner that will efficiently and effectively notify the individuals in the group within the period of time necessary to protect the public health.
 - (b) When the department or a local health department modifies notice to a group of individuals under Subsection (3)(a), the department or local health department shall provide each individual in the group with notice that complies with the provisions of Subsection (1) as soon as reasonably practical.
- (4)
 - (a) In addition to the rights of an individual described in Subsections (1) and (2), an individual subject to an order of restriction may not be terminated from employment if the reason for

termination is based solely on the fact that the individual is or was subject to an order of restriction.

- (b) The department or local health department issuing the order of restriction shall give the individual subject to the order of restriction notice of the individual's employment rights under Subsection (4)(a).
- (c) An employer in the state, including an employer who is the state or a political subdivision of the state, may not violate the provisions of Subsection (4)(a).

Amended by Chapter 283, 2024 General Session

26B-7-308 Medical records -- Privacy protections.

- (1)
 - (a) Health care providers as defined in Section 78B-3-403, health care facilities licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection, and governmental entities, shall, when requested, provide the public health official and the individual subject to an order of restriction, a copy of medical records that are relevant to the order of restriction.
 - (b) The records requested under Subsection (1)(a) shall be provided as soon as reasonably possible after the request is submitted to the health care provider or health care facility, or as soon as reasonably possible after the health care provider or facility receives the results of any relevant diagnostic testing of the individual.
- (2)
 - (a) The production of records under the provisions of this section is for the benefit of the public health and safety of the citizens of the state. A health care provider or facility is encouraged to provide copies of medical records or other records necessary to carry out the purpose of Sections 26B-7-304 through 26B-7-314 free of charge.
 - (b) Notwithstanding the provisions of Subsection (2)(c), a health care facility that is a state governmental entity shall provide medical records or other records necessary to carry out the purposes of Sections 26B-7-304 through 26B-7-314, free of charge.
 - (c) If a health care provider or health care facility does not provide medical records free of charge under the provisions of Subsection (2)(a) or (b), the health care provider or facility may charge a fee for the records that does not exceed the presumed reasonable charges established for workers' compensation by administrative rule adopted by the Labor Commission.
- (3) Medical records held by a court related to orders of restriction under Sections 26B-7-304 through 26B-7-314 shall be sealed by the court at the conclusion of the case.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-309 Judicial review -- Required notice -- Representation by counsel -- Conduct of proceedings.

- (1) The provisions of this section and Sections 26B-7-310 through 26B-7-312 apply if the department or a local health department issues an order for restriction, and:
 - (a) an individual subject to the order of restriction refuses to consent to the order of restriction;
 - (b) an individual subject to an order of restriction has withdrawn consent to an order of restriction under the provisions of Subsection 26B-7-305(1)(b)(iv)(B); or
 - (c) the department or local health department chooses to not attempt to obtain consent to an order of restriction and files an action for judicial review of the order of restriction.
- (2)

