

1                                   **PUBLIC HEALTH AUTHORITY AMENDMENTS**

2   2002 GENERAL SESSION

3   STATE OF UTAH

4   **Sponsor: Sheryl L. Allen**

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

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

15   ENACTS:

16           **26-23b-101**, Utah Code Annotated 1953

17           **26-23b-102**, Utah Code Annotated 1953

18           **26-23b-103**, Utah Code Annotated 1953

19           **26-23b-104**, Utah Code Annotated 1953

20           **26-23b-105**, Utah Code Annotated 1953

21           **26-23b-106**, Utah Code Annotated 1953

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

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

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

25                   **26-23b-101. Title.**

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

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



28 **26-23b-102. Definitions.**

29 As used in this chapter:

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

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

36 (3) "Epidemic or pandemic disease" includes anthrax, botulism, smallpox, plague,  
37 tularemia and viral hemorrhagic fevers, and other diseases designated by the department.

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

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

42 (6) "Reportable illness and health condition" includes the diseases, conditions, or  
43 syndromes designated by the department.

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

45 **26-23b-103. Reporting requirements -- Contents of reports.**

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

48 (i) bioterrorism;

49 (ii) epidemic or pandemic disease;

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

53 (iv) a reportable illness or health condition.

54 (b) A health care provider shall submit the report required by this Subsection (1) within  
55 24 hours of treating or caring for any person suspected of having or harboring any of the illnesses  
56 or conditions described in this section.

57 (2) (a) A pharmacist shall report unusual drug-related events as described in Subsection

58 (2)(b).

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

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

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

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

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

68 (3) (a) The director of a medical laboratory located in this state is responsible for reporting  
69 results of a laboratory test that confirms a condition or illness described in Subsection (1) within  
70 24 hours after obtaining the results of the test. This reporting requirement also applies to results  
71 obtained on specimens sent to an out-of-state laboratory for analysis.

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

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

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

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

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

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

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

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

89 (5) A health care provider may not be discharged, suspended, disciplined, or harassed for

90 making a report pursuant to this chapter.

91 (6) A health care provider may not incur any civil or criminal liability as a result of making  
92 any report required by this section.

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

94 **26-23b-104. Investigation of suspected bioterrorism and diseases.**

95 (1) The department shall:

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

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

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

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

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

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

107 (i) the department is investigating a potential illness or condition described in Subsection  
108 26-23b-103(1) and the health care provider has not submitted a report to the department with the  
109 information requested; or

110 (ii) the department has received a report from a pharmacist under Subsection  
111 26-23b-103(4)(c) and the department believes that further investigation is necessary to protect the  
112 public health.

113 (c) A health care provider shall submit the requested information to the department within  
114 24 hours after receiving a request from the department.

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

116 (a) assist in the positive identification of other cases and exposed individuals;

117 (b) develop information relating to the source and spread of the illness or condition; and

118 (c) obtain the names, addresses, phone numbers, or other identifying information of any  
119 other person from whom the illness or health condition may have been contracted and to whom  
120 the illness or condition may have spread.

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

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

125 **26-23b-105. Enforcement.**

126 The department may enforce the provisions of this chapter in accordance with existing  
127 enforcement rules and regulations.

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

129 **26-23b-106. Information sharing with public safety authorities.**

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

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

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

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

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

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

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**Legislative Review Note**  
**as of 1-3-02 10:15 AM**

A limited legal review of this legislation raises no obvious constitutional or statutory concerns.

**Office of Legislative Research and General Counsel**