

Representative Sheryl L. Allen proposes the following substitute bill:

PUBLIC HEALTH AUTHORITY AMENDMENTS

2002 GENERAL SESSION

STATE OF UTAH

Sponsor: Sheryl L. Allen

This act modifies the Health Code. The act creates the Detection of Public Health Emergencies Act. The act requires health care providers to report to the Department of Health when the health care provider suspects that an individual has been exposed to or harbors an illness or condition resulting from bioterrorism, an epidemic or pandemic disease, or other highly fatal infectious agent. The act specifies the manner and content of reports. The act authorizes the Department of Health to investigate reports of suspected bioterrorism or highly fatal, infectious disease. The act provides for limited sharing of information as necessary to abate a public health emergency. The act provides for enforcement. This act sunsets on July 1, 2004.

This act affects sections of Utah Code Annotated 1953 as follows:

AMENDS:

63-55-226, as last amended by Chapter 3, Laws of Utah 2001

ENACTS:

26-23b-101, Utah Code Annotated 1953

26-23b-102, Utah Code Annotated 1953

26-23b-103, Utah Code Annotated 1953

26-23b-104, Utah Code Annotated 1953

26-23b-105, Utah Code Annotated 1953

26-23b-106, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-23b-101** is enacted to read:



26 **CHAPTER 23b. DETECTION OF PUBLIC HEALTH EMERGENCIES ACT**

27 **26-23b-101. Title.**

28 This chapter is known as the "Detection of Public Health Emergencies Act."

29 Section 2. Section **26-23b-102** is enacted to read:

30 **26-23b-102. Definitions.**

31 As used in this chapter:

32 (1) "Bioterrorism" means the intentional use of any microorganism, virus, infectious
33 substance, or biological product to cause death, disease, or other biological malfunction in a
34 human, an animal, a plant, or another living organism in order to influence, intimidate, or coerce
35 the conduct of government or a civilian population.

36 (2) "Department" means the Department of Health created in Section 26-1-4 and a local
37 health department as defined in Section 26A-1-102.

38 (3) "Epidemic or pandemic disease" includes anthrax, botulism, smallpox, plague,
39 tularemia and viral hemorrhagic fevers, and other diseases designated by the Utah Department of
40 Health.

41 (4) "Infectious disease" means a disease caused by a living organism or other pathogen
42 including fungi, bacteria, parasites, protozoans, or viruses. An infectious disease may or may not
43 be transmissible from person to person, animal to person, or insect to person.

44 (5) "Health care provider" shall have the meaning provided for in Section 78-14-3.

45 (6) "Reportable illness and health condition" includes the diseases, conditions, or
46 syndromes designated by the Utah Department of Health.

47 Section 3. Section **26-23b-103** is enacted to read:

48 **26-23b-103. Reporting requirements -- Contents of reports.**

49 (1) (a) A health care provider shall report all confirmed or suspected cases of persons who
50 harbor any illness or health condition that may be caused by:

51 (i) bioterrorism;

52 (ii) epidemic or pandemic disease;

53 (iii) novel and highly fatal infectious agents or biological toxins which might pose a
54 substantial risk of a significant number of human fatalities or incidences of permanent or long-term
55 disability; and

56 (iv) a reportable illness or health condition.

57 (b) A health care provider shall submit the report required by this Subsection (1) within
58 24 hours of treating or caring for any person who the health care provider suspects, in his
59 professional judgment, has or harbors any of the illnesses or conditions described in this section.

60 (2) (a) A pharmacist shall report unusual drug-related events as described in Subsection
61 (2)(b).

62 (b) Unusual drug-related events that require a report include:

63 (i) an unusual increase in the number of prescriptions filled for antimicrobials;

64 (ii) any prescription that treats a disease that has bioterrorism potential if that prescription
65 is unusual or in excess of the expected frequency; and

66 (iii) an unusual increase in the number of requests for information about or sales of
67 over-the-counter pharmaceuticals to treat conditions designated by department rule.

68 (c) A pharmacist shall submit the report required by this Subsection (2) within 24 hours
69 after the pharmacist suspects, in his professional judgement, that an unusual drug-related event has
70 occurred.

71 (3) (a) The director of a medical laboratory located in this state is responsible for reporting
72 results of a laboratory test that confirms a condition or illness described in Subsection (1) within
73 24 hours after obtaining the results of the test. This reporting requirement also applies to results
74 obtained on specimens sent to an out-of-state laboratory for analysis.

75 (b) The director of a medical laboratory located outside this state that receives a specimen
76 obtained inside this state is responsible for reporting the results of any test that confirms a
77 condition or illness described in Subsection (1), within 24 hours of obtaining the results, provided
78 that the laboratory that performs the test has agreed to the reporting requirements of this state.

79 (4) (a) A report required by this chapter shall be made electronically, verbally, or in writing
80 to the department or appropriate local health department.