- (a) If the individual who is subject to an order of restriction is in custody, the department or local health department, which is the petitioner, shall provide to the individual written notice of the petition for judicial review of the order of restriction and hearings held pursuant to Sections 26B-7-310 through 26B-7-312 as soon as practicable, and shall send the notice to the legal guardian, legal counsel for the parties involved, and any other persons and immediate adult family members whom the individual or the court designates.
 - (b) The notice described in Subsection (2)(a) shall advise these persons that a hearing may be held within the time provided by this part.
 - (c) If the individual has refused to permit release of information necessary for the provision of notice under this Subsection (2), the extent of notice shall be determined by the court.
 - (d) Notwithstanding the notice requirement in Subsection (2)(a), if the court determines that written notice to each individual in a group of individuals subject to an order of restriction is not practical considering the circumstances of the threat to public health, the court may order the department to provide notice to the individual or group of individuals in a manner determined by the court.
- (3)
- (a) If the individual who is subject to an order of restriction is in custody, he shall be afforded an opportunity to be represented by counsel. If neither the individual nor others provide for counsel, the court shall appoint counsel and allow counsel sufficient time to consult with the individual prior to the hearing. If the individual is indigent, the payment of reasonable attorney fees for counsel, as determined by the court, shall be made by the county in which the individual resides or was found.
 - (b) The parties may appear at the hearings, to testify, and to present and cross-examine witnesses. The court may, in its discretion, receive the testimony of any other individual.
 - (c) The court may allow a waiver of the individual's right to appear only for good cause shown, and that cause shall be made a part of the court record.
 - (d) The court may order that the individual participate in the hearing by telephonic or other electronic means if the individual's condition poses a health threat to those who physically attend the hearing or to others if the individual is transported to the court.
- (4) The court may, in its discretion, order that the individual be moved to a more appropriate treatment, quarantine, or isolation facility outside of its jurisdiction, and may transfer the proceedings to any other court within this state where venue is proper, provided that the transfer will not be adverse to the legal interests of the individual.
- (5) All persons to whom notice is required to be given may attend the hearings. The court may exclude from the hearing all persons not necessary for the conduct of the proceedings.
- (6) All hearings shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the health of the individual or others required to participate in the hearing.
- (7) The court shall receive all relevant and material evidence which is offered, subject to Utah Rules of Evidence.
- (8) The court may order law enforcement to assist the petitioner in locating the individuals subject to restriction and enforcing the order of restriction.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-310 Petition for judicial review of order of restriction -- Court-ordered examination period.

(1)

- (a) A department may petition for a judicial review of the department's order of restriction for an individual or group of individuals who are subject to restriction by filing a written petition with the court of the county in which the individual or group of individuals reside or are located.
- (b)
 - (i) The county attorney for the county where the individual or group of individuals reside or are located shall represent the local health department in any proceedings under Sections 26B-7-304 through 26B-7-314.
 - (ii) The Office of the Attorney General shall represent the department when the petitioner is the department in any proceedings under Sections 26B-7-304 through 26B-7-314.
- (2) The petition under Subsection (1) shall be accompanied by:
 - (a) written affidavit of the department stating:
 - (i) a belief the individual or group of individuals are subject to restriction;
 - (ii) a belief that the individual or group of individuals who are subject to restriction are likely to fail to submit to examination, treatment, quarantine, or isolation if not immediately restrained;
 - (iii) this failure would pose a threat to the public health; and
 - (iv) the personal knowledge of the individual's or group of individuals' condition or the circumstances that lead to that belief; and
 - (b) a written statement by a licensed physician or physician assistant indicating the physician or physician assistant finds the individual or group of individuals are subject to restriction.
- (3) The court shall issue an order of restriction requiring the individual or group of individuals to submit to involuntary restriction to protect the public health if the court finds:
 - (a) there is a reasonable basis to believe that the individual's or group of individuals' condition requires involuntary examination, quarantine, treatment, or isolation pending examination and hearing; or
 - (b) the individual or group of individuals have refused to submit to examination by a health professional as directed by the department or to voluntarily submit to examination, treatment, quarantine, or isolation.
- (4) If the individual or group of individuals who are subject to restriction are not in custody, the court may make its determination and issue its order of restriction in an ex parte hearing.
- (5) At least 24 hours prior to the hearing required by Section 26B-7-311, the department which is the petitioner, shall report to the court, in writing, the opinion of qualified health care providers:
 - (a) regarding whether the individual or group of individuals are infected by or contaminated with a dangerous public health condition;
 - (b) that despite the exercise of reasonable diligence, the diagnostic studies have not been completed;
 - (c) whether the individual or group of individuals have agreed to voluntarily comply with necessary examination, treatment, quarantine, or isolation; and
 - (d) whether the petitioner believes the individual or group of individuals will comply without court proceedings.

Amended by Chapter 283, 2024 General Session

26B-7-311 Court determination for an order of restriction after examination period.

- (1) The court shall set a hearing regarding the involuntary order of restriction of an individual or group of individuals, to be held within 10 business days of the issuance of its order of restriction issued pursuant to Section 26B-7-310, unless the petitioner informs the court prior to this hearing that the individual or group of individuals:

- (a) are not subject to restriction; or
 - (b) have stipulated to the issuance of an order of restriction.
- (2) If the individual or an individual in a group of individuals has stipulated to the issuance of an order of restriction, the court may issue an order as provided in Subsection (6) for those individuals without further hearing.
- (3)
 - (a) If the examination report required in Section 26B-7-310 proves the individual or group of individuals are not subject to restriction, the court may without further hearing terminate the proceedings and dismiss the petition.
 - (b) The court may, after a hearing at which the individual or group of individuals are present in person or by telephonic or other electronic means and have had the opportunity to be represented by counsel, extend its order of restriction for a reasonable period, not to exceed 90 days, if the court has reason to believe the individual or group of individuals are infected by or contaminated with a dangerous public health condition.
- (4) The petitioner shall, at the time of the hearing, provide the court with the following items, to the extent that they have been issued or are otherwise available:
 - (a) the order of restriction issued by the petitioner;
 - (b) admission notes if any individual was hospitalized; and
 - (c) medical records pertaining to the current order of restriction.
- (5) The information provided to the court under Subsection (4) shall also be provided to the individual's or group of individual's counsel at the time of the hearing, and at any time prior to the hearing upon request of counsel.
- (6)
 - (a) The court shall order the individual and each individual in a group of individuals to submit to the order of restriction if, upon completion of the hearing and consideration of the record, it finds by clear and convincing evidence that:
 - (i) the individual or group of individuals are infected with a dangerous public health condition that poses a threat to public health;
 - (ii) there is no appropriate and less restrictive alternative to a court order of examination, quarantine, isolation, and treatment, or any of them;
 - (iii) the petitioner can provide the individual or group of individuals with treatment that is adequate and appropriate to the individual's or group of individuals' conditions and needs; and
 - (iv) it is in the public interest to order the individual or group of individuals to submit to involuntary examination, quarantine, isolation, and treatment, or any of them after weighing the following factors:
 - (A) the personal or religious beliefs, if any, of the individual that are opposed to medical examination or treatment;
 - (B) the ability of the department to control the public health threat with treatment alternatives that are requested by the individual;
 - (C) the economic impact for the department if the individual is permitted to use an alternative to the treatment recommended by the department; and
 - (D) other relevant factors as determined by the court.
 - (b) If upon completion of the hearing the court does not find all of the conditions listed in Subsection (6)(a) exist, the court shall immediately dismiss the petition.
- (7) The order of restriction shall designate the period, subject to Subsection (8), for which the individual or group of individuals shall be examined, treated, isolated, or quarantined.
- (8)

- (a) The order of restriction may not exceed six months without benefit of a court review hearing.
- (b)
 - (i) The court review hearing shall be held prior to the expiration of the order of restriction issued under Subsection (7).
 - (ii) At the review hearing the court may issue an order of restriction for up to an indeterminate period, if the court enters a written finding in the record determining by clear and convincing evidence that the required conditions in Subsection (6) will continue for an indeterminate period.

Amended by Chapter 283, 2024 General Session

26B-7-312 Periodic review of individuals under court order.

- (1)
 - (a) At least two weeks prior to the expiration of the designated period of any court order still in effect, the petitioner shall inform the court that issued the order that the order is about to expire.
 - (b) The petitioner shall immediately reexamine the reasons upon which the court's order was based.
 - (c) If the petitioner determines that the conditions justifying that order no longer exist, the petitioner shall discharge the individual from involuntary quarantine, isolation, or treatment and report its action to the court for a termination of the order.
 - (d) If the conditions justifying the order still exist, the court shall schedule a hearing prior to the expiration of the court's order and proceed under Sections 26B-7-309 through 26B-7-311.
- (2)
 - (a) The petitioner responsible for the care of an individual under a court order of involuntary quarantine, isolation, or treatment for an indeterminate period shall at six-month intervals reexamine the reasons upon which the order of indeterminate duration was based.
 - (b) If the petitioner determines that the conditions justifying that the court's order no longer exist, the petitioner shall discharge the individual from involuntary quarantine, isolation, or treatment and immediately report its action to the court for a termination of the order.
 - (c) If the petitioner determines that the conditions justifying the involuntary quarantine, isolation, or treatment continue to exist, the petitioner shall send a written report of those findings to the court.
 - (d) The petitioner shall notify the individual and his counsel of record in writing that the involuntary quarantine, isolation, or treatment will be continued, the reasons for that decision, and that the individual has the right to a review hearing by making a request to the court.
 - (e) Upon receiving the request for a review, the court shall immediately set a hearing date and proceed under Sections 26B-7-309 through 26B-7-311.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-313 Transportation of individuals subject to temporary or court-ordered restriction.