81 (b) If a report is submitted by a health care provider pursuant to Subsection (1) the report
82 shall include, if known:

83 (i) the specific illness or health condition that is the subject of the report;

84 (ii) the patient's name, date of birth, sex, race, occupation, and current home and work
85 address and phone number;

86 (iii) the name, address, and phone number of the health care provider; and

87 (iv) the name, address, and phone number of the reporting individual.

88 (c) If the report is submitted pursuant to the provisions of Subsection (2), the report shall
89 include the name and location of the reporting pharmacist, the name and type of pharmaceuticals
90 that are the subject of the unusual increase in use, and if known, the suspected illness or health
91 condition that is the subject of the report.

92 (5) A health care provider may not be discharged, suspended, disciplined, or harassed for
93 making a report pursuant to this chapter.

94 (6) A health care provider may not incur any civil or criminal liability as a result of making
95 any report required by this section **h**, **SO LONG AS THE REPORT IS MADE IN GOOD FAITH h** .

96 Section 4. Section **26-23b-104** is enacted to read:

97 **26-23b-104. Investigation of suspected bioterrorism and diseases.**

98 (1) The department shall:

99 (a) ascertain the existence of cases of an illness or condition caused by the factors
100 described in Subsection 26-23b-103(1);

101 (b) investigate all such cases for sources of infection or exposure;

102 (c) ensure that any cases, suspected cases, and exposed persons are subject to proper
103 control measures; and

104 (d) define the distribution of the suspected illness or health condition.

105 (2) (a) Acting on information received from the reports required by this chapter, or other
106 reliable information, the department shall identify all individuals thought to have been exposed to
107 an illness or condition described in Subsection 26-23b-103(1).

108 (b) The department may request information from a health care provider concerning an
109 individual's identifying information as described in Subsection 26-23b-103(4)(b) when:

110 (i) the department is investigating a potential illness or condition described in Subsection
111 26-23b-103(1) and the health care provider has not submitted a report to the department with the
112 information requested; or

113 (ii) the department has received a report from a pharmacist under Subsection
114 26-23b-103(4)(c) and the department believes that further investigation is necessary to protect the
115 public health.

116 (c) A health care provider shall submit the requested information to the department within
117 24 hours after receiving a request from the department.

118 (3) The department shall counsel and interview identified individuals as appropriate to:

- 119 (a) assist in the positive identification of other cases and exposed individuals;
- 120 (b) develop information relating to the source and spread of the illness or condition; and
- 121 (c) obtain the names, addresses, phone numbers, or other identifying information of any
- 122 other person from whom the illness or health condition may have been contracted and to whom
- 123 the illness or condition may have spread.

124 (4) The department shall, for examination purposes, close, evacuate, or decontaminate any
125 facility when the department reasonably believes that such facility or material may endanger the
126 public health due to a condition or illness described in Subsection 26-23b-103(1).

127 Section 5. Section **26-23b-105** is enacted to read:

128 **26-23b-105. Enforcement.**

129 The department may enforce the provisions of this chapter in accordance with existing
130 enforcement laws and regulations.

131 Section 6. Section **26-23b-106** is enacted to read:

132 **26-23b-106. Information sharing with public safety authorities.**

133 (1) For purposes of this section, "public safety authority" means a local, state, or federal
134 law enforcement authority and firefighters.

135 (2) Notwithstanding the provisions of Title 63, Chapter 2, Government Records Access
136 and Management Act:

137 (a) whenever a public safety authority suspects a case of a reportable illness or condition
138 under the provisions of this chapter, it shall immediately notify the department;

139 (b) whenever the department learns of a case of a reportable illness or condition under this
140 chapter that it reasonably believes has the potential to be caused by one of the factors listed in
141 Subsection 26-23b-103(1), it shall immediately notify the appropriate public safety authority; and

142 (c) sharing of information reportable under the provisions of this chapter between persons
143 authorized by this chapter shall be limited to information necessary for the treatment, control,
144 investigation, and prevention of a public health emergency.

145 (3) Except to the extent inconsistent with this chapter, Sections 26-6-27 and 26-6-28 apply
146 to this chapter.

147 Section 7. Section **63-55-226** is amended to read:

148 **63-55-226. Repeal dates, Title 26.**

149 (1) Title 26, Chapter 1, Department of Health Organization, is repealed July 1, 2006.

- 150 (2) Title 26, Chapter 4, Utah Medical Examiner Act, is repealed July 1, 2010.
- 151 (3) Title 26, Chapter 9f, Utah Telehealth Commission, is repealed July 1, 2002.
- 152 (4) Title 26, Chapter 10, Family Health Services, is repealed July 1, 2010.
- 153 (5) Title 26, Chapter 18, Medical Assistance Act, is repealed July 1, 2004.
- 154 (6) Title 26, Chapter 23b, Detection of Public Health Emergencies Act is repealed July 1,
- 155 2004.
- 156 [~~6~~] (7) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1, 2004.