Transportation of an individual subject to an order of restriction to court, or to a place for examination, quarantine, isolation, or treatment pursuant a temporary order issued by a department or local health department, or pursuant to a court order, shall be conducted by the county sheriff where the individual is located.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-314 Examination, quarantine, isolation, and treatment costs.

If a local health department obtains approval from the department, the costs that the local health department would otherwise have to bear for examination, quarantine, isolation, and treatment ordered under the provisions of Sections 26B-7-304 through 26B-7-314 shall be paid by the department to the extent that the individual is unable to pay and that other sources and insurance do not pay.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-315 Severability.

With respect to Sections 26B-7-304 through 26B-7-314, if a provision or the application of a provision to any person or circumstance is found to be unconstitutional, the provision that is found to be unconstitutional is severable and the balance of any sections not found to be unconstitutional remain effective, notwithstanding those sections found to be unconstitutional.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-316 Mandatory reporting requirements -- Contents of reports -- Penalties.

- (1)
 - (a) A health care provider shall report to the department any case of any person who the provider knows has a confirmed case of, or who the provider believes in his professional judgment is sufficiently likely to harbor any illness or health condition that may be caused by:
 - (i) bioterrorism;
 - (ii) epidemic or pandemic disease; or
 - (iii) novel and highly fatal infectious agents or biological toxins which might pose a substantial risk of a significant number of human fatalities or incidences of permanent or long-term disability.
 - (b) A health care provider shall immediately submit the report required by Subsection (1)(a) within 24 hours of concluding that a report is required under Subsection (1)(a).
- (2)
 - (a) A report required by this section shall be submitted electronically, verbally, or in writing to the department or appropriate local health department.
 - (b) A report submitted pursuant to Subsection (1) shall include, if known:
 - (i) diagnostic information on the specific illness or health condition that is the subject of the report, and, if transmitted electronically, diagnostic codes assigned to the visit;
 - (ii) the patient's name, date of birth, sex, race, occupation, and current home and work address and phone number;
 - (iii) the name, address, and phone number of the health care provider; and
 - (iv) the name, address, and phone number of the reporting individual.
- (3) The department may impose a sanction against a health care provider for failure to make a report required by this section only if the department can show by clear and convincing evidence that a health care provider willfully failed to file a report.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-317 Authorization to report -- Declaration of a public health emergency -- Termination of a public health emergency -- Order of constraint.

- (1) A health care provider is authorized to report to the department any case of a reportable emergency illness or health condition in any person when:
 - (a) the health care provider knows of a confirmed case; or
 - (b) the health care provider believes, based on the health care provider's professional judgment that a person likely harbors a reportable emergency illness or health condition.
- (2) A report pursuant to this section shall include, if known:
 - (a) the name of the facility submitting the report;
 - (b) a patient identifier that allows linkage with the patient's record for follow-up investigation if needed;
 - (c) the date and time of visit;
 - (d) the patient's age and sex;
 - (e) the zip code of the patient's residence;
 - (f) the reportable illness or condition detected or suspected;
 - (g) diagnostic information and, if available, diagnostic codes assigned to the visit; and
 - (h) whether the patient was admitted to the hospital.
- (3)
 - (a) Subject to Subsections (3)(b) and (4), if the department determines that a public health emergency exists, the department may, with the concurrence of the governor and the executive director or in the absence of the executive director, the executive director's designee, declare a public health emergency, issue an order of constraint, and mandate reporting under this section for a limited reasonable period of time, as necessary to respond to the public health emergency.
 - (b)
 - (i) During a public health emergency that has been in effect for more than 30 days, the department may not issue an order of constraint until the department has provided notice of the proposed action to the legislative emergency response committee no later than 24 hours before the department issues the order of constraint.
 - (ii) The department:
 - (A) shall provide the notice required by Subsection (3)(b)(i) using the best available method under the circumstances as determined by the executive director;
 - (B) may provide the notice required by Subsection (3)(b)(i) in electronic format; and
 - (C) shall provide the notice in written form, if practicable.
 - (c) The department may not mandate reporting under this subsection for more than 90 days.
- (4)
 - (a) Except as provided in Subsection (4)(b), a public health emergency declared by the department as described in Subsection (3) expires at the earliest of:
 - (i) the day on which the department or the governor finds that the threat or danger has passed or the public health emergency reduced to the extent that emergency conditions no longer exist;
 - (ii) 30 days after the date on which the department declared the public health emergency; or
 - (iii) the day on which the public health emergency is terminated by a joint resolution of the Legislature.
 - (b)
 - (i) The Legislature, by joint resolution, may extend a public health emergency for a time period designated in the joint resolution.
 - (ii) If the Legislature extends a public health emergency as described in Subsection (4)(b)(i), the public health emergency expires on the date designated by the Legislature.

- (c) Except as provided in Subsection (4)(d), if a public health emergency declared by the department expires as described in Subsection (4)(a) or (b), the department may not declare a public health emergency for the same illness or occurrence that precipitated the previous public health emergency declaration.
- (d)
 - (i) Notwithstanding Subsection (4)(c), subject to Subsection (4)(e), if the department finds that exigent circumstances exist, after providing notice to the Legislature, the department may declare a new public health emergency for the same illness or occurrence that precipitated a previous public health emergency declaration.
 - (ii) A public health emergency declared as described in Subsection (4)(d)(i) expires in accordance with Subsection (4)(a) or (b).
- (e) If the Legislature terminates a public health emergency declared due to exigent circumstances as described in Subsection (4)(d)(i), the department may not declare a new public health emergency for the same illness, occurrence, or exigent circumstances.
- (5) During a declared public health emergency declared under this title:
 - (a) the Legislature may:
 - (i) at any time by joint resolution terminate an order of constraint issued by the department; or
 - (ii) by joint resolution terminate an order of constraint issued by a local health department in response to a public health emergency that has been in effect for more than 30 days; and
 - (b) a county legislative body may at any time terminate an order of constraint issued by a local health department in response to a declared public health emergency.
- (6)
 - (a)
 - (i) If the department declares a public health emergency as described in this part, and the department finds that the public health emergency conditions warrant an extension of the public health emergency beyond the 30-day term or another date designated by the Legislature as described in this section, the department shall provide written notice to the speaker of the House of Representatives and the president of the Senate at least 10 days before the expiration of the public health emergency.
 - (ii) If a local health department declares a public health emergency as described in this part, and the local health department finds that the public health emergency conditions warrant an extension of the public health emergency beyond the 30-day term or another date designated by the county governing body as described in this section, the local health department shall provide written notice to the county governing body at least 10 days before the expiration of the public health emergency.
 - (b) If the department provides notice as described in Subsection (6)(a)(i) for a public health emergency within the first 30 days from the initial declaration of the public health emergency, the speaker of the House of Representatives and the president of the Senate:
 - (i) shall poll the members of their respective bodies to determine whether the Legislature will extend the public health emergency; and
 - (ii) may jointly convene the committee created in Section 53-2a-218.
 - (c) If the department provides notice as described in Subsection (6)(a)(i) for a public health emergency that has been extended beyond the 30 days from the initial declaration of the public health emergency, the speaker of the House of Representatives and the president of the Senate shall jointly convene the committee created in Section 53-2a-218.
- (7) If the committee created in Section 53-2a-218 is convened as described in Subsection (6), the committee shall conduct a public meeting to:

- (a) discuss the nature of the public health emergency and conditions of the public health emergency;
 - (b) evaluate options for public health emergency response;
 - (c) receive testimony from individuals with expertise relevant to the current public health emergency;
 - (d) receive testimony from members of the public; and
 - (e) provide a recommendation to the Legislature whether to extend the public health emergency by joint resolution.
- (8)
- (a) During a public health emergency declared as described in this title:
 - (i) the department or a local health department may not impose an order of constraint on a religious gathering that is more restrictive than an order of constraint that applies to any other relevantly similar gathering; and
 - (ii) an individual, while acting or purporting to act within the course and scope of the individual's official department or local health department capacity, may not:
 - (A) prevent a religious gathering that is held in a manner consistent with any order of constraint issued pursuant to this title; or
 - (B) impose a penalty for a previous religious gathering that was held in a manner consistent with any order of constraint issued pursuant to this title.
 - (b) Upon proper grounds, a court of competent jurisdiction may grant an injunction to prevent the violation of this Subsection (8).
 - (c) During a public health emergency declared as described in this title, the department or a local health department shall not issue a public health order or impose or implement a regulation that substantially burdens an individual's exercise of religion unless the department or local health department demonstrates that the application of the burden to the individual:
 - (i) is in furtherance of a compelling government interest; and
 - (ii) is the least restrictive means of furthering that compelling government interest.
 - (d) Notwithstanding Subsections (8)(a) and (c), the department or a local health department shall allow reasonable accommodations for an individual to perform or participate in a religious practice or rite.
- (9)
- (a) Unless the provisions of Subsection (3) apply, a health care provider is not subject to penalties for failing to submit a report under this section.
 - (b) If the provisions of Subsection (3) apply, a health care provider is subject to the penalties of Subsection 26B-7-316(3) for failure to make a report under this section.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-318 Pharmacy reporting requirements.

- (1) Notwithstanding the provisions of Subsection 26B-7-316(1)(a), a pharmacist shall report unusual drug-related events as described in Subsection (2).
- (2) Unusual drug-related events that require a report include:
 - (a) an unusual increase in the number of prescriptions filled for antimicrobials;
 - (b) any prescription that treats a disease that has bioterrorism potential if that prescription is unusual or in excess of the expected frequency; and
 - (c) an unusual increase in the number of requests for information about or sales of over-the-counter pharmaceuticals to treat conditions which may suggest the presence of one of

the illnesses or conditions described in Section 26B-7-316 or 26B-7-317 and which are designated by department rule.

- (3)
 - (a) A pharmacist shall submit the report required by this section within 24 hours after the pharmacist suspects, in his professional judgement, that an unusual drug-related event has occurred.
 - (b) If a pharmacy is part of a health care facility subject to the reporting requirements of Sections 26B-7-316 through 26B-7-324, the pharmacist in charge shall make the report under this section on behalf of the health care facility.
- (4)
 - (a) The report required by this section shall be submitted in accordance with Subsection 26B-7-316(2)(a).
 - (b) A report shall include the name and location of the reporting pharmacist, the name and type of pharmaceuticals that are the subject of the unusual increase in use, and if known, the suspected illness or health condition that is the subject of the report.
- (5) A pharmacist is subject to the penalties under Subsection 26B-7-316(3) for failing to make a report required by this section.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-319 Medical laboratory reporting requirements.

- (1) Notwithstanding the provisions of Subsection 26B-7-316(1), the director of a medical laboratory located in this state is responsible for reporting results of a laboratory test that confirm a condition or illness described in Subsection 26B-7-316(1) within 24 hours after obtaining the results of the test. This reporting requirement also applies to results obtained on specimens sent to an out-of-state laboratory for analysis.
- (2) The director of a medical laboratory located outside this state that receives a specimen obtained inside this state is responsible for reporting the results of any test that confirm a condition or illness described in Subsection 26B-7-316(1), within 24 hours of obtaining the results, provided that the laboratory that performs the test has agreed to the reporting requirements of this state.
- (3) If a medical laboratory is part of a health care facility subject to the reporting requirements of Sections 26B-7-316 through 26B-7-324, the director of the medical laboratory shall make the report required by this section on behalf of the health care facility.
- (4) The report required by this section shall be submitted in accordance with Subsection 26B-7-316(2).
- (5) The director of a medical laboratory is subject to the penalties of Subsection 26B-7-316(3) for failing to make a report required by this section.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-320 Exemptions from liability.

- (1) A health care provider may not be discharged, suspended, disciplined, or harassed for making a report under Sections 26B-7-316 through 26B-7-323.
- (2) A health care provider may not incur any civil or criminal liability as a result of making any report under Sections 26B-7-316 through 26B-7-323 so long as the report is made in good faith.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-321 Investigation of suspected bioterrorism and diseases -- Termination of orders of constraint.

- (1) Subject to Subsection (6), the department shall:
 - (a) ascertain the existence of cases of an illness or condition caused by the factors described in Subsections 26B-7-316(1) and 26B-7-317(1);
 - (b) investigate all such cases for sources of infection or exposure;
 - (c) ensure that any cases, suspected cases, and exposed persons are subject to proper control measures; and
 - (d) define the distribution of the suspected illness or health condition.
- (2)
 - (a) Acting on information received from the reports required by Sections 26B-7-316 through 26B-7-320, or other reliable information, the department shall identify all individuals thought to have been exposed to an illness or condition described in Subsection 26B-7-316(1).
 - (b) The department may request information from a health care provider concerning an individual's identifying information as described in Subsection 26B-7-316(2)(b) when:
 - (i) the department is investigating a potential illness or condition described in Subsection 26B-7-316(1) and the health care provider has not submitted a report to the department with the information requested; or
 - (ii) the department has received a report from a pharmacist under Section 26B-7-318, a medical laboratory under Section 26B-7-319, or another health care provider under Subsection 26B-7-317(1) and the department believes that further investigation is necessary to protect the public health.
 - (c) A health care provider shall submit the information requested under this section to the department within 24 hours after receiving a request from the department.
- (3) The department shall counsel and interview identified individuals as appropriate to:
 - (a) assist in the positive identification of other cases and exposed individuals;
 - (b) develop information relating to the source and spread of the illness or condition; and
 - (c) obtain the names, addresses, phone numbers, or other identifying information of any other person from whom the illness or health condition may have been contracted and to whom the illness or condition may have spread.
- (4) The department shall, for examination purposes, close, evacuate, or decontaminate any facility when the department reasonably believes that such facility or material may endanger the public health due to a condition or illness described in Subsection 26B-7-316(1).
- (5) The department shall destroy personally identifying health information about an individual collected by the department as a result of a report under Sections 26B-7-316 through 26B-7-322 upon the earlier of:
 - (a) the department's determination that the information is no longer necessary to carry out an investigation under Sections 26B-7-316 through 26B-7-324; or
 - (b) 180 days after the information is collected.
- (6)
 - (a) The Legislature may at any time terminate by joint resolution an order of constraint issued by the department 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 in response to a declared public health emergency.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-322 Enforcement.

The department may enforce the provisions of Sections 26B-7-316 through 26B-7-324 in accordance with existing enforcement laws and regulations.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-323 Information sharing with public safety authorities.

- (1) As used in this section, "public safety authority" means a local, state, or federal law enforcement authority including the Division of Emergency Management, emergency medical services personnel, and firefighters.
- (2) Notwithstanding the provisions of Title 63G, Chapter 2, Government Records Access and Management Act:
 - (a) whenever a public safety authority suspects a case of a reportable illness or condition under the provisions of Sections 26B-7-316 through 26B-7-324, it shall immediately notify the department;
 - (b) whenever the department learns of a case of a reportable illness or condition under this part that the department reasonably believes has the potential to be caused by one of the factors listed in Subsection 26B-7-316(1), the department shall immediately notify the appropriate public safety authority; and
 - (c) sharing of information reportable under Sections 26B-7-316 through 26B-7-324 between persons authorized by Sections 26B-7-316 through 26B-7-324 shall be limited to information necessary for the treatment, control, investigation, and prevention of a public health emergency.

Renumbered and Amended by Chapter 308, 2023 General Session

26B-7-324 Applicability of confidentiality provisions.

The provisions of Sections 26B-7-217 and 26B-7-218 apply to information collected under Sections 26B-7-316 through 26B-7-323 except to the extent that application of a provision in Section 26B-7-217 or 26B-7-218 is inconsistent with Sections 26B-7-316 through 26B-7-323.

Enacted by Chapter 308, 2023 General Session